

Professional Doctorate in Counselling Psychology

Doctoral Portfolio

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PREFACE

So we meet people. Not problems, not cases, not patients, we relate with people. And through that relationship - derived from our values and embedded in the mixed traditions and our roots - we try to help people. In the end it's not the suffering or dysfunction that we meet, it's the people who are struggling. We see people. - Frankland and Walsh

This statement illustrates the values of counselling psychology which I aspire to in my daily work with clients and my research. A reflective practitioner stance allows me to be aware of my own values and beliefs that I bring to the therapeutic room. The importance of the client's subjective experience of reality allows us collaboratively to co-create meanings and new knowledge.

This Doctoral Thesis Portfolio consists of four components reflecting on how the above values are represented in my work as counselling psychologist. The first section consists of a research study which explores men's subjective experience of infidelity in their committed relationships. The second section includes a reflective essay which considers the influences that have shaped my emerging theoretical orientation and my identity as counselling psychologist. The third section focus on theoretical essay which critically evaluate content and the process of interventions between two different approaches while working with groups within the sphere of counselling psychology. The final section is dedicated to the process report which critically evaluates my practice as counselling psychologist while working with the client who presented with Anorexia Nervosa.

Section A – Empirical research

The aim of the study is to address a gap in research by exploring men's subjective experience of infidelity in the context of committed relationships. In line with the philosophy of counselling psychology the aim of this qualitative study is to explore the meaning of the phenomena under research rather than trying to explain it (Woolfie, Dryden & Strawbridge, 2005). Therefore, for the purpose of this research a qualitative framework was employed using semi-structured interviews in order to explore six men's in-depth experience of infidelity. Interpretative phenomenological analysis (IPA) was used as the method of data analysis. IPA is influenced by phenomenology which is interested in exploring how individuals are making sense of their experience in a particular context and time (Willig, 2001). IPA is also influenced by "double hermeneutic" in which the researcher is aiming to make sense of the participants trying to make sense of their experiences (Smith & Osborn, 2003). Therefore, principles of IPA emphasise the importance of an individual's subjectivity and the reflective practitioner stance.

It is hoped that the results of the study will contribute to a better understanding of the impact of infidelity on men who were the injured partners while addressing a research gap. The findings are discussed in relation to the existing empirical literature providing reflections on relevance to counselling psychology. Suggestions for engaging men in therapy and enhancing treatment are also discussed.

Section B – Reflective essay

In this essay I reflect on the influences that have shaped my emerging theoretical orientation and philosophy of counselling psychology. I explore how my personal values and my personality complement and collide with my practice. The essay focuses on the three distinct phases of my journey that shaped my identity: (i) Exploration stage; (ii) Becoming a reflective practitioner; and (iii) Assimilation stage.

In each of the stages I critically evaluate the two main theoretical models that are guiding my practice; cognitive behavioural therapy (CBT) and the psychodynamic approach. Although, I am guided by the models of treatment, the client's subjective experience is at the centre of the treatment. I also reflect on the humanistic values of counselling psychology and how I incorporate them to create a collaborative relationship with the clients.

I conclude the reflective essay with the statement that I believe a 'good enough' counselling psychologist is a self-aware reflective practitioner who puts clients at the centre of treatment; is informed by empirical evidence; is able to recognise advantages as well as limitations of a particular approach and; integrates the theories in order to provide clients with comprehensive treatment.

Section C – Theoretical essay

In the theoretical essay I reflect on two approaches, CBT and psychodynamic therapy (PDT) while working in a group setting. I critically discuss the theoretical background of both approaches and their specific process and content interventions. Furthermore, I compare and

contrast the CBT group with the PDT group for eating disorders (ED) based on my clinical practice.

Throughout the essay I reflect on the relevance of the principles of counselling psychology such as adherence to the collaborative relationship and humanistic underpinnings as vehicle for change. Although, the overall focus is on the group process, it can only be achieved through an individual member's self-exploration and subjectivity.

Section D – Process report

The process report critically evaluates my work with Olivia who has been diagnosed with Anorexia Nervosa (AN) and had a history of low mood, anxiety and obsessional symptoms. I critically evaluate the treatment model, CBT for eating disorders (CBT-E), in the context of the multidisciplinary team at my workplace. The provided ten minutes excerpt illustrates the focus on Olivia's subjective experience although CBT-E provided a structured model for the treatment.

Throughout the process report I reflect on the counselling psychology values in relation to my clinical practice. I talk about the importance of humanistic values to convey my empathy and unconditional positive regard in order to build the therapeutic relationship with Olivia (Rogers, 1992). I further talk about the importance of a collaborative relationship which is pivotal while working with ED clients given their need for control.

Section A

Research study

Section B

Reflective essay

Section C

Theoretical essay

Section D

Process report

Running head: MEN'S EXPERIENCE OF INFIDELITY

Men's experience of infidelity in heterosexual
committed relationships – an interpretative
phenomenological analysis

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Although embarking on this project was an unforgettable experience, it was also a challenging process which was supported by several people. Without your invaluable support I would not have come so far.

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1. ABSTRACT

Although the prevalent attitude towards infidelity in British society is that it is wrong, 50-65% of couples enter therapy due to problems with infidelity. Past research studies tend to focus on predictors of infidelity to help identify the offending partner's risk factors. Despite the prevalence of infidelity, and a vast amount of popular literature on the subject, there is a dearth of quantitative research exploring consequences of infidelity for the injured partner. There is only one qualitative study exploring the injured partners' emotional process following disclosure of infidelity, which is focused predominately on women.

In this study, semi-structured interviews were employed to explore the experience of six heterosexual men who were the injured partner in the context of committed relationships. The researcher was particularly interested in the ways these men experienced their partner's infidelity and the ways they coped with the disclosure of infidelity. An Interpretative Phenomenological Analysis method was employed in order to analyse the participants' responses. Based on the analysis of the participants' account three superordinate themes were identified: The Trauma of Disclosure; Trying to Cope; and Moving Forward.

The findings revealed immediate consequences of infidelity for the injured partners such as the emotional impact of the disclosure and insight into the injured partners' coping behaviours. The study further revealed long-term consequences of infidelity for the injured partners and their future relationships. All participants expressed stigma and feelings of shame associated with seeking professional help. The implications for counselling psychologists' practice are discussed and suggestions for improving access to psychological therapies. Implications for further research are also discussed.

2. INTRODUCTION

2.1 Infidelity in a context

Infidelity is a common problem dating back to Greek and Roman history (Tsapelas, Fisher, & Aron, 2010) with accounts written about it which capture public fascination. Although individuals across different cultures strongly disapprove of infidelity, some cultures report more tolerant attitudes (Widmer, Treas & Newcomb, 1998). For example, Solstad and Mucic (1999) found that men in Danish society reported more permissive attitudes towards infidelity and were more accepting of infidelity. The results were attributed to the more liberal values of Danish society.

Historically, in English law adultery was a crime which referred to a wife having a sexual relationship outside of the marriage (Platek & Schackelford, 2006). The term 'Cuckold' referred to a husband of an adulterous wife who unwittingly invested his resources in the offspring of another man and frequently was an object of ridicule (Ley, 2009). However, in contemporary society cuckold refers to a sexual fetish where a male takes masochistic pleasure in his partner having sex with another person (Ley, 2009). Cuckoldry overlaps with other concepts of non-monogamy, such as swinging and polyamory, which represent an alternative lifestyle to monogamy. Swinging involves both partners from a committed relationship engaging in recreational sexual activity with other couples while polyamory involves engaging in multiple sexual relationships with the consent of all the people involved (Hyde, DeLamater, & Byers, 2009). Considering that individuals in non-monogamous relationships define infidelity differently in order to manage trust and boundaries in the relationship, this research focused on infidelity in monogamous relationships to maintain the homogeneity of the study.

2.2 Background

Infidelity is a difficult and often traumatic event that many people experience in their lives as evidenced by a burgeoning demand for popular self-help literature (Peluso, 2007). Infidelity is a complex phenomenon and a prevalent problem both for the individual and a couple, with wider consequences on the functioning of the relationship as well as for the family (Gordon, Baucom & Snyder, 2004). It is the second most damaging problem for a relationship after physical abuse (Whisman, Dixon, & Johnson, 1997) and the most frequently cited reason for divorce worldwide (Amato & Rogers, 1997; Buss, 2000).

Literature on extramarital involvement (EMI) in heterosexual couples is extensive (see Allen et al., 2005, and Blow & Harnett, 2005a, 2005b for comprehensive reviews). A great amount of existing empirical literature on infidelity tends, however, to focus on various predictors of infidelity; it is quantitative in nature and focuses on the offending partner's risk factors (Blow & Harnett, 2005b). Gender differences have been studied most often in relation to infidelity with some researchers strongly suggesting that men are more likely to engage in infidelity than women (Allen & Baucom, 2004; Glass & Wright, 1985; Treas & Giesen, 2000; Wiederman, 1997). While other studies suggest that rates of infidelity are similar for both genders (Atkins, Baucom & Jacobson, 2001; Oliver & Hyde, 1993). One of the reasons for the inconsistency in the research is the fact that the definition of infidelity differs from individual to individual and from study to study. While exploring gender differences it is important to consider other contributing factors such as age, socio-economic status, and attachment styles, types of infidelity or relationship types, to name a few, that can potentially influence the results and not necessary be attributable to the gender difference (Blow & Harnett, 2005b).

Nonetheless, there is limited quantitative research exploring the consequences of infidelity on the injured partner (Blow & Hartnett, 2005b). There is only one qualitative research study exploring the emotional processing of injured partners following disclosure of infidelity and how individuals cope with the aftermath of infidelity (Olson, Russell, Higgins-Kessler & Miller, 2002). An estimated 50-65% of couples enter into therapy because of problems with infidelity, according to a US-based survey of couple therapists (Glass & Wright, 1985), yet couple therapists report infidelity as one of the most difficult problems to treat (Peluso, 2007; Whisman et al., 1997). Therefore, there is a great need for research in this area to improve the understanding of infidelity, which would further inform treatment interventions and equip clinicians to work with this complex problem.

This research suggests that infidelity is of particular interest to counselling psychologists¹ and that it is relevant for those working with individuals and couples who have experienced infidelity. The introduction commences with the researcher's reflexive statement, which describes the researcher's personal interest in the subject. Furthermore, the definition of infidelity adopted for this study and the prevalence of infidelity is discussed. This is followed by a review and critical appraisal of the existing empirical literature on gender differences in infidelity within the context of relevant theoretical approaches. Infidelity and its place within counselling psychology discourse is further explored and the gap in knowledge is identified. The last section concludes with the relevance to counselling psychology and the statement of research aims and questions.

¹ This is further elaborated upon in the infidelity and counselling psychology section.

2.3 Personal reflexivity part 1²

Willig (2001) suggests that the researcher's interest in the topic influences the interview questions and thus shapes the direction of the analytic process. Grosz (1995) suggests "the author's intentions, emotions, psyche, and interiority are not only inaccessible to readers, they are likely to be inaccessible to the author herself" (p.13). Therefore, a conscious effort was made to ensure that the interpretations of the analysis were based on participants' accounts by applying reflexivity throughout the process to minimise the influence of my own experiences (Willig, 2001).

My interest in infidelity comes from my personal experience of infidelity in romantic relationships, from working with couples, as well as my past research on infidelity, which I completed as part of my Master's dissertation.

Reflecting back on my own experience of infidelity, it was one of the most challenging moments in my life that I had to cope with. I felt like the world around me was collapsing while I was unable to control it. All the plans and hopes I had for the relationship and the future vanished within that second. I was in a state of shock and disbelief and I could not make sense of what was happening and why it was happening. Initially, I felt angry and betrayed and with time, scared and sad about the loss of my partner, the relationship and 'our' future. I needed space to think, to make sense of what had happened and in order to figure out what I would like. I went through a long period of ambivalence. Fortunately, I had my friends and family to support me through this difficult time. Although initially I felt like a victim, with time I started realising that even before the infidelity occurred the relationship was going through a transition stage when communication was restricted. This experience led me to believe that infidelity can be a result, not a cause of relationship problems. Both

² Personal reflexivity part 2 is discussed in the discussion section. Epistemological reflexivity is discussed in the method section.

partners can contribute to infidelity when difficulties in the relationship are not addressed and communication is disrupted.

In my first year of the Professional Doctorate in Counselling Psychology, as part of my Master's dissertation, I completed a qualitative study on women's experiences of infidelity as the injured partners. Women who took part in the research appeared to be forthcoming with information and reflective. Consequently, I did not have to ask any prompting questions. All participants appeared to talk openly about the circumstance(s) surrounding the infidelity and the intra-relational difficulties they experienced prior to infidelity. All participants talked about intuitively suspecting the partner's infidelity. All participants extensively talked about the consequences of infidelity and how they tried to cope. The important and common theme that emerged following disclosure was taking control over life while learning to trust their partner again. Lastly, participants reflected on how infidelity affected their identity and how it affected their attachment to the partner and the relationship.

I started working with couples in my final year of the Professional Doctorate in Counselling Psychology. Many of the couples I encountered in my professional role came to therapy due to infidelity. I found working with this client group very interesting since the emotions in the therapeutic room were very raw and particularly challenging. However, I became increasingly frustrated with the limited empirical literature and guidance for therapists on how to work with a couple or an individual following the disclosure of infidelity. From my clinical experience of working with couples who experienced infidelity, a lack of appropriate communication and difficulties in the relationship that led to the relationship crisis were reported by all couples.

My own belief is that infidelity encompasses the violation of mutually agreed rules in a relationship between partners; whether one partner engages in a sexual act with another

person or whether a partner develops an emotional bond with another person which goes beyond friendship. When in a room with a couple I frequently ask myself why people engage in infidelity and how they cope with the aftermath. Although there is literature exploring why some individuals might be more prone to infidelity than others, based on my personal and professional experiences I believe that it is not only an individual, him or herself, but a relationship and the dynamics between two people which may predispose one partner to seek a connection (sexual or emotional) with someone from outside the relationship. I am very aware that my beliefs are influenced by how I was raised. I believe that we ought to take responsibility for all of our own actions in order to be true to ourselves and others.

While embarking on this research project I tried to bracket-off my previous research experience by engaging in reflexivity throughout the research process. Keeping reflexive voice recordings prior to the interviews and immediately afterwards was an essential and enlightening process. Despite my best efforts to keep an open mind, I found myself frequently comparing the interview process to my research with women which I will reflect upon in the discussion section. I believe that it is not possible to completely bracket off my own experiences, values and beliefs. I made a conscious effort to ensure validity of this study by being transparent and reflexive.

2.4 Definitions in the present study

Different studies define infidelity in various ways, such as “cheating”, “extramarital or extra-dyadic relationship”, “sexual intercourse” and “affair” to “pornography use” among others. What is considered infidelity in one study may not be considered such in another study. Thus, the data in these studies and its meaning may be wrongly interpreted or misunderstood since the definition of infidelity is idiosyncratic (Allen et al., 2005). Inconsistent definitions make

comparison among studies extremely challenging and calls into question the validity of these studies. Therefore, the vast discrepancy between the definitions of infidelity used in different empirical research is one of the most significant methodological shortcomings of these studies (Blow & Hartnett, 2005a).

Based on a comprehensive literature review of infidelity research Blow and Hartnett (2005a) concluded that the majority of empirical studies, as well as couples, define infidelity as heterosexual, extramarital intercourse. This poses serious limitations to research since it is restricted to sexual infidelity which occurred in heterosexual relationships and married couples only. Platt, Nalbone, Casanova, and Wetchler (2008) define infidelity as a sexual or emotional interaction which takes place outside of the primary relationship that jeopardises the emotional intimacy of that relationship. For the purpose of this study the definition suggested by Blow and Hartnett (2005a) will be used:

“Infidelity is a sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed-upon norms (overt and covert) by one or both individuals in that relationship in relation to romantic/emotional or sexual exclusivity” (p.191).

In this research the term ‘committed relationship’ was used purposely since the researcher did not want to limit the study to married couples only, as suggested by Blow and Hartnett (2005a). For the purpose of this research the term ‘committed relationship’ is defined as a union where both partners exist in an exclusive relationship whether it is a marriage, cohabiting relationship or a long distance relationship.

Past research on infidelity predominantly used two terms to describe the partner who was on the receiving end of infidelity as ‘victim’ or ‘injured party’ and the partner who engaged in

infidelity was referred to as the 'perpetrator' or the 'offending party' (Blow & Hartnett, 2005a). For the purpose of this study the terms 'injured partner' and 'offending partner' will be used.

2.5 The prevalence of infidelity

According to Treas and Giesen (2000) infidelity is a prevalent problem for many couples. Statistical data are consistent in reports that among married couples men are more likely than women to engage in sexual infidelity, although the differences between genders seem to be rapidly decreasing (Brand, Markey, Mills, & Hodges, 2007). The current statistics on sexual attitudes in the UK comes from a second round of the Sexual Attitudes and Lifestyles Survey in 2000-2001, which estimated that "14.6% of men and 9.0% of women in monogamous relationships had concurrent sexual partnerships which were ongoing simultaneously at some time" (Johnson et al., 2001, p.1837)³. Although there is a lack of recent statistical data on infidelity in and outside the UK, past research carried out in the US has estimated that 33% to 75% of married men and 26% to 70% of married women have engaged in infidelity (Johnson, 1972; Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1953; Shackelford & Buss, 1997).

One criticism could be that the statistical data offers a wide range of results preventing the capture of precise statistics on infidelity. This could be related to the data being underreported due to secrecy and shame surrounding infidelity as well as a lack of consistent definitions of infidelity among participants. One can also argue that the data is outdated and skewed towards married, heterosexual couples who have engaged in sexual intercourse outside of the primary relationship. The data does not account for marriages which ended due

³ The third round of interviews is being carried and the results will be published in 2013.

to infidelity – therefore, the rate of infidelity could be notably higher if the couples who divorced for this reason would be included or were cohabiting couples (Blow & Hartnett, 2005b).

Considering that rates of infidelity are increasingly comparable for men and women it is essential to understand how men and women cope with infidelity and how it impacts the individual, the relationship or future relationships. It would be important to understand whether the emotional process following infidelity is different for men and women. For example, research on men's help-seeking behaviour suggests that men find it difficult to seek help when vulnerable or distressed in comparison to women (Levant et al., 2013). The implications for counselling psychologists are further discussed in the infidelity and counselling psychology section.

2.6 Literature review

The section commences with the review of the existing body of quantitative research which focus on gender differences in reactions to infidelity from the three main theoretical perspectives: evolutionary theory, attachment theory and gender socialization theory. Furthermore, the limited quantitative literature on the aftermath of infidelity is critically evaluated. The section concludes with the review of a qualitative study on the emotional process following disclosure of infidelity.

2.6.1 Gender differences in reactions to infidelity

2.6.1.1 Evolutionary theory perspective

There are a number of quantitative studies exploring gender differences in emotional reactions in response to hypothetical infidelity, which are predominantly conducted from the evolutionary perspective (Shackelford et al., 2000). Buss, Larsen, Westen and Semmelroth (1992) incorporated the evolutionary psychology perspective to understand gender differences in infidelity. They proposed that men are more threatened by females' sexual infidelity since it threatens the certainty of men's paternity and the risk of investing in another male's offspring. It also prevents men's genes from being propagated. Since women can be certain of their maternity they would be more threatened by the partner's emotional infidelity, which would involve losing the male's long-term investment and resources. They identified emotional jealousy as a mechanism to prevent resource loss.

Shackelford, Buss and Bennett (2002) explored gender differences in responses to partners' infidelity and their behavioural reactions. The participants in the study were undergraduate students and predominantly Caucasian. The participants completed a forced-choice questionnaire about the likelihood of forgiveness or the breakup of the relationship following a partner's hypothetical emotional or sexual infidelity. The results indicated that men were more upset about sexual infidelity than emotional infidelity and they were more likely to end the relationship due to a partner's sexual infidelity rather than emotional infidelity. Women were more upset about emotional infidelity and more likely to end the relationship following emotional infidelity rather than sexual infidelity.

However, there were several methodological limitations to this study. Participants in the study were from a college student population and potentially would have a different, more casual, understanding of relationships compared to adults in committed relationships.

Additionally, participants were predominantly Caucasian, which poses questions about the applicability of the results to other ethnic or cultural populations. The study used imagined scenarios of infidelity while not all participants had previous experience of infidelity. It could be hypothesised that using a sample of participants that experienced actual infidelity could potentially produce different results. One could argue that individuals who experienced infidelity perhaps would be able to answer correctly while participants who never experienced infidelity may not be able to answer accurately. The use of a Likert-type questionnaire could potentially influence participants' responses since there is the tendency to report emotions that participants' ought to experience. Furthermore, the use of a forced-choice methodology limits participants' responses to provided options, as to either breakup or forgiveness. It could be argued that forgiveness and breakup are on both ends of a continuum scale and that perhaps there are many other responses to a partner's infidelity and steps prior to arriving at either forgiveness or breakup.

Although other researchers successfully applied the forced-choice methodology to measure responses to emotional and sexual infidelity (e.g., Miller & Maner, 2008; Shackelford et al., 2002) some studies comparing hypothetical infidelity with responses to actual infidelity reported little support for the evolutionary model and found no gender differences in types of infidelity (e. g., Harris, 2002).

Harris (2002) explored heterosexual and homosexual participants' responses to a forced-choice hypothetical infidelity scenario in comparison with the experience of actual infidelity. The participants completed an anonymous questionnaire, which was mailed to their homes; there was no face-to-face contact with the participants. The results, exploring hypothetical reactions to infidelity, were consistent with the evolutionary psychology view, revealing expected gender differences. For heterosexual men, sexual infidelity was more upsetting and for heterosexual women, emotional infidelity. However, the results exploring gender

differences of both heterosexual and homosexual participants who experienced real life infidelity yielded different results. Both groups, when asked to recall real life experiences of infidelity, reported no difference in the degree of distress in reaction to emotional and sexual infidelity. Men and women, regardless of sexual orientation, focused more on a partner's emotional infidelity than on sexual infidelity.

A large body of research has been conducted from the evolutionary psychology perspective. However, the methodology used raises questions regarding the applicability of the results based on hypothetical scenarios that appear to be inconsistent with research using actual experience of infidelity (e.g. Harris, 2002). A large amount of the research on hypothetical scenarios of infidelity - using forced-choice questionnaires - relies on data from college students. It could be hypothesised that college students have relatively limited experience in long-term, committed sexual and emotional relationships when compared to an older adult population. Moreover, opponents of the evolutionary perspective argue that it may account for between-sex differences but not within-sex differences. Some researchers hypothesise that attachment style differences account for both between-sex and within-sex differences in infidelity (e.g. Levy & Kelly, 2010). Others argue that socialization can override biological tendencies, thus, the differences in responses to infidelity are attributable to gender socialisation rather than sex (e.g. DeSteno & Salovey, 1996).

2.6.1.2 Adult attachment theory perspective

Bowlby (1969) hypothesised that child attachment is fixed throughout life. He proposed that based on attachment style children develop internal working models which consist of the expectations and beliefs about the world and significant others, including the child. Bowlby proposed that the internal working models about the world and others are stable. Although

Bowlby conceptualised child attachment as biological and evolutionary in origin, others argue that it is a learned behaviour with no genetic origins (Colin, 1996). Although attachment theory is a dominant perspective on early social development, critiques argue it does not account for complex social relationships (Rutter, 1995).

Hazan and Shaver (1987) applied attachment theory into adult romantic relationships. They hypothesised that the internal working models continue to shape adult relationships. Research on adult attachment suggests that adults can hold different internal working models for different relationships which are adaptable based on adult experiences of relationships (Fraley & Shaver, 2000). For example, past research shows that negative attachment-related events such as betrayal will inevitably cause damage to the relationship attachment (Johnson, Makinen & Millikin, 2001). Therefore, this study argues that adult attachment theory is situated on a spectrum of social constructionism since social constructionism acknowledges genetic influence although the social influence shapes the individual.

Hazan and Shaver (1987) developed attachment measures for adults, which is consistent with Ainsworth and Bell's (1970) three types: secure, anxious and avoidant. However, further studies revealed that attachment styles are best conceptualised as regions of two-dimensional space: anxiety and avoidance (Mikulincer & Shaver, 2003). Thus, adult attachment styles can be broken down into four categories; secure, anxious-preoccupied, dismissive-avoidant and fearful-avoidant (Mikulincer & Shaver, 2003). Individuals who have secure attachment style tend to have a positive view of the self and believe others are available to them which enable them to build reciprocal relationships with others. Anxious-preoccupied individuals are uncertain of the availability of others, thus, they tend to seek frequent reassurance from the partner. Dismissive-avoidant and fearful-avoidant individuals believe others are not as available, thus, they tend to be less available or avoid intimacy entirely.

There are few research studies looking at the role of adult attachment as a predictor of infidelity, which suggests that individuals with anxious and dismissive attachment styles are more sexually promiscuous than individuals with a secure attachment style (e.g. Boagert & Sadava, 2002; Allen & Baucom, 2004). However, there appears to be only two recent research studies on adult attachment and gender differences in reactions to infidelity (Levy & Kelly, 2010; Treger & Sprecher, 2011). There appears to be no research exploring attachment style and how it may impact on coping with infidelity. For example, Levy and Kelly (2010) explored the relationship between attachment style and reactions to sexual versus emotional infidelity. The participants were undergraduate students who completed an attachment style questionnaire (Bartholomew & Horowitz, 1991) as well as a Buss Infidelity Questionnaire (Buss et al., 1992), which measures jealousy type. Interestingly, the results showed that both men and women with a dismissive-avoidant attachment style were more upset by their partner's sexual infidelity rather than emotional infidelity. Both men and women with a secure attachment style reported being more distressed by their partner's emotional infidelity rather than sexual. Therefore, Levy and Kelly hypothesised that the sex differences in reaction to a partner's infidelity are attributable to attachment style rather than to the evolutionary perspective.

One of the main criticisms of this study is that it relied on a hypothetical scenario of infidelity rather than actual experience of infidelity while using a force-choice methodology. Similarly to previous research studies in the area of infidelity they used an undergraduate sample, which may have limited the results due to the participants' potential lack of actual experience of infidelity or lack of experience of committed relationships in comparison with older, more experienced individuals. Although, the results from the study provide new interesting perspectives, the relationship between attachment style and reactions to infidelity needs further examination.

Therefore there is a need for research which would explore relationships between adult attachment style and the impact of infidelity. It would be valuable to understand whether the individual's attachment styles influence the way the individuals cope with the disclosure of infidelity and how they cope with the aftermath of infidelity. This knowledge could potentially inform the counselling psychologists practice while working with couples affected by infidelity.

2.6.1.3 Gender socialization theory perspective

Gender socialization theory proposes that sex differences are reinforced by the environment during the development (Stockard, 1999). Boys and girls learn 'gender appropriate' behaviours, attitudes and social expectations from family, media and social interactions with peers or school. Through socialization girls learn feminine roles and boys learn masculine roles (Langer, 2010). Based on this notion DeSteno and Salovey (1996) a

rgue that gender differences in reactions to infidelity are attributable to socially-acquired beliefs about a relationship between sexual and emotional infidelity rather than the evolutionary perspective. They proposed the double-shot hypothesis, which suggests that emotional and sexual infidelity is not independent and when one takes place the other is probably present. They recruited an undergraduate student sample and a community sample. Using a 9-point Likert scale participants rated their belief in: i) how likely a member of the opposite sex would have sex with someone after developing an emotional attachment? ii) how likely a member of the opposite sex would develop an emotional attachment to someone they are having sex with? The results supported the double-shot hypothesis. Men reported being more distressed by sexual infidelity because they assume that if a female is engaged in sexual infidelity she is also engaged in emotional infidelity. Women, being aware of the fact

that men can cognitively separate sex from emotions, reported emotional infidelity more distressing since they would assume that sexual infidelity is also taking place.

Several studies replicated the results supporting the double-shot hypothesis (e.g., Harris & Christenfeld, 1996). However, one of the main criticisms of the double-shot hypothesis is the general emphasis that beliefs drive emotional distress (Buss et al., 1999). Moreover, it does not explain why men and women differ in their beliefs (Buss et al., 1999).

2.6.1.3.1 Masculinity theory perspective

According to social constructionist theory gender is a set of culturally constructed attitudes, norms and behaviours imposed on men and women by their specific society (Brickell, 2006). Therefore, the social constructionist view rejects the biological influence on formation of gendered behaviours and personality. Moreover, social constructionism emphasises an active role men play in the construction of their own masculinity. Each discourse of masculinity offers men different perspectives which can be modified through socially constructed scripts and interpersonal interactions to reflect social expectations. Therefore, masculinity does not remain stable across time but it is a construct of multiple masculinities that men can draw from (Connell, 1995). Although research suggests that different discourses of masculinity exist, hegemonic masculinity (Connell, 1987, 1995) appears to be the dominant discourse of masculinity for men across cultures (DeVisser & Smith, 2007). Hegemonic masculinity is characterised by “physical and emotional toughness, risk taking, predatory heterosexuality, being a breadwinner and so on” (DeVisser & Smith, 2007, p.597). Hegemonic masculinity situates men in a dominant position within a society over other positions described as feminine (Connell, 1995). However, one of the main criticisms of hegemonic masculinity is

that it is oversimplified and ambiguous and does not explain how men negotiate hegemonic masculinity (Wetherell & Edley, 1999; Petersen, 2003).

Although the majority of research on infidelity focuses on gender differences, there is no research exploring infidelity and masculine gender norms. An understanding of the relationship between masculinity norms and infidelity would enhance understanding of how masculine gender norms impact on men's ability to cope with infidelity. The understanding of how conformity to masculine gender norms impacts on men who experienced infidelity in their relationships would allow counselling psychologists to identify potential target areas for treatment, such as seeking help, expressing vulnerability, to name a few.

In conclusion, the literature on gender differences in reactions to infidelity is abundant with multiple opposing perspectives. Although the evolutionary perspective dominates the field, attachment theory and gender socialization theory provide interesting contributions that perhaps the differences in reactions to infidelity are much more complex and not exclusively rooted in biology. The following section explores limited empirical literature on the aftermath of infidelity on the individual and the relationship while the final section focuses particularly on research, which explored the consequences of infidelity from the injured partners' perspective.

2.6.2 Aftermath of infidelity on the injured partner

Empirical literature emphasise the devastating and overwhelming impact of infidelity on a relationship (Baucom, Gordon, Snyder, Atkins & Christensen, 2006). A small number of research studies explored the short-term or immediate consequences of infidelity on the injured partner, such as symptoms of post-traumatic stress disorder (PTSD), depression, shame, rage, lowered self-esteem and confidence or anxiety (Beach, Jouriles & O'Leary,

1985; Charny & Parnass, 1995; Gordon & Baucom, 1999; Gordon et al., 2004; Shackelford et al., 2000). The studies also explored short-term consequences of infidelity on the relationship, such as increased marital distress, conflict, marital abuse or divorce (Amato & Rogers, 1997; Amato & Previti, 2003; Betzig, 1989; Buss, 1991; Charny & Parnass, 1995; Edwards & Booth, 1994; Miller & Maner, 2008). Although the short-term consequences of infidelity appear to be predominantly negative some studies reported long-term positive consequences for the relationship, such as improved communication (Charny & Parnass, 1995; Olson et al., 2002). There is no empirical research looking into the long-term consequences of infidelity on the injured partner.

Charny and Parnass (1995) explored the impact of extramarital sex (EMS) on the individual and the continuation of marriage. They recruited 62 practising therapists on a postgraduate training programme in family therapy who completed a forced-choice questionnaire with some open-ended questions about infidelity that they experienced in either their professional work with clients or in their personal life (own experience of infidelity or in family). The results concluded that 34% of marriages ended in divorce. The remaining 43.5% of couples did not divorce and remained together but in a negative atmosphere while 6% remained together but reported feeling uncertain about the relationship's future. Interestingly 14.5% of marriages reported growth and improvement. The results also showed that infidelity had a very negative impact on the injured partner; 67% of betrayed husbands and 53% of betrayed wives suffered from lowered, negative self-image, as well as decreased personal and sexual confidence. Furthermore, 18% of husbands and 21% of wives suffered feelings of abandonment, lowered sense of belonging and betrayal of trust. Lastly, 12% of husbands and 16% of wives reported feeling angry and justified to leave the offending spouse. Remarkably the results showed that 89% of injured partners reported to be consciously aware of their

spouse's infidelity and 58% of injured partners allowed or accepted infidelity while 11% of injured partners reported consciously not knowing.

Although results of this study enhanced the understanding of how infidelity impacts on marriage and the individual, there were several limitations. Participants in the study were from a non-random sample, chosen by the therapists and, thus, they cannot be treated as representative of any population. Since the therapists' responses were confidential there is no possibility of identifying whether the cases of infidelity were from clinical examples, the respondent's family or the therapist's personal experience. The therapists completed the questionnaires based on their recollection of infidelity and what they remembered from clinical cases. Thus, there is no possibility of verifying that knowledge. Since the therapists completed forced-choice questionnaires, the results do not provide any subjective knowledge on an individual level but are restricted within the available responses.

Similarly, Shackelford et al. (2000) explored emotional reactions to the partner's sexual and emotional infidelity and gender differences in emotional reactions to infidelity using 15 emotional components. Keeping in mind a hypothetical scenario the participants, 53 Caucasian undergraduates, indicated which emotions they would feel if their partner would engage in: a) sexual infidelity but not emotional or b) emotional infidelity but not sexual. The results indicated differences in emotional reactions to emotional and sexual infidelity. Participants reported Hostile/Vengeful, Nauseated/Repulsed, Shocked, Humiliated, Sexually aroused and Homicidal/Suicidal reactions following sexual infidelity. By comparison participants reported higher ratings for Undesirable/Insecure, Depressed, Helpless/Abandoned, Blameworthy, Tired, and Forgiveness for emotional infidelity. Moreover, there were gender differences reported for emotional reactions to infidelity. Women scored higher on Nauseated/Repulsed, Depressed, Undesirable/Insecure, Anxious,

Helplessness/Abandoned while men scored higher on Homicidal/Suicidal, Happy, Sexually aroused and Content/Relived reactions to a partner's infidelity.

Comparable to Charny and Parnass (1995), Shackelford et al. (2000) emphasised how a partner's infidelity affects the injured partner's surge of negative emotions and diminished sense of self. However, the sample was limited to Caucasian undergraduate students with a mean age of 19, not all of whom experienced actual infidelity in their committed relationship. It could be argued that older participants could experience different emotional reactions to infidelity due to a longer relationship, investment in the relationship or more experience in committed relationships. Moreover, participants were presented with hypothetical scenarios rather than exploring the participants' own experience of infidelity. As already discussed, research shows that using hypothetical scenarios may produce misleading results in comparison with studies using participants' actual experiences (Harris, 2002). Lastly, the participants' responses were limited to options presented in the questionnaire as opposed to open ended questions, which could potentially influence and constrain the participants' responses to the answers available.

The existing quantitative research on the aftermath of infidelity provides some useful insight into the intricacy of infidelity and the devastating impact it has on the injured partner, the offending partner and the relationship. The purpose of quantitative research is to measure, generalise and to make predictions about infidelity. However, it does not allow for the exploration of an individual's in-depth experience of infidelity. Additionally, quantitative research on infidelity poses two methodological limitations. Firstly, existing research predominantly rely on data derived from hypothetical scenarios of infidelity which are not always replicable in comparison with limited research on actual infidelity, which raises questions about the applicability of this research. Secondly, they are based on forced-choice questionnaires which limit respondents' answers.

In conclusion, considering the methodological limitations of the above research, they allow for limited insight into the experience of infidelity. Therefore, there is a need for more in-depth research which would enhance knowledge about infidelity on an individual level and the relationship. Having a better understanding of the impact of infidelity would allow clinicians to develop treatment interventions, which will better equip them to successfully work with this complex phenomenon. Currently, there is only one qualitative study exploring individuals' emotional reactions to the disclosure of infidelity and how injured partners cope with the disclosure (Olson et al., 2002).

2.6.3 Coping with infidelity

A small-sample qualitative study by Olson et al. (2002) attempted to examine the emotional processes following the disclosure of an affair with implications for couple treatment. Olson et al. recruited potential participants through an advertisement in two Midwestern newspapers in the US. In total they interviewed 13 participants over the phone that experienced infidelity in their marriage and where infidelity was disclosed. Eleven of the participants were female and two were male. Two of the participants were offending partners and eleven were injured partners. The data was analysed using the grounded theory approach based on Strauss and Corbin (1990).

The results showed that both offending and injured partners described a similar three-phase model in managing the impact of the disclosure of infidelity in couples who reconciled their relationship. The first stage, termed Roller Coaster, is a period of emotional turmoil in response to a partner's disclosure of infidelity. It involves confronting the offending partner, expressing anger and ambiguity. Moreover, some participants described infidelity as an eye-

opening experience in that it allowed them to gain an awareness and understanding that there were problems in the relationship prior to the affair amidst strong negative emotions.

The second stage, Moratorium, is less emotionally charged and individuals attempt to gain meaning from the infidelity. This stage often involves ruminating on the affair and obsessing about details in order to gain an understanding of the meaning of the infidelity. The majority of respondents reported that the second stage was a long and difficult process of starting to deal with the aftermath of the affair. Participants reported retreating both emotionally and physically from their partner in order to deal with the painful feelings. Having an external support system of friends and family was a decisive factor in whether they stayed in the relationship.

The last stage, Trust Building, involves reassurance of the commitment to the relationship, increased communication and forgiveness. Couples that decided to work on their marriage would reengage, involving a greater openness in the relationship and honest discussion of problems leading up to the infidelity. All participants reported that addressing forgiveness with their partners was important in their healing process since it brought closure. Participants in the study reported that the process of achieving a trusting relationship again was a complex process but some were able to regain trust.

The study provides an in-depth understanding of participants' experience following disclosure of infidelity in married couples. It enhances the understanding of the process of recovery that participants experienced in order to re-build the trust and to reconcile their marriage. Participants communicated the need for a "map" (p.432) which would normalise the process they were going through. They also expressed the need for an active and advice-giving therapist.

However, there are several limitations of this study. Firstly, participants were heterosexual and married. It would be of great interest to explore whether individuals from cohabiting, open or homosexual relationships would experience similar stages following a partner's disclosure of infidelity. Individuals in such relationships may define infidelity differently. For example, homosexual men manage sexual engagements outside of their primary relationships through creating clear boundaries and commitment to emotional monogamy (Bonello, 2009). Therefore, this knowledge would help to create appropriate interventions to aid a couples' recovery. Secondly, the researchers only interviewed one partner from the relationship with the exception of one couple. Participants were either the injured or offending party, which could potentially limit the results. The offending partner may perhaps have a limited understanding of the injured partner's process. It would be beneficial to interview both partners to incorporate the other partner's perspective. Thirdly, participants in the study stayed married following infidelity. The emotional process of individuals who divorced following infidelity might be quite dissimilar. Fourthly, some participants were in couple therapy which could indirectly influence the research results. Through couple therapy individuals could potentially reflect upon and process their emotions differently than participants who did not engage in couple's therapy. In addition, both partners would have the opportunity to reflect on the relationship, infidelity and potentially arrive at a different understanding of infidelity than individuals who did not take part in couple's therapy. It could also be hypothesised that individuals who took part in couple's therapy would have had higher motivation to understand their experience and to reconcile their relationship. Lastly, the sample was not sufficiently homogeneous since the participants interviewed were men and women, victims and perpetrators of infidelity albeit women were predominantly the injured partners.

2.7 Infidelity and counselling psychology

Research on infidelity has been carried out by researchers from various disciplines with the majority of studies being carried out in the US (Allen et al., 2005), using quantitative methodology while exploring predictors of infidelity. Perhaps the distinctive shortage of research on infidelity from a counselling psychology perspective in the UK could be attributed to the fact that counselling psychology is a relatively new discipline in the UK (Orlans & Van Scoyoc, 2009). Considering that 50-60% of couples turn to therapy due to infidelity (Atkins et al., 2001) counselling psychologists are frequently faced with individuals or couples with such issues whether in private practice, charity work or through the National Health Service (NHS). Therefore, infidelity is an area of research that should be encouraged and pioneered by counselling psychologists in this country. According to the British Psychological Society (BPS) Division of Counselling Psychology's 'Professional Practise Guidelines' (2005):

Counselling psychologists will make themselves knowledgeable about the diverse life experiences of the clients they work with. Counselling psychologists will consider at all times their responsibilities to the wider world. They will be attentive to life experience, modes of inquiry and areas of knowledge beyond the immediate environs of counselling psychology and seek to draw on this knowledge to aid communication or understanding within and outside of their work. (BPS, 2005, p. 7)

Keeping in mind that infidelity is such a common phenomenon, counselling psychologists, working with both individuals and couples, have the responsibility to continuously develop and explore new areas, especially where there is a gap in knowledge. This would enable the provision of higher quality services and more appropriate support to clients by helping to inform treatments.

The major challenge of infidelity studies is the recruitment of participants. Current quantitative studies rely predominantly on student populations who receive course credit for participating in the research. A limited number of studies recruited adults from local communities who would complete anonymous short questionnaires, very often either on the phone or in the comfort of their own homes. In contrast, qualitative studies require participants to engage in a lengthy, face-to-face interview detailing their experience. This is an added impediment (Blow & Harnett, 2005b). Charny and Parnass, (1995) indicated that research on infidelity is difficult to conduct due to participants' shame or embarrassment. While being aware of these challenges, there is a vast need for qualitative studies which would provide in-depth, subjective understanding of infidelity, especially from the injured partner's perspective. This is consistent with the philosophy of counselling psychology which emphasises "the search for understanding and meaning is central and the focus is upon an engagement with subjective experience, values and beliefs" (Woolfe & Strawbridge, 2010, p.5). Moreover, having a deeper understanding of infidelity, from the injured partner's perspective, would allow counselling psychologists to build a more emphatic and collaborative relationship. As highlighted by the values of counselling psychology, a collaborative client-centred model is of great importance to counselling psychologists (Altmaier & Hansen, 2011). The BPS (2007a) defines counselling psychology as a:

Distinctive profession within psychology with a specialist focus, which links most closely to allied professions of psychotherapy and counselling. Counselling psychologists may work therapeutically with clients with a variety of problems, difficulties, life issues and crises, with individuals, couples, families or groups and pay particular attention to the meanings, beliefs and context and process that are constructed both within and between people and which affect psychological well-being of the person (as cited in Orlans & Van Scoyoc, 2009).

Considering the above definition, infidelity is of enormous relevance to counselling psychology as a profession. On an individual level, counselling psychologists are particularly interested in how infidelity, a highly traumatic and emotive event, impacts on the individual, on their sense of self and their well-being. Having that knowledge would enable counselling psychologists and other allied professionals to better understand the process the client may be experiencing and its impact on the therapeutic relationship. For example, awareness of Olson et al. (2002) the stages of emotional processing following a partner's infidelity is helpful in educating and normalising an individual and the couple about the process that the injured partner might be experiencing. On the holistic level counselling psychologists are particularly interested how infidelity impacts on the wider system, such as the relationship, family or social circle. For example, understanding the experience of the offending partner could further inform about the couple's relationship and would give direction to the therapist about what might need working on in the relationship. Counselling psychologists could develop interventions or guidelines to help an individual or a couple to: a) negotiate their relationship; b) support the children; and c) receive appropriate support from family and friends to aid recovery.

Considering the lack of research focused on men as the injured party, this research hopes to contribute to the field of counselling psychology by exploring men's subjective experience of infidelity, how they make sense of their experience from the injured partner's perspective and how they cope with the disclosure and the aftermath of infidelity in their committed relationships. This knowledge would also contribute to the development of the therapeutic relationship when working with individuals or couples presenting with infidelity. Lastly, it is hoped that this research would also highlight the need for counselling psychology research to focus on infidelity and inform treatment interventions and guidelines on this issue.

2.8 Research gap, aims and questions

As discussed throughout the introduction, one of the reasons that infidelity is important to therapists is due to the fact that it is so destructive to relationships. Reports from couple therapists consistently show that infidelity is one of the most challenging and difficult problems to work with (Whisman et al., 1997) while many couple therapists report not feeling adequately skilled to work with infidelity issues (Peluso & Spina, 2008). Past empirical literature conducted on infidelity is predominantly quantitative where sampling methods are limited since researchers used clinical samples instead of a generalisable population (Blow & Harnett, 2005a) or derived data from large national studies on sexual behaviours. Both sampling methods present serious limitations in understanding infidelity since they do not contribute to an in-depth understanding of an individuals' experience of infidelity. Based on the review of the existing literature on infidelity it was concluded that there is a need for more exploratory research where counselling psychologists can learn about the individual's experience rather than general conclusions about a population of participants. Such qualitative research would also allow counselling psychologists to develop a better understanding on how people make meaning of infidelity on the individual level as well as the holistic level.

Furthermore, past research focuses predominantly on the offending partners rather than the injured partners with the purpose of this research being to address this gap and gain in-depth understanding of the process of infidelity. The present research endeavours to explore the subjective experience of infidelity in the context of committed relationships from the injured partners' perspective. Although, there are a number of quantitative studies exploring emotional reactions to sexual and emotional infidelity, there is only one qualitative research study exploring the aftermath of infidelity and the coping process for the injured partner (Olson et al., 2002). However, participants in the study were predominantly females with

only two males. Therefore, the present study aims to address this gap in research by exploring the aftermath of infidelity and, in particular, the experience of men who were the injured partners. Considering how complex and challenging the treatment of infidelity is for clinicians, with only two effective treatment models, there is a need for further exploratory research in this area. There is especially a need for qualitative research which would allow for more in-depth understanding of men's experiences and facilitate the development of evidence-based treatment for individuals and couples.

Additionally, building on the researcher's previous studies, which explored women's experience of infidelity, the researcher is particularly interested in the way men experience infidelity and the ways these individuals cope with the disclosure of infidelity in committed relationships. It is not the purpose of this research to compare men and women but to understand how men and women cope with a partner's infidelity and the aftermath. This knowledge is fundamental in providing appropriate and relevant support to the injured partner as well as the couple. It is hoped that this study is a first step in that direction.

The aim of this study, therefore, is to explore men's subjective experience of infidelity as the injured party in committed relationships. The questions that will be investigated in particular are as follows:

- What is it like to experience the disclosure of infidelity?
- What is it like to cope with infidelity?
- What is it like to negotiate a relationship following infidelity?

In conclusion, it is hoped that the results of this study will add to counselling psychologists' knowledge and understanding of the experience of infidelity for men as the injured partners and giving rise to a greater awareness of this under-researched area. Furthermore, in-depth

research on infidelity would allow counselling psychologist and other allied professionals to be better equipped to work with this complex phenomenon. On the individual level, having an in-depth understanding of injured partners' short-term and long-term consequences of infidelity would allow counselling psychologists to conceptualise the injured partner's emotional reactions of interpersonal trauma to the formulation and implementation of relevant interventions (Baucom et al., 2006). On the relationship level, having a better understanding of the impact on the offending partner as well as the injured partner's coping strategies could enhance therapy and couple recovery.

3. METHOD

3.1 Overview

This section commences with epistemological reflexivity. The differences between qualitative and quantitative methodologies are discussed. Interpretative Phenomenological Analysis (IPA) as a method of data analysis and semi-structured interviews as a method of data collection are discussed in the context of counselling psychology. Further sections introduce participants and materials that were used and outline the procedure. Ethical considerations, method of analysis and validity are discussed.

3.2 Epistemological reflexivity

I come from a quantitative background in psychology which dominates the field in Poland and also in the US, where I studied as an undergraduate student. However, I never questioned and critically evaluated how the positivist stance, whereby 'true knowledge' is identifiable by empirical evidence, relates to my personal philosophy. When I embarked on the Professional Doctorate in Counselling Psychology in the UK, where the emphasis is on phenomenological philosophy and a reflective practitioner approach, I started reflecting on my epistemological stance and how it influences my research. I quickly realised that the imposed positivistic outlook was somehow limited and incongruent with my own philosophy. During my studies and placements, I was exposed to various approaches – such as humanistic, cognitive behavioural, psychodynamic and systemic models – for delivering appropriate, evidence-based interventions. The knowledge of various models and their understanding of an individual, as well as the reflective practitioner stance, allowed me to approach each client individually with their own knowledge and understanding of the world. Consequently, as a counselling psychologist, I see myself as an integrative practitioner and I am influenced by pluralistic philosophy.

Upon completion of my Professional Doctorate in Counselling Psychology, I believe that there is more than 'one knowledge' and as individuals we are not passive recipients of reality; we can actively create our own reality. Therefore, as a counselling psychology

researcher, I would argue I am influenced by elements of social constructionism's philosophy, particularly that there is no 'true knowledge', but rather multiple 'knowledges' and that we actively construct the world through language and social processes. Thus, social constructionists argue that individuals understand the world through their specific social, historical, political and cultural contexts rather than through a single objective reality (Braun & Clarke, 2013). I am also interested in how individuals perceive, understand and interpret a specific phenomenon. I believe that my epistemological stance allows me to be aware of my own beliefs and biases and to understand how these may influence my perception and understanding of participants with their own understanding of the world, their experience and their knowledge. I also believe there is a constant interplay between 'nature' and 'nurture'. I believe that although our biological makeup predisposes certain personality traits, the environment influences and shapes the directions we will take in life. For example, despite being born with certain personality traits and predispositions, social norms and beliefs of how we 'ought to behave' within a given culture or gender shape our identity and how we relate to others. Therefore, when analysing the data, I was influenced by different theoretical approaches, as I do not believe there is one particular way to understand the participants.

Moreover, my epistemological stance is compatible with the analytical approach taken to the research; phenomenological methods such as interpretative phenomenological analysis (IPA) are concerned with the detailed examination of the individually lived experience and how individuals make sense of their experience. Interpretative phenomenological analysis is informed by three theories of knowledge: phenomenology (how people perceive, experience and reflect on events in their lives), hermeneutics (how individuals make sense of their experience) and idiography (understanding the phenomena from the perspective of the individual in a particular context) (Smith, Flowers & Larkin, 2009⁴). Given the phenomenological underpinnings, IPA takes a critical-realist position which assumes that an ultimate reality exists – yet the reality is interpreted and shaped by culture and language (Braun & Clarke, 2013). Although a critical-realist position rejects the idea of 'multiple realities', it recognises that there are different 'perspectives' on reality. Therefore, Smith et al. (2009) argue that "IPA subscribes to the social constructionism" (p. 196) in how they both take a critical stance to 'truth' and 'knowledge' in which social and cultural factors are central to the individual's experience and understanding. In other words, IPA provides an

⁴ For more details see the IPA section on p.33.

insight into individuals' understanding of their experiences in relation to their specific context – whether it is culture, language and/or society (Smith et al., 2009).

3.3 Qualitative versus quantitative methodologies

Historically, the nomothetic approach dominated research in psychology (McLeod, 2001) the purpose of which was to look at cause and effect in relationships and make future predictions rather than to look at an individual's experience. Moreover, the quantitative research methods' main focus is on testing hypotheses in order to arrive at a 'true knowledge' through numbers and statistics (McLeod, 2001). Quantitative studies are cost-effective since researchers are able to recruit large numbers of participants and distribute short questionnaires or surveys while the results can be easily generalised to the whole population based on a randomised sample (Willig, 2001). However, one of the main criticisms of the quantitative approach is that although it allows for general interpretation of the data, it prevents an interpretation of the data on the individual level (Smith et al., 2009).

The last decade has seen an increase in qualitative approaches which are concerned with meaning while facilitating novel insights and "new knowledge" (Willig, 2001). Qualitative research methods are valuable in providing rich descriptions of complex phenomena allowing the researcher to explore how individuals experience and make sense of the world (Willig, 2001). Since qualitative studies engage a small number of participants, the results cannot be easily generalised to the whole population. Yardley (2008) argues that if a particular experience is common and shared by other people in the population, the results can potentially be generalised.

Although qualitative approaches are time consuming and expensive, it is an important area for counselling psychologist. Firstly, there are still limited numbers of qualitative studies in

counselling psychology (Woolfe, Dryden & Strawbridge, 2003). Secondly, qualitative research underpins the philosophy of counselling psychology since it explores the participant's complex personal and social processes, which further allow counselling psychologist to understand and describe the individual's unique experience. The researcher's focus is on "a subjective experience, feelings and meanings, the empathic engagement of the psychologist with the world of the client without assuming an objectively discoverable 'truth'" (Woolfe et al., 2003, p.8).

In order to gather an in-depth understanding of a participant's personal experience of infidelity an idiographic approach was deemed as the most appropriate method for this study. A qualitative approach is especially suitable where the researcher is "particularly interested in complexity or process or where an issue is controversial or personal" (Smith, 1995, p.10).

3.4 Interpretative phenomenological analysis

Counselling psychology is heavily influenced by phenomenological traditions among others. IPA is a recommended method of data analysis in counselling psychology (Finlay, 2011). IPA allows the researcher "to find out how individuals are perceiving the particular situations they are facing and how they make sense of their personal and social world" (Smith & Osborn, 2008, p.55). Therefore, IPA appeared to be the best-suited method of analysis to explore individuals' in-depth understanding of infidelity in their relationships.

IPA is informed by three theories of philosophy of knowledge (Smith et al., 2010). Firstly, IPA is influenced by phenomenology, a philosophy founded by Edmund Husserl at the beginning of the 20th century (Giorgi & Giorgi, 2008). It is interested in individuals' conscious experience with regard to how individuals are making sense about the world around them in a particular context and time (Willig, 2001). Spinelli (as cited in Willig, 2001)

distinguished between phenomenology and psychological phenomenology. The former is more concerned with the core of human experience while the latter is more concerned with “diversity and variability and the research participant’s account becomes a phenomenon with which the researcher engages” (Willig, 2001, p.53). IPA’s main concern is to explore how people perceive significant events in their life and how they experience and reflect on their experience (Smith et al., 2009).

Secondly, IPA is influenced by hermeneutic inquiry (Smith & Eatough, 2006), the theory of interpretation whose main emphasis is on how individuals make sense of their experience. However, since the researcher is also an individual, making sense of the “participants’ sense-making” (Finlay, 2011) this captures the researcher’s dual role in the research process which has been described as “double hermeneutics” (Smith & Osborne, 2008, p.53). Therefore, IPA requires the researcher to engage with different levels of interpretation⁵ in order to stay true to the participants’ narrative. This requires the researcher to be both “empathic and questioning” (Smith et al., 2009, p.36). Moreover, Smith and Eatough (2006) emphasise the importance of being a reflective researcher within the analysis process in an attempt to bracket off personal influences⁶.

Lastly, IPA is an idiographic approach to inquiry concerned with the particular knowledge of an individual, rather than universal knowledge of a group (Smith & Eatough, 2006). Furthermore, on one level the researcher is interested in the in-depth understanding of the phenomena under study from the perspective of particular individuals. On the other level the researcher is investigating how an individual understands the phenomena in a particular context (Smith et al., 2009).

⁵ Please refer to Method of Analysis section

⁶ Please refer to personal, epistemological and methodological reflexivity sections

3.4.1 Alternative methods

Alternative methods, such as discourse analysis and grounded theory, were considered. Discourse analysis as a social constructionist approach explores how language, as a form of discourse, is used by individuals to construct social reality (Coyle, 2006). Similarly, IPA recognises the importance of language in the participants' narrative; however, language is not considered "a sole or primary constructor of reality" (Smith & Eatough, 2006, p.326).

Grounded theory was developed by sociologists Glaser and Strauss in 1967 to study social processes (Henwood & Pidgeon, 2006). Although some may argue that IPA is similar to grounded theory, there are two significant differences. Firstly, researchers use grounded theory to develop a universal model or a theory, whereas IPA allows the researcher to explore the individual's in-depth experience of specific phenomenon (Smith & Osborne, 2008). Secondly, IPA explores divergence and convergence between participants while grounded theory uses the participant's account to support the theory (Smith et al, 2009). Consequently, a phenomenological approach, such as IPA, was deemed to be the most appropriate since it attempts to explore the individual's lived experience of a particular phenomenon.

3.4.2. Data collection methods

The majority of IPA studies use semi-structured interviews as a data collection method due to their flexibility (Smith & Eatough, 2006). Smith (1995) suggests that there seems to be a "natural fit" (p.9) between semi-structured interviewing and qualitative methods. The semi-structured interview allows the researcher to engage in a flexible dialogue with the participant and explore avenues that are important to the participant while adapting the interview schedule (Smith & Osborne, 2008). The researcher has the area of interest and some questions to pursue, but the participant guides the interview by deciding which direction it

takes and introducing issues that the researcher had not thought of, thus, producing richer data. Consequently, the semi-structured interview allows the researcher to enter the participant's internal world since the participant is an expert on the researched subject and helps the researcher gain a detailed description of the participants' subjective experience (Smith & Osborne, 2008).

3.5 The sample

Since IPA is an idiographic approach, Smith et al. (2009) recommends a sample size between three to six participants as sufficient to obtain a rich account of their lived experience and examine the similarities and differences between participants. A larger number of participants would prevent the researcher with in-depth engagement with each individual case (Smith et al., 2010). As Smith and Eatough (2006) suggest, random or representative sampling would not be useful and, thus, purposive sampling is more applicable for IPA. Purposive sampling enables the researcher to recruit participants for whom the research question is significant, thereby offering a meaningful perspective on the phenomenon under study (Smith & Eatough, 2006). Moreover, a snowball sampling technique is a form of convenience sampling which allows the researcher to recruit participants for the study through friends and colleagues (Goodman, 1961).

3.5.1 Inclusion criteria

IPA study requires a fairly homogeneous sample which will permit the researcher to extract master themes from the data (Smith et al., 2009). Smith et al. (2009) suggests that "the topic under investigation may itself be very rare, and thus define the boundaries of the relevant sample" (p.49). As a consequence, the researcher felt that the phenomenon under study was

sufficient enough to assure homogeneity. However, the researcher identified additional inclusion criteria to enhance homogeneity of the data. Firstly, participants for this study were Caucasian, heterosexual males. Secondly, participants must have been in a committed relationship (cohabiting or married) for a minimum of six months, which would allow distinguishing from a casual relationship. Thirdly, a minimum six months should have elapsed after the disclosure of an affair. Hence, participants should be at least in the Moratorium stage, where individuals overcame the stage of emotional turmoil and experience less emotional reactivity (Olson et al., 2002).

Additionally, only the injured party from the relationship was interviewed. Although there was no particular age range identified, the participants' age range was 28-33 years old. This could be attributed to the fact that participants were recruited through a snowballing technique, thus, they fall into the same age cohort as the researcher.

3.5.2 Exclusion Criteria

Two main exclusion criteria were identified, individuals in the Roller Coaster stage since they are more vulnerable due to the fact that this stage is "intensely emotionally charged" (Olson et al., 2002, p.426). Additionally, individuals in polygamous relationships were excluded from the study since they tend to adopt different rules, contracts and boundaries in their relationships in order to manage them (Barker & Langdrige, 2010) and as a result they may define and cope with infidelity differently.

3.5.3 Participants

For the purpose of this qualitative design, six heterosexual men who experienced infidelity in their committed relationships were recruited. All participants were recruited through a snowballing technique. With the exception of Jacob, for the rest of the participants English was their second language. This could have potentially affected the participants' expressions as well as the researcher's interpretations and indirectly affected the results of the study. This is further discussed in the discussion section. Table 1 contains a summary of the participant's demographic details.

Table 1: Participant information

Anonym	Nationality	Age
Jacob	Polish American	33
Oliver	German	29
Ben	German	29
Joshua	Greek	28
Max	Austrian	30
Noah	Polish	29

3.6 Materials

A poster⁷ and an advert⁸ were created in order to advertise the study and recruit participants. An information sheet⁹, consent form¹⁰ and debrief form¹¹ with further information about the research including contact details of both the researcher and the supervisor was designed for the participants. A protocol¹² was developed outlining how to deal with participant's potential distress. Interviews were recorded using a digital voice recorder.

A semi-structured interview schedule¹³ was created for the purpose of this research using guidelines suggested by Smith (1995). During the first stage the researcher determined the overall issue to be addressed during the interview, outlining a broad range of themes or questions that the interview should cover. The second stage involved organising areas in the appropriate sequence, starting with more general questions and leaving the most sensitive questions for the end of the interview. The third stage involved creating appropriate questions for each area, which should be open and simple. Lastly, the fourth stage involved creating possible prompts and probes which could follow from answers given by the participants.

The interview schedule¹⁴ was revised with the researcher's supervisor to ensure the applicability of the research questions. Additionally, the researcher is a part of a London Regional IPA Group where the interview schedule¹⁵ was presented and revised upon feedback from the group.

⁷ See Appendix A

⁸ See Appendix B

⁹ See Appendix C

¹⁰ See Appendix D

¹¹ See Appendix E

¹² See Appendix F

¹³ See Appendix G

¹⁴ See Appendix G

¹⁵ See Appendix G

3.7 Procedure

Initially, the poster¹⁶ advertising the study was displayed in public libraries, the London Metropolitan University, coffee shops and pubs. Additionally, an advert¹⁷ and a poster¹⁸ were advertised on social network websites and distributed via email to all existing contacts with a request to re-distribute them to male friends and colleagues.

Once potential interviewees expressed an interest in participating in the study, either by emailing or phoning the researcher directly, they were screened with respect to the inclusion and exclusion criteria¹⁹. Participants who satisfied the criteria were asked if they wish to take part in the study and a convenient time and place for them was arranged for the interview. Although Smith et al. (2010) advocate carrying out interviews in the participant's natural environment, such as at home, the London Metropolitan University's interview room was offered for interviews in order to assure the safety of the researcher and provide participants with a quiet and private setting. However, three interviewees preferred to meet outside of the London Metropolitan University. Jacob said that the London Metropolitan University was not in a convenient location and he requested to meet in his local pub. However, since the place was very loud and crowded we agreed mutually to move the interview to an open, green space in close proximity²⁰. Furthermore, Oliver and Ben, who are friends, preferred to meet in the flat of a mutual friend who was the researcher's work colleague²¹ who emailed them the study advert.

There were several measures put in place to assure the researcher's safety, particularly for the three interviews that took place outside of the London Metropolitan University. The

¹⁶ See Appendix A

¹⁷ See Appendix B

¹⁸ See Appendix A

¹⁹ As discussed in Participants section

²⁰ This is further addressed in the Discussion section

²¹ This is further addressed in the Discussion section

researcher's friend was informed about the exact location of each interview. Moreover, once the researcher arrived at the agreed location the friend was informed via phone. Once the interview was concluded, the researcher made contact again with the friend. It was agreed that in the case of no contact from the researcher after one hour, the friend would attempt to make contact with the researcher.

Upon arrival for an interview, participants were informed about the purpose of the study once more and they were informed about confidentiality measures²² put in place and their right to stop the interview at any point if they felt uncomfortable. All participants received a written information sheet²³ to retain for their information and the consent form²⁴ to read and sign. After the consent form²⁵ was signed the interview and recording commenced. The semi-structured interview schedule²⁶ was used as a flexible guide. Questions were adapted accordingly to explore novel and interesting information provided by participants, according to the IPA approach. After the interview was concluded, time was set aside for the researcher to inquire about the participant's state of mind and to answer any questions that had arisen following the interview. Participants were informed about their right to withdraw the data at any point in time within two months after the interview. The participants were provided with the debrief form²⁷ with a summary of the above information, the researcher's and the supervisor's contact details and the list of organisations they could contact if they would become distressed.

The interviews were transcribed verbatim and pseudonyms were assigned to protect the identities of the participants. For the purpose of confidentiality, all the names as well as places of interest were omitted in the transcripts.

²² As discussed in the Ethical Considerations section

²³ See Appendix C

²⁴ See Appendix D

²⁵ See Appendix D

²⁶ See Appendix G

²⁷ See Appendix E

3.7.1 Pilot interview

Smith and Osborn (2008) highlight the benefits of conducting a pilot interview in order to assess the suitability of the interview questions and make any necessary amendments. A pilot study was initially carried out with one participant, Peter²⁸, in order to clarify and modify any concerns that might arise from the interview schedule²⁹. Peter approached the researcher directly through the poster advertised in a public place. During the interview Peter disclosed that he was in a polygamous relationship and following the interview he invited the researcher to lunch. Following a discussion with the supervisor it was mutually agreed that the pilot interview would not be included in the analysis since the motives for taking part in the interview were unclear and called into question the validity of the data. There were no changes to the interview schedule following the pilot interview.

3.8 Ethical considerations

This study commenced after the London Metropolitan University Ethics Committee gave it its approval. There was no deception involved in this study and all the participants were clearly briefed about the purpose of the research.

3.8.1 Confidentiality

To assure anonymity each participant was assigned an anonym instead of his real name. These measures were put in place in order to protect the participant's personal details. All participants were informed about the process of carrying out and writing the thesis and that supervisors and markers will have access to the anonymous transcripts and data recordings.

²⁸ Each participant has been assigned a pseudonym to protect anonymity.

²⁹ See Appendix G

Additionally, participants were informed that in order to ensure validity of the research, emerging themes would be discussed with a fellow counselling psychologist and presented at the London Regional IPA Group. Lastly, participants were informed that all recordings and transcripts would be stored on a computer, be password protected and only the researcher would have access to them. All recordings would be erased from the researcher's computer after the assessment of the thesis and the viva is successfully completed.

3.8.2 Potential distress

Research participants used in this study were not considered to be from a vulnerable population; however, the research questions may have proved to be emotionally sensitive. As the research questions explored disclosure and experience of infidelity, one of the exclusion criteria was that participants were no longer in the Roller Coaster stage (Olson et al., 2002) in order to minimise participant distress. Nevertheless, given the nature of the topic, if any participants should become distressed, a protocol³⁰ was designed to be followed to decrease the participant's level of distress. At the start of the interview the participants were given an information sheet³¹ about the study and all the necessary details to retain for their references. Following the interview time was given to ensure overall psychological well-being and the participants were given a written debrief form³² with a list of helping organisations.

3.9 Method of analysis

There is no single or definitive way of conducting IPA (Smith & Eatough, 2006). As Smith and Osborn (2008) suggest, the researcher is interested in learning about the participant's

³⁰ See Appendix F

³¹ See Appendix C

³² See Appendix E

psychological world through the engagement with the transcript. The present study used guidelines outlined by Langdridge (2004), which are based on Smith (1995), to interpret transcripts. The following five stages of analysis were conducted:

Reading for meaning: the interviews were transcribed verbatim and further read and re-read by the researcher. The right hand margin was used to write thoughts, reflections and observations on what was being read³³.

Identifying themes: the second stage involved searching for patterns of meaning, which were recorded on the left hand margin of the transcript. These recorded meanings were further coded as themes and psychological language was applied in order to “capture the conceptual meaning inherent in text” (p.286). Since, identifying themes is a negotiated process between the researcher and the text, the researcher “needs to resist imposing their worldview on the text” (p.287) by employing reflexivity³⁴.

Structuring themes: in the third stage the researcher reviewed the identified themes from the previous stage and looked for the relations between the themes. Furthermore, the themes were structured into clusters and hierarchies of meaning. Additionally, clusters of themes were labelled in order to capture the overall meaning of the cluster. Some themes were removed since they were irrelevant to the subject under research.

Producing a summary table: during the fourth stage a summary table was constructed which included all the themes and clusters with quotations in order to illustrate each theme and cluster.

Integrating cases: the final stage involved integrating the entire findings in the table of super ordinate (or master) themes and constituent themes for all transcripts. Each super ordinate

³³ See Appendix H

³⁴ See Appendix H

theme consists of two or more constituent themes and is supported by quotes from each participant's transcripts as evidence³⁵.

3.10 Validity

Strauss and Corbin (1990) emphasise that during the analysis process "researchers often fail to see much of what is there because they come to analytic sessions wearing blinders, composed of assumptions, experience, and immersion in the literature" (p.75). Although, the researcher may potentially influence the findings by her own experience and assumptions, a series of procedures have been designed to enhance the validity of qualitative research. For the purpose of this study a number of steps proposed by Yardley (2008) were undertaken to improve the validity of this research:

Sensitivity to context was established through exploring relevant theoretical and empirical literature on infidelity. Exploration of existing literature was vital in order to formulate research questions, addressing gaps in the research on infidelity and linking the findings to the existing empirical literature. Secondly, the study attempted to show sensitivity to the perspective and socio-cultural context of the participants by applying open-ended questions, which allowed the participants to express their opinions freely and discuss a topic which is important to them rather than being influenced by the researcher (Yardley, 2008). An attempt was made to recognise participants' inconsistencies and complexities of the speech by ensuring that the emergent themes were grounded in, and supported by, the data. Each transcript was re-examined to ensure that the themes were truly representative of the data collected.

³⁵ See Appendix I

Commitment and rigour was assured firstly, by purposive sampling of six individuals who experienced infidelity in their committed relationships. Secondly, the researcher's personal experience of infidelity allowed for empathetic understanding of the participants' narratives through in-depth engagement with the transcripts.

Coherence between the qualitative epistemological perspective, research aims and the IPA as a method of data analysis is compatible and consistent. Verbatim excerpts are presented throughout the thesis to illustrate the participants' experiences.

Transparency in the analysis of data was assured by clearly outlining the analysis process, which allows the reader to understand how and why the study was carried out. The table of master themes and relevant excerpts was created to present the data³⁶. Reflexivity was also applied throughout the thesis to assure transparency.

In order to ensure credibility and validity of the research, the data were presented at the London Regional IPA Group for peer review feedback. The researcher presented ten random excerpts from different participants. The group of predominantly counselling psychologist and experts in IPA looked through these random excerpts and attempted to group the excerpts into common themes and identify potential themes. The group identified three themes based on the data, which were consistent with the researcher's themes; Emotional turmoil, Trying to cope and Identity.

Additionally, in order to triangulate the researcher's perspective, emerging themes were discussed with a fellow counselling psychologist who familiarised herself with the anonymous transcript of one participant. This method ensures that the analysis is consistent, easy to follow and makes sense to other people (Yardley, 2008). Furthermore, this form of triangulation allows the researcher to clarify, modify or identify potential themes which were

³⁶ Please refer to Appendix I

not captured by the researcher originally in order to ensure coherence of the analysis (Yardley, 2008).

4. ANALYSIS

Semi-structured interviews were used in order to investigate infidelity in the context of committed relationships. The IPA method was employed in order to analyse participants' responses. Therefore, based on the analysis of participants' accounts, three superordinate themes emerged from the data: The Trauma of Disclosure; Trying to Cope and Moving Forward. For the purpose of validity, identifiers such as page number, line number and a quote from the relevant transcript were used as a reference to support each constituent theme. The final overview of superordinate themes is presented in Table 1 below. In order to ensure transparency, Appendix (I) contains the final table of superordinate themes and their constituent themes with their identifiers for each individual participant.

Table 2. Overview of Superordinate Themes.

1. The Trauma of Disclosure	2. Trying to Cope	3. Moving Forward
Transition stage	Taking time-out	Angel the heart, devil the head
Emotional turmoil	Ruminating	Identity
Negative self-worth	Action focused	

The following section describes in depth each superordinate theme with its constituent themes, using excerpts from participants' narratives with an emphasis on the convergence and divergence between participants. The recurrence of themes is presented in Appendix (J).

4.1 The Trauma of Disclosure

Initially, all participants, except Joshua, talked about their experience of the relationship prior to infidelity and the disclosure of infidelity. Although participants did not divulge details about their problems, they disclosed the general challenges they faced at the time. All participants further expressed difficulties surrounding the disclosure of infidelity such as a sense of shock, betrayal or anger. They further discussed how this experience had an impact on their sense of worth and confidence. Therefore, participants' experiences have been grouped into three constituent themes: Transition stage, Emotional turmoil and Negative self-worth.

4.1.1 Transition stage

Participants talked about a period of transition in the relationships where they identified various challenges that they had to face and individual difficulties in the relationships prior to infidelity. Participants disclosed complex feelings which they experienced at the time. Perhaps the difficult dynamics within the relationship potentially could have precipitated their partner's engagement outside of the primary relationship. Joshua, Ben and Jacob talked about how their needs and their partners' needs were not being met in the relationship. Noah and Max talked about logistic challenges and difficulties in managing a long distance relationship.

Jacob talked about how both partners were delaying the decision whether to get married or to wait longer before committing to the next step:

"...she was just finishing university and we'd kinda decided that we'd wait until she finished university to decide if we got married or not. And then she finished and we were like all right

- *let's wait until you get a job till we decide. We were kind of ...³⁷ at this uncertain phase where everything was nice but we were both not fully ready to go ahead and get married" (1, 4-11)³⁸.*

Jacob's narrative suggests how both partners found it difficult to progress into the next stage of their relationship. He talks about how his partner's education and professional life delayed the decision whether they should get married. There is a sense of ambivalence about the relationship for both partners "*at this uncertain phase everything was nice but we were both not fully ready to go ahead and get married*" indicating that although both partners felt happy in their relationship, they both were not certain which direction their relationship was moving and perhaps not really ready to make the final commitment of marriage.

Conversely, Ben noticed changes in his partner's behaviour which precipitated difficulties in the relationship:

"I felt that something was wrong in our relationship, Ja? [...] ³⁹ she distanced? From mine [sic] and she couldn't really talk about what's happened and what's [sic] her problems are and what the problems with me are. And so...she went out with a girl...friends and worked a lot and so we don't [sic] have any good connection at that time. So it was very hard and we were arguing very often during that time" (1, 18-28).

Ben's narrative indicates how he was aware that "*something was wrong*" in the relationship. Initially he noticed a change in his partner's behaviour, being distant and not communicating with him about what she was going through. He questions whether she had "*problems with me*" almost wondering whether he contributed to her difficulties. He also talks about his

³⁷ Ellipsis mark indicates pause in the participant's interview.

³⁸ Extracts are annotated with reference point in the transcript which indicates page number and line number from the transcript. For ease of reading, repetitive phrases or utterances such as "um" have been omitted unless relevant.

³⁹ Ellipsis in brackets indicates omitted text.

partner spending time with her friends and working long hours which also reinforced his suspicion as well as the distance between them. Further, he describes the impact of these difficulties on him *"it was very hard"* and on his relationship: *"we were arguing very often"* which could indicate that there was perhaps an attempt to communicate about the problems both partners were experiencing at the time.

Noah identified how immediate changes in the environment had an impact on his relationship and directly contributed to his partner's infidelity:

"We start [sic] living in the same city and then she moved to another one [...] the last couple of months we were ... just ...travelling between cities and we see [sic] each other around the weekends. Yeah. And ... one day I came to her city at the weekend, and in the first part we had some kind of fight, about nothing you know, it wasn't important; something very small. And then she started running in different direction and when I come back [sic] to her home [...] and then she came and said that she can't stand the situation and she's alone and she needs somebody all the time" (1, 11-26).

Noah identified how his partner's relocation to a different city precipitated difficulties in his relationship. He initially talks about an argument that they had *"about nothing you know, it wasn't important; something very small,"* minimising it; he can hardly recall it while speaking in a slow tone of voice. However, instantaneously he recalls *"she started running in different direction"*, indicating an initial surprise and confusion because he was not expecting his partner's reaction. While describing this event Noah's tone of voice changed, he started speaking fast while gesticulating energetically with his hands, at some point placing both his hands on his head with disbelief. From his narrative one can sense almost the chaos, surprise and confusion that Noah felt at the time. Noah's narrative also indicates a surprise and disbelief when his partner stated *"she can't stand the situation and she's alone and she needs*

somebody all the time" indicating that he was not aware of his partner's feelings and difficulties. It appears that the transition period was a difficult and stressful time which left his partner feeling ambivalent about the relationship as a result of changes.

Similar to Noah, Max talked about difficulties with managing a long distance relationship while living in different countries:

"I saw her every three weeks, something like this. I was living in (country name) back then and she in (country name). So we didn't see each other much" (1, 10-13). [...] I have [sic] some kind of feeling then and I knew something was happening" (2, 41-42).

Max talks about regular but intermittent contact that he had with his partner which could have potentially prevented them from developing a closer and intimate bond, *"we didn't see each other much"*. Max further talks about having *"some kind of feeling"* which he finds difficult to identify yet one can sense a strong sense of foreboding that *"something was happening"*. Max's narrative could indicate that although both partners committed to the relationship, on some level Max was aware of potential difficulties that they endured as a result of a long distance relationship.

The participants' excerpts illustrated difficulties they experienced in their relationships which could have potentially contributed to their partner's infidelity. All participants learned about the infidelity directly from their partners or through friends. None of the participants confronted their partner directly albeit they had suspected that their partner may have engaged in infidelity for some time prior to disclosure. Interestingly, all participants talked about an overwhelming sense of shock that they initially experienced. It could be hypothesised that participants experienced shock since their worst, almost unimaginable fear was confirmed. Although infidelity occurred a significant time before the interviews were carried out, all participants communicated a wide spectrum of intense and difficult emotions

while attempting to make sense of what have happened. Emotional turmoil emerged as a subsequent constituent theme.

4.1.2 Emotional turmoil

All participants in their narratives described experiencing an intense rollercoaster of emotions including low mood, diminished interest and pleasure in daily activities or difficulties with sleeping. Moreover, all participants in their narratives described experiencing an intense emotional reaction similar to a trauma. A trauma has been described as: “a major negative event or set of events that destroys important assumptions or fundamental beliefs about the world or specific people – in this case, your partner and your relationship. Traumatic events disrupt all of your life – your thoughts, feelings, and behaviours” (Snyder, Baucom & Coop Gordon, 2007, p.10). This quote clearly illustrates how a traumatic event such as a partner's infidelity impacted on the participants' view of themselves, the partner, the relationship and for some, the world in general. The following excerpts capture the overwhelming feelings of shock, anger and betrayal that all participants experienced.

Joshua talked about a traumatic experience and an overwhelming sense of anger:

“To be honest my feelings were mixed up. I knew that in the first place, I felt an overwhelming anger – so...in particular I remember I destroyed all our...souvenirs-remembrances, you know, like photos so...but after the anger it seemed that...traumatic experiences, traumatic feelings penetrated and...penetrated in my psychology” (1, 7-11).

Joshua's narrative is a powerful description of the stages of betrayal, anger and sadness. Initially, he talks about an “*overwhelming anger*” and the immediate and violent way he expressed it, by destroying memorabilia which he shared with his partner. On a symbolic

level it could be interpreted that Joshua destroyed memorabilia the same way as his partner destroyed their relationship. He further talks about traumatic feelings and experiences which “*penetrated and...penetrated in my psychology*” which could be interpreted that Joshua was overwhelmed with these relentless feelings which infiltrated his thoughts. The repetitiveness of the word “*penetrated*” that he uses indicates how these traumatic feelings were forcing their way into him and he was not able to escape them. One can almost sense a sense of entrapment by these feelings.

Similarly, Oliver talked about a sense of shock and sadness which he expressed through anger:

“At the first moment you know with the shock and the sadness that came next um... could not really describe how I felt actually. So it was like deep sadness at first, but just for a short time. And then after that, I guess, the adrenaline started rushing and I felt pretty angry. At that moment I could have smacked her – I didn’t do it but...you feel like that in those times” (3, 92-96).

Oliver conveys his initial sense of shock and at the same time a struggle to identify feelings that he experienced in that particular moment “*I could not really describe how I felt actually*”. He expresses the initial “*deep sadness*” that quickly turned into anger. Oliver depersonalises the sadness; there is a sense that he did not have control over this emotion which came over him suddenly. At the same time he owns the anger, stating “*I felt pretty angry*” which perhaps is more acceptable emotion for him. Further Oliver’s excerpt conveys a sense of almost uncontrollable anger and violent feelings, “*I could have smacked her*”. However, he quickly clarifies “*I didn’t do it*” perhaps embarrassed that he experienced or disclosed this thought.

Max also talked about the initial sense of shock and anger when his girlfriend informed him she cheated on him with another woman whom he knew:

"...first of all it was a shock (inaudible 6.44.4) since it was a woman, she was cheating me on [sic] (4, 92-94) [...] I couldn't handle it on the phone on the moment that I actually – I was angry at my girlfriend, let's call her girlfriend for this? The problem was all these aggression thoughts – it wasn't aggressive phone call but it was...I don't know (speaks in German) it was probably that she thoughts about this woman" (6, 133-139). [...] I feel very angry. Certain days I can wake up and would actually...off the table, just fluids (8, 187-190)

Max's statement *"it was a shock since it was a woman"* almost indicating that if his partner would cheat with a man it would be less of a shock. Max notices how difficult it was to learn about the betrayal over the phone *"I couldn't handle it on the phone"* indicating how overwhelmed he was by the disclosure. Further, he talks about the anger he felt initially and the *"aggressive thoughts"* he experienced although he does not disclose the content of his thoughts. In his attempt to rationalise his feelings he attributes his aggression to thinking about *"this woman"*. Max further talks about how his situation was so dire that he could only take fluids.

In contrast, Jacob talked about a sense of loss and a difficulty with coming to terms with what has happened:

"I just needed to like go through those couple of months of feeling absolutely shitty. And having friends who tried to drag me out when I just wanted to stay home and be depressed. I mean I'd say during that time I was probably like depressed in a...exhibiting signs of clinical depression in term of like you know I couldn't get up the energy to clean up my apartment or doing my laundry just seemed like the hardest thing in the world" (8, 213-220).

In his statement Jacob expressed the need to feel “*absolutely shitty*” for couple of months perhaps to try to cope with the loss. He notices “*friends tried to drag me out*” which suggests his need to be isolated from the outside world since perhaps the despair was so overwhelming. There is almost a sense of hopelessness to the point where he “*wanted to stay home and be depressed*” since his world collapsed. Jacob’s further talks about symptoms of depression such as a sense of helplessness, low energy, withdrawal from social support and real difficulties with overcoming that state of despair even when performing basic household tasks “*doing my laundry just seemed like the hardest thing in the world*”.

Further, Noah’s narrative indicates a deep hurt and sadness:

“A very strange thing...I wasn’t mad...it wasn’t that...I was very sad. It wasn’t you know the most important thing, that you have affair, it wasn’t impossible for me to handle it at this time (7, 104-107) [...] I called her [...] from a phone box. And I asked her...I was crying and we were talking about what we can do and I have a...and lot of...I am sorry” (15, 239-242).

Noah seems surprised by his own reaction, indicating this with his questioning voice. He seems to be assuming that he should have been angry or mad. However, unlike other participants who expressed sadness through anger, Noah was able to be more aware of his sadness. He states that “*It wasn’t you know, the most important thing, that you have affair, it wasn’t impossible for me to handle it*” acknowledging his partner’s affair. However, there is also a sense that it is a difficult or an almost impossible experience, but he can cope with it. This could be interpreted that Noah is aware that there might be underlying reasons which led to infidelity or that perhaps he feels he contributed to it indirectly. Further, he says “*I was crying and we were talking about what we can do*” indicating a despair and helplessness. There seems to be no communicating on what is happening, and trying to process these feelings, the focus is on action, doing something to ‘fix’ the problem. Interestingly, when the

interview concluded and the recording stopped Noah mentioned difficult relationship with his father who was hostile and aggressive. Thus, the researcher wondered whether Noah in general finds it difficult to express anger due to his particular upbringing, perceiving anger as a negative and destructive emotion.

In summary, all participants' narratives suggest that the period following the discovery of infidelity was charged with powerful emotions. All participants talked about feelings of shock, despair, sense of loss and trauma. Participants also talked about the effect of infidelity on their self-esteem which emerged as another constituent theme.

4.1.3 Negative self-worth

Almost all participants talked about how infidelity affected their self-worth. For example, Jacob and Joshua talked about how experiencing infidelity brought their insecurities to the forefront. Ben talked about feeling that he was the only person who experienced this. Interestingly, Oliver did not talk directly about how this experience made him feel about himself; he talked extensively about how, as a child, he had to carry and support his mother who went through failed relationships and coped with them through drinking and how he developed coping mechanism not to allow himself to feel pain.

Jacob talked explicitly about how the partner's infidelity triggered his own insecurities:

"...maybe it's humiliation? There's sense of like what's wrong?" (4, 99-100). [...] "I've been made to feel inferior by this person who I don't even know. And in your head you imagine this person is like everything you wish you were, he's bigger and stronger and better in bed and makes more money and like you imagine that all so you wanna...part of it was I wanted to win" (9, 232-237)

Jacob talks about a sense of humiliation and questioning “*what’s wrong*”, perhaps wondering whether there is something wrong with him that his partner cheated on him. Although he never met this man, he talks about a sense of inferiority, imagining “*this person is like everything you wish you were*” indicating this ideal and perfect image of a man that perhaps he is not. He further recounts “*he’s bigger and stronger and better in bed and makes more money*” which makes it impossible for him to “*win*”. He does not clarify whether he means to win his partner over or whether to win against this imagined ideal.

Similarly, Joshua described initial anger followed by sense of unworthiness:

“after the anger it...what followed was...were feelings of unworthiness, mostly unworthiness. Self-destructive, destruction feelings. So...I think it’s typical process (1, 12-14)

Joshua talks about feelings related to him and his sense of self, feelings of “*unworthiness. Self-destructive, destruction feelings*” where he no longer is fixated on ‘destroying’ his partner but how these feelings are ‘destroying’ him, which he quickly attempts to counteract by saying “*.I think it’s typical process*” perhaps to normalise it. Further Joshua reflects on why he reacted this way:

“I had always had let’s say appearance issues [...] body dysmorphic issues something like that. So, I remember, when the truth was revealed to me, after the anger, the overwhelming anger towards her – but what followed was an overwhelming sense of [...] making myself better, my appearance, my clothing’s, my style, the way I move in general. So...a bit of a childish reaction to something traumatic you know. Essentially I was putting the blame on me because I wasn’t good enough to keep her away from infidelity” (4, 60-71).

Joshua attributes his initial reaction of unworthiness to his “*appearance issues*”. Although, he notices initial overwhelming anger towards his partner, he quickly turns this anger towards

himself. He reports trying to improve himself "*making myself better, my appearance, my clothing's, my style, the way I move in general*" to perhaps make himself good enough or worthy for his partner. Later in the interview Joshua disclosed that his partner cheated on him once more and consequently she ended the relationship:

"I collapsed. Because I couldn't handle the fact that once more she left me for another man. Because that was the final proof in my mind that I wasn't attractive enough or smart enough or good enough in general" (12, 213-215).

Joshua describes how he "*collapsed*" as it was almost impossible for him to cope with the second infidelity which only reinforced his own insecurities and his negative beliefs about himself. He further states that his partner's next infidelity was a "*final proof that I wasn't attractive enough or smart enough or good enough in general*" which is a powerful statement that conveys how Joshua felt overall - not good enough.

Nevertheless, Ben talked about by speaking to a doctor, who is also his friend, he realised that there are other people out there who experienced infidelity and went through similar process:

"I'm not the only person with the problem. That is the main thing I would say. It kind of made you feel you the odd one out and there are other people out...." (17, 443-447).

There is a sense of relief "*I'm not the only person with the problem*", almost a normalisation of his experience. Ben's statement "*you feel you the odd one out*" could be interpreted as a sense of isolation, there is something wrong with me, this only happened to me. This might have left Ben feeling embarrassed or perhaps ashamed. Infidelity is a painful but a common experience: "*there are other people*" who went through infidelity.

Oliver did not talk about his negative self-worth explicitly. However, he talked about how seeing his mother, who was an alcoholic, being rejected and abandoned by men in her life, made him invincible:

“I saw my mother’s relations and I saw how they breakup, how they broke up actually. And also I saw how she...got teared [sic] down by the people she was working with. And how she got teared [sic] down by the relationships she had. She got desperate, and more desperate and more desperate. And yeah...and it was I guess at the hardest time of my life seeing my mother like this [...] And after that everything was not the same and...I did not felt the same pain I felt before” (10, 329-342).

Oliver’s narrative is interesting since he talks about how as a child he experience his mother being rejected and abandoned by partners and how he observed her being “teared down” by them and becoming “desperate, and more desperate and more desperate”. He talked about how painful it was seeing his mother, perhaps weak and vulnerable, which made him detached from his own pain and vulnerabilities due to the fear he may become like his mother, weak and vulnerable. Perhaps Oliver’s attempt to convey his own experience using his mother’s is also a way to protect himself by distancing himself to his own painful feelings.

4.2 Trying to Cope

All participants engaged in various coping strategies in order to deal with this negative, challenging and difficult event. Almost all participants reported the initial need to be alone to process the information following the disclosure of infidelity. All participants discussed frequently thinking over infidelity and what might have happened. All participants further described how they attempted to cope with the new situation and the consequences of their

partner's infidelity. Some reported seeking support from others, others doing physical exercise or writing about their experience. Participants' experiences have been grouped into three main constituent themes: Taking time-out, Ruminating and Action focused.

4.2.1 Taking time out

Taking time out appeared to be an important initial element of coping with the disclosure of infidelity for almost all participants except Jacob. Participants reported initial reaction of needing to be alone, to take time away from the partner and not wanting to communicate. Although participants did not reflect on why there was this immediate need, the researcher hypothesised that perhaps they needed the time to process their anger, pain, betrayal and loss before they could attempt to communicate with their partner again. Following the disclosure of infidelity Oliver reported the need to be alone:

"I told her I wanted to be alone. I don't want to see her. Yeah. She always tried to....she sent me messages, she was calling but I did ...took off the phone or I did not read the messages, just deleted it and yeah. Want to be on my own, you know, want to make my own decision" (4, 129-132).

In this excerpt Oliver talks about cutting himself off from his girlfriend although she continuously tried to contact him. *"I did ...took off the phone or I did not read the messages, just deleted it"* portrays Oliver's need to be alone but also perhaps to try to punish his girlfriend. It could be hypothesised that on a deeper level he was driven by the desire to take back control and hurt his girlfriend like she hurt him. However, he also talks about wanting to make his own decisions. Perhaps he was fearful that if he would see his girlfriend, he might be influenced by her. Considering Oliver's difficult relationship with his alcoholic mother,

where he always had to be strong and support her, it could be also hypothesised that perhaps Oliver did not want his girlfriend to see him vulnerable.

Similarly, Joshua disclosed the desire for own space and suspending communication with his girlfriend:

"I remember that I wasn't answering her phones after that she, she was informed that I already knew and...but to be honest, some sort of ...co-dependent behaviour led me to...keep in touch with her after a couples of weeks" (1, 17-21).

Joshua talks about not answering calls from his girlfriend once he learned about the infidelity from his friend. There seem to be the need to be alone to process what have happened. Interestingly, Joshua also states *"some sort of ...co-dependent behaviour led me to...keep in touch with her after a couple of weeks"* which could be interpreted that he perceived himself as not strong enough or weak since he tried to contact his girlfriend after *"a couple of weeks"*.

Max on the other hand talked in general about the importance of taking time out to process his feelings:

"I don't think it's very productive if we were sitting together in a room for a week. Even though she would have explained herself completely clearly, I don't think I would have been able to cope in her presence with the whole story. So I think it's good after something like this comes out to have some kind of distance, give yourself the time, which you, which maybe you don't want to take but you should take it, for everyone you should take it" (25, 520-526).

On reflection Max notices that probably he would find it unhelpful to process what had happened in the presence of his girlfriend. Further, he questions whether he would be able to cope hearing *"the whole story"*. There is almost a sense that Max perhaps would find his

feeling too overwhelming and would not be able to manage them. Interestingly Max further talks in the third person about the importance of distancing oneself and taking time to think and process feelings although, he acknowledges that it is difficult yet important for both partners.

Similarly, Ben clearly stated that he needed to take time away from his partner to think about what had happened:

“Because I had to think about it. Think about it for some days and...and I was arguing with her a lot of course. And also...some weeks later I was looking for a talk with her, a serious talk. But it was also hard for her to talk about this” (3, 70-74).

Ben reflects that he needed to take time to process his partner's infidelity before he could communicate with her. He further states *“I was arguing with her a lot”* without disclosing the context of arguments. It could be hypothesised that he attempted to communicate with his partner and perhaps express how he felt. He observes that after few weeks he was ready to have *“a serious talk.”* Perhaps he felt ready to face his partner and the situation. Ben also acknowledged how difficult it must have been for his partner as well.

In conclusion, participants talked about their initial need to take time away from the partner to reflect on what had happened and process their painful feelings. Further, all participants disclosed constantly ruminating about what had happened, which emerged as the next constituent theme.

4.2.2 Ruminating

All participants reported constantly thinking about the infidelity and the circumstances in which it took place. They all talked about imagining what had happened and what it perhaps

meant to their partner. Jacob's narrative illustrates this powerful, almost uncontrollable process:

"I don't know it's this weird like massive jealousy, desire to exert your control as a man and like be there and then also this almost just like sexual curiosity or voyeurism in to it. So it was like I think a really bad cycle of me wanting to know everything for all these reasons and her not wanting to say it. And me thinking that she didn't want to say it because it was intimate and special and she wanted them to have their own connection which made it harder" (5, 133-141).

Jacob tries to make sense of conflicting emotions that he was experiencing at the same time. On one side jealousy and the need to feel in control, on the other side *"sexual curiosity or voyeurism"* about what has happened. He further describes how all these contradicting emotions pushed him to question his girlfriend about the infidelity. However, since she did not want to disclose the information, he was interpreting *"it was intimate and special"* which he states *"made it harder"*. It could be hypothesised that Jacob felt that it was not only sexual infidelity but also emotional infidelity which was more difficult to cope with.

In contrast to Jacob, Max tried to reflect on what constituted jealousy to understand the process he went through:

"how does someone get jealous? Or where is the core of jealousy that's nourishing? I think it's the imagination of someone. It's when imagination kicks in and then someone will start picturing how everything works out. And they probably had a...good time or that might have been something very special. In this case it was more...is was this category but it basically the thing that disturbed me the most was obviously was the thoughts of what actually had happened" (5, 120-129).

Max wonders whether imagination is at the core of someone's jealousy and it maintains it. He concludes "*when imagination kicks in,*" indicating almost an uncontrollable process. He reports that for him, thought of his partner having "*a...good time or that might have been something very special*" is very distressing. However, imagining what had happened between his partner and the other woman is even more upsetting and painful.

Joshua, on the other hand, talked about feeling betrayed when imagining infidelity:

"I couldn't digest the fact that she betrayed me and to be honest, imagining her with other man while we were officially together it was something that was driving me crazy" (5, 89-91).

Joshua reflects on his inability to come to terms with partner's betrayal. There is a sense of disbelief that his partner could betray him while they were in a relationship. He further states that imagining what had happened "*it was something that was driving me crazy*". There is a sense that Joshua's mind was consumed by thoughts of partner's infidelity which was exasperating.

Oliver also talked about ruminating about his partner's infidelity:

"I laid in bed a lot of times just staring, doing nothing, no TV, just music, I was just thinking about it (4, 120-121) [...] a lot of thoughts came to my mind so...you know, you imagine what happened exactly. With the process of cheating, so you try to imagine at the same point, you don't want to imagine what happened exactly" (6, 189-193).

From Oliver's narrative, "*I laid in bed a lot of times just staring, doing nothing, no TV, just music, I was just thinking about it*" one can interpret a sense of reflection about his partner's infidelity. It could further suggest a temporary disengagement from life, a period of introspection. He further reports thoughts passing through his mind and imagining in detail

what has happened. There is a sense that the process is almost uncontrollable and Oliver is a passive recipient of these thoughts. Similar to Jacob he describes a contradicting process of trying to imagine what has happened and at the same time not wanting to imagine it. Again there seems to be a perception that the process is not something he can entirely control.

All participants disclosed having, to certain degree, uncontrollable thoughts about their partner's infidelity. They talked about how they felt trapped by it, wanting to know and also fearing actually finding out what had happened. Some participants reported apprehension that perhaps it was something special to their partner, that it was more than sex. All participants disclosed trying to cope with their feelings and thoughts by trying to keep busy in various ways -- to act. Action focused emerged as the next constituent theme.

4.2.3 Action focused

All participants talked about various coping strategies they used. The strategies they used where focused predominantly on changing behaviour and action focused such as distraction, increased going out, working or sports. Almost all participants, except Joshua, also talked about the importance of social support whether from friends or family.

Jacob gave an interesting account of how he tried to cope with his feelings in different ways while trying to make sense of what has happened:

“Distraction was a big one. Was like trying to find ways to be distracted because that would make things better. I did like kind of hang out and flirt and you know, put myself in situations where I could feel confident that if I was single I would be okay and still meet other people so it kind of...go out with friends and you know talk to a girl at a bar and not be so quick to say like ‘my girlfriend!’ or ‘I live with my girlfriend’ or any of that. I talked to friends some but I

would like...it was all very edited version. In fact I don't think I was probably fully honest with any of my friends. And then I wrote about it too...I like...ended up writing a screenplay about that" (6, 158-169).

Jacob talks about how distraction was helpful and made him feel better. He talked about an increase in social activities such as going out with friends, going to bars and flirting with women as a way of processing his painful feelings. He acknowledges how his partner's infidelity affected his confidence, which he tried to regain through flirting with other women. Although Jacob talks about friends as a source of support "*I talked to friends [...]... it was all very edited version. In fact I don't think I was probably fully honest with any of my friends*", indicates perhaps a sense of shame. Perhaps Jacob was afraid what his friends would think of him, whether they would understand it or portray him as a victim. He does not explain what he decided to share with his friend and what he decided to withhold. However, there is a sense that he attempted to maintain an image of a competent and coping male. Further, Jacob also talked about an important support he received from his aunt:

"funnily, I talked to one family member an aunt of mine I'm pretty close with and yeah, is good, she'd been through a lot on her own, cos she actually lost her son" (7, 201-204).

Earlier in the interview Jacob talked about how he only disclosed limited information to his friends about what had happened. In this excerpt Jacob talks about how he was able to open up to his aunt. He could perhaps relate to his aunt's loss and how that allowed him to normalise and understand the complex feelings of loss he was experiencing himself.

Similarly, Oliver identified different coping strategies he used to overcome his difficulties:

"You have to get over it or you have to do something else. I meant at the weekends because I was working during the week so I didn't have a chance to think about it when I was working actually, so. And I did some sports to get you know, clear my head" (4, 122-125).

Initially, Oliver talks about wanting to "do something," to be active and keep himself busy. He talks about how work helped him to distract himself from his painful emotions "I didn't have a chance to think about it when I was working". As a result he also engaged in different sports, perhaps to distance himself from his feelings. Oliver was also seeking support from his friends:

"The only ones I was thinking about to tell were my friends actually. And they called me and they knew that there was something wrong, so they realised actually and they asked me also for...you know to get out and talk. I just agreed and talked to them...it was pretty helpful I guess to get some sort of meaning or inspiration [inaudible 0:22:30] do. But all and all, I was making my own decisions [...] it maybe sound dumb, but I listen to lots of music. Different kind of music and I...at that time I was really listen to lyrics you know. It was not all about love songs and stuff you know, but I was listening to songs, for example Hatebreed something really hard metal. Just listen to yeah...it was like... 'fuck you all I...you don't get me down' you know. I want to survive and I will survive no matter what happens'. And on the other hand I was listen to...the world is shit. The world is fucked up you, because I could live my feelings due to that" (7, 232-245).

Oliver talks about friends' invaluable support which gave him "meaning or inspiration". There is a sense of embarrassment for relating to the song lyrics "I don't know...it maybe sounds dumb", he recognises music as a significant support which allowed him to cope with his overwhelming feelings. Perhaps music allowed Oliver to retreat into his own, internal world where he could be alone and escape painful reality. Through music he was able to

express feelings that perhaps he would find difficult to identify and express otherwise. Oliver's narrative is also a powerful description of anger, hurt and betrayal. Through lyrics "*fuck you all I ... you don't get me down you know. I want to survive and I will survive no matter what happens*" Oliver is able to express a sense that his world was completely destroyed, damaged but he will be strong, he needs to be strong since perhaps no one can help him. He states "*the world is shit*" meaning there was nothing beautiful, nothing positive in his world.

Although Ben also talked about using distraction as an important way of coping, he talks about it in a very pragmatic way in comparison to other participants:

"I worked more in the last months that I did before. I was just saying that somebody wants- doesn't want to do that shift, I said [inaudible 0:15:21] let me do that" (10, 249-252).

Ben talks about throwing himself completely into work and taking on extra shifts. It could be hypothesised that work helped Ben to distract himself from difficult emotions he experienced as a result of infidelity but also helped him to cope with painful feelings of loss. Ben further talked about the importance of social support:

"my family helped me to find a new flat and the friends helped me...during the move to the new flat and also afterwards they supported me when I needed something and if I needed some help to build up some stuff. So I was very happy to have them" (14, 372-377).

Ben talks about how happy he was to have his friends and family to support him with practical things such as moving home and building things for the new flat. He also talks about having the support whenever he needed, which was perhaps essential for him to be able to move forward.

Similar to other participants, Noah talked about the importance of social support in processing his difficult emotions:

"I had big support from my friends and you know, they like her very much but she...hurt all these people in my city and I could talk with them" (11, 173-176).

Noah talks about the "big support" he received from his friends. He further notices how his friends liked his girlfriend and how they also felt hurt by her betrayal, "she...hurt all these people in my city and I could talk with them". Further to this, Noah's comment suggests how the infidelity did not just have an individual impact but a systemic one, too. This indicates a sense that Noah was not alone, he was able to talk to his friends who would be able to understand him since they were also hurt.

In contrast, Joshua was the only participant who did not engage in any positive ways of coping following the disclosure of infidelity:

"I was totally isolated, self isolated [...] at a given time things got out of hand; panic attacks were too overwhelming and too frequent (15, 265-268) [...] I was used to avoid negative feelings and even negative facts and situations. So I was trying to avoid it but it was so overwhelming that finally I couldn't...that's the difference. So no I didn't seek for any support. But...and ...to be honest I didn't believe that anyone could help me. Not because...because I was used to the behaviour of my parents when I was a child that couldn't handle mostly anything, so they showed a little sympathy for worries. And in fact they couldn't handle my words, so I was used to that negative...I was carrying in myself negative conviction that the others couldn't help me. Won't be helpful enough" (17, 291-301).

Joshua's narrative is a powerful description of complete isolation and inability to cope with overwhelming and difficult feelings. On the surface level he attributes his difficulties to not

being taught how to express himself and coping the only way he knew by avoiding his feelings. Consequently, in the short term he was under the impression that he was coping and felt in control of his feelings. However, in the long term his feelings became too overpowering and difficult to process; hence, he experienced an overwhelming panic. Earlier in the interview Joshua talked about not wanting to be a burden for others. In the above excerpt Joshua talks about not believing that anyone was able to help him. There is a strong sense of helplessness when he talks about how his parents “*couldn't handle mostly anything [...] couldn't handle my words*”. It could be hypothesised that Joshua learned from an early childhood that his problems were bad or too overwhelming since even his parents could not handle them. Moreover, earlier in the interview Joshua mentioned the fact that his father was an alcoholic and how as a child Joshua never received enough attention from his father. Perhaps Joshua learned from early childhood that others will not be available, will neglect his needs and will be rejecting.

4.3 Moving Forward

Following the disclosure of the infidelity and the difficult period that all participants went through, they reported making decisions about the relationship, whether they should give it another chance or whether to end it. All participants talked about the sense of ambivalence that they felt at the time, fear of being hurt again versus fear of losing their partner and the relationship. Participants also reflected on how this experience impacted on their sense of self, the relationship and subsequent relationships. Two constituent themes emerged from the data – a sense of ambivalence – “angel the heart, devil the head” and Identity.

4.3.1 Sense of ambivalence – “angel the heart; devil the head”

All participants, except Ben whose partner left him for another man, talked about wanting to reconcile the relationship and fear of losing their partner while simultaneously feeling angry, betrayed and wanting to leave their partner. The name of the theme was identified by Oliver who talked about the ambivalence about the relationship he went through following the disclosure of infidelity. His excerpt is a vivid example of the internal battle other participants reported:

“The angel the heart, the devil the head or whatever. So you had to make a choice or I had to make a choice for myself” (4, 118-119) [...] the heart is the emotional part, the heart and the head for me is like it's for your ego, you know, it's for yourself actually and...that's why I'm saying this is the bad part and the heart is the good part” (4, 137-140).

Oliver's excerpt is about the difficulties he experienced when reflecting on the future of his relationship. He uses the analogy of good versus bad when talking about how his heart, as the emotional and good part which wanted him to continue the relationship, while his head, his ego and the bad part wanted him to end the relationship to protect himself. *“It's for yourself actually”*. Oliver further explored his fears:

“There was always the fear of it you get back, there was always the fear okay, it could happen again. And then you know, the head took over and said you don't want to have...do you want? You don't want to make it happen again. So it's better for you to break up. And at the other point, I was saying, okay, it's been three years, it was my first really long relationship and you just don't want to throw it away you know. Because actually you had some kind of connection before so...yeah. And as it says, human doesn't change everything within two months or something. So she was pretty much the same. Yeah but I think were the

main problems. You don't want to throw it away but on the other hand you don't want to get hurt again" (5, 147-156).

Oliver describes constant fear that his partner could betray him again, indicating a lack of trust and uncertainty. He reports his initial thought to end the relationship in order to protect himself from the potential pain. However, he also is aware that the partner and the relationship are important to him and he is afraid to lose them. While questioning whether one can change, he realises that she is still the same person he was once happy with.

Max describes his conflicting feelings about the future of his relationship in rather practical way:

"I think it was just about keeping it up or not keeping it up and this was basic question of breaking up or no breaking up because, I mean it's also one of the classical millets [sic]⁴⁰. Because it's for lived [sic] or because it's told that usually when someone cheats on someone then you have to break up. It's of the best not breaking up [sic] and then...I got distance [sic] to this act on her [sic]. Every day it diminished and then you ask yourself what's the impact on our relationship...none, and then you end up somewhere in the point where you just...trying to get back on the basis and we saw each other [sic]" (25, 508-517).

Initially Max talks about the "basic question" whether to stay with his partner or whether to end the relationship, acknowledging that this is a significant or critical moment in their relationship. Similar to Ben and Oliver, he talks about general perception that "when someone cheats on someone then you have to break up". However, he reflects that it is best not to break up. He acknowledges that allowing himself a distance or a new perspective helps him to cope with the problem and to reconcile the relationship.

⁴⁰ Mile stones

In contrast, Noah's narrative depicts a sense of uncertainty about the future of the relationship:

"we are not breaking? [...] Breaking up? Yeah. That was a big shock in my head. This really means I was shocked. And...that was the main thing, no? Not that fight, you know" (8, 118-122).

Noah talks ambivalently about whether he and his girlfriend should break up or stay together. He reflects on how this was more "shocking" to him than the argument which led to disclosure of infidelity. There is almost a sense that Noah was more "shocked" by the possibility of ending the relationship than what contributed to this, which was his partner's infidelity.

Lastly, Jacob described his conflicting thoughts as well as fears:

"I wasn't sure if I wanted to be with her at all - a big part of me was I don't want to be with someone who would do this to me and act kind of the way she acted around that time. But I also wanted to prove I could be if I wanted to. So...and I was...there was definitely a part of me that thought we had a future together" (9, 238-244).

Jacob reflects that part of him did not want to be with someone "who would do this to me", which could be interpreted as someone who hurt and betrayed him. The other part of him wanted to prove that he could be with his girlfriend "if I wanted to". He does not reflect on whether he wanted to prove it himself, his partner, others or perhaps the man his partner committed infidelity with. He also talks about another part of him that genuinely though he would have a future with his partner which now he feared losing:

“There was a fear of losing something that was the right thing. And I’m very much a...maybe I’ve changed a little now but I think at the time I was more of a ...not that there’s one person for you but there’s a very limited pool” (9, 250-255).

Similar to Oliver, Jacob expresses a fear of losing the relationship, *“something that was the right thing”* which he attributed to his past outlook on relationship about how limited the metaphorical *“pool”* of partners is and how that is a concern.

In summary, almost all participants talked about the ambivalent feelings they experienced about relationship reconciliation and difficulties with making this decision. Interestingly, all participants reported going through this experience and making this decision alone, without discussing it with partner. All participants also talked about the impact of infidelity on their relationship and sense of self. Thus, identity emerged as subsequent constituent theme.

4.3.2 Identity

All participants talked about their old self versus their new self. They described how their identity was shaped by their partner's infidelity. All participants talked about a change in the way they perceived themselves in the relationship or subsequent relationships directly as a result of the infidelity. Participants described a rather negative change to the way they viewed themselves and how it impacted on their subsequent relationships. Oliver was the only participant who explicitly talked about a positive impact of infidelity on his identity:

“I realised I always try to have a relationship going or to find a woman for...like forever you know. And at that point I realised that this won't...this kinds of stuff won't get me down actually. And I guess I got stronger due to this. Or I came out stronger. So actually, when I look back it was positive impact on my life” (8, 280-284).

Oliver reflects in general the way he approached past relationships with a belief that it will last "*forever*". Consequently he reflects on how his partner's infidelity was a turning point for him when he realised that "*this kinds of stuff won't get me down actually*". On reflection there is a sense that Oliver perceived his past stance as perhaps weak or potentially vulnerable. He reports that following this traumatic event "*I got stronger due to this*" which was a positive outcome for him since perhaps no one could hurt him again. Further Oliver described how his partner's infidelity impacted on his subsequent relationship and the way he related to his partner:

"I got a little bit colder you know? More cold blooded [...] the next relationship which started right after this, at first it was just some kind of...you're getting away from the old stuff and...it was something new. It was nice, it was good and...but...I did not...it took or it ended after one year. And I could not say that I loved this girl you know, so I had my distance during this whole relation" (9, 296-303).

Oliver describes how he became "*cold blooded*" perhaps less emotionally involved towards his subsequent girlfriend. He notices that he was "*getting away from the old stuff*" which indicates that on some level the relationship allowed him to escape from the previous painful experience. Further, he describes the relationship as "*nice*" and "*good*". However he could not say he loved his partner, which could be interpreted that he did not love his partner or perhaps that he did love her but could not say it. He further attributes this to the fact that "*I had my distance during this whole relation*". There is a sense that Oliver was quite aware that he tried to protect himself from being hurt again by maintaining distance in a relationship which could potentially give him a sense of being in control and a sense of being strong which he talked about earlier.

Jacob reflected on how partner's infidelity impacted on his identity in a negative way:

“where I'd need to go away for the weekend or something and just my mind was racing the entire time if she doesn't answer the phone or doesn't respond I'm thinking I have no idea and that to me was really hard and it made me into a person I didn't like at all and a person she didn't like of course either” (6, 145-151).

Jacob describes how whenever he was away from his partner his *“mind was racing”* whenever his partner was not reachable. He was thinking *“I have no idea and that to me was really hard”* not knowing where his girlfriend was. Although Jacob did not disclose the content of his thoughts at the time, one could hypothesise that he was perhaps worrying that his partner was meeting with the other man or that she was cheating on him. He further talks about how difficult it was for him to cope with this uncertainty and how this impacted on him and his partner *“it made me into a person I didn't like at all and a person she didn't like”*. There is a sense of vulnerability and not having control over his behaviour or his thoughts as well as a sense of dislike for his new self and disapproval from his partner.

Joshua's partner cheated on him on two occasions. He described how this impacted on his sense of self:

“Before I was never jealous and even now I'm not...I'm not jealous of my partners – generally. But...yes, I have some outbursts of jealousy with...with nothing (7, 116-118) [...] I wasn't the same again in the context of that relationship. I had that jealousy outbursts and...I couldn't handle my anger and you know I was like on the one side I was really angry because she had betrayed me several times but...and on the other hand I was obviously, like an insecure child that seeks attention from his parents but the attention that he receives is never enough” (10, 182-189).

Joshua initially talks in general about perceiving himself as not being a jealous person in past relationships or the present, at the same time he contradicts himself saying *“yes, I have some*

outbursts of jealousy with...with nothing" indicating that perhaps he did become more insecure following the infidelity. There seem to be a discrepancy between how Joshua perceives himself and how he behaves in relationships. He further talks about how infidelity impacted on him at the time and how it changed him, *"I wasn't the same again in the context of that relationship"*. It could be interpreted that Joshua felt overwhelmed by his emotions, perhaps how hurt and betrayed he felt but he was not able to communicate it in a more helpful way. He noticed *"I couldn't handle my anger"* indicating that perhaps all these feelings left him feeling betrayed and out of control. However, Joshua also talks about how his anger and sense of betrayal was in conflict with his need for his partner's attention and the love which was *"never enough"*. Interestingly, Joshua compares himself to an insecure child that perhaps relates to how his parents neglected his feelings and did not offer attention when he was a child.

Max talked about how he consequently lost confidence in the relationship following partner's infidelity with another woman:

"I didn't see her as...as endangering [sic] my relationship when with her. But at the same time it was somehow...very...not very consistent. Because without her it wouldn't have been a problem but with her especially, it I think like somehow she...there was a lot of loss of confidence. Is it confidence? In the relationship because it was her. Which probably was not fair, because it was just, because I didn't like her" (6, 151-159).

Max reflects on his inconsistent beliefs that on one hand he did not perceive this woman as a danger or threat to his relationship. However, he also acknowledges that the fact that his partner cheated on him it was *"a problem"* for him and consequently he expresses how he lost confidence in the relationship which he attributed to the fact that his girlfriend cheated on

him with another woman whom he knew and disliked. It could be hypothesised that Max feared losing his partner and the relationship.

Interestingly, Noah expressed how partner's infidelity was an important moment in his life since it shaped how he perceived subsequent relationships:

"I have this problem with friends of my girlfriends. I realise some kind of model you know? Some...a special time with the friends, I don't like friends of my girlfriends. Male friends, type...you know...I think it's some kind of model of this guy (4, 58-62) [...] it was very, very important moment in my life and it makes me how...I am. Because I am very jealous and I have a very big problem with [...] trust with her. Not only in this relationship but to trust people" (8, 124-131).

Noah's girlfriend cheated on him with her male friend whom he knew. Consequently, Noah reflects how he created a model "of this guy" which he applies to all male friends of his subsequent partners, ultimately perceiving them as a threat to his relationship. He further reflects on significance of partners' infidelity, "it makes me how...I am" jealous and mistrusting to other people.

All participants' narratives suggest that the infidelity damaged their relationship and as a consequence influenced how these men perceived themselves in those relationships and as an individual. For some participants, the experience of infidelity precipitated how they related to their partners in subsequent relationships. It was interpreted that all participants, following the discovery of infidelity, felt vulnerable, insecure within themselves and exposed in romantic relationships which perpetuated their fear of being hurt, rejected and humiliated. Therefore, the participants adopted proactive ways to cope with infidelity in order to regain their sense of control.

These were the most significant themes that emerged from the participants' interviews and help provide insight into the factors that contributed to their subjective experience of a partner's infidelity.

5. DISCUSSION

5.1 Overview

The present study was exploratory in nature and was designed to investigate six men's subjective experience of infidelity from the perspective of the injured partner. The researcher was particularly interested in the ways these six men coped with the disclosure of infidelity and how they experienced and negotiated infidelity in their relationships. The IPA method was employed to analyse the participants' responses since it allows for a deeper understanding of the participants' subjective experience (Smith & Osborn, 2008) and is congruent with the philosophy of counselling psychology (Woolfe et al., 2003). The results, based on the participants' accounts, revealed three superordinate themes: The Trauma of Disclosure; Trying to Cope; and Moving Forward.

This chapter consists of the discussion of the findings of the study in relation to the existing research and implications for clinical practice. The implications for theory are also discussed. This is followed by a critical evaluation of the research methodology and suggestions for future research. Personal reflexivity part 2 is discussed in light of this study. This chapter ends with the final conclusions.

5.2 Implications of findings and application to clinical practice

The results revealed three superordinate themes. The first two themes, The Trauma of Disclosure and Trying to Cope, shed some new and interesting insights into the immediate consequences of infidelity. All the men talked about the immediate consequences of infidelity which confirmed and further built on the existing literature and thus provided further insight on the role of communication difficulties in infidelity. It also provided new insights into

men's coping strategies following a partner's infidelity. The third theme, Moving Forward, established the long-term consequences of infidelity for men as injured partners and appears to be the first study of this sort. All men reported the impact of their partner's infidelity on their sense of self and their relationships.

5.2.1 The immediate consequences of infidelity on the injured men

The experience of the disclosure of infidelity

The immediate consequences of infidelity described initially by the participants in this study tend to confirm to some degree the existing body of research. Almost all of the participants talked about events precipitating infidelity which destabilised the relationship and precipitated difficulties between partners, and which potentially led to the partner's infidelity. This is consistent with the existing quantitative research on predictors of infidelity which regularly report difficulties in the relationship prior to infidelity (Glass & Wright, 1992). This is especially relevant for women who are more likely to engage in infidelity if they are dissatisfied with their relationship or the partner (Prins, Buunk & VanYperen, 1993). However, Atkins et al. (2001) caution that relationship dissatisfaction is not a sole predictor of infidelity and there are other important factors contributing to infidelity as mentioned in the introduction. For example, Joshua, Ben and Noah stated that they felt that their partners' needs and their own needs were not being met in the relationship. Research studies show that relationship dissatisfaction due to unmet needs significantly increases the risk of infidelity in the relationship (e.g., Brown, 1991). Jacob talked about how he and his partner discussed the next step of the relationship – getting married. Neither felt ready, however, and questioned their commitment. A number of studies support the hypothesis that various stages of the

relationship such as getting married or having children may destabilise the relationship and increase the risk of infidelity (e.g., Glass, 2003).

Past research studies show that the injured partners are often consciously aware of their partner's infidelity but do not confront the offending partners (Blumstein & Schwartz, 1983; Charny & Parnass, 1995). The participants talked about intuitively suspecting infidelity although none of them confronted their partner about it. Oliver also talked about checking his partner's phone to confirm his suspicions. Perhaps the participants did not confront their partners due to the fear that it may be the truth. If their worst fear was accurate it would have negative consequences, potentially a loss of the relationship or the partner, since some of the participants talked about the belief that infidelity is a serious problem which always leads to dissolution of the relationship based on other couples they knew.

All the participants in this study talked about severe emotional consequences following the disclosure of infidelity and how the disclosure consequently impacted them and their sense of worth. The initial reaction reported by all participants was a profound sense of shock, anger, betrayal and loss of trust. In the participants' narratives there was a sense of hopelessness and all of the participants explicitly reported symptoms of depression. The results are consistent with past research which shows that injured partners experience trauma symptoms, a surge of negative emotions and diminished self-esteem (Beach et al., 1985; Cano & O'Leary, 2000; Charny & Parnass, 1995; Gordon et al., 2004; Spanier & Margolis, 1983; Vossler & Moller, 2010). The participants' narratives suggest experience consistent with the Roller Coaster stage described by Olson et al.'s (2002) model of emotional processing. During this initial period, after the disclosure, all individuals described confronting their partner and attempting to manage conflicting emotions. Almost all of the participants were able to express their anger while Oliver and Joshua also reported violent reactions to their partners' disclosure of infidelity. This is consistent with past research studies which show that a partner's infidelity

is a precipitating factor for hostility and physical violence in the relationship, especially for men (Daly & Wilson, 1988; Miller & Maner, 2008; Shackelford et al., 2000). Both Jacob and Joshua talked about the severe consequences of infidelity which they attributed to their partner's multiple infidelity. Jacob explicitly talked about experiencing symptoms of "*clinical depression*" while Joshua talked about experiencing "*frequent and overwhelming panic attacks*". This resonates with Glass and Wright's (1997) study which suggests that when the offending partner engages in multiple infidelities or maintains contact with the former lover, the injured partner is more likely to experience enduring reactions and has difficulties rebuilding a sense of control and safety in the relationship.

This study also provides new insights into the immediate consequences of infidelity, such as the role of communication difficulties. There is no research exploring whether communication difficulties make a couple more prone to infidelity. Although the participants did not discuss it in depth, across all of the participants' narratives there was a common sense of difficulties with communication. It is perhaps an important factor that may indirectly contribute to a partner's infidelity. Interestingly, two research studies showed that couples who reconciled their relationship following infidelity reported positive outcomes such as improved communication and improved assertiveness with the partner which led to overall relationship satisfaction (Charny & Parnass, 1995; Olson et al., 2002), which would suggest that couples experienced communication difficulties prior to infidelity. This has important implications for counselling psychologists and other allied professionals working with couples to identify potential risk factors and direct interventions to address these. Facilitating open communication between partners about their needs in a relationship would allow couples to be attuned to their own and their partner's needs as well as improving the couple's wellbeing. Discussing difficulties experienced as a result of various transitions in the relationship and how that affects the individual and the relationship would allow for an open

and transparent communication where partners would feel understood and supported in the relationship. However, one could argue that these suggestions are limited to couples who are already engaged in therapy. Keeping in mind the principles of counselling psychology which focus on collaboration and subjective experience, values and beliefs, counselling psychologists could set up community-based support groups to reach out to couples or individuals whose relationships are in a transition. Support groups could facilitate greater awareness of the difficulties couples may be facing and could improve communication through voicing their needs. Additionally, it is hoped that support groups could potentially facilitate a development of friendships and support networks beyond the group setting.

The above issues have relevance for counselling psychologists working with couples who came to therapy with infidelity or disclosed infidelity during therapy. Humanistic principles underlying counselling psychology such as empathy, acceptance and a non-judgmental attitude can create a safe space for clients to express their emotions. Vossler and Moller's (2010) study also suggests the importance of containing these complex emotions and to support couples with the process of understanding infidelity which is essential to allow both partners to work towards recovery. Using psycho-education on Olson et al.'s (2002) stages of emotional processing following infidelity in the context of clients' experience may help to elevate the sense of shame and embarrassment and normalise it. Furthermore, counselling psychologists could set up a group therapy adjunct or alternative to individual therapy where the injured partners would be able to share their feelings. Garfield (2010) suggests sensitive and empathetic feedback from other men in a group allows men to process emotions more effectively. Group therapy also cultivates the development of intimate friendships, trust in relationships, self-disclosure and vulnerability, among others. The study also hopes that by adding to the awareness of counselling psychologists' understanding of the experiences and needs of this particular group, it can help decrease the negative effect of stereotyping men as

unable to be aware of or express their emotions. Stereotyping by therapists can create misunderstandings and inadvertently prevent the development of the therapeutic alliance.

Coping with a partner's infidelity

Almost all of the participants expressed the immediate need to take time away from their partner to deal with their emotions and reflect on the future of the relationship. Initially the researcher wondered whether terminating all communication was perhaps to some degree a way of punishing the offending partner. From the participants' narratives it could be concluded that the distance allowed them to take control of their emotions and shift focus from effects to cognitions. The findings resonate with the Moratorium stage described by Olson et al. (2002), where participants withdrew from the offending partner physically and emotionally to reflect on infidelity and the relationship. During that stage, the injured partners would only engage in "maintenance talk" (p. 427) with the offending partner regarding either children or finances.

Consistent with Olson et al.'s Moratorium stage all participants reported asking the offending partner about the details of the infidelity, imagining what might have happened and ruminating about it. For example, Oliver talked about wanting to know exactly what had happened whilst at the same time not wanting to know. Joshua and Max talked about ruminating about what exactly had happened whilst at the same time finding their thoughts upsetting and disturbing. Jacob talked about on the one hand imagining what had happened and feeling upset, but also recognising "*sexual curiosity and voyeurism*". Perhaps ruminating and wanting to know what had happened is an important process in trying to make sense of infidelity. Some participants believed that knowing the truth would help them to cope and perhaps heal. The humanistic values-based practice allows counselling psychologists to

facilitate a safe environment where the injured partner can learn the details of the infidelity from the offending partner to enhance their recovery. This is further reinforced by research based on case studies from clinical practice which suggests that direct and full disclosure is a positive predictor of a couple's recovery since it enhances the injured partner's forgiveness (Glass & Wright, 1997) and allows the injured partner to regain a sense of control and predictability (Allen et al., 2005). Keeping in mind the principles of subjectivity, through collaborative relationship counselling psychologists could guide both partners in exploring the meanings of infidelity and helping the injured partner to develop an alternative understanding of infidelity, which would be an invaluable intervention to augment forgiveness (Allen & Baucom, 2004).

This study also provides new insight into the phenomenon of coping for the injured men. All the participants reflected on the valuable role their friends and family played. Although the participants stated that the support they received from family and friends was sufficient, it was predominantly focused on pragmatic help, such as moving home, or action-focused, such as going out. This seems to resonate with the overall coping style these men adopted by focusing on action and behaviour. Therefore, the results seem to contradict findings from studies on men's engagement in therapy which suggests that men do not recognise problems easily since they are less psychologically minded than women and less willing to discuss problems openly (Shill & Lumley, 2002).

Joshua was the only participant who decided to seek professional help but he only did so to confirm that he "*wasn't crazy*" and consequently discontinued psychotherapy. The remaining participants reported that they did not seek professional help since they were "*normal*" and did not believe the therapist could help them. On the whole, the participants' narratives indicate a lack of knowledge and perhaps the incorrect view that therapy is only for "*sick*" or "*crazy*" individuals. Interestingly, some of the participants stated that their partners needed to

seek professional support following infidelity. The findings echo to some extent the existing literature which suggests that men, in comparison with women, are less willing to recognise the need for professional help since they are more likely to perceive seeking professional help as a stigma (Moynihan & Adams, 2007). Moynihan and Adams (2007) proposed the "privacy explanation" (p. 42) which suggests that men are more likely to seek support from friends and family rather than a therapist since seeking professional help involves talking to a stranger and frequently a woman.

Although the perceptions of six men about seeking professional help should not be generalised, they provide helpful directions for clinicians working with men who experience infidelity. Given counselling psychology's emphasis on subjectivity, collaboration and commitment to humanistic values, counselling psychologists are in particular prepared to lead this work. For example, when working with men in couple therapy or individually, counselling psychologists should be mindful of privacy concerns and worries around coming to therapy such as shame or embarrassment. The above issues should be sensitively addressed to aid building a therapeutic alliance with male clients. Perhaps online therapy would be a safer and less threatening way of engaging men, and then once the therapeutic alliance is established treatment can continue face-to-face.

Counselling psychologists should further lead the work on breaking the stigma and misconceptions about therapy that today's younger generation of men still appears to be maintaining. For example, articles in health magazines, relevant websites or social media would be one way to reach out to men and fight the stigma. An important reason for reaching out to men is that some men may be struggling to cope in isolation, thus depriving themselves of appropriate help. Interestingly, almost all of the participants emailed the researcher prior to the interview wanting to know the questions in advance. This indicates how anxious or vulnerable participants may have felt and it was their way to gain control. Therefore, it would

be important for counselling psychologists to address unhelpful beliefs and worries that men may hold at the start of therapy. Given counselling psychology's emphasis on awareness and addressing of power and difference through a collaborative relationship, discussion about roles and expectations may also help to set therapeutic boundaries and create a safe environment with the client as an expert.

5.2.2 The long-term consequences of infidelity

Negotiating the relationship following partner's infidelity

Moving Forward was identified as a third superordinate theme with two main constituent themes – Angel the heart; devil the head, and Identity – which highlight the injured partner's transition from the short-term to long-term consequences of infidelity.

All of the participants reported a sense of ambivalence when reflecting on infidelity and the future of the relationship. Oliver's statement "*angel the heart; devil the head*" is a perfect illustration of a struggle that all the men experienced. The participants talked about a fear of losing the partner and the relationship, and on the other hand a fear of being hurt and betrayed once more. All of the participants made decisions about the future of the relationship alone, while taking the time out from the offending partner. Although all of the participants talked about difficulties in their relationship such as communication or managing a long-distance relationship, they all reported that infidelity was a precipitating factor that contributed to the dissolution of the relationship. Findings from this study resonate to some degree with Olson et al.'s (2002) Moratorium stage where participants talked about the initial urge to leave the offending partner. However, children and wanting to keep the family together were fundamental factors in the injured partner's decision to stay and work on the marriage. Similarly, Glass (2003) found that relationship dissolution is particularly high if a woman in a

childless relationship engages in infidelity, which is particularly relevant to the participants in this study. None of the participants in this study had children although perhaps having a family would be an important factor that would influence their decision about the dissolution of the relationship.

The study appears to be the first study to explore the long-term impact of infidelity on men as the injured partners. The participants reflected on their old versus new self as a result of their partner's infidelity and the way they perceived infidelity and the relationship. Some of the participants reflected on how the trauma of infidelity had long-term consequences on the way they related to their partners and the relationship. All narratives suggest an underlying difficulty with trusting partners and a fear of being betrayed again. For example, Jacob talked about changing into a person he did not like, constantly questioning his partner, while Joshua became insecure about his self-image with frequent outbursts of jealousy. Some participants also talked about the impact of infidelity on future relationships. Oliver talked about how he became "*cold blooded*" and maintained distance in subsequent relationships, perhaps due to the fear of being hurt again. Noah talked about not trusting the male friends of his subsequent partners. He talked about creating a model of men in his mind that he perceived as a potential threat to his relationship.

These long-term consequences of infidelity have important implications for counselling psychologists working with this client group. Working in a collaborative relationship, counselling psychologists would identify the enduring consequences for the injured partner with the client and incorporate them in the treatment. For example, counselling psychologists could focus parts of the treatment on self-esteem, self-image, trauma, personal autonomy or trust issues in relationships which would be essential in the injured partner's long-term recovery plan.

Further, there is a need to develop a more systemic approach where counselling psychologists could run self-help workshops specifically focused on the long-term consequences of infidelity such as self-esteem or self-image. These workshops could be set up in local sport centres or cultural, centres or perhaps be affiliated with local churches to improve access and to continue challenging the stigma. Teaching the injured partners helpful skills would offer direction and guidance, which some of the study participants mentioned they would appreciate from the therapist. Participants from Olson et al.'s (2002) study reported advice-giving and guidance as prerequisites in the therapist for the treatment to be successful. Therefore, adherence to the scientific-practitioner model should encourage counselling psychologists to develop new treatments and raise awareness of the treatment options available for these men which would combat stigma associated with infidelity and encourage the injured partners to seek appropriate help.

5.3 Implications for theory

5.3.1 Evolutionary theory perspective

The study did not explore types of infidelity directly. However, all of the participants mentioned what type of infidelity their partners had engaged in. Although all of the partners engaged in sexual infidelity while some engaged in sexual and emotional infidelity, all of the participants reported no difference in levels of distress despite the type of infidelity. Therefore, the study appears to reject the evolutionary theory explanation. The results seem to be consistent with Harris' (2002) research where participants reported no difference in the degree of distress in reaction to emotional and/or sexual infidelity when asked to recall real-life experiences of infidelity.

5.3.2. Adult attachment theory perspective

Although the study did not openly explore the participants' attachment styles, the participants talked about how they related to the offending or future partners in subsequent relationships as a result of the partner's infidelity. For example, Jacob, Joshua and Noah talked about being more anxious and demanding of their partner's attention and reassurance following the infidelity. Noah specifically talked about perceiving his subsequent partner's male friends as a threat. Oliver talked about withdrawing from the offending partner and ultimately rejecting her. He also talked about keeping his distance in subsequent relationships.

The findings of this study appear to support some components of adult attachment theory which suggest that negative attachment-related events such as infidelity will inevitably cause damage to the relationship attachment (Johnson, Makinen & Millikin, 2001). The results are consistent with the view that an individual's past relationship experience impacts on their future relationships and their ability to trust others (Shaver & Hazan, 1987).

As mentioned previously, adult attachment theory suggests that adults can hold different internal working models for different relationships which are adaptable based on adult experiences of relationships (Fraley & Shaver, 2000). Therefore, this study supports the view that adult attachment theory is situated on a spectrum of social constructionism since the participants adapted their attachment style based on their social experience in the relationship.

5.3.3 Gender socialization and masculinity theory perspective

The participants mentioned whether their partners had engaged in sexual infidelity or sexual and emotional infidelity. Despite the type of infidelity, all of the participants reported severe

levels of distress. Therefore, the results appear to be consistent with the double-shot hypothesis (DeSteno & Salovey, 1996) suggesting that sexual and emotional infidelity are not independent and men are distressed by emotional and sexual infidelity since they assume emotional infidelity is already taking place.

While the participants presented themselves as self-reliant and tough coping males, the results of this study challenge the dominant discourse of hegemonic masculinity (Connell, 1987). The results contradict the notion that men in comparison to women lack emotional self-awareness, which prevents them from identifying and describing their emotions (Levant & Pollack, 1995). Although some of the participants were able to express their emotions with ease and others found it more difficult, ultimately all of the participants were able to recognise and convey their emotions and express vulnerabilities.

Further, Garfield (2010) suggests that men are more reluctant to seek help than women due to a conflict between values of emotional intimacy (expressing emotions and vulnerability) and culturally defined masculinity (being in control, competition or autonomy) rather than an inability to recognise emotions. Although the participants' coping behaviours to some degree are congruent with the cultural view of masculinity proposed by Garfield (2010), the participants were able to recognise their problems and discuss them as openly as they could and seek appropriate support from others to address them.

In contrast, all of the participants talked about coping strategies they engaged in while trying to manage overwhelming emotions which allowed them to maintain their masculine position. Initially, the participants all talked about various action-focused behaviours which helped them cope with their emotions and to distract them. For example, Ben and Oliver talked about working more hours and doing more sports as a way of avoiding painful memories. Ben also talked about socialising and flirting with other women. Similarly, Jacob talked about

flirting with other women but also about writing a play about what had happened as a way to process his feelings and thoughts. It could be hypothesised that perhaps the participants focused on work, exercise, or going out and flirting as a way of managing their emotions and taking control of their lives. These coping behaviours perhaps allowed the injured partners to cope more effectively with the loss they had experienced. One could also argue that it allowed the injured partners to shift from the non-masculine position of 'victim' to regain their masculinity which is characterised by emotional and physical toughness and proficiency in sports or the social sphere (Connell, 1995).

Therefore, the participants drew from contrasting discourses of masculinity depending on the context. This study supports the notion of multiple masculinities as the men occupied various positions that both opposed and supported the traditional masculine discourse (Connell, 1995). Consequently, the study supports the social constructionism view that men play an active role in construction of their own masculinity which can be modified to reflect social expectations.

5.4 Methodological considerations

5.4.1 Strengths of the study

The study provides a contribution to the research on infidelity by looking at the disclosure of infidelity from the perspective of men as the injured partners by examining their coping strategies and how they negotiate infidelity in their relationships. The ideographic nature of IPA allowed for the detailed exploration of infidelity from the men's perspective. The study offers two important contributions. Firstly, building on Olson et al.'s (2002) qualitative study, it offers further insight into the short-term consequences of infidelity for men as the injured

partners. Secondly, the study also produced new findings on the long-term consequences of infidelity for men as the injured partners and their subsequent relationships.

The findings also contribute to the existing body of research on traditional masculinity. Men reported the initial need for time away from the offending partner to reflect on the infidelity and regain control. The study provides novel insights into men's coping strategies and reaching for social support which contradict the literature on masculinity suggesting that men are self-reliant and invulnerable (De Visser & Smith, 2006). The study offers a number of suggestions for counselling psychologists and other health professionals working with this client group, in particular towards being more congruent with masculine socialisation such as online counselling, support groups or workshops.

As discussed in the introduction, two of the main criticisms of past research are their reliance on hypothetical scenarios of infidelity and the limited samples (undergraduate students or married couples). Therefore, this study contributes to the body of research on infidelity by analysing data based on the participants' actual experience of infidelity. All participants in the study were in cohabiting relationships.

5.4.2 Limitations of the study and suggestions for future research

There were several limitations of the study which would also provide useful directions for future research. Blow and Harnett (2005a) suggest that since infidelity is a very painful experience for an individual, and often perceived as shameful, it may be difficult to recruit participants for these studies. Firstly, people may refrain from talking about infidelity due to negative perceptions in society and the stigma attached to either being a *victim* or a *perpetrator*. Secondly, disclosing infidelity can have potentially damaging consequences for the individual, relationship or family; hence, fear of a breach of confidentiality may prevent

people from participating in the research (Blow & Harnett, 2005a). Due to the secretive, painful and shameful nature of the subject of infidelity, the process of recruiting participants proved to be very challenging, despite the researcher's best efforts. Two potential participants decided not to take part in the research since they had "moved on" and they felt it would be too painful to talk about their experiences.

Several of the participants found it difficult to commit to the interview appointments. They cancelled the appointment at the last minute while one participant did not come, only calling the researcher a few days later stating that he "forgot". Interestingly, all of the participants emailed the researcher prior to the interview asking about the potential questions. Perhaps the difficulty with attending interviews was due to the participants' anxiety and apprehensions. It could be hypothesised that wanting to know the questions in advance was the participants' way of regaining their sense of control and decrease their anxieties. It could be further hypothesised that they wanted to 'prepare' for the interview. This could potentially affect what the participants decided to disclose and withhold depending on how vulnerable they felt. It is possible that the participants appeared to be coping well because they wanted to present themselves in that way.

Considering the above difficulties, future research should keep this in mind while embarking on the recruitment process. For example, completing interviews over the phone could be one way of decreasing the sense of shame and assuring the participants' anonymity. Furthermore, building a trusting relationship with potential participants prior to the interview would help to create a safe environment (Blow & Harnett, 2005a).

All of the participants were recruited through snowball sampling via friends and colleagues. One of the limitations associated with snowball sampling is that the sample could be subject to bias. Individuals who have many friends, for example, are more likely to be recruited into

the sample. Additionally, due to the 'familiarity factor', participants may keep certain aspects of the infidelity or relationship hidden due to a fear of being exposed or embarrassed and their friends potentially learning about it. Although this was explicitly addressed at the start and at the end of the interview when discussing confidentiality, it could potentially impinge on the participants' responses. Therefore, future research could recruit participants through advertising to eliminate the 'familiarity factor' which would address the above concerns. It is also important to mention that participants who took part in the study were coping reasonably well. Perhaps the men who decided not to take part in this research did not cope as well and may have reported different experiences. Recruiting men who found it more difficult to cope with infidelity would be a challenging process which would have to be done sensitively.

Smith et al. (2009) suggest that forthcoming, reflective and articulate participants allow for eliciting richer data. Although all participants were proficient in English, it was their second language. The researcher would frequently revisit statements and ask clarifying questions, since some of the participants found it difficult to describe their emotions or express themselves. It is important to acknowledge that perhaps language was a barrier to the participants expressing themselves fully or perhaps things were lost in translation, such as using one word when something else was intended. There also appeared to be a small number of incoherent points in the transcript which could potentially have influenced the data analysis and consequently the results. Although the researcher was frequently providing feedback and summaries of what was said, it is possible that the researcher misunderstood the participant and made incorrect assumptions. Therefore, future research could ask participants to meet for a follow-up interview to clarify any ambiguous or unclear statements. Moreover, recruiting men for whom English is their first language would eliminate the language barrier and potentially enhance the data.

Finally, only the injured party was interviewed for the study. It would be helpful to interview both parties of the relationship in order to elicit richer data and produce a more systemic understanding of infidelity. Moreover, all of the participants' relationships dissolved. Thus, it would be interesting to interview men who decided to stay in the relationship to see whether they coped with the infidelity differently, or with the aftermath of infidelity, or what might have helped them to cope and what led to the decision to stay with the offending partner. Therefore, future research could investigate both partners from cases of infidelity in order to add to a better understanding of the recovery process and perhaps forgiveness.

5.5 Personal reflexivity part 2

Mauthner and Doucet (2003) emphasise the importance of the researcher's reflexivity about the nature and structure of research relationships. I am a white European female in her early thirties while all participants in the study were males in their late twenties or early thirties, also white Europeans, except Jacob who is a white Polish/American. The fact that all participants were heterosexual, came from the same social class, were of the same age and ethnicity as me, could have potentially contributed to the positive rapport during the interview. However, the similarities may also have influenced the participants' language and expressions in assuming that I understood what they meant. Similarly, the researcher could potentially have made certain assumptions and thus, misunderstood the participants. The fact that the participants and I are of different gender could have potentially influenced the interview process. For example, the participants could potentially have withheld certain information or alter certain information in order to appear more masculine. Participants who drew on traditional gender discourses of masculinity would find it especially difficult to discuss their vulnerabilities and express emotions as this would be incongruent with the

position of a patriarch. This would influence how the participants decided to present themselves and hinder the data.

I embarked on this research project with certain familiarity and knowledge derived from interviewing women on their experience of infidelity in committed relationships. Although I tried to keep an open mind when interviewing men, I found myself making assumptions that men would be as open and reflective as women. Frequently I had to use supporting questions and ask clarifying questions in order to elicit more information. I could not help wondering how open participants were about their experience of infidelity or whether they underreported their experience. On reflection, all the participants at times reported difficulties with expressing how they felt at the time which they attributed to the fact that a significant amount of time had passed between the infidelity and the interviews. It could be that the participants found it difficult to recall their painful memories and emotions due to the time lapse or it could be the fact that it was too painful or they potentially felt ashamed and embarrassed, which would be consistent with the "privacy explanation" (Moynihan & Adams, 2007) discussed above. Moreover, part of me also wondered whether participants tried to 'save face' out of fear that I might judge them as weak or not manly enough. Additionally, all of the participants were recruited through snowballing and although I did not know any of the participants in a personal capacity, we share common friends or acquaintances. Although confidentiality was discussed in detail at the start and at the end of the interview, I wondered whether this could also influence what the participants decided to disclose and withhold.

During the interviews I found it difficult at times to separate my role as a researcher and as a therapist. I was mindful of how slow and difficult the recruitment process was, which I attributed to the sensitivity of the subject. In order to alleviate the participants' anxiety and concerns I adopted a non-judgmental, empathetic stance with unconditional positive regard

to ease any potential worries and concerns. I was hoping that my stance would allow participants to feel safe and facilitate openness during the interview. Joshua in particular gave me positive feedback after the interview that my facial expressions and empathetic stance made him feel understood and he was surprised how much he opened up to me.

As discussed in my personal reflexivity in the introduction, I believe that both partners contribute to infidelity. The main divergence I found between men and women injured partners was that women focused more on self-blame, questioning whether they were attractive or good enough for their partners. However, men blamed their partners for infidelity. Although retrospectively the participants talked about difficulties in the relationship prior to the infidelity, none of the participants talked specifically about whether they contributed to their partner's infidelity, either directly or indirectly.

I was surprised that both men and women reported a similar process of coping with the initial disclosure of infidelity. Both genders reported symptoms of initial shock and anger followed by symptoms of depression and low self-esteem. Keeping in mind the masculine view of men propagated in society, I expected men to cope alone and seek less support from others. I was positively surprised to learn that all of the participants were proactive in seeking support, whether from friends, family or from psychotherapists, like Joshua did.

5.6 Conclusions

In conclusion, the six men in the study talked about their subjective experience of infidelity as injured partners and the difficulties they experienced following the disclosure of infidelity. The participants mentioned the various coping strategies they used and shared how infidelity shaped their outlook on their identity and future relationships. Keeping in mind the limitations of the research, it is hoped that the study successfully addressed the research aims

and contributed to a better understanding of the immediate and long-term consequences of infidelity. It is hoped that the discussed suggestions for engaging men in therapy and enhancing treatment have noteworthy implications for counselling psychologists and other allied professionals working with this client group.

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7. APPENDICES

Appendix A



POSTER

My name is Aleksandra Pieluzek and I am a student doing a doctorate in counselling psychology. I am currently conducting a study which explores heterosexual men's experience of infidelity in committed relationships.

ARE YOU A HETEROSEXUAL MAN?

HAS YOUR PARTNER BEEN UNFAITHFUL?

IF YES, WOULD YOU LIKE TO TAKE PART IN THIS RESEARCH?

**YOUR UNIQUE EXPERIENCE COULD MAKE A VALUABLE CONTRIBUTION TO
COUNSELLING PSYCHOLOGY PRACTICE**

Your participation in this research will contribute to a better understanding of infidelity from men's perspective which may have implication for couple's therapy.

CONFIDENTIALITY ASSURED

All of the information collected in this study will be completely confidential, and there will be no way of identifying your individual responses in the data archive. You will have a right to withdraw your participation from the study at any point for two months after the interview date.

CONTACT DETAILS

If you interested in participating in this study or would like more information, please send me an email to pieluzek@gmail.com or alternatively contact me at 0781 421 7889.

This study is for my doctoral thesis and my supervisor is Dr. Anna Butcher, Email: anna.butcher@londonmet.ac.uk , Tel: 020 7320 1077.

Appendix B



ADVERT

Dear All,

My name is Aleksandra Pieluzek and I am in my final year of Doctoral training in Counselling psychology. As part of my final thesis I am conducting a qualitative study exploring heterosexual men's experience of infidelity in the context of committed relationship or marriage, current or past. This research is being supervised by Dr. Anna Butcher.

Although 50-65% of couples enter therapy due to infidelity, the literature is still very limited in this area, especially when it comes to the men's experience of coping with infidelity. Therefore, I embarked on research to explore heterosexual male's experience of infidelity to inform my practice which also may have implications for couple's therapy.

Therefore, if you experienced infidelity I would like to invite you or anyone you know to take part in my research. Please do not hesitate to contact me directly in order to safeguard your anonymity. Moreover, please forward this email to all your male friends and colleagues who may be interested.

For further information please have a look at the attached [Information sheet](#).

Procedures to safeguard your confidentiality are in place and this study has obtained ethical clearance from the Research Department

If you have any queries regarding this research please do not hesitate to contact me via email: pieluzek@gmail.com or Tel: 0793 930 4452

or my supervisor

Dr. Anna Butcher, Email: anna.butcher@londonmet.ac.uk , Tel: 020 7320 1077.

Thank you.

Warm Regards,
Alex
Trainee Counselling Psychologist

Appendix C



INFORMATION SHEET

Men's experience of infidelity in heterosexual committed relationships

Please take the time to read the following information carefully; if there is anything that is not clear or that you would like more information about then please do ask.

What is the purpose of the research?

Surveys among couple therapists show that 50%-65% of couples are in therapy due to infidelity. Surprisingly, there is a lack of robust and rigorous research on men's experience of infidelity. The aim of this study is to explore men's experience of infidelity in committed relationships which can further contribute to the treatment of couples.

Who is carrying out the research?

This research study is being carried out by Aleksandra Pieluzek of the London Metropolitan University as a part of a doctoral thesis under the supervision of Dr. Anna Butcher.

Why have you been invited to take part?

You have been invited to take part because you have experienced infidelity in your committed relationship current or past.

What will happen if you decide to take part?

If you decide to take part in the study you will be asked to confirm that you have read this information sheet. You will be then invited for the interview at the time and date convenient to you. The interview will take place at a London Metropolitan University interview room. Upon arrival you will be asked to sign a consent form.

What happens if you decide at any point that you do not want to carry on with the study?

You may withdraw from the study at any time during the interview and up to two months after the interview date. Any data already collected from you will be destroyed – voice recordings will be erased and any hard copies will be shredded.

What are the benefits/risks of taking part?

There is no physical harm inherent in this study but it is possible that disclosure of personal information may evoke some distress. In terms of benefits, you may find that the opportunity to talk about your experiences is personally valuable and informative. Additionally, the study results have the potential to contribute to an under-researched area.

Will my participation in the study be kept confidential?

Confidentiality of participants will be assured: all information collected for the study will remain anonymous; each participant will be assigned to an ID number instead of their real name to ensure full anonymity. Voice recordings from the interview will be transcribed verbatim and stored on a researcher's personal computer, password protected. Any paper copies of the data from the interview will be transferred to the same computer post interview and password protected. The paper copies will be shredded immediately. However, supervisor and the markers will have access to the anonymous electronic transcripts.

What happens at the end of the research study?

Interview data will be analysed and the findings will be written-up and submitted to the London Metropolitan University. Voice recordings and transcripts will be erased after the marking process is completed from the researcher's personal computer. The data will be held by the university for five years and it will be securely disposed of after five years.

What if there is a problem?

If you have any further questions and/or comments after your interview or seek general information about this study please contact the researcher Aleksandra Pieluzek, Email: pieluzek@gmail.com Tel: 0781 421 7889 or the research supervisor Dr. Anna Butcher, Email: anna.butcher@londonmet.ac.uk , Tel: 020 7320 1077.

THANK YOU!

Appendix D

**CONSENT FORM**

To be completed by the participant:

Please circle Yes or No

- | | |
|--|---------------|
| 1. I have read and understood the information sheet. | Yes/No |
| 2. I understand that my participation in this study is voluntary. | Yes/No |
| 3. I understand that I have the right to withdraw from the interview up to two months after the interview. | Yes/No |
| 4. I agree for the researcher to audiotape the interview and to use verbatim quotations from my speech, withholding any information which may reveal my identity. | Yes/No |
| 5. I understand that the consent form will not be attached to my interview transcripts. | Yes/No |
| 6. I understand that all information given will be kept confidential (except researcher's supervisor and markers) and anonymous. However, confidentiality will not apply if I disclose plans for harming myself or others. | Yes/No |
| 7. I understand that the audio recording and transcripts will be handed to the research supervisor after completion of the study; they will be then stored for 5 years and then destroyed, in accordance with the university procedures. | Yes/No |
| 8. I have read and understood the above statements and I agree to take part in this study. | Yes/No |

Name of Participant_____
Date_____
Signature_____
Researcher_____
Date_____
Signature

Appendix E



DEBRIEF

Thank you for participating in this research. Your participation will contribute to a better understanding of infidelity and particularly men's experience of coping with the disclosure and negotiation of infidelity, which may contribute further to treatment of couples.

You have the right to withdraw your data from the study at any point during the interview and up to two months after the interview. If you wish to do so, please email the researcher with your ID number (which was given to you at the interview) and your data will be removed from the study – voice recordings will be erased and any hard copies will be shredded.

If you have any further questions and/or comments after your interview or seek general information about this study please contact the researcher Aleksandra Pieluzek, Email: pieluzek@gmail.com Tel: 0781 421 7889 or the research supervisor Dr. Anna Butcher, Email: anna.butcher@londonmet.ac.uk , Tel: 020 7320 1077.

If you have experienced distress as a result of talking about your personal experience and would like further support please contact:

- Relate couples counselling service, Tel: 0300 100 1234, Web: <http://www.relate.org.uk>
- Couples Counselling Network , Web: <http://www.ukcouplescounselling.com/>
- BPS registry of chartered Psychologists, Tel: 0116 254 9568, Web: <http://www.bps.org.uk>
- UKCP list of registered Psychotherapists, Tel: **020 7014 9955**, Web: <http://www.psychotherapy.org.uk/index.html>
- BACP list of registered counsellor and psychotherapists, Tel: 01455 883316, Web: <http://www.bacp.co.uk/>
- The Samaritans, Tel: 08457 90 90 90 Email: jo@samaritans.org

Appendix F



PROTOCOL to follow if participants become distressed during the participation in the study:

Due to nature of the research topic this protocol has been developed to deal with the possibility that some participants may become distressed during their interview. The protocol should be used in case of emergencies where professionals cannot be reached. A three step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage.

MILD DISTRESS

Signs to look out for:

- Tearfulness
- Voice becomes choked with emotions
- Difficulty speaking
- Participant becomes distracted/restless

Action to take:

- Ask participant if they are happy to continue
- Offer them time to pause and compose themselves
- Remind them they can stop at any time they wish if they become too distressed

MODERATE DISTRESS:

Signs to look out for:

- Uncontrolled crying, inability to talk coherently

- Panic attack – e.g. hyperventilation, shaking
- Intrusive thoughts

Action to take:

- The researcher will intervene to terminate the interview
- The debrief will begin immediately
- Relaxation techniques will be suggested to regulate breathing
- The researcher will normalize the experience
- If any unresolved issues arise at the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that the interview is not design as a therapeutic interaction
- Details of counselling and therapeutic services will be offered to participants

SEVERE DISTRESS

Signs to look out for:

- Severe agitation and possible verbal or physical aggression

Action to take:

- Maintain safety of participant and researcher
- If the researcher becomes concerned for participant's or other's safety, she will inform them that she has a duty to inform superpvisor and the appropriate mental health service.
- If the researcher believes that either the participant or someone else is in immediate danger, then she will suggest that they present themselves to the local A&E Department.

Appendix G



Semi-Structured Interview Schedule

Questions exploring experience of infidelity

1. Can you tell me about a time you experienced infidelity in a committed relationship?

Prompts and further questions exploring the disclosure of infidelity

How did you find out?

How was it for you? How did you feel? What kind of thoughts did you have?

Can you tell me if you experienced any particular difficulties?

How did you manage those difficulties?

Questions exploring aftermath of infidelity disclosure

1. Can you tell me how you negotiated/managed your experience of infidelity?

Prompts and further questions exploring how the client negotiated infidelity

Can you tell me what did you do when you find out?

Can you tell me what kind of difficulties you faced after the disclosure? How did you manage those difficulties?

Can you tell me if you were able to turn for support?

Questions exploring implications for counselling psychology

1. Did you seek professional help when you experienced your difficulties?

If the participant did seek professional help;

What did you find helpful about counselling and what was not helpful?

If the participant did not seek professional help;

What influenced you from thinking about it?

Summing up questions

Is there anything else you would like to add regarding your experience of infidelity that we may have missed?

Appendix H

EXAMPLE OF ANALYSIS

Appendix I

FINAL TABLE OF SUPERORDINATE THEMES

OLIVER - Excerpt

Left Hand Column Comments	Line	S	Transcript Text	Right Hand Column Comments
	110	A	What do you mean?	
	111	O	Yeah. I mean, from ...	
	112	A	Because I think what know but I want to make sure that's what you think.	
Sense of ambivalence	113	O	Yeah. It's like the heart you know, wants to stay with the woman, or wants	Internal struggle
	114	O	you to stay with the woman and your minds telling you oh it's not a good idea,	Split/ heart vs head
	115	O	because from all you know, from all relationships you know that when the ... or from	From all relationships...
	116	O	[inaudible 0:10:17] part, when someone was cheating, there was no chance of	No chance to reconcile?
Anxiety/fear	117	O	getting back. It always went wrong if they tried again. So ... that was basically the	Always went wrong/no hope?
“angel the heart; devil the head”	118	O	thing. The angel the heart; the devil the head or whatever. So you had to make a	angel the heart; the devil the head
	119	O	choice or I had to make a choice for myself. And yeah it took me some days and	Making choice for myself
Coping – music, TV	120	O	yeah, I mean, it was like I listened to some music ... and ...I laid in bed a lot of times	Just staring/doing nothing
Depressive /processing	121	O	just staring, doing nothing, no TV, just music, I was just thinking about it. Then I	Thinking about it
Act – behaviour focus	122	O	though, okay. You have to get over it or you have to do something else. I mean at	Have to do something
Coping - work	123	O	the weekends because I was working during the week so I didn't have a chance to	Work – help not to think
Coping - sports	124	O	think about it when I was working actually, so. And I did some sports to get you	Sports to clear the head
Making decision alone	125	O	know, clear my head. But yeah, after I guess it was like two or three weeks I decided	I decided
No communication	126	O	to ... give it a chance. Yeah.	Give it a chance
	127	A	And where you in touch over just two or three weeks with your ex-girlfriend?	
	128	A	Did you negotiate with her or in your head?	
Taking time out - process	129	O	No. No. She tried, but I told her that i wanted to be alone. I don't want to see	Need to be alone
	130	O	her. Yeah. She always tried to ... she sent me messages, she was calling but I did	Didn't want to see her/she tried
punishing?	131	O	... took off the phone or I did not read the messages, just deleted it and yeah. Want	Deleted messages
Time to reflect	132	O	to be for my own, you know, want to make my own decision yeah.	Alone – making own decisions
	133	A	And during that time when you were kind of making up ... cos it sounds like	
	134	A	you kind of ... split in to two kinds of sides – interesting how you describe it, one good	
	135	A	and one bad side. And kind of what your heart wanted and the way your head was	
	136	A	telling you that it was irrational that you should ...	
Fear to be vulnerable	137	O	Because there's still an emotional part from my point of view, this is the heart	Heart – emotional part
Heart as weakness?	138	O	is the emotional part, the heat and the head for me is like it's for your ego, you know,	Head – ego / rational /protective
	139	O	it's for yourself actually and ... That's why I'm saying this is the bad part and the heart	Bad vs good
	140	O	is the good part. Maybe that's why I'm saying that, yeah?	

In search of the perfect model?

Early studies suggest that the choice of the therapist's theoretical orientation is shaped by environmental factors such as supervision, clinical experience, and personal therapy as well as social, cultural and historical events in the therapist's life (Chwast, 1978; Schwartz, 1978; Cummings & Lucchese, 1978). Although recent studies support this view, they emphasize the therapist's personality and epistemological values as the decisive factors. Buckman and Barker (2010) study investigated the influence of person and training factors on the therapeutic orientation in trainee clinical psychologists. They concluded that preference for the therapeutic approach was influenced by personality, philosophical worldview, supervision and clinical training. Arthur's (2001) review of research on psychotherapist's choice of theoretical orientation identified two significant variables "(1) the influences of training, colleagues, supervisors, initial clinical experience and (2) the effects of personality traits and epistemological values, beliefs and philosophy" (p.45). I believe that my choice of theoretical orientation and my philosophy of counselling psychology are influenced by the mixture of these different aspects which is consistent with empirical evidence.

The purpose of this essay is to reflect on the influences that have shaped my emerging theoretical orientation and philosophy of counselling psychology. However, due to the limited scope of this essay I decided to focus only on certain aspects that influenced my practice. As a guideline this essay is divided into three distinct stages which I believe influenced my current practice in search of my perfect model; (i) Exploration stage; (ii) Becoming a reflective practitioner; and (iii) Assimilation stage. Throughout the essay I will attempt to reflect on my personal values and how my personality complements and collides with my practice.

Exploration stage

At the start of the counselling psychology doctorate I had a basic understanding and interest in various theoretical approaches but I did not have a preference for any particular model. Initially I started using CBT since it was a main model on the program. CBT is an integration of Beck's (1970, 1976) cognitive therapy which helps clients to identify and modify unwanted thoughts and beliefs, and Bandura's (1977) behaviour therapy, which helps change

behaviour in response to those thoughts (Papadopoulos, Cross & Bor, 2003). The client learns how to effectively identify and challenge distorted patterns of thinking and dysfunctional behaviour while developing more balanced and healthy perspectives in life (Bor & Watts, 2006).

Moreover, CBT is the main model used in my placement – talking therapies services within a GP surgery. My supervisor is a counselling psychologist trained in CBT and psychodynamic therapy but is also interested in the ‘third wave’ hybrid approaches (Sanders & Wills, 2005). Therefore, supervision had an enormous influence on the way I practiced therapy. Casement (1985) suggests that trainees tend to lean on supervisor’s comments and advice. During the first year my supervisor referred to me clients with straightforward¹ presentations such as mild anxiety, mild depression or panic disorder for which there are structured treatment protocols (Woolfe, Dryden & Strawbridge, 2003).

One of my early clients was Adam² (pseudonym) who was referred by his GP due to anxiety and depressive symptoms. During our initial session Adam, a 36 year old musician, reported history of OCD which he perceived as a source of his anxiety and depression. He reported fear of contamination by germs and by HIV. Thus, he was actively avoiding public transport and public parks where he feared he could be contaminated through a syringe left by a drug addict. Adam said that he had always been an anxious child and described his parents as overprotective. Furthermore, he reported a history of ritualizing since his early 20s while he was at university. Informed by empirical evidence I decided to use CBT since it is widely acknowledged and a recommended treatment approach for OCD (Leahy & Holland, 2000). After discussing Adam’s case with my supervisor, I decided to use Mayer’s (1966) exposure-response prevention (ERP) which focuses on frequently exposing the client to their obsessive thoughts while preventing the client from carrying out their rituals, thus breaking the cycle of conditioning (Leahy & Holland, 2000).

From the client’s perspective Adam reported feeling understood since I verbalised and normalised potential anxieties and difficulties early in the treatment. I strongly believe that Rogers (1992) core conditions such as empathic understanding, congruence and respect for the client are necessary for client change. Counselling psychology philosophy is rooted in

¹ By ‘straightforward’ I mean that clients did not present with comorbid difficulties, were highly functioning and motivated to change.

² All clients mentioned in this essay were presented in the past course work and the appropriate consent forms were obtained.

humanistic values and highlights the importance of “empathic attunement in the counsellor-client relationship, as well as respect for the client’s world view” (Woolfe et al., 2003; p.547). Adam also reported formulation particularly helpful in understanding the origins of his difficulties. This, he said, helped him challenge his own beliefs and assumptions in order to break the cycle of maintaining factors. Moreover, working with limited sessions (12 sessions) at this stage I found CBT appropriate and helpful. During the follow-up session, after three months, Adam reported using self-therapy guide (Beck, 1995) and applying techniques learned during the therapy such as behavioural experiments, relaxation, daily thought records (DTRs) and coping cards.

As a novice trainee I found using the CBT approach, with its clear structure and rationale, appealing and reassuring. Although, Adam reported that exploring the origins of his core beliefs and his family history significant, we both felt that CBT’s focus on “here and now” was appropriate (Wetbrook, Kennerly & Kirk, 2007). Adam felt that factors maintaining his OCD were different from factors which influenced the development of his problem. Additionally, working with Adam highlighted to me the importance of a collaborative relationship which empowers the client and also creates a safe therapeutic relationship which can enhance the client’s motivation for change.

On a personal level I felt that there was a perfect fit between CBT and my personality. I like having structure in my life which provides me with a sense of security but also allows me to make active choices. I am also a goal driven person thus, structure allows me to accomplish my goals. Nevertheless, having goals helps me to create a structure, especially while juggling my studies, placements, personal therapy and work at the same time, which can be very challenging. I vividly remember reading a quote during my first year that we are not just passive recipients of reality - we actively create reality - which I found empowering on a personal level.

Becoming a reflective practitioner

In the second year my client caseload included clients with more complex presentations where I realised that traditional CBT may not be sufficient. For instance, I found working with Ana (pseudonym) particularly challenging. Ana, a highly successful, 47year old female,

was referred by her GP due to stress related symptoms and symptoms of depression following the breakdown of her two year old marriage. During the initial sessions she reported a history of failed and violent relationships although, she reported, that her current husband was never violent towards her. She also reported a history of bullying in her previous work place as well as a difficult upbringing. She said that her father never loved her and described him as cold and emotionally and physically withdrawn. Ana described her mother to be preoccupied with external appearances and always being critical. Moreover, our therapeutic relationship was difficult and slow to develop. During our first session Ana expressed her frustration with the service due to being on the waiting list for eight weeks (as per service procedure clients are on the waiting list for up to 12 weeks). Moreover, she expressed finding it difficult to confirm the appointment since, “no one knew who I was”. I hypothesised that Ana was indirectly questioning my experience (as a ‘trainee’) and my capability to help her. Additionally, she said that I reminded her of her niece. I wondered whether she perceived me as too young to be able to understand her experience.

Therefore, I found working with Ana very challenging due to the interpersonal difficulties. She would initially dismiss interventions I proposed, such as imagery work, DTRs or coping cards saying that they are “too simplistic” most likely due to the fact that she found it difficult to access her painful feelings. Moreover, working with Ana activated my own fears “am I able to help this client” and “am I a good therapist?” The process of supervision was particularly helpful in confronting my fears and anxieties about ruptures in the therapeutic relationship. Supervision allowed me to reflect on my own feelings around working with Ana which I tried to incorporate into the formulation and treatment, and review appropriate interventions. Working with this particular client highlighted, for me, the importance of a therapeutic relationship once more. As the research suggests, a therapeutic relationship is one of the most important factors in determining the successful outcome of therapy (Clarkson, 1990).

Through my personal therapy, within a schema therapy approach, I was becoming more aware of my own schemas of ‘unrelenting standards’ and ‘self-sacrifice’ (Young, Klosko & Weishaar, 2003) and how they could potentially collude in my work with clients. For example, working with Ana activated my ‘unrelenting standards’ schema where I questioned my practice and skills as a therapist (surrender mode). Moreover, I have a tendency to have high expectations of myself and others which adds pressure to my work (surrender mode). It

may influence how I communicate with clients and whether there is a discrepancy between what I expect to achieve in therapy as a “perfect” therapist” and what the client wants and is ready to achieve. Therefore, being a self-aware therapist I constantly evaluate my own reactions and expectations of the client and the client’s readiness for change (Prochaska and DiClemente, 1986).

Moreover, I believe that self-awareness is an important aspect of being a reflective practitioner (Schön, 1983). As a reflective practitioner I constantly evaluate and reflect on efficacy of interventions I implemented through the process of supervision and reading. Moreover, through the process of developing self-awareness I am able reflect on the process issues in therapy such as transference and countertransference. Lastly, being a reflective practitioner is one of the essential elements of being a counselling psychologist (Woolfe et al., 2003).

Therefore, on a personal level, I found this stage of my training to be the most difficult, but at the same time essential. I believe I moved beyond traditional CBT and doing therapy “by the book”. I was able to incorporate my experience and knowledge from my clients, readings, supervision and personal therapy which allowed me to become a self-aware and reflective practitioner which I endeavour to use to the advantage of the client.

Assimilation stage

At this stage of my training I feel comfortable in practicing CBT. I value the goal oriented collaborative approach where the client sets the agenda. This is also congruent with the philosophy of counselling psychology where the client is an expert with their experience and knowledge (Woolfe et al., 2003). I find explicit conceptualisations to be an invaluable tool for the client as well as the therapist. Good conceptualisation helps the therapist understand the client and guide the treatment which is detrimental in achieving and measuring client goals when working in a time-limited approach (6-20 sessions). Lastly, CBT has strong empirical evidence for treatment efficacy and being an evidence-based practitioner I am guided by empirical evidence on how to work with clients presenting with particular problems. Randomise Control Trial (RCT) allows researchers to evaluate efficacy of theoretical approach while working with particular psychological problem. In terms of

empirically supported therapies, CBT has the most significant evidence base proving its efficacy with working with depression, anxiety, specific phobias, PTSD, Bulimia and gambling amongst other problems (Cooper, 2008).

However, I feel that there are other aspects important to the philosophy of counselling psychology that are more difficult to incorporate into traditional CBT such as the importance of the therapeutic relationship, use of self in therapy and being a reflective practitioner. Especially in short-term therapy which seems to be the gold standard at present while working in the National Health Service (NHS) where both my placements take place. Therefore, learning about new approaches and on-going supervision enhanced my understanding of the limitations of traditional CBT. Regular supervision is related to positive outcomes (Cooper, 2008) and both supervision and training are crucial in establishing an effective practice of CBT (Padesky, 1996).

As a trainee counselling psychologist I believe that the core principles of psychodynamic theory resonate with the philosophy of counselling psychology. Psychodynamic and psychoanalytic psychotherapy puts therapeutic alliance at the centre of attention (Huprich, 2009) which is congruent with the philosophy of counselling psychology. Counselling psychology focuses on the therapeutic relationship as a vehicle for change. Moreover, as a trainee counselling psychologist, I adopt a reflective practitioner stance in my work with clients, which is achieved by exploring psychodynamic concepts of transference and countertransference in the therapeutic relationship. Reflecting back on my work with Ana her transference interfered with the process of therapy since she perceived me as her niece, young and inexperienced. Moreover, countertransference is seen as crucial and informative about the client's experience and the nature of transference (Huprich, 2009). In retrospect I believe I experienced concordant countertransference where I identified myself with an aspect of the self that Ana projected onto myself and thus, questioned my own skills and abilities. Therefore, I believe that informing Ana's formulation by those concepts and addressing them could have been a helpful and significant intervention since it would also allow her to address some of the relational problems she presented with.

Criticism of CBT

Opponents of CBT argue that its emphasis on 'here and now' is not always sufficient (Young et al., 2003). However, Westbrook et al. (2007) argue that CBT does not discount past experiences and when appropriate they should be incorporated into treatment. Lastly, Beck (1996) argues that CBT is not a technique-driven approach. Techniques from other approaches, if appropriate, should inform client's conceptualisation.

Secondly, as a counselling psychologist and evidence based practitioner, I recognise the value of RCTs. However, I am aware that the findings are not easily generalisable into real world therapy since there are other factors that influence process of therapy which cannot be measured (Blair, 2010). Westen, Novotny and Thompson-Brenner, (2004) argue that "perhaps the best predictors of whether the treatment finds its way to the empirically supported list are whether anyone has funding to test it and whether it is readily testable in a brief manner" (p.640). Thus, Cooper (2008) argues that the therapies that have the most evidence for efficacy do not necessarily have to be the most effective.

Therefore, does orientation really matter? Stiles, Barkham, Twigg, Mellor-Clark and Cooper (2006) compared outcome research for CBT, person centred therapy and psychodynamic therapy where the improvement rates for all the therapeutic approaches yielded no difference in results. These results indicate that the therapies were equally effective. Wampold (2001) meta-analysis suggests that less than 1% of variance in outcomes is due to the therapist's particular orientation.

I believe that there is a need for more research looking at different approaches and techniques since the outcomes are still not clear. Moving away from strict RCTs there are other important variables which need to be taken into account when looking at positive outcomes.

I believe that the onus is on the practitioner to be informed by the latest evidence and efficacy of treatments and be creative while working with clients. Castonguay and Beutler (2006) identified elements of the therapeutic relationship that are strongly related to positive outcomes; goal consensus and collaboration, therapeutic alliance and therapist's empathy. Additionally, Cooper (2008) proposed that client's factors are at the core of successful therapy with the therapist as a 'catalyst' for change rather than a 'healer'. This stand is congruent with the philosophy of counselling psychology where the client is seen as an expert

(Woolfe et al., 2003). Orlinsky, Grawe and Parks (1994) study have found that client's levels of "participation in therapy is the most important determinant" of a client's improvement (p.361). Other important factors are motivation, involvement, realistic expectations and higher levels of psycho-social functioning (Cooper, 2008). The American Psychological Association (2006) definition of evidence-based psychological practice is "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences (APA, 2006; p.273).

On future directions

At the start of my final year I started work in the eating disorders service where I see clients with specific and comorbid presentations. Initially I was working with clients presenting with bulimia nervosa where there is strong empirical evidence for CBT model (Fairburn et al., 1995). However, many of the clients who present in the outpatient clinic have diagnosis of eating disorder with comorbid borderline personality disorder (BPD) for which CBT seems to be insufficient (Treasure, Schmidt & Furth, 2003).

Dialectical behaviour therapy (DBT) is one of the 'third wave' hybrid approaches which has proven efficacy in treatment of eating disorders and BPD (Linehan, Armstrong, Suarez, Allman & Heard, 1991). DBT is based on the biosocial theory that perceives BPD developing from biological predisposition to emotionality and is shaped by invalidating the environment (Palmer et al., 2002). The basic philosophy of DBT integrates CBT collaborative approach and techniques with psychodynamic principles and Zen Buddhism (Palmer et al., 2002). DBT is a multi-disciplinary approach with multiple treatment modes such as individual therapy, group skills training, telephone coaching and team consultation. As part of our multi-disciplinary team we have a DBT team and I am planning to attend DBT consultations over the next few months in order to enhance my understanding of DBT and to inform my practice.

Conclusions

I appreciate that my training, clinical placements, personal therapy and supervision had an enormous influence on my own philosophy of counselling psychology and my theoretical

orientation as well as on the development of my personal and professional self. Only now I feel that I am grasping the full understanding of CBT with its benefits and limitation while becoming a confident practitioner. Writing this essay allowed me to reflect on my own philosophy of practice and also identify future direction and my own developmental needs. I am looking forward to starting work in other settings where I can practice the ‘third wave’ hybrid approaches (Sanders & Wills, 2005) and further develop my own theoretical orientation. Beitman (1994) points out that personal integration is not a static entity but a continuously evolving process and I am looking forward to the next stage of my training.

So where am I, having reached almost the end of my training, in the search for the perfect model? After acquiring an in depth knowledge of CBT, working knowledge of psychodynamic therapy and a basic understanding of the ‘third wave’ hybrid approaches (Sanders & Wills, 2005), I recognise that after 100 years of talking therapy and with over 400 therapeutic approaches (Norcross & Goldfried, 1992) we still do not have the perfect approach. Therefore, I am left with more questions than answers; does the perfect model exist? What would make a perfect model? What makes a perfect therapist? I am afraid I do not have answers to these questions. However, as a trainee at the beginning of my career I believe that a “good enough” counselling psychologist is a self-aware reflective practitioner who puts clients at the centre of treatment; is informed by empirical evidence; is able to recognise advantages as well as limitations of a particular approach and; integrate the theories in order to provide clients with a comprehensive treatment.

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In search of the prefect model?

PYP152C – CBT3

London Metropolitan University

Trainee no. 06039741

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Cognitive-Behavioural and Psychodynamic Group Therapy for Eating Disorders

London Metropolitan University

Couples and Groups

Trainee no. 06039741

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Today's therapeutic milieu is dominated by two approaches commonly used, cognitive-behavioural therapy (CBT) and psychodynamic therapy (PDT) (Watzke, Rueddel, Koch, Rudolph and Schulz, 2008). The aim of this essay is to compare, contrast and critically evaluate content and process interventions in those two approaches while working with groups within the sphere of Counselling Psychology. Since these approaches are used to work with a broad range of presentations, for the purpose of this essay I¹ will focus on their application to eating disorders (ED)². An additional reason for this choice is that I have been running a cognitive-behavioural group therapy (CBGT) with clients suffering from ED on an inpatient ward which I will compare to the psychodynamic group therapy (PDGT) which also runs on the same ward. Therefore, where appropriate I will reflect on personal experiences using clinical examples.

Beginning of this essay will examine theoretical background of both approaches. Subsequently definition of what constitutes content and process interventions will be explored followed by a brief introduction to ED group therapy. The essay will further explore content and process interventions in CBGT and PDGT for ED using own clinical examples. Lastly, the essay will conclude with a summary.

Theoretical background

CBT and PDT are considered to be distinctive therapeutic approaches. CBT is an integration of Beck's (1970, 1976) cognitive therapy, which can modify or eliminate unwanted thoughts and beliefs, and Bandura's (1977) behaviour therapy, which helps change behaviour in response to those thoughts (Papadopoulos, Cross & Bor, 2003). The client learns how to effectively identify and challenge distorted patterns of thinking and dysfunctional behaviour while developing a more balanced and healthy perspective in life (Bor & Watts, 2006). Additionally, CBT for ED is centred on beliefs related to the overevaluation of eating, weight and shape (Waller et al., 2007). Therefore, CBT is primarily focused on the here and now. The length of CBT varies but it is time limited, usually between 10-20 sessions (Leichsenring, Hiller, Weissberg & Leibing, 2006).

¹ This essay is written in the first person since it attempts to explain writer's perspective through own clinical examples.

² In this essay ED refers to clients diagnosed with Anorexia Nervosa and Bulimia Nervosa.

PDT focuses on the client's unconscious inner world and the significance of early relationships to an individual's current functioning (Lemma, 2003). Gabbard (2000) suggests that clients on the neurotic personality type spectrum are more suited for expressive therapies which aim to uncover intrapsychic conflicts while clients with borderline organisation are more suitable for supportive therapies which aim to strengthen ego's capability to overcome conflicts (Huprich, 2009). PDT for ED is seen to be on an interpretative-supportive continuum due to this particular client group inability to manage conflict and stress (Huprich, 2009). Historically PDT was a longer term treatment but over the recent years short term therapy became available, which can vary between 7-40 sessions (Messer, 2001).

Content and process interventions

In psychotherapy, content is defined by what is being verbally expressed in the discussion or the arguments used (Yalom & Leszcz, 2005). 'Process refers to the nature of the relationship between interacting individuals - members and therapists' (Yalom & Leszcz, 2005, p.143).

CBGT

Content interventions are more clearly defined within CBGT. They consist of cognitive and behavioural strategies which are used by the therapist to promote change on rational and emotional level (Sanders & Wills, 2005). Three principles underlie interventions, 'collaborative empiricism', is seen as a vehicle for change where the client and the therapist form a team (Beck, 1995), 'socratic dialogue' (Padesky, 1993) and 'guided discovery' (Beck & Weishaar, 2000) aim to help the client explore alternative views and develop a more balanced way of thinking. Therefore, common cognitive interventions include exploring connection between thoughts, situation and affect in order to identify the vicious cycles in which the client is trapped. Evidence gathering and thought distortions are identified through a thought record chart. Interventions such as downward arrow technique (Greenberger & Padesky, 1995) elicit underlying core beliefs and assumptions. Behavioural strategies comprise of any behavioural interventions which aim to improve mood or individual's functioning (White, 2000).

Group process within CBGT framework consists of therapist factors, client factors and structural factors which operate within the group and enhance treatment outcome. Group process factors include optimism, group learning, modification of maladaptive relational

patterns, group cohesiveness, emotional processing and shifting self-focus into group focus which is particularly important in order to maintain homeostasis and avoid focusing on one individual.

PDGT

In contrast it is much more difficult to distinguish between content and process interventions within group or individual PDT. The main reason for the lack of this distinction within PDT literature is that the primary focus of the therapy is on relationships (intrapsychic and interpsychic) or attachment patterns. Although a client may be discussing a current problem or symptoms, the aim of the therapy would be to explore the underlying process issues and conflicts that could potentially lead to or maintain the problem (Huprich, 2009).

In PDGT the group process is in itself is a mechanism of change through developing and exploring interpersonal relationships (Barnes, Ernst & Hyde, 1999). Therefore, similarly to CBGT, group process in PDGT consists of interaction between therapist's factors, clients' factors, the group factors and the clinical environment (Yalom & Leszcz, 2005). PDGT's main interventions which are utilised by the therapist to address the process issues are open facilitation, guided facilitation, interpretations, maintenance, no immediate response, action, self-disclosure and modelling. Additionally, Yalom and Leszcz (2005) proposed that groups share universal therapeutic factors. The factors that promote change in ED groups include installation of hope, universality, altruism, interpersonal learning, socializing techniques and group cohesion (Bowers, 2000). Group climate, cohesion and therapeutic alliance are detrimental to the group therapeutic process (Tasca, Flynn & Bissada, 2002).

Groups for eating disorders

The initial reason for extending CBT into group work was that 'more patients can be treated within a given period of time by trained professional therapists than can be treated individually' (Hollon & Shaw, 1979, p.328). This approach is still applicable in the context of the current recession where the drive for cost-effective and time-limited treatment as a way of reducing long waiting lists appears to be a panacea (Morrison, 2001). Patients with an ED share common characteristics such as low self-esteem, a tendency for isolation, difficulties identifying feelings or communication problems which can be tackled more effectively in a group setting through interpersonal relationships (Hendren, Atkins, Sumner, & Barber, 1987).

Efficacy of groups

Research suggests that group therapy is an effective form of treatment for ED (Moreno, 1994). The National Institute for Clinical Excellence (NICE) (2004) suggests CBT as the main treatment approach when working with Bulimia Nervosa and Binge Eating Disorder, individually or in a group setting. NICE (2004) recommends CBT and PDT as the main approaches while working with Anorexia Nervosa. However, Westen, Novotny and Thompson-Brenner (2004) argue that 'perhaps the best predictors of whether the treatment finds its way to the empirically supported list are whether anyone has funding to test it and whether it is readily testable in a brief manner' (p.640). Cooper (2008) argues that the therapies that have the most evidence for efficacy do not necessarily have to be the most effective. Nevertheless, there is an ongoing debate about clinician's treatment adherence to the therapeutic model which makes it difficult to assess and identify the difference between various therapeutic approaches (Watzke et al., 2008).

Setting and context of CBGT and PDGT on the ED inpatient ward

CBGT was originally set up to promote patients understanding of the relationship between their thoughts and feelings and how this affects their behaviour thus, the main focus of therapy is on the here and now and it is content driven. CBGT is run by myself, a trainee Counselling Psychologist and a senior Clinical Psychologist who is also my supervisor.

Some patients also attend the PDGT group which on the other hand is less structured and clients usually bring the problematic issues that they want to address, this is thus, a more supportive group in principle. Although patients may discuss current issues and symptoms, the main focus of the group is on individual member's self-exploration and relationships among patients which is process driven. This is congruent with theory which suggests that ED symptoms are precipitated by sociocultural and familial factors (Bowers, 2000).

CBGT is a closed group with same members which runs for eight weeks. In contrast PDGT is an open group which runs on an ongoing basis with some members leaving the group due to discharge and new members joining the group upon admission to the ward which significantly affects stages of the group. According to Tuckman (1965) when a new client joins a group, members will regress into an initial forming stage where the group strives for cohesion. Transition naturally occurs into a storming stage where members bring their individuality into the group and the conflict occurs. When members reach a consensus on a

common task the group enters a norming stage. Transition into a performing stage occurs when the group is mature and members are working as a unit to achieve common goals. Adjourning stage prepares members for independence and closure. Since CBGT is a time limited, closed group and the patients know each other well transition between stages follows a more linear progression as compared to the PDGT group with the forming stage being very brief.

Content and process interventions

Late client

One of the clients on the ward was struggling to engage in the overall treatment and as a result, the multidisciplinary team came to the agreement to give her the choice of either starting to engage by attending groups or to choose to be discharged. Although the client started attending CBGT, she was persistently arriving five minutes late for the start. Initially, my supervisor highlighted the importance of arriving on time in general but the lateness of this particular client was not openly addressed in the group and we continued with the session agenda. After the third late arrival I spoke with my supervisor about how to address this in the most productive and non punitive manner. Additionally, I was wondering whether addressing the late arrival in the group at this point would be perceived by the client as persecutory rather than constructive. Following my supervisor's advice I addressed this with the client outside of the group where she was very apologetic. The primary reason why the late arrival was addressed outside of the group is that the group has a quite rigid structure and it is necessary to cover material because each session builds on the previous sessions. Therefore, the main objective is to review the content of the sessions however, the process issues may have been left unresolved. Nevertheless, I was wondering what the client's late arrival meant. Whether it communicated that she did not want to attend the group, perhaps she was not ready to commit to or want to change. Although, I understand the importance of building on previous sessions and due to limited, short-term therapy it is important not to miss or divert from the agenda. I could not help thinking how the client's late arrival impacted on other clients and the group as a whole.

In contrast in PDGT addressing clients' late arrival is imperative. Firstly, through lateness the client is communicating something important, something she is unable to express with words,

afraid to express or sometimes unconscious of. Being aware of the client's history of difficult relationships with both parents who were emotionally absent and very controlling, I was wondering whether the client perceived the multidisciplinary team decision as an ultimatum given by an authority figure and she was rebelling against it. I was wondering whether she felt an-cared for. Secondly, the boundaries of the group provide a safe and containing environment. Thus, it is important that they are constant and challenged when broken. PDGT therapist would use maintenance intervention as a first step to re-affirm and clarify the time boundary. The therapist could also use confrontational interventions to highlight transference behaviour which would bring underlying issues into the open (Behr & Hearst, 2005). Additionally, coming late is often an early sign that the client will drop out of the group (Behr & Hearst, 2005). The client dropped out of the group after the third session following my discussion about her lateness. Initially, I felt angry with myself, my supervisor and the team for not supporting the client effectively thus, I was wondering whether the client projected these feelings onto me. After further exploration I realised that I felt a sense of failure. I was wondering whether it was a countertransference response to the client or potentially the group feelings of being let down by a parental figure.

Transference

Transference is 'an inaccurate perception, representation, and interaction the patient experiences with the therapist, often reflecting the patient's experience with someone similar in his or her past' (Huprich & Keaschuk, 2006, p.476). In PDGT attending to issues of transference whether member-to-member or member-to-therapist is fundamental since it allows the individual to experience transference in vivo and resolve it. However, process issues such as transference were not explored in CBGT perhaps due to the structured nature of the sessions and the time limitations. For example, one of the group members would complete homework assignments every week and she was able to generate lots of evidence for and against her thoughts as well as generate alternative beliefs on her thought chart. Although, she was completing homework every week, she reported that she was struggling to incorporate what she had written and put it into practice. In the session I used psychoeducation to explain the rational and helpful techniques such as ratings to assess the strength of her evidence. The group explored client's example and the difficulties on the content level, helping to develop evidence she could believe in. During supervision I

discussed with my supervisor the reasons behind this client's compliance and her perfectionist nature which is common feature comorbid with ED (Waller et al., 2007).

On the other hand working from PDGT perspective it could be hypothesised that the client perceived facilitators as authority/parental figures of the group with whom she was compliant in order to be accepted. The client has a difficult relationship with her critical mother who also suffers from ED. The client learned to conform in order to be accepted and loved. Based on the knowledge that many other clients in the group had similar upbringings, it could be hypothesised that the client is enacting a role of a central person (Redl, 1966) on behalf of the group who is afraid to address the issue directly or with facilitators (Barnes, Ernst & Hyde, 1999). The PDGT therapist could use interpretation intervention of meanings or feelings which are covert in what the client or the group as a whole is saying. The PDT perspective's emphasis on the dynamic interpsychic and intrapsychic processes and the importance of relationships, gives it a special place within Counselling Psychology. As the Counselling Psychology framework acknowledges the presence of dynamic processes in the therapeutic relationship (Woolfe, Dryden & Stawbridge, 2003).

'I will get fat'

During the 5th session the group started working on generating alternative beliefs in response to their negative automatic thoughts (NAT). In order to illustrate and practice completing a full thought chart we used shared examples of NAT - 'I will get fat' that some clients voiced in previous sessions. Additionally, one of the clients expressed that her mother criticised her for 'getting fat' during the recent visit. Thus, the session focused around the content and whether it was a realistic outcome of the group treatment. At this point clients were working together towards a common goal and the group seemed to be in a performing stage (Tuckman, 1965).

According to the PDGT approach the group was focusing on the manifest content, the role of the therapist would be to help the group to understand concealed meaning, the latent content (Barnes, Ernst & Hyde, 1999). The therapist could use open facilitation intervention to promote the forward movement of the group process without any interpretation in mind. If the therapist would have a hypothesis in mind, she could use guided facilitation intervention. Thus, CBGT focused primarily on the content of the problem by exploring client's cognitions and identifying new ways of looking at the cognitions while working on emotions indirectly.

While PDGT would move away from presented content and focus on the process of unresolved conflicts and emotions (Barnes, Ernst & Hyde, 1999).

Conclusions

CBGT and PDGT are seen as proponents due to different methods of working with clients. PDGT main focus is on relationships and emotions. Transference is seen as a 'primary source of understanding and therapeutic change' and this is a fundamental distinction from CBT (Leichsenring et al., 2006). PDGT uses interventions such as clarification, confrontation and interpretation to uncover underlying conflicts and focuses on interactional and dynamic aspects of the group (Watzke et al., 2008). However, PDGT has been criticised for being expensive and long term and difficult to empirically evaluate (Behr & Hearst, 2005).

CBGT on the other hand is concerned with exploring past experiences and how they influencing present behaviour however, the main focus of therapy is on the here and now. A CBGT therapist uses psychoeducational, cognitive and behavioural interventions to promote self-efficacy. According to Watzke et al. (2008) a CBGT therapist working with a specific group would use more psychoeducational and behavioural interventions than a therapist in an open-goal group. This is particularly transparent in the discussed CBGT. Since the CBGT and PDGT on the ED ward are both very much a part of the holistic treatment. The CBGT's aim is to focus on skills building alongside other treatment interventions such as PDGT focuses on the exploration of relationships and underlying conflicts. Further advantage of CBGT is that is cost effective in comparison with PDGT. However, CBGT has been criticised for being a technique driven therapy and that it was developed based in individual therapy treatment models.

The therapeutic relationship is essential for both. A CBGT therapist stance is more supportive and empathetic while the PDGT therapist is more neutral and abstinent (Watzke et al., 2008). As a trainee Counselling Psychologist I believe that the principles of PDT and CBT resonate with the philosophy of Counselling Psychology by putting therapeutic alliance at the centre of attention. Counselling Psychology focuses on the therapeutic relationship as a vehicle for change (Woolfe, Dryden & Stawbridge, 2003). As a trainee Counselling Psychologist, I adopt a reflective practitioner stance in my work with clients, which is achieved by exploring psychodynamic concepts of transference and countertransference in the therapeutic relationships. Moreover, the importance of collaborative relationship in CBT resonates with Counselling Psychology principles (Woolfe, Dryden & Stawbridge, 2003).

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Living with Anorexia: A process report

Applied Therapeutic Practice

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[Excerpt - Time on CD 18:40-28:30]

Introduction

Olivia¹ is a 24 year old female who has been diagnosed with Anorexia Nervosa² (AN) and has a history of low mood, anxiety and obsessional symptoms. I chose this particular client because I found working with Olivia very challenging and anxiety provoking as this was the first time I had worked with a client with AN. Through this process report I hope to highlight the skills and knowledge I gained while working with Olivia and reflect on my role as a trainee Counselling Psychologist within a multi-disciplinary team³ (MDT).

Placement context

The placement takes place in the hospital outpatient clinic for Eating Disorders (ED). The clients are initially referred by their GP or Community Mental Health Team (CMHT). Each referral is discussed during weekly MDT meetings where the team decides whether the assessment is urgent (within the same week) or routine (within the usual four weeks) based on the medical risk.

Once the assessment is completed the outcome is discussed within the MDT and the client is placed on the suitable treatment waiting list which usually takes up to six months. The service provides up to 40 sessions for clients with AN.

CBT-E

Fairburn (2008) argues that CBT⁴ and ED are compatible since ED are cognitive in nature and share core psychopathology; over-evaluation of shape and weight and the sense of control (p.12). Therefore, CBT-E⁵ is designed to target psychopathology rather than the diagnosis while fostering cognitive change. CBT-E incorporates cognitive and behavioural strategies with enhanced psychoeducational interventions. Collaborative relationship is pivotal while working with ED clients given their need for control. The National Institute for

¹ Her name has been changed to enable confidentiality.

² Please refer to Appendix A for diagnostic criteria.

³ Please refer to Appendix B for more details.

⁴ Please refer to Appendix C for a brief definition.

⁵ Please refer to Appendix D for more details.

Clinical Excellence (NICE) (2004) recommends CBT and psychodynamic therapy as the main approaches while working with AN.

Referral information

Olivia was referred to us from her local CMHT by her GP due to low weight, anxiety and low mood. The CMHT was concerned about Olivia's weight and urgently referred her to our specialist service.

During our MDT meeting we discussed Olivia's referral and decided that due to low but stable BMI and blood results within a health range she would be offered routine assessment. The assessment was carried out by the Consultant Psychiatrist and the outcome discussed at the MDT meeting. I expressed that I would be interested to work with this client and as my supervisor felt I was ready to work with a more complex client, I offered Olivia treatment.

Client information

Olivia is a 24 year old white British female. Olivia lives with her friend and works full time. Olivia has no contact with her father who left when she was born. Olivia has a 27 year old sister who had some preoccupation with food and weight when she was younger but this has now been resolved. She has a 7 year old sister who is 'overweight'. Olivia additionally has a 14 year old brother who has hydrocephalous, cerebral palsy and epilepsy. All siblings come from different fathers. Olivia's mother married her younger sister's father with whom Olivia reported being close. However, he died when Olivia was 10. Her mother works full time looking after her brother. Olivia reported their relationship as good but she feels she is unable to speak to her about her problems and usually tells her she is fine as she feels her mother has enough to deal with considering her brother's condition.

Olivia reported that she was always an anxious child, washing hands obsessively to the point of bleeding, this subsided with age. She also has a history of low mood. She is currently on Citalopram 20mg that she reported as being helpful. Research suggests that anxiety (including OCD) in childhood predisposes the child to develop AN (Dellava et al., 2010).

Assessment

Initial interview

Olivia arrived 30min before the start of our session. She was visibly anxious and tearful throughout the session and spoke very softly. She reported that her AN started in the final year of university in 2008. She had been going to the gym 2-3 times a week from the beginning of university, mainly for enjoyment and general exercise. With the stress of her final year, she started going to the gym every day for 2 hours. As she started to lose weight through exercise she also cut down on her diet considerably. At the age of 20 she was 54kg, her highest weight, and she lost weight to 38kg (BMI=14.7). At the time her boyfriend, with whom she was living, persuaded her to seek treatment and she saw Dr. XXX at the private Eating Disorder hospital in 2010 for eight sessions. However, after splitting up from her boyfriend she could not fund private treatment as his father was paying.

Olivia reported some difficulties with sleeping and a tendency to ruminate about food and worrying about 'being fat' at night. She reported a close relationship with her ex-boyfriend's mother which she attributed to the fact that she 'does not have anyone to talk to'. She would occasionally sleep at her house but reported trying to distance herself due to the breakup. Olivia reported that her family is not aware of her problem but her mother suspects that there might be something wrong.

Olivia reported some body image disturbance and dislike of her body, especially her legs and abdomen. Although, she reported that she 'wants to be healthy and stop obsessing about food', she reported a fear of getting fat. She weighs herself several times a day and reacts to the weight changes with increased anxiety and thus, restricts and counts calories. She aims for 1000-calories a day and has a narrow repertoire of food. Olivia reported bingeing 1-2 times a week, although she is not sure why she does that. She feels preoccupied with food most of the time. She also recognises that she mainly restricts in order to avoid difficult emotions.

I was aware of Olivia's ambivalence towards change and weight gain to a healthy BMI. Clients who are underweight are very often ambivalent about change and difficult to engage (Fairburn, 2008). Olivia came across as very fragile and anxious and I found myself wanting to re-assure her and feel understood. I tried to actively listen, convey my empathy and unconditional positive regard in order to build the therapeutic relationship (Rogers, 1992).

Counselling psychology emphasises the essential role of the therapeutic relationship (Woolfe, Dryden & Strawbridge, 2003).

Formulation

The following formulation is informed by Waller et al. (2007) formulation for restrictive cases and it follows guidelines proposed by Dudley and Kuyken (2006), who stress the importance of addressing the five P's in order to carry out a CBT formulation.

Presenting problems

Olivia presented with history of AN and secondary symptoms of low mood, anxiety and obsessional symptoms. One of the main behaviour changes due to low weight is obsessiveness with rigid routine and cleanliness (Fairburn, 2008).

Predisposing Factors

Olivia never met her father and reported a good relationship with her mother although, she reported she never confided in her with her problems due to the fact that her mother tends to worry about everything'. She also reported that her mother and her are not physically expressive with their affection.

Olivia's step-father died when she was 10 years old. At the same time her brother was born and her mother focused all her attention on looking after him. Olivia reported feeling lonely in her childhood and wanting to be a 'perfect student' as she 'did not want to worry her mum'. It could be hypothesised that she felt it was the only way to receive attention and love. She also reported that her obsessional hand washing started around this time since she felt things were out of control. It could be hypothesised that Olivia's core believe is that she is 'not good enough' with underlying schema 'others will abandon/reject me' since her father abandoned her and she only received attention from her mother when she did well at school. Olivia could potentially develop dysfunctional assumptions such as 'if I am perfect others will accept me/love me' or 'If I control things nothing bad will happen'.

I wondered whether Olivia's overvaluation with weight and shape was influenced by her sister's issues around weight. However, she felt that the above did not play a role and therefore we agreed to remove this from the formulation.

Lastly, due to the fact that Olivia's mother was unavailable, it could be hypothesised that Olivia did not learn how to regulate her emotions effectively and consequently learned to avoid them.

Precipitating factors

During university Olivia reported that she initially started to exercise because she wanted to look a certain way for her boyfriend at the time.. She reported increasingly comparing herself to other people and feeling that 'if I look a certain way I will be perfect' or 'if I eat too much I am disgusting'. Exercising quickly became her way of coping with feelings of loneliness when her boyfriend was not spending time with her or as a way of coping with increased pressure and stress due to exams. She reported worrying constantly that she will fail. However, due to Olivia's preoccupation with weight and eating her relationship started to deteriorate and eventually broke down, reinforcing her belief that she is not good enough.

Perpetuating Factors

Initially, when Olivia started restricting, her weight dropped and she felt more in control and her mood improved. However, she quickly started worrying about putting on weight and became conscious of her weight and as a result either exercised more or started skipping meals.

Additionally, when her weight dropped Olivia became more focused on eating and body shape and less preoccupied with other problems or difficult feelings. She also started binging, which left her feeling out of control thereby increasing her anxiety. In order to cope with anxiety she focused on her weight as well as eating and started restricting again thus, maintaining the cycle.

After detailed assessment we were able to identify Olivia's negative thought 'I will get fat' which is dominant. For example, Olivia identified that when she is feeling full her anxiety increases and she tends to restrict or skip meals in order to control her anxiety. Olivia also regulates her anxiety through re-assurance which she does with me in the sessions. Therefore the two main behaviours that she engages in are to either restrict or seek re-assurance. Both are short term coping strategies.

Moreover, Olivia's mother focused all her attention on looking after her brother. When Olivia started struggling at university and her relationship deteriorated she avoided activating her

core belief 'I am not good enough' by becoming ill and her ex-boyfriends parents looked after her. Therefore it could be hypothesised that she has a positive belief around 'if I am sick people will look after me/take care of me'.

Protective Factors

Olivia reported that, at present, her work is the only stable thing in her life which she enjoys. She also reports her flatmate as a good influence since she cooks regularly and encourages Olivia to eat.

Intervention

Overview of therapy

In the first session we addressed confidentiality in line with the BPS Code of Ethics and I obtained informed consent in accordance with the university guidelines. We contracted for 20 sessions initially with a possibility of 20 additional sessions. In the second session Olivia generated a list of goals that we agreed to work on; i) to eat normally; ii) obsessing less and worrying less about what she eats; iii) decrease feelings of anxiety; and iv) be able to contain anxiety rather than seek re-assurance from others. As Olivia is still in the first phase of CBT-E our sessions so far focused mainly on motivation and psychoeducation around the importance of regular eating. As homework Olivia keeps food diary⁶ (Waller et al., 2007) and a maintenance food plan was introduced⁷ since Olivia tends to restrict or skip meals. The following excerpt is from the ninth session.

Evaluation of therapeutic session

The session started by going over the agenda which followed from the previous session and I asked Olivia whether she wanted to add anything. As part of treatment we checked Olivia's weight and reviewed her food diary. She initially reported that it was a good week and things were getting better. Although when challenged, she admitted that she 'did not plan very well' and had days when she was hungry. I proposed to look closely at the difficult day and explore potential difficulties.

⁶ Please refer to Appendix E.

⁷ Please refer to Appendix F.

T1: your weight is very much the same, like it's been for last three weeks, three-four weeks...am...so it's not really going up. It's just when you look this below, the first four sessions when was below BMI of 20 that's when it really shifted. But here if you look (showing Olivia her weight chart) now we need to calculate the BMI for this week but it's probably the same so it's very much staying very stable... (longer silence)

Olivia was expressing her feelings of embarrassment and anxiety about her increased weight, I jumped quickly to re-assure her thorough psychoeducation, probably due to my own increasing anxiety about her weight increasing.

O1: just don't feel comfortable...⁸

T2: hm...

At this point I was wondering what intervention would be appropriate since I felt we addressed this few times and I felt stuck...

O2: ...I don't know I just don't feel comfortable like this...

T3: hm....as we talked initially, you may not initially feel comfortable because you're really... want to be at lower weight...em...and...once your weight will fluctuate maybe it will...maybe it will, if your BMI at the moment is 20 and like I said it's really hard to tell because you still not...you, you still tend to restrict and not ready to eat

Since I felt stuck, I re-assured her further and express my empathy with her difficult feelings. I wanted her to feel understood and continue building our relationship. In retrospect I think introducing a thought chart could have been a perfect opportunity to start working with her thoughts and beliefs which would allow us to address her ambivalence about the treatment.

O3: yup....

T4: so it's really hard to say what's happening with your weight, it's too early. But knowing that you weighed 54 kilos before and that was your highest weight ever, I would assume that your BMI will fluctuate around 20 so minimum, between 19 or 21 BMI.

O4: hm...but I didn't like being that weight so....also I would not, I would not try to lose weight.

⁸ Three dots indicate short pause throughout the excerpt.

T5: hm...

O5: so I know that I am not happy at that weight... (longer silence) I don't know I think maybe it's just today I don't know

T6: say that again, sorry...

O6: I think maybe it's just today, I don't know

T7: hm...

O7: maybe I just feel a bit emotional, I don't know why (started to cry)

T8: hm...like I said it's really big difference between how you were last week and today. And I also wonder whether it's just quite low today and sacred?

At this point I wanted to explore whether something happened that Olivia felt so distressed. I wanted to offer her space and address it.

O8: Oh yeah...I think so....(crying)

T9: hm...which

O9: I was getting dressed this morning...I was trying (while crying) (unable to understand) I was trying my jeans and they didn't fit and I just...I didn't like that...

T10: ...We talked a little bit about this...didn't we that, how keeping those small clothes and I wonder whether would be really helpful...for you to feel comfortable? Because...

In previous session Olivia talked about changes in her body and mentioned how some of her clothes are too small which we did not address explicitly. Thus, when she mentioned keeping her old clothes I thought it was an opportunity to explore costs and benefits of keeping clothes that are too small and how this maintain her AN.

O10: yeah....

T11: yes, there were clothes when you were underweight and you were sick so off course they would not fit...because they are for someone who is underweight...

O11: yeah...I just I can't get no more (unable to understand). They don't fit properly, I am just swell...

T12: hm....

O12: really tight and I thought...oh no I don't fit into my jeans

T13: hm...

O13: and felt like...I think that's what worried me a bit this morning. I don't know why I even tried them on.

T14: hm...

O14: It's just they were there when I...

T15: hm...

O15: and I was gonna wear them and... I thought oh I can wear these jeans. But there are jeans I had this time last year...

At this point I was questioning how attached was Olivia to her AN and whether she was ready to give it up? In retrospect I should have explore the meaning and function of her NATs.

T16: hm...but this time last year what was your weight?

I quickly realised I was out of her frame of reference. In retrospect I could have use downward arrow technique to explore her NATs further.

O16: ...like 40...

T17: hm...

O17: so that's scares me, that I've gone up like...

T18: I mean, one year it's a really long time. Last year at that time your BMI was 14 and probably that's the pictures you were showing me few weeks ago...

O18: yes...

T19: saying that you never wanted to look that way...

O19: I don't...but then it's just hard. I don't know I think that's just really scared me this morning...

Olivia expressed her ambivalence about wanting to change. On one hand she does not want to look so underweight and wants to be healthy however, there is a real anxiety and distress about her body changes and weight gain. Clients with AN frequently express overwhelming ambivalence about treatment (Spivack & Willig, 2010).

T20: hm...so what do you think would be positive to get rid of those clothes? Maybe to give them to charity or to friend...well I don't know, you were, you were very underweight so maybe friend is not a good idea

I offered a problem solving solution since I was afraid that keeping those clothes would interfere with Olivia's progress. When I suggested a friend I realised that maybe that was not a best option...

O20: yeah...I don't think I have friends that would fit them (smiling)

I felt relieved when she made a joke out of my gaffe. It also illustrated how ill she was at the time in comparison to her friends.

T21: or maybe give them away to charity for example that's on top of my head I don't know that's

O21: Yeah...I have done that before gave lots of clothes to charity...

T22: Do you think, would be that...

O22: I don't know because in my head I want to be able to fit in them again now...

T23: ok...

O23: from not being able to wear them this morning I thought...oh no I want to wear them again...

Olivia's statement illustrates that she is perhaps in the contemplation stage (DiClemente & Prochaska, 1998), aware of pro's but also acutely aware of con's of giving up AN.

T24: What you would have to do in order to wear them again?

Since Olivia was still holding onto the idea of wanting to wear them but not wanting to go back to being 40kg thus, I wanted her to explore what would that entail and the sacrifices she would have to make.

O24: Lose weight...

T25: how much?

O25: quite a lot...

T26: and how do you feel about that?

O26: Right now I know I want to...but I know it's not...I know it's...I know in my head that's wrong...and it's not a good idea but right now I feel like I want to do...

Olivia's statements highlights her split sense of self, characteristic to AN, her Anorectic side which nurtures her Anorexia and her rational, non-Anorectic side which fights for survival (Spivack & Willig, 2010). Spivack and Willig (2010) study suggest that when both sides are equally powerful, the stronger the ambivalence about treatment.

T27: hm....so what is the positive about keeping those jeans at home as they remind of you or trigger those kind of anxieties...is there anything?

I used verbal challenging to help Olivia to re-evaluate her thinking by looking at advantages of keeping her old clothes.

O27: ...no it's probably not a good idea...

T28: Because it sounds like what happened this morning, correct me if I am wrong, is that hm... And how did you feel when you woke up? Do you remember?

Further I wanted to highlight how keeping those clothes impacted on Olivia's thoughts (I am getting fat) which impacted her mood (increased anxiety) and as a result she was seeking re-assurance in session. In retrospect, I should have drawn a cycle highlighting the relationship between thought-feeling-behaviour.

O28: I was ok

T29: hm...

O29: I was fine...

T30: hm....so it sounds like you were...quite normal mood and...(talking over me)

O30: I was quite worried about being weighed...I think I get quite anxious about being weighed every week...and that, that sort of triggers anxiety anyway.

Olivia recognised how weekly weighing affects her mood...

T31: hm hm....off course it does but I mean, like I said the reason we doing that is to make sure that you are at healthy BMI but also to make sure you are not putting on too much weight.

My anxiety increased thus, I provided her with rationale and re-assured her that we are controlling her weight. However, I should have draw a vicious cycle how the situation (I will be weighed) affects her thoughts (I am getting fat) and consequently her affect and behaviour.

O31: yeah...so that, that triggers me off in the morning anyway. So I have this (unable to understand) every week so that's ok...it's fine...And then...I guess I maybe thought about...I wanted to wear a particular jeans and then it didn't fit it angered me a little bit..I felt a bit angry with myself (speaking quietly)

T32: Do you remember what was going through your mind?

I attempted to elicit Olivia's NATs⁹...

O32: I just thought, why they don't fit?...then I though oh they don't fit because I've put on all this weight and if I didn't put all this weight then they would fit.

T33: hm....

O33: I don't know, I just don't feel comfortable

T34: hm...

O34: I can't, I can't seem to shift it

T35: and what do you think would happen if you wouldn't try those jeans on?

I wanted to highlight the consequences of keeping those clothes and how it affects her affect and cognitions.

⁹ Negative Automatic Thoughts.

O35: Maybe I wouldn't thought about it...I don't know...but I have been thinking about losing weight again a bit...because I don't feel comfortable at the moment in my own skin, I just don't like it...

Olivia's response to increased anxiety is by engaging in behaviour such as restricting. In retrospect I should have use the vicious cycle (from T31) and think with her collaboratively what would be the best intervention to stop it.

T36: hm...

O36: I just feel like I've put on so much weight it's just...and then I feel like...I don't know how...how to...what do I do to stop it...

T37: hm...

O37: do I just stop eat? ...or what do I do? I don't, I don't know what to do? (crying) I don't know whether I should just not eat anything today or...or (unable to understand)

T38: What do you think will happen if you don't eat today?

I felt panicky that she will restrict all day. Thus, I wanted to explore with her the consequences of this choice.

O38: Probably will eat more tomorrow

T39: Yeah...probably, probably you at some point binge...

O39: Being realistic... (laugh)

T40: and probably because you wouldn't eat you probably would be quite...because you're...we look (pointing at the graph) using this graph, one from Wednesday, if you don't eat today like you saying, what you doing is you're keeping your energy levels at low level (drawing on the graph) so your body is in a 'starvation mode' and you, first of all, you quite obsessed without food because your body is hungry, your body wants to eat, that's your basic need, our basic need...And so off course you will be thinking about eating...So first of all you will be quite obsessed with food all day but also there is a big chance that you will either overeat or have binge in the evening. And that's the vicious cycle that we talked about...So I think is really important that you...I mean that you are continuing this hard work that you've done for over those weeks that we've been seeing each other. Because I know...it's still

difficult for you to eat but you, you... I don't know how you feel about it, your food intake really improved. I can see you're really struggling and there is, there are still things we have to work on off course but also...

O40: But I just don't get the days why I... why some days I have an extra snack and why some days I don't. Like this day (pointing on the food diary) I had an extra snack and then this day I didn't need do that and the next day I didn't and then next day I did...why am I doing that? (crying)

T41: Ok...

Ending of the session

Olivia became distressed towards the end of the session and as a result our session overran since I did not want Olivia to leave feeling uncontained and restrict food. For homework we agreed she will write the pros and cons of being at a healthy weight. We negotiated that she will separate her anorexic clothes from her healthy weight clothes and, as every week, she continued to use food diaries. After the session I felt frustrated with myself because it was another week where I felt we did not work through the agenda we agreed on which probably contributed to my feelings of not doing a good/effective work. While speaking with my supervisor, she highlighted the importance of being patient with Olivia but at the same time she suggested I should address this process issue in the following session before progressing further with content interventions.

Evaluation

Working within MDT – systemic view

While writing this process report it was helpful to reflect on the different positions I occupy in relation to the client and the team drawing on Mason's (1993) concept of 'safe uncertainty'. I would hypothesise that Olivia was at the start of therapy in the position of 'unsafe uncertainty' expecting me to offer solution to her problem and wanting to be in a position of 'safe certainty'. This was also a parallel process for me as a trainee. Although, I feel supported by the MDT team working with a more complex client inevitably had an

impacted on my anxiety and my confidence. I feel that I need to prove the MDT team that I am capable of helping Olivia. However, I wonder whether my own anxiety about failing is affecting therapy and I am projecting some of this pressure onto Olivia. Nevertheless, I hope we are both working towards position of 'safe uncertainty' which is the most therapeutic position (Mason, 1993).

Treatment evaluation

Although, Olivia has been attending all sessions she is still ambivalent about change. Our sessions have been following a similar pattern where she would become tearful and distressed when I attempt to challenge her unhelpful eating behaviours. Due to her distress I found it difficult to progress with our sessions and feel stuck.

I think including interventions from the second stage of CBT-E would provide Olivia with a better understanding of how her beliefs and assumptions are maintaining a vicious cycle which would be containing.

Final Reflections

In our sessions I want to protect and re-assure Olivia. While listening to the session in retrospect I found myself feeling frustrated with her, I repeat myself several times and reiterate information from previous sessions. Although, I feel that our sessions are progressing slowly, as a trainee Counselling Psychologist, the uniqueness of the client and the therapeutic relationship is pivotal. Research suggests that the therapeutic relationship is one of the most important factors in determining a successful outcome of therapy (Clarkson, 1990).

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Appendix A

Anorexia nervosa (AN) has the highest death rate among psychiatric disorders (Sullivan, 1995). It is characterised by restrictive eating and obsessive fear of becoming fat. The onset is typically in early adolescence and is affecting predominantly females. Due to the severity of the disorder it has often chronic course and relapse is common (American Psychiatric Association, 1994). Based on DSM-IV diagnostic criteria ‘three features need to be present to make a diagnosis of anorexia nervosa:

1. Over-evaluation of shape and weight and their control; that is, judging self-worth largely, or even exclusively, in terms of shape and weight and the ability to control them.
2. Active maintenance of an unduly low body weight (typically defined as maintaining a body weight less than 85% of that expected or a body mass index of 17.5 or below).
3. Amenorrhea (in post-pubertal females). The value of this criterion is questionable and it is likely to be dropped in DSM-V. This is because the majority of female patients who meet the other two diagnostic criteria are also amenorrheic, and those who are not closely resemble those who are’ (Fairburn, 2008, p. 8).

Appendix B

The MDT consists of two consultant psychiatrists and junior psychiatrist who is responsible for monitoring medical risk factors. There are two Clinical Psychologists and I, a trainee Counselling Psychologist who work with clients using enhanced cognitive-behavioural therapy (CBT-E) (Fairburn, 2008). My supervisor is a Clinical Psychologist who meets with me fortnightly. Moreover, psychodynamic psychotherapist sees clients for individual psychotherapy and is also running a support group for clients who are on the waiting list for individual treatment. Lastly, there are four nurses in the team who work with clients using person centred approach. Two of the nurses are also part of the Dialectical Behavioural Therapy and one nurse is a specialist in family therapy.

Appendix C

CBT is an integration of Beck's (1970, 1976) cognitive therapy, which can modify or eliminate unwanted thoughts and beliefs, and Bandura's (1977) behaviour therapy, which helps change behaviour in response to those thoughts (Papadopoulos, Cross & Bor, 2003). The client learns how to effectively identify and challenge distorted patterns of thinking and dysfunctional behaviour while developing more balanced and healthy perspectives in life (Bor & Watts, 2006).

Appendix D

Fairburn (2008) proposed that CBT-E consist of four distinguish stages:

Stage one – allows therapist and client build relationship and establish foundations of treatment. Some of the interventions include; weekly weighing, monitoring food diaries, establishing regular eating (3 meals + 3 snacks), collaborative formulation and psychoeducation and if applicable motivational work.

Stage two – review of client progress and identify areas to work on, including additional issues to be address such as clinical perfectionism, low self-esteem, mood intolerance or interpersonal problems.

Stage three – focus on dietary restrictions, overevaluation of shape and weight, overevaluation of control over eating, being underweight or events related to changes in eating.

Stage four – focus on maintenance of changes that occurred during treatment, relapse prevention and ending.

Although, Fairburn (2008) argues that the stages can be applied flexibly, the treatment should commence with stage one.

Appendix E

I found food diary proposed by Waller et al. (2007) helpful to use while working with Olivia since it allows her to identify any risk factors of bingeing (such as skipping meals) and additionally to monitor her energy graph. She reported that recording her energy levels helps her to monitor whether she ate enough since she has difficulties recognising ‘normal’ meal portions. Please see attached food diary and handout *why is important to monitor your eating* which I also gave to Olivia.

Appendix F

Please see attached *weight maintenance food plan* which was designed by our team's dietician. Additionally, clients receive a list of different meals options since clients with ED characterised by eating routinely the same type of food.

Student's Declaration Form

Form RD10 (Decl)



Note: This form must bound into each copy of your thesis, plus a copy to be submitted to the Research & Postgraduate Office.

1. The student	
Name of student: Aleksandra Anna Pieluzek	
Degree for which thesis is submitted: Professional Doctorate in Counselling Psychology	
Title of Thesis: Men's Experience of Infidelity in Heterosexual Committed Relationships – an Interpretative Phenomenological Analysis	
I have fulfilled the minimum period of registration for MPhil (18 months FT/30 months PT)/PhD (24 months FT/36 months PT)	
I declare that all the work is my own and no work is unacknowledged or plagiarised.	
Will you require a pc and projector for the viva examination? No	
2. Concurrent registration for two or more academic awards:	
*	I declare that while registered as a student for the University's research degree, I have not been a registered student or enrolled student for another award of a UK university or other academic or professional institution.
3. Material submitted for another award:	
*	I declare that no material contained in the thesis has been used in any other submission for an academic award
4. Ethical Approval	
I declare that my research complies with UK legislation governing research (including that relating to health and safety human tissues and data protection).	
6. Supervisory Approval	
I am submitting my DProf thesis with the approval of my supervisory team.	
Signature of Student Date: 4 th April, 2014	

Professional Doctorate in Counselling Psychology
London Metropolitan University

Title of thesis: Men's experience of infidelity in heterosexual committed relationships

Candidate: Aleksandra Anna Pieluzek

External examiner: Dr. Naomi Moller, University of the West of England

Internal examiner: Dr. Angela Ioanna Loulopoulou, London Metropolitan University

This document lists the requested amendments following the examiners' feedback on 20th March, 2014. For reference purposes each amendment is clearly marked with the relevant section and a page number where it can be found in the thesis.

Point 2: The section on the epistemological stance is in my view the weakest part of the revision; for example it seems odd that the IPA approach to this topic is not referenced despite the fact that IPA is associated clearly with a particular epistemological stance. In addition this section should be more broadly referenced; for example 'social constructionism' should be explained with reference to authors that write on this topic. Note also that IPA is not really socially constructionist in stance. I think that perhaps the student did not clearly understand the 'ask' from the Examiners for this point. Might wish to look at Braun & Clarke 'Successful Qualitative Research' (p26-31).

3.2 Epistemological reflexivity p. 30.

I come from a quantitative background in psychology which dominates the field in Poland and also in the US, where I studied as an undergraduate student. However, I never questioned and critically evaluated how the positivist stance, whereby 'true knowledge' is identifiable by empirical evidence, relates to my personal philosophy. When I embarked on the Professional Doctorate in Counselling Psychology in the UK, where the emphasis is on phenomenological philosophy and a reflective practitioner approach, I started reflecting on my epistemological stance and how it influences my research. I quickly realised that the imposed positivistic outlook was somehow limited and incongruent with my own philosophy. During my studies and placements, I was exposed to various approaches – such as humanistic, cognitive behavioural, psychodynamic and systemic models – for delivering appropriate, evidence-based interventions. The knowledge of various models and their understanding of an individual, as well as the reflective practitioner stance, allowed me to

approach each client individually with their own knowledge and understanding of the world. Consequently, as a counselling psychologist, I see myself as an integrative practitioner and I am influenced by pluralistic philosophy.

Upon completion of my Professional Doctorate in Counselling Psychology, I believe that there is more than 'one knowledge' and as individuals we are not passive recipients of reality; we can actively create our own reality. Therefore, as a counselling psychology researcher, I would argue I am influenced by elements of social constructionism's philosophy, particularly that there is no 'true knowledge', but rather multiple 'knowledges' and that we actively construct the world through language and social processes. Thus, social constructionists argue that individuals understand the world through their specific social, historical, political and cultural contexts rather than through a single objective reality (Braun & Clarke, 2013). I am also interested in how individuals perceive, understand and interpret a specific phenomenon. I believe that my epistemological stance allows me to be aware of my own beliefs and biases and to understand how these may influence my perception and understanding of participants with their own understanding of the world, their experience and their knowledge. I also believe there is a constant interplay between 'nature' and 'nurture'. I believe that although our biological makeup predisposes certain personality traits, the environment influences and shapes the directions we will take in life. For example, despite being born with certain personality traits and predispositions, social norms and beliefs of how we 'ought to behave' within a given culture or gender shape our identity and how we relate to others. Therefore, when analysing the data, I was influenced by different theoretical approaches, as I do not believe there is one particular way to understand the participants.

Moreover, my epistemological stance is compatible with the analytical approach taken to the research; phenomenological methods such as interpretative phenomenological analysis (IPA) are concerned with the detailed examination of the individually lived experience and how individuals make sense of their experience. Interpretative phenomenological analysis is informed by three theories of knowledge: phenomenology (how people perceive, experience and reflect on events in their lives), hermeneutics (how individuals make sense of their experience) and idiography (understanding the phenomena from the perspective of the individual in a particular context) (Smith, Flowers & Larkin, 2009¹). Given the phenomenological underpinnings, IPA takes a critical-realist position which assumes that an

¹ For more details see the IPA section on p.33.

ultimate reality exists – yet the reality is interpreted and shaped by culture and language (Braun & Clarke, 2013). Although a critical-realist position rejects the idea of 'multiple realities', it recognises that there are different 'perspectives' on reality. Therefore, Smith et al. (2009) argue that "IPA subscribes to the social constructionism" (p. 196) in how they both take a critical stance to 'truth' and 'knowledge' in which social and cultural factors are central to the individual's experience and understanding. In other words, IPA provides an insight into individuals' understanding of their experiences in relation to their specific context – whether it is culture, language and/or society (Smith et al., 2009).

Point 6: There was evidence of additional proof reading but errors do remain – e.g. 'the' and 'a' missing at times. There is also an issue of inappropriate tense in the Discussion section (section 5.3.2 & section 5.3.4).

The thesis was professionally proofread and re-checked with additional attention to sections 5.3.2 and 5.3.3. There is no section 5.3.4 in the thesis. Please refer to the whole thesis.

PARTICIPANT 1 JACOB

MASTER THEME	SUB-THEME	PAGE, LINE #	QUOTE
1. Disclosure	Transition stage	1, 4-11 2, 34-37	<p>“at the time she was just finishing university and we’d kinda decided that we’d wait until she finished university to decide if we got married or not. And then she finished and we were like alright let’s wait until you get a job till we decide. We were kind of....at this uncertain phase where everything was nice but we were both not fully ready to go ahead and get married”</p> <p>“she’s feeling uncertain about everything [...] we need to explore before we decide to get married”</p>
	Emotional turmoil	2, 45-50 8, 213-220 10, 271-274	<p>“A big part of it was she was kind of shocked that she did it and embarrassed and not sure (inaudible 0:03:16). What really pissed me off is that they didn’t use any protection so but she was on the pill at the time but that to me was like...you know putting me at risk cos I dunno who the hell this guy is”</p> <p>“I just needed to like go through those couple of months of feeling absolutely shitty. And having friends who tried to drag me out when I just wanted to stay home and be depressed. I mean I’d say during that time I was probably like depressed in a...exhibiting signs of clinical depression in term of like you know I couldn’t get up the energy to clean up my apartment or doing my laundry just seemed like the hardest thing in the world”</p> <p>“I hate her and I never want to speak to her again and in another moment I love her and I think all people are kind of say things or feel things that can change in the twenty four hour period and so it was hard for me”</p>
	Negative self-worth	4, 99-100 9, 232-237	<p>“...maybe it’s humiliation? There’s sense of like what’s wrong?”</p> <p>“I’ve been made to feel inferior by this person who I don’t even know. And in your head you imagine this person is like everything you wish you were, he’s bigger and stronger and better in bed and makes more money and like you imagine that all so you wanna...part of it was I wanted to win”</p>

PARTICIPANT 1 JACOB

		19, 539	“not just lied to but made to feel stupid”
2. Trying to Cope	Taking time-out		
	Ruminating	5, 133-141	“massive jealousy, desire to exert your control as a man and like be there and then also this almost just like sexual curiosity or voyeurism in to it. So it was like I think a really bad cycle of me wanting to know everything for all these reasons and her not wanting to say it. And me thinking that she didn’t want to say it because it was intimate and special and she wanted them to have their own connection which made it harder”
	Action focused (Social support, distraction)	6, 158-169 7, 201-204	“Distraction was a big one. Was like trying to find ways to be distracted because that would make things better. I did like kind of hang out and flirt and you know, put myself in situations where I could feel confident that if I was single I would be okay and still meet other people so it kind of...go out with friends and you know talk to a girl at a bar and not be so quick to say like ‘my girlfriend!’ or ‘I live with my girlfriend’ or any of that. I talked to friends some but I would like...it was all very edited version. In fact I don’t think I was probably fully honest with any of my friends. And then I wrote about it too...I like...ended up writing a screenplay about that” “funnilly, I talked to one family member an aunt of mine I’m pretty close with and yeah, is good, she’d been through a lot on her own, cos she actually lost her son”

PARTICIPANT 2 OLIVER

MASTER THEME	SUB-THEME	PAGE, LINE #	QUOTE
1. Disclosure	Transition stage	2, 61-67	“I just felt feeling in my stomach, that something is wrong. Every time I called her and you know...it’s a different thing if you call a person when she’s together with her girlfriends or you know. And sometimes I was calling her and ...she was stuttering, some kind of and...and I just knew that there’s something wrong. And also you know, having cell phones [inaudible 0:05:46] when the cell phone rings in the middle of the night, you get suspicious you know”
	Emotional turmoil	3, 92-96	“at the first moment you know with the shock and the sadness that came next um... could not really describe how I felt actually. So it was like deep sadness at first, but just for a short time. And then after that, I guess, the adrenaline started rushing and I felt pretty angry. At that moment I could have smacked her – I didn’t do it but...you feel like that in those times”
	Negative self-worth	10, 329-342	“I saw my mother’s relations and I saw how they breakup, how they broke up actually. And also I saw how she...got teared down by the people she was working with. And how she got teared down by the relationships she had. She got desperate, and more desperate and more desperate. And yeah...and it was I guess at the hardest time of my life seeing my mother like this [...] And after that everything was not the same and...I did not felt the same pain I felt before”
2. Tying to Cope	Taking time-out	4, 129-132	“I told her I wanted to be alone. I don’t want to see her. Yeah. She always tried to....she sent me messages, she was calling but I did ...took off the phone or I did not read the messages, just deleted it and yeah. Want to be on my own, you know, want to make my own decision”
	Ruminating	4, 120-121 6, 189-193	“I laid in bed a lot of times just staring, doing nothing, no TV, just music, I was just thinking about it” “a lot of thoughts came to my minds so...you know, you imagine what happened exactly. With the process of cheating, so you try to imagine at the same point, you don’t want to imagine what happened exactly”
	Action focused (social support, distraction)	4, 122-125 7, 232-245	“You have to get over it or you have to do something else. I meant at the weekends because I was working during the week so I didn’t have a chance to think about it when I was working actually, so. And I did some sports to get you know, clear my head” “the only ones I was thinking about to tell were my friends

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		10, 350-352	<p>actually. And they called me and they knew that there was something wrong, so they realised actually and they asked me also for...you know to get out and talk. I just agreed and talked to them...it was pretty helpful I guess to get some sort of meaning or inspiration [inaudible 0:22:30] do. But all and all, I was making my own decisions [...] it maybe sound dumb, but I listen to lots of music. Different kind of music and I...at that time I was really listen to lyrics you know. It was not all about love songs and stuff you know, but I was listening to songs, for example Hatebreed something really hard metal. Just listen to yeah...it was like... ‘fuck you all I...you don’t get me down’ you know. I want to survive and I will survive no matter what happens’. And on the other hand I was listen to...the world is shit. The world is fucked up you, because I could live my feelings due to that”</p> <p>“I knew I did not want to be like my mother. So I guess I instinctively did the right thing. And that was moving out and telling my friends, don’t drink alcohol”</p>
3. Moving Forward	Angel the heart, devil the head (ambivalence)	<p>5, 147-156</p> <p>4, 118-119</p> <p>4, 137-140</p>	<p>“There was always the fear of it you get back, there was always the fear okay, it could happen again. And then you know, the head took over and said you don’t want to have...do you want? You don’t want to make it happen again. So it’s better for you to break up. And at the other point, I was saying, okay, it’s been three years, it was my first really long relationship and you just don’t want to throw it away you know. Because actually you had some kind of connection before so...yeah. And as it says, human doesn’t change everything within two months or something. So she was pretty much the same. Yeah but I think were the main problems. You don’t want to throw it away but on the other hand you don’t want to get hurt again” (5, 147-156).</p> <p>“The angel the heart, the devil the head or whatever. So you had to make a choice or I had to make a choice for myself”</p> <p>“the heart is the emotional part, the heart and the head for me is like it’s for your ego, you know, it’s for yourself actually and...that’s why I’m saying this is the bad part and the heart is the good part”</p>
	Identity	<p>8, 280-284</p> <p>9, 296-303</p>	<p>“I realised I always try to have a relationship going or to find a woman for...like forever you know. And at that point I realised that this won’t...this kinds of stuff won’t get me down actually. And I guess I got stronger due to this. Or I came out stronger. So actually, when I look back it was positive impact on my life”</p> <p>“I got a little bit colder you know? More cold blooded [...]</p>

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			<p>the next relationship which started right after this, at first it was just some kind of...you're getting away from the old stuff and...it was something new. It was nice, it was good and...but..I did not...it took or it ended after one year. And I could not say that I loved this girl you know, so I had my distance during this whole relation"</p>
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PARTICIPANT 3 BEN

MASTER THEME	SUB-THEME	PAGE, LINE #	QUOTE
1. Disclosure	Transition stage	1, 18-28	“I felt that something was wrong in our relationship, Ja? [...] she distanced? From mine and she couldn’t really talk about what’s happened and what’s her problems are and what the problems with me are. And so...she was...she went out with a girl...friends and worked a lot and so we don’t have any good connection at that time. So it was very hard and we were arguing very often during that time”
	Emotional turmoil	3, 68-70 10, 267-270 13, 342-350	“I was kind of shocked but I couldn’t really react because I didn’t know what to say and how to say” “I had a lot of time when I couldn’t sleep. Lots of nights, so when I was busy, I was just busy all day long, went home, eating, sleeping. Next day the same” “One day she told me that she loves me and she miss me good night and all that stuff yah. And on the next day she tried to argue with me telling me that our relationship makes no sense anymore and all the thing and that was very hard and I also feel like she doesn’t know about responsibility she has for that relationship. I think she couldn’t imagine how hard it is to keep up a relationship, a serious relationship like that”
	Negative self-worth	17, 443-447	“I’m not the only person with the problem [laughs]. That is the main thing I would say. It kind of made you feel you the odd one out and there are other people out....There are also there”
2. Tying to Cope	Taking time-out	3, 70-74	“Because I had to think about it. Think about it for some days and...and I was arguing with her a lot of course. And also...some weeks later I was looking for a talk with her, a serious talk. But it was also hard for her to talk about this”
	Ruminating	10, 261-267	“when I calmed down I was always thinking about that issues [...] what happened and how she handled that and how I was feeling about that and...and that was the main thoughts. And it also made me lot...make me angry a lot”
	Action focused (social support, distraction)	9, 236-243 10, 249-252	“Managing emotions is some...I think like men’s always do ja [...] Some kind of...man’s often do more sports yeah? Just that they go out yeah? Try to meet new people yeah? Especially new girls yeah. And just to catch some new impressions. Going out and going on vacation and all this stuff” “I worked more in the last months that I did before. I was

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		14, 372-377	<p>just saying that somebody ants-doesn't want to do that shift, I said [inaudible 0:15:21] let me do that"</p> <p>"my family helped me to find a new flat and the friends helped me...during the move to the new flat and also afterwards they supported me when I needed something and if I needed some help to build up some stuff. So I was very happy to have them. I was very good"</p>
3. Moving Forward	Angel the heart, devil the head (ambivalence)	<p>4, 97-101</p> <p>13, 335-336</p>	<p>"it was very hard for me yeah. Because I always said if were someone cheats on somebody that the relationship is over anyway. And trying to keep that up is always makes no sense for me personally, always makes no sense"</p> <p>"she left me. Because she met someone new"</p>
	Identity	18, 472-478	<p>"if I can handle my life alone. That's maybe the first and also how to live as a single in a flat. Being alone all day maybe coming home, nobodies there and how hard would that be and can I handle that? Can I handle all the issues?"</p>

PARTICIPANT 4 JOSHUA

MASTER THEME	SUB-THEME	PAGE, LINE #	QUOTE
1. Disclosure	Transition stage		
	Emotional turmoil	1, 7-11	“to be honest my feelings were mixed up. I knew that in the first place, I felt an overwhelming anger – so...in particular I remember I destroyed all our...souvenirs-remembrances, you know, like photos so...but after the anger it seemed that...traumatic experiences, traumatic feelings penetrated and...penetrated in my psychology”
	Negative self-worth	1, 12-14 4, 60-71 12, 213-215	“after the anger it...what followed was...were feelings of unworthiness, mostly unworthiness. Self-destructive, destruction feelings. So...I think it’s typical process” “I had always had let’s say appearance issues [...] body dysmorphic issues something like that. So, I remember, when the truth was revealed to me, after the anger, the overwhelming anger towards her – but what followed was an overwhelming sense of [...] making myself better, my appearance, my clothing’s, my style. The way I move in general. So...a bit of a childish reaction to something traumatic you know. Essentially I was putting the blame on me because I wasn’t good enough to keep her away from infidelity” “I collapsed. Because I couldn’t handle the fact that once more she left me for another man. Because that was the final proof in my mind that I wasn’t attractive enough or smart enough or good enough in general”
2. Tying to Cope	Taking time-out	1, 17-21	“I remember that I wasn’t answering her phones after that she, she was informed that I already knew and...but to be honest, some sort of ...codependent behaviour led me to...keep in touch with her after a couples of weeks”
	Ruminating	5, 89-91	“I couldn’t digest the fact that she betrayed me and to be honest, imagining her with other man while we were officially together it was something that was driving me crazy”
	Action focused (social support, distraction)	15, 265-268 17, 291-301	“I was totally isolated, self isolated... [...] ...at a given time things got out of hand; panic attacks were too overwhelming and too frequent” “I was used to avoid negative feelings and even negative facts and situations. So I was trying to avoid it but it was so overwhelming that finally I couldn’t...that’s the difference.

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			So no I didn't seek for any support. But...and ...to be honest I didn't believe that anyone could help me. Not because...because I was used to the behaviour of my parents when I was a child that couldn't handle mostly anything, so they showed a little sympathy for worries. And in fact they couldn't handle my words, so I was used to that negative...I was carrying in myself negative conviction that the others couldn't help me. Won't be helpful enough"
3. Moving Forward	Angel the heart, devil the head (ambivalence)	7, 112-131	"I couldn't tell her what was happening in my interior world [...] From the one part the jealousy...the sense of anger, unworthiness, the anger and from the other part...[sights] the sense that I was losing my dignity and my integrity"
	Identity	7, 116-118 10, 182-189	"Before I was never jealous and even now I'm not...I'm not jealous of my partners – generally. But...yes, I have some outbursts of jealousy with...with nothing" "I wasn't the same again in the context of that relationship. I had that jealousy outbursts and...I couldn't handle my anger and you know I was like on the one side I was really angry because she had betrayed me several times but...and on the other hand I was obviously, like an insecure child that seeks attention from his parents but the attention that he receives is never enough"

PARTICIPANT 5 MAX

MASTER THEME	SUB-THEME	PAGE, LINE #	QUOTE
1. Disclosure	Transition stage	1, 10-13	“I saw her every three weeks, something like this. I was living in Switzerland back then and she in Austria. So we didn’t see each other much”
	Emotional turmoil	4, 92-94 6, 133-139 8, 187-190	“It was actually at that time was....was...first of all it was the shock [inaudible 0:06:44] Since it was a woman, she was cheating on me” “I don’t know he reason I couldn’t handle it on the phone on the moment that I actually – I was angry at my girlfriend, let’s call her girlfriend for this? The problem was all these aggression thoughts – it wasn’t aggressive phone call but it was...I don’t know [inaudible 0:10:34] it was probably that she thoughts about this woman” “I feel very [inaudible 0:14:52] and very angry. Certain days I can wake up and would actually...off the table. Just fluids”
	Negative self-worth		
2. Tying to Cope	Taking time-out	25, 520-526	“I don’t think it’s very productive if we were sitting together in a room for a week. Even though she would have explained herself completely clearly, I don’t think I would have been able to cope in her presence with the whole story. So I think it’s good after something like this comes out to have some kind of distance, give yourself the time, which you, which maybe you don’t want to take but you should take it, for everyone you should take it”
	Ruminating	5, 120-129	“how does someone get jealous? Or where is the core of jealousy that’s nourishing? I think it’s the imagination of someone. It’s when imagination kicks in and then someone will start picturing how everything works out. And they probably had a...good time or that might have been something very special. In this case it was more...is was this category but it basically the thing that disturbed me the most was obviously was the thoughts of what actually had happened”
	Action focused (social support, distraction)	29, 596-602	“maybe I talk to one of my best friends, just explain the situation but it wasn’t really asking for advice. I don’t...no it’s... [inaudible 0:48:48]. And it was losing it, so just telling it to someone. But it wasn’t, and actually I told it the friend I was in the theatre with that night. But I wasn’t really looking for advice because i mean what’s the advice that I

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			could have expected?"
3. Moving Forward	Angel the heart, devil the head (ambivalence)	25, 508-51	"I think it was just about keeping it up or not keeping it up and this was basic question of breaking up or no breaking up because, I mean it's also one of the classical millets. Because it's for lived or because it's told that usually when someone cheats on someone then you have to break up. It's of the best not breaking up and then...I got distance to this act on her. Every day it diminished and then you ask yourself what's the impact on our relationship...none, and then you end up somewhere in the point where you just...trying to get back on the basis and we saw each other"
	Identity	6, 151-159	"I didn't see her as...as endangering my relationship when with her. But at the same time it was somehow...very...not very consistent. Because without her it wouldn't have been a problem but with her especially, it I think like somehow she...there was a lot of loss of confidence. Is it confidence? In the relationship because it was her. Which probably was not fair, because it was just, because I didn't like her"

PARTICIPANT 6 NOAH

MASTER THEME	SUB-THEME	PAGE, LINE #	QUOTE
1. Disclosure	Transition stage	1, 11-26	“we start living in the same city and then she moved to another one [...] the last couple of months we were ... just ...travelling between cities and we see each other around the weekends. Yeah. And ... one day after the ... one day I came to her city at the weekend, and in the first part we had some kind of fight, about nothing you know, it wasn't important; something very small. And then she started running in different direction and when I come back to her home [...] and then she came and said that she can't stand the situation and she's alone and she needs somebody all the time”
	Emotional turmoil	7, 104-107 7, 117-118	“A very strange thing...I wasn't mad...it wasn't that...I was very sad. It wasn't you know, the most important thing, that you have affair, it wasn't impossible for me to handle it at this time” “it was hard for me, I was in shock because it was you know, [inaudible 0:12:46] shocked. Betrayed”
	Negative self-worth		
2. Tying to Cope	Taking time-out	2, 30-38	“And we broke up, I don't know why, now I think it's you know, we can talk about it, and do something with it. Because I understand her feelings and said you know, she was alone with no man, without parents, new city. And...two days later we talk on the phone and we decide to come back to each. To find a way to move [inaudible 0:03:40] find a way how to...what we can do with this situation and we [inaudible 0:03:50] we can met for a couple of days”
	Ruminating	9, 143-148	“after a year I had some I tried some...I tried to contact her, to talk to her through her friends, some buddies...but yeah it feels terrible, because it's a couple of years ago, so...I don't...it's a hard to...to remember everything. I have some kind of power. I think that it's love and I can...I must wait”
	Action focused (social support, distraction)	11, 173-176	“I had big support from my friends and you know, they like her very much but she...hurt all these people in my city and I could talk with them”
3. Moving Forward	Angel the heart, devil the head (ambivalence)	8, 118-122	“we are not breaking? [...] Breaking up? Yeah. That was a big shock in my head. This really means I was shocked. And...that was the main thing, no? Not that fight, you

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			know”
	Identity	4, 58-62	“now I have ...I have this problem with friends of my girlfriends. I realise some kind of model you know? Some...a special time with the friends, I don’t like friends of my girlfriends. Male friends, type...you know...I think it’s some kind of model of this guy”
		8, 124-131	“it was very, very important moment in my life and it makes me how...I am. Because I am very jealous and I have a very big problem with [...] trust with her. Not only in this relationship but to trust people”