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POSTTRAUMATIC GROWTH IN RELATIONALLY BETRAYED WOMEN

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The research literature on relational betrayal in a committed relationship has focused on the resulting trauma from the betrayal; however, few studies investigated the potential for posttraumatic growth following a relational betrayal. This study investigated the presence of posttraumatic growth in relationally betrayed women. The research focused on women's perceptions of the relational betrayal, and factors that facilitated posttraumatic growth. Results indicated relationally betrayed women perceived the betrayal as a traumatic event, to the extent that some met criteria for PTSD diagnosis. The passage of time was significant corollary to posttraumatic growth when moderated by a PTSD diagnosis. Finally, certain resources were reported to be more helpful than others in the development of posttraumatic growth. Clinical implications are presented.

Marriage and family therapists are increasingly confronted with issues of relational betrayal. Relational betrayal is often a catalyst for couples to seek counseling from a marriage and family therapist as they attempt to navigate the thoughts and feelings related to the relational betrayal. The definition of relational betrayal (sometimes referred to as infidelity) includes both physical and/or emotional factors. Any violation of an expectation for emotional and/or physical (sexual) exclusivity with one's partner is called a relational betrayal (Whisman & Wagers, 2005). Although relational betrayal is present in all types of partnerships (e.g., gay, lesbian, heterosexual), this paper focuses on the experiences of women who were betrayed in a committed, heterosexual relationship.

Many women describe their relational betrayal as a significant traumatic event. Whisman and Wagers (2005) stated "women who had experienced either their husbands' infidelity, or threats of marital dissolution were six times more likely to be diagnosed with a major depressive episode . . . and were also more likely to report elevated symptoms of nonspecific depression and anxiety" (p. 1,389). Gordon and Baucom (1999) used the term "interpersonal trauma" (p.382) to capture the significant impact relational betrayal may have on the betrayed partner.

Historically, women who experienced a relational betrayal could not meet diagnostic criteria for posttraumatic stress disorder (PTSD) due to restrictions in the definition of PTSD; however, the trauma field has expanded the conceptualization of PTSD. In response to several research studies (Friedman, Resick, Bryant, & Brewin, 2011) the most recent edition of the Diagnostic and Statistical Manual (5th ed.) altered Criterion A, which previously required individuals to have a life threatening event in their history. The new criteria now reads:

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A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

Few alterations were made to the remaining PTSD criteria other than to divide them into more specific clusters (e.g., intrusion, avoidance, negative mood/cognitions, heightened arousal, etc.) (American Psychiatric Association, 2013).

Using similar criteria to those now included in the DSM-5, Özgun's (2010) found that 34.4% of women who experienced extramarital infidelity met criteria for PTSD. Similarly, Steffens and Rennie (2006) reported 69.6% of wives of sex addicts who had discovered their husbands' infidelities, met the updated criteria for PTSD. This finding was important since other researchers such as Janoff-Bulman (1992) reported when people were victimized by a traumatic event, there was a significant relationship between levels of posttraumatic stress and a subjects' cognitive beliefs about themselves and their world. That is, the more the individual developed negative core beliefs following the betrayal, the higher the levels of posttraumatic stress they experienced. Emotional distress was exacerbated when a victim continued to process the trauma in an effort to mentally resolve it. Research further suggests (Cann et al., 2010; Tedeschi & Calhoun, 2004) that trauma which challenges one's assumption of the world (e.g., broad set of beliefs about self, others, and expectations of the world) are particularly problematic and create higher levels of distress.

Tedeschi and Calhoun (1996) suggested that traumatic life events may lead to positive outcomes, including improvement in relational and emotional health. The concept that trauma may result in positive outcomes is referred to in the literature as "posttraumatic growth" (Sheikh, 2008; Tedeschi & Calhoun, 2004). The construct of posttraumatic growth is not new. Sheikh (2008) suggested the potential for transcending suffering, and transforming it into a resource for growth and meaning, stems from long-standing religious and philosophical thoughts.

Tedeschi and Calhoun (2004) described posttraumatic growth as an increased appreciation of life, development of more meaningful relationships, increased sense of inner-strength, healthier shifts in priorities, and a deeper sense of spirituality and other existential factors following the trauma. The authors also theorized that posttraumatic growth is a process which occurs over a long period of time and impacts an individual's self-awareness and core beliefs. "We believe that it is not the trauma itself that is responsible for growth as much as what happens in the aftermath of trauma" (Tedeschi & Calhoun, 2004, p. 7). Vis and Boynton (2008) stated that survivors who experience significant trauma must go through a period of re-interpreting and re-framing their cognitive beliefs about themselves and the world to experience posttraumatic growth. Furthermore, research suggested that the greater the disruption in one's core beliefs caused by the trauma, the greater the potential for posttraumatic growth (Cann et al., 2010). It is important to note that theorists who research posttraumatic growth emphasize that posttraumatic growth and distress coexist; one does not negate the other.

Heintzelman, Murdock, Krycak, and Seay (2014) studied 587 people who were still in relationships with their partner in which sexual infidelity had occurred at least 6 months prior. They examined interpersonal factors that impacted healing from relational betrayal such as: differentiation of self, trauma, forgiveness, and posttraumatic growth. In their study, they found that differentiation of self was positively related to forgiveness levels and moderated the relationship between trauma and forgiveness. However, the only significant predictor of posttraumatic growth was forgiveness. This is consistent with the hypothesis of the trauma-based model of forgiveness,

which conceptualizes recovery from infidelity as similar to the recovery process of an interpersonal trauma. An additional factor that researchers have found to increase the possibility of posttraumatic growth is the reliance on using various resources (e.g., social supports, spirituality, etc.) to assist in managing the period following the trauma (Baucom, Gordon, Snyder, Atkins, & Christensen, 2006; Gordon & Baucom, 1998). These resources have been found to have a significant impact on how the trauma is perceived, and may ultimately contribute to the development of posttraumatic growth rather than posttraumatic stress (e.g., Manning & Watson, 2008; Shaw, Joseph, & Linley, 2005).

Finally, Tedeschi and Calhoun (1996) distinguish between resilience and posttraumatic growth, citing the fact that resilience focuses on coping with adversity and returning to a baseline of functioning, but does not acknowledge the potential for growth beyond that baseline. This distinction was further supported by Levine, Laufer, Stein, Hamama-Raz, and Solomon (2009) who concluded that there was an empirically inverse relationship between resilience and posttraumatic growth. Individuals who demonstrate high potential for resilience appear to be unlikely to grow beyond their initial baseline and demonstrate little posttraumatic growth. However, Walsh (2003) introduced the concept of family resilience theory which involves the "potential for recovery, repair, and growth in families facing serious life challenges." While Tedeschi and Calhoun see individual resilience different than posttraumatic growth, Walsh's concept of family resilience appears to parallel many of the processes that propels people toward growth. Examples include: making meaning of diversity, transcendence and spirituality, and connectedness/relationships with others.

Building on the extant literature regarding trauma, relational betrayal, and posttraumatic growth, this study examined factors that may contribute to the development of posttraumatic growth in women who experienced relational betrayal as part of their committed relationship. The purpose of this study was to investigate the presence of posttraumatic growth in relationally betrayed women. Furthermore, the study focused on the following research questions:

1. Do women who experience a relational betrayal perceive it as a traumatic life event?
2. For those women who report trauma symptoms as a result of a relational betrayal, are there indications of posttraumatic growth?
3. Does the passage of time play a role in the development of posttraumatic growth, and specifically does the presence of PTSD moderate this relationship?
4. If posttraumatic growth does occur, what resources do women identify as helpful in promoting such growth?

METHODOLOGY

Procedures

Subjects were recruited to voluntarily participate through convenience sampling. To participate in this study, subjects met the following inclusion criteria: (a) female, (b) over the age of 18, and (c) reported a relational betrayal in their current committed/romantic relationship. Subjects were asked to complete an online survey via the website SurveyMonkey, where data were securely collected and stored. Several sampling methods were employed including the use of e-mail lists and placing a link to the survey on various webpages (e.g., Faithful and True, Society for the Advancement of Sexual Health, and Internet Behavior Consulting, etc.). In addition, helping professionals (e.g., counselors, psychologists, pastors, etc.) placed postcards with information regarding the study in public areas (e.g., waiting rooms, lobbies, etc.) to invite potential subjects to participate in the study. Finally, postcards were distributed at speaking engagements, professional conferences, churches, and universities, which directed potential subjects to the online survey. All research protocols were approved by the Duquesne University Institutional Review Board for the protection of human subjects.

A total of 280 individuals responded to the online survey; however, once data were cleaned (e.g., removing male subjects, females who had not experienced relational betrayal, incomplete surveys, subjects under the age of 18) the usable sample was 202 adult females. While recruitment of

subjects did not specifically aim to exclude lesbian couples, all respondents were heterosexual females. The software package G*Power® was used to calculate the necessary sample size for statistically valid results. The determined sample size for the statistics applied to the data, based on a moderate effect size, was 75 subjects ($\rho = .30$; $\alpha = .05$; power = 0.85). Given the sample size in this study ($n = 202$) the established threshold has been exceeded and the correlations conducted are statistically interpretable.

Instruments

Relational betrayal survey. A 31-item survey was developed to gather basic information regarding the subjects. Items included basic data such as age, gender, educational level, religion, etc. In addition, multiple open-ended questions regarding the type of relational betrayal experienced, and questions regarding the consequences of the betrayal were also included as a way to gather subjects' perceptions of the betrayal and their responses. Finally, subjects indicated resources used to assist following the betrayal, and the helpfulness of each resource. Examples of some of these questions include:

1. How have you been impacted by relational betrayal?
2. What resources did you use to help you cope with the relational betrayal?
3. What advice did you receive that was helpful/not helpful in the first few weeks following the discovery of your relational betrayal?

Posttraumatic growth inventory. The Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996), measures positive growth experiences reported by subjects who survived a traumatic event. The measure includes 21 Likert-type items rated on a 6-point scale, with several subscales including: (a) new possibilities, (b) relating to others, (c) personal strength, (d) spiritual change, and (e) appreciation of life. In developing their measure, Tedeschi and Calhoun (1996) established the factor structure comprising these subscales via exploratory factor analysis, which they further validated through confirmatory factor analyses. The resulting subscales had alpha levels ranging from $\alpha = .67$ to $\alpha = .85$ and test-retest coefficients of $r = .65$ to $r = .74$. The PTGI helps determine how successful individuals have been at restructuring and/or strengthening their perceptions of self, others, and the meaning of events after experiencing a traumatic life event. In this study, internal consistency measures ranged from $\alpha = .70$ to $\alpha = .92$ on the PTGI subscales, and $\alpha = .95$ for the total PTGI score. The PTGI helps determine how successful individuals have been at restructuring and/or strengthening their perceptions of self, others, and the meaning of events after experiencing a traumatic life event. In this study, internal consistency measures ranged from 0.70 to 0.92 on the PTGI subscales, and 0.95 for the total PTGI score. Permission was granted by the instrument authors to use the PTGI in this study.

Core beliefs inventory. The Core Beliefs Inventory (CBI; Cann et al., 2010) measures an individual's core belief system and the level of disruption to one's core beliefs following a traumatic life event. In previous validation work on the measure, the CBI has demonstrated adequate internal consistency ($\alpha = .82$) and test-retest reliability ($r = .69$), as well as concurrent validity via significant correlations with measures of anxiety, stress, and coping (Cann et al., 2010). In this study, the CBI scale score was computed by taking the unweighted average of the nine items of the scale. As with previous work, the measure demonstrated adequate internal consistency ($\alpha = .83$). Permission was granted by the instrument authors to use the CBI in this study.

Trauma symptomology. When designing the survey, the authors' original goal was to assess the possible development of traumatic symptoms experienced from relational betrayal. Utilizing the symptom checklist created as part of the survey, it was determined if subjects met the criteria for PTSD in the DSM-5. All subjects were assumed to have met criterion A.4 since the researchers operational definition of relational betrayal was expected to include "repeated or extreme exposure to aversive details of the traumatic event(s)." Subjects were then divided into two groups—those who met criteria for PTSD and those who did not. These groups were then used to conduct Pearson Product-Moment correlation coefficients and *t*-tests.

RESULTS

Data were analyzed using IBM Statistical Package for the Social Sciences (v.22). Initial analyses included descriptive statistics to assist in describing the sample. In addition, Pearson Product-Moment correlation coefficients and *t*-tests were used to examine the posed research questions. Finally, a regression analysis was conducted to determine if time was a moderating variable for those who could be diagnosed with Posttraumatic Stress Disorder and their measured levels of posttraumatic growth.

Demographics

Table 1 provides information regarding the demographics of the subjects included in this study. The table provides an overall summary of all subjects, as well as a breakdown of subjects by those who met the criteria for posttraumatic stress disorder versus those who did not. All subjects were heterosexual females (males were excluded from the analyses) with a median age range of 41–50 years old. Overall, the sample was primarily Caucasian (95%) with a relatively high family income (median range = $100,000–$200,000), and generally highly educated (66.2% with a bachelor's degree or above). The overall sample cited religion as most/very important in their life (88.5%). Religious affiliation was an open-ended question, to which the vast majority of the sample indicated they were Christian (90%). Most women reported being in their first (73.1%) or second marriage (17.3%), with the average length of marriage being 20 years, with a range from 1 to 48 years. All the subjects responded to the survey/instruments regarding their current relationship in which they were relationally betrayed. There was a fairly even distribution among the time since discovery of the relational betrayal based on the following grouped responses: less than 1 year (16.4%), 1–5 years (38.8%), 5–10 years (21.9%), and 10+ years (22.9%). Lapsed time since the betrayal was not asked, since the index measure should be considered the time since the discovery and not when the betrayal actually occurred. In addition, information regarding the ultimate outcome of the relational betrayal (e.g., divorce, separation, remaining together, etc.) was not gathered as part of this research project.

Relational Betrayal as Trauma

To investigate the degree to which women experience relational betrayal as traumatic, self-report data were gathered using a 5-point Likert-type scale. The vast majority (96%) of women reported experiencing their relational betrayal as at least a "very traumatic event" in their lives. Specifically, 56.7% of the women reported the betrayal as "the most traumatic event in my life," followed by 31.8% "extremely traumatic," 7.45% "very traumatic," and 4% as either "somewhat" or "not very" traumatic. Examples of the types of betrayal reported by subjects ranged from: masturbation, fantasy, pornography, massage, sharing nude photos, sexting, emotional and sexual affairs, strip clubs, prostitution, dating websites, phone sex, voyeurism, and exhibitionism.

To examine the ways in which subjects experienced their relational betrayal, individual items on the survey asked about the subject's perception of the relational betrayal. Of the eight total items included on the checklist, five of the items were endorsed by at least 20% of subjects or more:

I can never trust my partner/husband again (67.8%)
My relationship is ruined (52.5%)
I will never recover emotionally from the pain and devastation of the betrayal (49.0%)
Nothing good can come out of this adversity (25.3%)
My life is ruined (23.8%)

To further examine the severity, intensity, and experiences of the relational betrayal, subjects' responses were used to determine if they met the criteria for PTSD (DSM-5). It was found that 60.89% (n = 123) of the sample met the DSM-5 criteria for PTSD.

Posttraumatic Growth

Overall, the vast majority of respondents reported at least some degree of posttraumatic growth. Specifically, for each of the five subscales, 80% or more of participants reported posttraumatic stress resulted in at least *some degree* of posttraumatic growth in their life (Personal Strength

Table 1
Demographic Variables by Group

Variable	Posttraumatic stress disorder (n = 123)	Non-posttraumatic stress disorder (n = 79)	Total sample (n = 202)
Sex			
Female	61%	39%	100%
Male	0%	0%	0
Age			
21–30 years	7%	8%	7%
31–40 years	26%	25%	26%
41–50 years	34%	24%	30%
51–60 years	28%	28%	28%
61–70 years	5%	15%	9%
Relationship			
1st marriage	70%	78%	73%
2nd marriage	20%	13%	17%
Single in relationship	3%	0%	2%
Other	7%	9%	8%
Ethnicity			
Caucasian	93%	96%	94%
African American	2%	0%	1%
Asian	2%	0%	1%
Hispanic	2%	3%	3%
Other	1%	1%	1%
Education			
Less than High School	0%	1%	0%
High School Diploma	20%	15%	15%
Some College	16%	14%	19%
Bachelor's Degree	38%	39%	38%
Graduate	26%	30%	28%
Occupation			
Student	4%	1%	3%
Part-Time Employed	12%	15%	13%
Full-Time Employed	38%	31%	36%
Stay at Home	27%	33%	29%
Other	19%	19%	19%
Income			
<$20k	2%	1%	2%
$20k–$60k	25%	8%	18%
$60k–$100k	27%	33%	30%
$100k–$200k	28%	47%	36%
$200k+	17%	10%	14%

88.7%, Spiritual Change 87.0%, Relating to Others 86.2%, Appreciation of Life 85.3% and New Possibilities 83.5%). These percentages represent those subjects who scored greater than zero on the PTGI subscale scores, indicating they had at least some posttraumatic growth in that particular area.

The top five individual items from the Posttraumatic Growth Inventory based on the subjects' frequency of endorsement of having a "great" or "very great" degree of change included:

"I have more compassion for others" (62.4%)

"I know better that I can handle difficulties" (61.9%)

"I have a stronger religious faith" (60.9%)

"I discovered that I'm stronger than I thought I was" (59.9%)

"I have a better understanding of spiritual matters" (56.4%)

There was no significant difference in Posttraumatic Growth Inventory scores between those who met the PTSD criteria ($M = 3.02$, $SD = 1.17$) and those who did not ($M = 2.97$, $SD = 1.06$) $t(200) = 0.30$, $p = .76$. However, it was found that posttraumatic growth was significantly and positively correlated with disruption in core beliefs ($r = .42$; $p < .001$). Moreover, it was found that Core Belief Inventory (CBI) scores were higher for those who met the PTSD criteria ($M = 3.63$, $SD = 0.88$) as compared to those who did not ($M = 3.01$, $SD = 1.10$) $t(200) = 4.40$, $p < .001$.

Role of Time in Posttraumatic Growth

Correlations between the passage of time since the betrayal and posttraumatic growth showed a statistically significant, albeit relatively weak relationship ($r = .14$; $p \leq .05$). That is, posttraumatic growth was typically found to be more common for those who were further removed in time from the betrayal. Although the correlation was weak, Cohen (1988) suggested that correlations between .10 and .30 are "small, but meaningful."

To evaluate the research questions related to the passage of time and the development of posttraumatic growth, analyses were conducted to determine if the presence of PTSD moderates the relationship between time since the discovery of the betrayal and posttraumatic growth (See Table 2). After following Baron and Kenny's (1986) recommended steps for statistically testing for moderation (i.e., including the interaction term between time postbetrayal and PTSD in a regression model predicting PTG), we found evidence for a moderation effect (i.e., the addition of the interaction term explained a significant increase in variance explained in PGI scores: $\Delta R^2 = .04$, $F(1, 197) = 7.67$, $p = .006$). For those who met the PTSD criteria, time postbetrayal significantly predicted PTGI scores ($\beta = .27$, $t(121) = 3.12$, $p = .002$); for those who did not meet the PTSD criteria, the relationship between time postbetrayal and PTGI scores was not significant ($\beta = -.13$, $t(76) = -1.15$, $p = .25$).

Resources Promoting Posttraumatic Growth

This study also examined the resources subjects reported as helpful in their recovery from the relational betrayal, with the assumption that the use of resources likely contributed to the development of posttraumatic growth.

Table 2
Regression Analysis for Posttraumatic Stress Disorder as a Moderator of the Relationship between Time since Betrayal and Posttraumatic Growth

Variable	*B*	*SE*	β
Time since betrayal	−.14	0.13	−.13
Posttraumatic stress disorder	−1.08	0.43	−.47*
Posttraumatic stress disorder × Time since betrayal	.45	0.16	.60*
Adjusted R^2			.04
F			3.86*

Note: *$p \leq .05$.

After the discovery of the betrayal, 55% of subjects reported seeking help within the first month, 15% within the first 6 months, and 29% waited until after 6 months to seek help (n = 184). Of those subjects who sought help (n = 197), 50% reported they spoke to a family member or friend first, 31% initially spoke with a mental health professional, 16% with a clergy member, and 3% with medical personnel (physician or nurse). Subjects were asked to rate how hurtful or helpful the professional was on a scale from one to six. Of those who used the respective professionals, subjects identified therapists (counselors, psychologists, marriage and family therapists) as the highest rated (M = 4.60; n = 159), followed by psychiatrists (M = 4.14; n = 21). The least helpful professionals identified, by those who used them, were clergy members (M = 3.57; n = 104) and medical personnel (M = 3.60; n = 70).

When asked which resources/activities were most helpful during the healing process, 72% of subjects who utilized individual therapy named it as one of their top four most important resources, whereas 49.5% of those who engaged in couple's therapy included it among their top four. Furthermore, for those subjects who said their partner provided a full disclosure of their relational betrayal, 50% identified it as one of the most important activities for their healing. Other resources/activities that ranked highly among subjects as being useful to their recovery included: the use of psychoeducational materials (47%), forgiving their partner (44%), attending support groups (40.5%), and participating in intensive multi-day treatment (29%).

Subjects were also asked to indicate the least helpful *advice* received within the first few months after disclosing the relational betrayal to others. Participants could also endorse more than one of the listed statements. The statement "You need to forgive him and forget the past" was ranked by 34% of subjects as the least helpful, which was the most frequently endorsed item. Other advice in the top five least helpful statements included: "Leave your partner" (31%); "He will never change" (30%); "Pornography is not considered betrayal" (24%); "You just need to get over this and everything will be fine" (22%); and "If you had been more sexually available, he would not have betrayed you" (17%).

DISCUSSION AND IMPLICATIONS

The discussion and implications of the findings in this study can be divided into four areas: (a) relational betrayal as trauma, (b) posttraumatic growth, (c) time as a factor in posttraumatic growth, and (d) resources for promoting posttraumatic growth.

Relational Betrayal as Trauma

The results of this study indicated a large majority of the sample perceived the relational betrayal as "very traumatic," and more than half the subjects met DSM-5 criteria for PTSD. Regardless of the specific type of relational betrayal reported (e.g., masturbation, using pornography, affairs, etc.) it is the perceived impact of this behavior that should be addressed in counseling. It is important for clinicians to remember that even with the best intentions, "off-the-cuff" comments are often perceived by relationally betrayed women as unhelpful and damaging. Subjects in this study cited specific comments from professionals that were unhelpful (e.g., "forgive him and forget the past," "leave your partner," "he will never change," and "pornography is not considered betrayal"). Professionals working with relationally betrayed women should remember it is just as important to know what *not* to say as it is to know what *to* say to a client who feels relationally betrayed, as well as, not to impose personal value judgments on the client and/or their partner. Unhelpful advice and labels (e.g., co-addict, co-dependent) can create a second layer of trauma and prevent a client from continuing in therapy.

Results of this study indicated that over 60% of the participants met the criteria for PTSD; therefore, it is important for clinicians who are counseling relationally betrayed women to consider treatment modalities that may be helpful for PTSD such as eye movement desensitization reprocessing (EMDR) (Shapiro,2001), cognitive behavioral therapies (Young & Klosko, 2006), and medications (Van Etten & Taylor, 1998). For those who are struggling with posttraumatic stress symptoms, clinicians may also wish explore previous traumatic life events that may have influenced or exacerbated current symptoms of trauma and PTSD. Treatment will be most effective for

relationally betrayed women when considered in the context of their psycho-social-sexual history, and not simply focused on the betrayal itself.

Posttraumatic Growth

The results of this study underscored that transformation and growth following relational betrayal is not only possible, but likely. The majority of women in this study reported experiencing posttraumatic growth both in terms of all five of the dimensions of posttraumatic growth captured on the Posttraumatic Growth Inventory (new possibilities, relating to others, personal strength, spiritual change, appreciation of life), and through the endorsement of self-descriptive statements regarding growth. These findings suggest that even in the most traumatic of betrayal situations, clinicians can provide hope that posttraumatic growth is possible.

Clinicians can foster the process of posttraumatic growth by introducing the concept and engaging in discussions and interventions to assist clients in moving toward posttraumatic growth, while not minimizing the distress of the trauma. For example, defining posttraumatic growth for the client does not mean that their pain from the betrayal disappears. Concepts such as "the ampersand (&) symbol" as part of their recovery process may be useful. This simply means that "two things may be true at the same time." In this situation, one might say to the client that they may still experience the hurt from the betrayal AND continue to develop aspects toward posttraumatic growth. The timing of such interventions and the introduction to the concept of posttraumatic growth should be carefully considered. If introduced too early, clients may perceive it as minimizing their emotional pain and distress; if introduced too late, clients may feel "stuck" in the relational betrayal and find it difficult to move beyond it.

In the context of posttraumatic growth theory (Tedeschi & Calhoun, 1996, 2004), this study provided support that the more individuals viewed their experience of relational betrayal as a significant trauma, the greater they also experienced a disruption in core beliefs, and this disruption was positively correlated with measures of posttraumatic growth. This research study also examined the relationship between one's core belief system and the development of posttraumatic growth. Results in this study provided preliminary evidence that those individuals who experienced greater disruption in their core beliefs, also demonstrated the greatest likelihood of experiencing posttraumatic growth.

Given these results, clinicians should focus on identifying, exploring, and reevaluating a client's core beliefs as key treatment strategies when working with women who have been relationally betrayed. Examples of core beliefs that could be explored include "It was all my fault," "I don't deserve a relationship," or "The betrayal is because I'm a bad person." Techniques borrowed from the fields of cognitive behavioral therapy and schema therapy may be helpful in accomplishing this therapeutic task since these therapies focus on one's belief system and how it may be altered to provide a greater sense of health and wellbeing (Young & Klosko, 2006). Questions to explore the cognitions/affect related to these issues may include: "How has the relational betrayal impacted your belief about your worth or value to your partner?" or "Do you blame yourself for your partner's betrayal?" In addition, interventions such as EMDR may also be effective as it can help individuals address faulty core beliefs and negative cognitions that result from a traumatic event (Shapiro, 2001; Van Etten & Taylor, 1998). Narrative therapy may also be useful in helping relationally betrayed women reframing or rewriting their core belief system into a healthier narrative (Payne, 2006).

Manning and Watson (2008) believe that group therapy is a useful therapeutic modality in both promoting posttraumatic growth and confronting negative core beliefs. Groups allow a client who has been relationally betrayed to see others who are further along in the healing process, which can provide direction for the process as well as hope. Groups also provide an opportunity for clients to recognize their own progress toward posttraumatic growth as they help newer group members. For posttraumatic growth to occur, women who have been relationally betrayed need to feel safe. Group environments can provide a safe community of other women who have experienced similar relational betrayal. The group format supports betrayed women's need for community, to relieve isolation, and to promote learning. This also allows for reframing negative factors into more positive ones, thereby affecting the cognitions and feelings associated with the betrayal event (Sheikh, 2008). Peers who can address the process of posttraumatic growth are often the

most effective in gently confronting the shattered core beliefs and assisting newer group member with understanding the process and development of posttraumatic growth.

Finally, it is important for clinicians to read and understand the research related to posttraumatic growth. Posttraumatic growth requires both the client and the clinician to broaden their context about pain to consider the transformative process that is often the result of trauma and suffering.

Time as a Factor of Posttraumatic Growth

The relationship between the passage of time and improvement in trauma reaction is not surprising, since typically the passage of time tends to reduce negative reactions. Such a result may be accounted for by statistical regression toward the mean. However, the more surprising results was the moderating effect of the severity of the trauma and the passage of time. Results indicated that women who met diagnostic criteria for posttraumatic stress disorder (PTSD), the passage of time was a significant factor in the development of posttraumatic growth following a relational betrayal. These results suggest that although highly traumatized clients may fare worse immediately following the relational betrayal, with time they are more likely to experience greater posttraumatic growth as compared to those who did not perceive the betrayal as traumatizing. These results cannot be explained by statistical regression toward the mean.

These results are important for clinicians who work with relationally betrayed women since it is important to remember that many clients will need ample time to process their emotions and experiences following the betrayal. This creates a delicate balancing act for clinicians, since it is important to neither rush a client through their own experience, nor allow them to remain paralyzed by the relational betrayal. As was previously mentioned, trauma is not an unlikely reaction to a relational betrayal; however, results indicated that such trauma can be mitigated by time. Since findings in this study indicated that time is an important factor in developing posttraumatic growth, clinicians should caution clients about making important life decisions (e.g., divorce, moving residences, changing jobs, etc.) in the early stages of the treatment process until the initial shock of the trauma is addressed. It is not unusual for clients to leave treatment when their emotional pain is not alleviated quickly; however, the results from this study can be used to encourage clients to stay engaged in treatment, since it appears that persistence in treatment provides the best hope for developing posttraumatic growth.

Finally, results from this research may be useful to convey to the partner who betrayed the relationship. Often this partner has expectations that their betrayed partner should move on quickly and begin rebuilding trust in the relationship. It would be important for them to understand the intensity of trauma and the importance of time in the healing process.

Resources for Promoting Posttraumatic Growth

As previously mentioned clinicians must acknowledge the relational betrayal as a traumatic event, understand that posttraumatic growth is possible and likely, and realize the importance of time in the healing process. Further, it is important for clinicians to recognize the resources that women report as being most helpful during their postbetrayal recovery. First, it was noticeable that while half the women sought help almost immediately after the betrayal, a significant percentage (29%) waited 6 months or more. While this research did not specifically ask about the reason why some women waited to seek services and others did not, it could be hypothesized that some women were embarrassed or ashamed about the betrayal, did not recognize the impact the trauma was having on their lives, thought they could handle the betrayal, or simply did not know where to turn following the betrayal. When women did seek help, half indicated that they first discussed the matter with their family, possibly underscoring the thought that they were unsure of the possible professional resources that existed, or how efficacious they would likely be. As such, it is important for helping professionals to be proactive in communicating and educating women in various community settings regarding the resources available should a relational betrayal occur.

In this research, more than half the women identified individual and couples therapy as being particularly helpful following the relational betrayal. If couples wish to remain in the relationship, there is an artful balance of using both individual and couples counseling. One example includes the issue of an intentional separation (either in-house or out-of-the-house) which is often

negotiated during the early phases of treatment and requires a combination of individual and couples therapy to successfully navigate this intervention.

One of the activities during couples counseling that women reported being particularly helpful was the process of a full disclosure by their partner under the supervision of a clinician trained in the disclosure process. The purpose of full disclosure is to reveal the whole truth about a sexual and emotional betrayal so that a new foundation of truth-telling can be established for the relationship. Trust-building occurs when information that has been hidden or distorted is voluntarily offered to the betrayed partner. The betrayed partner often keeps seeking information and asking questions to fill in some of the 'puzzle pieces' of reality, but this does not constructively contribute to trust-building since she will always wonder if there is more undiscovered deception or if she has asked the right questions to ascertain the whole truth.

The process of full disclosure is complex and requires education on how best to approach these delicate situations. While disclosure is often uncomfortable for both the clients and the clinicians, it is an important part of the treatment process for both partners and their relationship. There are several professional resources that can help clinicians develop the skills necessary to facilitate a full disclosure at the appropriate time (Laaser, 2008; Schneider & Corley, 2012).

It is important to note that 47% of women in this study indicated that psychoeducational material was helpful. Interventions such as bibliotherapy, webliotherapy, and other instructive information about relationships, betrayal, trauma, core beliefs, etc., should be considered as an adjunct to the use of other resources.

It appears that the therapeutic journey of relationally betrayed women involves numerous resources; therefore, it would be important for clinicians to employ a number of resources, including individual/couples/group counseling, support groups, psychoeducational materials, etc.

LIMITATIONS

This study made significant preliminary contributions to our understanding of relational betrayal and posttraumatic growth; however, several limitations should be noted. The sample in this study was primarily highly educated, heterosexual, Caucasian women with a relatively high median income. In addition, the sample identified religion as being a very/most important aspect of their life, and the majority of women self-identified as Christian. Additional research may be needed to determine the role religion and/or spirituality plays in the development of posttraumatic growth. Given this narrowly focused sample and the limited sample size, the findings of this study may not generalize to other populations.

An additional limitation is that the study used self-report data to determine the perceived levels of trauma associated with the relational betrayal. Such self-reported data is often subjective and difficult to confirm. Also, the length of time passed since the relational betrayal may have created a historical bias that affected the subject's ability to accurately recall and self-report information about the relational betrayal and its impact on their lives. Finally, this research focused on simply utilizing various resources, without considering the sequence of such resources or the co-utilization of resources.

Finally, the inclusion criteria only allowed participation from subjects who were currently in a romantic relationship where relational betrayal had occurred. Results may have varied if the study included those who were no longer in the relationship where the betrayal occurred. This should be considered a sampling limitation.

Although there were several limitations to this study, given the limited research on posttraumatic growth after experiencing a relational betrayal, the study represents a significant contribution to the literature.

FUTURE RESEARCH

Future research might consider larger and more diverse population of relationally betrayed women to allow for greater generalizability. In addition, more effort to stratify the sample as representing different demographic characteristics, and perhaps explore them as potential moderators of the effects, would be a significant contribution to the literature. Using formal assessments to

more objectively measure information would provide additional data about women who have been relationally betrayed. This research focused primarily on the psychological components of the trauma and betrayal, however, there is literature to suggest trauma may result in physical symptomology as well. Future research focused on the physical aspects of relational betrayal may be useful. A more thorough examination of the co-utilization and sequencing of resources may provide useful information to the preparation of professionals who may work with relationally betrayed women.

CONCLUSION

This study found that relationally betrayed women considered their betrayal to be traumatic as indicated by experiencing posttraumatic stress symptoms and the disruption of their core beliefs. The results of this study indicated that with time, use of resources, and engagement in therapeutic activities, relationally betrayed women reported significant posttraumatic growth. Further, it was found that women who met the criteria for PTSD experienced greater posttraumatic growth over time than those subjects who did not meet the criteria. It is important for clinicians to remember that posttraumatic growth can coexist with distress. Clinicians need to recognize that posttraumatic growth is possible, and they should provide relationally betrayed women with the resources necessary to experience posttraumatic growth following the trauma of a relational betrayal.

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