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Holistic Health Among African American Women Remaining in a Marriage After Infidelity

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Walden University
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Abstract

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MSHS, Walden University, 2014

MSN, Georgia College & State University, 2010

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Dissertation Submitted in Partial Fulfillment

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Abstract

Infidelity has been noted as a major reason married women experience stress and seek therapy. Infidelity is a social problem that results in adverse outcomes for individuals, families, and society. Health disparities are noted in women who have experienced infidelity. Studies have been conducted on marital status and health, but little has been studied on the holistic health experiences of married African American women who stay in their marriage after a spouse's infidelity. The purpose of this generic qualitative study was to explore how the experience of marital infidelity affects the holistic health of heterosexual African American women in the United States. The conceptual framework was based on premises from the superwoman schema and the stress coping appraisal theory. Data were collected via teleconference interviews with two married women over age 18 from the United States. Participants described experiences of remaining in their marriage following their spouse's infidelity, holistic health experiences of infidelity, and how they cope with changes in their holistic health after experiencing spousal infidelity and remaining in their marriages. Analysis of the data revealed three major themes regarding the participants' holistic health experiences: (a) the infidelity experience; (b) facing a new reality, the holistic health effect; and (c) holistic coping with infidelity. The results of this research may have implications for positive social change by starting discussions among human service professionals about how marital infidelity affects the holistic health of African American women.

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Dedication

This research is dedicated to my Heavenly Father. It is because of You that I am able to complete this research. Isaiah 40:31 will forever be my word from You. Thank You for sending it to me during a time I thought I could not go on. Throughout this journey of my life, You have been there for me when no one else was. You let me know that my strength would be renewed for me to continue to soar—but God! Hallelujah! I give You the glory, the honor, and the praise. Thank You. Selah.

Acknowledgments

I wish to acknowledge my family for allowing me to try to reach my goals in life and for not complaining about the time, money, and care that should have belonged solely to you. Most importantly, I want to acknowledge God for the strength to endure despite all that I have encountered during this journey. Thank you, Father, for always being there for me when no one else could possibly understand. My faith in You has always guided me and pushed me forward and showed me that I am always more than my circumstances.

Finally, I want to thank my committee chair, Dr. Dorothy "Dee" Seabrook and my second chair, Dr. Veronica Carey. You have been patient and I appreciate your guidance. A special mention goes to my former chair, Dr. Sandra Harris. Even though you are no longer at Walden, you were the one who made sure I got this far. I will always be grateful to you for sticking with me as long as you could and being the voice of reason when I did not quite see any.

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Chapter 1: Introduction to the Study

Introduction

Infidelity is the most cited reason for divorce among couples in the United States (Blunkosky-Shaikh, 2019; Mapfumo, 2016; Munsch, 2015). Results from studies have indicated that African Americans are more inclined to be unfaithful than individuals from other ethnic groups (Marks, 2017; McLellan-Lemal et al., 2013; Plunkett, 2016). When asked about the most significant challenges in their lives, 25% of African Americans detailed infidelity as having the greatest impact on their marriages (Phillips et al., 2012). Marital infidelity is a stressful event among this population and may result in African American women presenting themselves in the healthcare environment with signs and symptoms of sadness, depression, and anxiety (Kachadourian et al., 2015; Sauerheber & Disque, 2016).

In this study, I investigated African American women's experiences of marital infidelity. The findings of this study have implications for social change by potentially being used to bring about awareness of how infidelity may impact African American women's holistic health. Findings also reveal a need for programs that address the holistic health of African American women who experience spousal infidelity and remain in their marriages. The major sections of the chapter present the background behind the study, the problem, purpose, the research questions, the conceptual framework, nature of the study, definitions, scope, delimitations, as well as the limitations and potential significance of the study.

Background

Infidelity refers to any action committed by a spouse that contributes to a negative effect such as posttraumatic stress in a spouse or partner (Blunkosky-Shaikh, 2019; McCray, 2015; Scuka, 2015). There are generally three types of infidelity: emotional, sexual, and a combination of the two (Scuka, 2015). Emotional infidelity is comprised of an emotional connection with someone other than the spouse (Mitchell, 2019). Sexual infidelity is comprised of having physical sexual intercourse with someone other than the spouse in a marriage (Mitchell, 2019). Romantic infidelity consists of combined emotional and sexual connections with someone other than the spouse (Scuka, 2015). African American women who have experienced marital infidelity may experience grief, a sense of loss, disbelief, anger, feelings of helplessness, and depression (DeGroot, 2014; Scuka, 2015).

In addition, infidelity may result in African American women presenting themselves in the healthcare environment with signs and symptoms of mental health issues (Kachadourian et al., 2015; Mehrangiz & Mehravar, 2015; Sauerheber & Disque, 2016). Results from several studies have linked marital infidelity to several negative outcomes for African American women, such as poor physical health, diminished mental well-being, loss of social support, changes in financial security, and changes in spiritual well-being (Centers for Disease Control and Prevention [CDC], 2013, 2014; Frye et al., 2013; Glass, 2014; Thomas-Franklin, 2020; Woods-Giscombé & Gaylord, 2014).

Physical Health

The continual or constant stress associated with experiencing marital infidelity could adversely affect the physical health of African American women. Glass (2014) found that as stress increases, African American women's psychological well-being decreases. Stress has also been linked to negative physical, mental, (Woods-Giscombé & Gaylord, 2014), and financial outcomes (Dixon, 2014; Glass, 2014; Mapfumo, 2016). These negative outcomes have also included increased health risk behaviors such as smoking, drinking, using drugs, overeating (leading to obesity), limited exercise, and engaging in unprotected sex (Mapfumo, 2016; Shrout & Weigel, 2018). The negative physical outcomes from infidelity have been linked to the transmission of sexually transmitted diseases such as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and other sexually transmitted infections in African American women (CDC, 2014, 2019; Oser et al., 2016).

Mental Health

Findings from several studies have linked marital infidelity to adverse mental health issues in African American women such as depressive symptoms (Holden et al., 2015; Norris et al., 2016; Turner, 2017). Women may feel alone, anxious, guilty, ashamed, and panicked at the revelation of infidelity by a spouse (McCray, 2015; Scuka, 2015; Turner, 2017). These negative emotions may further accentuate stress (McCray, 2015). Recent studies have revealed that women who experience infidelity may show symptoms related to posttraumatic stress disorder (PTSD; Blunkosky-Shaikh, 2019; Laaser et al., 2017). Laaser et al. (2017) suggested that women who have unfaithful

partners may have experiences that are just as traumatic as experiencing the death of family members or friends.

Spiritual Health

Blunkosky-Shaikh (2019) suggested that spirituality is a coping mechanism that enables resiliency and helps individuals survive the posttraumatic stress associated with infidelity. Spirituality is frequently used as a coping resource for African American women (Brown, 2017; Conway-Phillips & Janusek, 2016; James, 2015; Woods-Giscombé et al., 2016). Spiritual health has been discussed in terms of being able to grow spiritually, caring for others, and coping with challenging situations. Spirituality has to do with increasing individual power and a greater understanding of the self and religious beliefs after infidelity (Blunkosky-Shaikh, 2019; Conway-Phillips & Janusek, 2016). Spirituality can also enhance coping skills and lead to better mental and physical well-being (Ghaderi et al., 2018). Spirituality has been discussed in terms of resiliency and being able to survive the posttraumatic processes that occur with infidelity (Blunkosky-Shaikh, 2019). However, there is little research that discusses spiritual health and infidelity as it relates to the African American woman (Manley, 2016).

Social Health

Research has revealed that African American women tend to seek support from family and friends to cope with life stressors rather than seeking therapeutic support from professionals (Johnson, 2012; Shrout & Weigel, 2018; Ward et al., 2014). However, Smith et al. (2014) found that women who stay in marriages where infidelity has taken place might lose some of their social support. According to Smith et al. (2014), married

African American women who forgive spouses who engage in infidelity and stay in their marriages may be viewed more negatively than women who leave the marriage. Family and friend dynamics may change or be lost as a result of infidelity (DeGroot, 2014; Heintzelman et al., 2014). The lack of verbal and nonverbal communication and trust of a spouse, family, and friends may become even more hampered under the stress of infidelity (Onayli, 2019).

Women who may have previously confided in family members and used them as emotional support in times of need may no longer feel they can do so after forgiving a spouse for an act of infidelity (Abrahamson et al., 2012; DeGroot, 2014). On the woman's side of the family, as the knowledge of the infidelity becomes public and as uncertainty grows regarding why she did not leave, family may bombard her with questions about the marriage. The infidelity also can lead to further conflict between women and their spouses (Onayli, 2019), as women defend their family's resistance to them continuing in their marriages (Abrahamson et al., 2012).

A woman who experiences spousal infidelity may become estranged from her husband's family. A husband's family may defend his actions or blame the wife for his act of infidelity (Smith et al., 2014). Women who experience infidelity often turn to social networks to help them in times of trouble (DeGroot, 2014). African American women often rely on their support systems to help them cope (Johnson, 2012; Norris et al., 2016). Without this network of support, African American women may be limited in those who they reach out to in times of health concerns and mental health despair.

Financial Health

Economics plays a big part in the financial health of marriages (Crouch & Dickes, 2016; Mapfumo, 2016). Several researchers found that infidelity has a negative impact on household finances (Crouch & Dickes, 2016; Mapfumo, 2016). Financially, African American women who experience infidelity may suffer economic challenges and are more likely to leave an unfaithful partner if the spouse is unable to fulfill financial obligations (Manley, 2016; Utley, 2017). African American women may experience economic challenges because of missing work as a result of mental or physical health issues connected to depressive symptoms and anxiety related to infidelity (Manley, 2016; Turner, 2017). Further, an inability to focus during a time of infidelity may create work–life conflicts and further economic issues in a marriage (Schofield, 2016).

Women who are affected by the infidelity of their husbands may have trouble focusing on work, which may lead to poor work productivity (De Cuir, 2019). Abzug (2016) reported that infidelity plays a role in decreased work productivity, and the decreased productivity may be cause for a person to lose their job (Rhode, 2015). Therefore, as a result of poor work productivity, women may suffer financial loss due to the mental and physical anguish of infidelity (Rodriguez, 2017). Women who experience the infidelity of a spouse may experience job demotions or lose their employment altogether due to difficulty they experience in performing work-related tasks (Mapfumo, 2016). The loss of a job can leave a woman with little money to pay for health and household needs. More research is needed in this area in general and specifically with the financial experiences of infidelity (Mitchell, 2019) impacting African American women.

Problem Statement

Infidelity has been noted as a major reason married women experience stress and seek therapy (Shrout & Weigel, 2018; Warach & Josephs, 2019). Infidelity is a social problem that results in adverse outcomes for individuals, families, and society (Crouch & Dickes, 2016). Warach and Josephs (2019) indicated that individuals who experience infidelity report physiological symptoms such as the inability to concentrate, increased agitation, depression, and hyperarousal, all of which are symptoms frequently associated with PTSD. Socially, infidelity has been cited as the primary cause for divorce, which also can lead to a breakup of families (Jeanfreau et al., 2018; Utley, 2017). In addition, Crouch and Dickes (2016) indicated that the U.S. government spends $28 to $56 billion per year supporting strained families that endure strained resources that often result after a divorce.

Research has shown that women are more vulnerable to the negative effects of divorce than men are. Women have reported experiencing mental health problems such as anxiety, depression, or PTSD symptoms as a result of experiencing spousal infidelity (Fincham & May, 2016; Onayli, 2019; Shrout & Weigel, 2018). Women have also reported the loss of close social contact with friends and family because of infidelity (Blunkosky-Shaikh, 2019; Schofield, 2016; Utley, 2017). Women who experience marital infidelity may also endure changes in their financial circumstances due to loss of income as a result of losing a job as they cope with the emotional stress and strain of marital infidelity (Phillips et al., 2012; Schofield, 2016; Utley, 2017). Women who experience infidelity may suffer from physical issues such as cardiovascular disease from

the continued stress of the affair (Blunkosky-Shaikh, 2019) or sexually transmitted diseases such as HIV/AIDS (Collier, 2017; Oser et al., 2016). Women who experience infidelity may seek counseling or present with physiological symptoms that require further clinical evaluation (Sauerheber & Disque, 2016).

A difference has been found in the rate of marital infidelity in the United States based on race (Wang, 2018). Twenty-two percent of ever-married African Americans stated they had cheated on a spouse compared to 16% of Whites and 13% of Hispanics (Wang, 2018). The high incidence of infidelity among African Americans is problematic in that infidelity further contributes to the daily life stressors frequently experienced by African American women. Ample research has addressed the adverse outcomes that women may experience after enduring instances of infidelity by their husbands (Johnson & Loscocco, 2014; Mitchell, 2019; Munsch, 2015; Sauerheber, & Disque, 2016). However, I only found one article that addressed how the experience of infidelity affects the holistic health of heterosexual African American women.

Utley (2011) was the most recent article I located that specifically addressed how African American women experienced infidelity. Findings from the study revealed that 80% of women in the study left their spouses after discovering the act of infidelity. Only 20% of the participants remained married to their unfaithful spouses and were still trying to work through the experience. Although not the primary focus of this study, half of Utley's participants stated that they experienced either physical, mental, or sexual abuse at the hands of their husbands. Participants in Utley's study described the emotional and painful aftermath of infidelity as being almost visceral. Another of the participants in

Utley's study described her emotional pain recounting that her husband actually took a part of her body, including her heart. Utley also described the impact of infidelity on the sexual health for some of the participants. Results revealed that 40% of the women in the study either contracted an STI or were exposed to an STI as a result of their husbands' infidelity. Socially, the women in Utley's study faced the experience of infidelity alone due to the ingrained belief that, as Black women, they should be self-sufficient and not rely on others to get through the experience

While Utley (2011) investigated how infidelity affects African American women in areas such as social relationships, mental health, and physical health, Utley's research did not address how infidelity affects women's spiritual health. In addition, most of the participants in Utley's study were women who ended their relationships after discovering that infidelity had occurred. Few of the women in Utley's research remained with husbands who had committed infidelity. Thus, there is a gap in the research regarding how the experience of infidelity affects the holistic health of African American women who stay in the marriage after marital infidelity occurs. Findings from the Utley (2011) research provided foundational information for this study. However, the research was conducted over 10 years ago and there is a gap in the current literature on the topic of how infidelity affects the holistic health of African American women.

Purpose of the Study

The purpose of this qualitative generic study was to explore how experiences of marital infidelity affect the holistic health of heterosexual African American women who remain in their marriages after infidelity occurs. Weiser and Weigel (2014) noted that

examining African American women's perspectives of their experiences with infidelity is warranted because of the infrequency with which the voices of women of color are presented in this type of research. The targeted population in this study were women who live in the middle Georgia area.

Potential findings in this study may provide information regarding the holistic health issues that African American women face after experiencing marital infidelity. Results may also provide human services and healthcare workers insight into how African American women cope with holistic health issues that result from the experience of spousal infidelity. Human services professionals could use this information to promote social change by promoting awareness of how marital infidelity affects the medical, social, mental, spiritual, and outcomes for married African Americans. Human services professionals could further promote social change by advocating for the development and promotion of educational campaigns and seminars that address the holistic health of married women who experience marital infidelity.

Research Questions

The primary research question was: What are the experiences of African American women who remain in their marriages following their spouses' marital infidelity? The two research subquestions that guided this research were:

RQ1: How did the experience of infidelity affect the holistic health of African American women who remained in their marriages?

RQ2: How did African American women cope with changes in their holistic health after experiencing spousal infidelity and choosing to remain in their marriages?

Conceptual Framework

Principles from the superwomen schema (SWS) and stress-coping adaptation theory (SCAT) were used to guide this research. Premises of the SWS were derived from feminist thought and have been used to examine how African American women cope with stress and adversity (Woods-Giscombé, 2010). SCAT as presented by Lazarus and Folkman (1984) outlines that "stress, coping, and adaptation represents both an individual psychological and physiological human problem" (pp. xi–xii). The main premise behind SCAT is that coping with stress involves changes in cognitive, behavioral, and physiological processes. The centrality of African American women's coping and health noted in the SWS and the significance of perspectives of SCAT led to the use of both theories to guide this research.

Superwoman Schema

Woods-Giscombé (2008) first coined and operationalized the term *superwoman schema* in her research presentation "Superwoman schema and emotional suppression: Implications for physical and mental well-being of African American women." Giscombé (2010) linked the SWS to stress and health when she noted there are health disparities among African American women, including some poor birthing outcomes, lupus, obesity, and untreated depression that can be attributed to how they handle stress and cope.

Woods-Giscombé (2010) presented five elements of the SWS that address how African American women face stress and coping. First, there is the *obligation to show strength* when faced with challenges, stress, or adversity. The obligation to show strength sometimes compels African American women to present images of resilience and

strength even during times when they do not feel strong. The second element of the SWS addresses *the obligation to suppress emotions,* which is rooted in concerns about how others may view them. This obligation to suppress emotions results in African Americana women internalizing stress and negative feelings and needs to prevent appearing vulnerable. The third element of the SWS is *resistance to being vulnerable or dependent.* This resistance is based on the notion that in the face of adversity African American women do not want to appear weak or incapable of handling their problems. As a result, African American women may deny needing or seeking help until their life situations have resulted in extreme and unnecessary struggles. In the fourth element of the SWS, women display a *determination to succeed despite limited resources.* The determination to succeed, frequently fueled by external sources, results in African American women being extremely ambitious and dedicated to appearing to be accomplished and successful. The feeling of being *obligated to help others* is the fifth element of the SWS. African American women may often overlook and neglect their own well-being while they work to help others (Woods-Giscombé, 2010).

Marital infidelity has been linked to stress and several adverse outcomes for women (Fisher, 2017; Taghi Pour et al., 2019). Network stress from other people's stressors and emotional distress (like from infidelity) has an impact on African American women as well (Woods-Giscombé et al., 2015). African American women may risk their holistic health due to the stress of maintaining their marriages after infidelity. The five elements of the SWS can be used to explain how African American women may silently endure the stress of experiencing marital infidelity while outwardly portraying a façade of

strength and resilience. SWS premises can explain why African American women may suppress their needs and emotions and need to keep from appearing vulnerable to family and friends. The premises of the SWS also can explain how African American women may maintain a drive toward success with limited resources. In this study, principles of the SWS may be used to explain how the experience of marital infidelity affects the holistic health of African American women and how women cope with the stress and changes in holistic health while remaining in their marriages. A more detailed discussion of the SWS occurs in Chapter 2.

Stress Coping Adaptation Theory

Principles from SCAT were used to guide this research. Lazarus and Folkman (1984, 1987) first detailed the stress coping adaptation theory in their book *Stress, Appraisal, and Coping*. The main premise behind SCAT is that coping with stress involves changes in both cognitive and behavior processes. In other words, stress interrupts the way a person thinks and behaves. Sometimes the build-up of stress may cause emotional reactions that prevent a person from thinking clearly. The stress can also prevent a person from acting as they normally would when confronted with stressful phenomena. However, if a person does not view a phenomenon as stressful, the reaction or ability to cope may be quite different than that of someone who does view the phenomenon as stressful. The way a person evaluates or appraises a stressful situation dictates how the person may respond to or cope with the stress.

Lazarus and Folkman (1984) also proposed a link between stress and adverse physiological (physical) responses within the body. Lazarus and Folkman (1984)

proposed that stress was more than just a response to an environmental demand on the body and is a physiological response to that demand on the body. African American women's appraisal of infidelity may have an impact on how they choose to respond to the infidelity. Those appraisals may have a resulting impact on the women's holistic health in terms of mental, physical, social, financial, and spiritual well-being. Lazarus and Folkman (1984) noted, "Psychological stress is a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19).

Bringing awareness to how African American women cope with changes in their holistic health after experiencing infidelity can be instrumental in promoting awareness about how infidelity can impact women's holistic health. Therapists and other healthcare professionals could use the knowledge generated from the findings of this study to support African American women's holistic care during times of infidelity. Additional details, including a visual model of the framework, regarding the SWS and SCAT will be presented in Chapter 2.

Nature of the Study

In this generic qualitative study, I explored how the experience of marital infidelity affects the holistic health of heterosexual African American women. Generic qualitative research studies do not subscribe to any one established methodology (Kahlke, 2014). In a generic qualitative study, a researcher tries to find out about participants' subjective beliefs, opinions, attitudes, and reflections regarding their experiences (Percy et al., 2015). Generic qualitative research was appropriate for this study because I was

reviewing the outward descriptions, life experiences, and historical instances that happen in a person's past (Percy et al., 2015). This approach was useful in this study because it allows a researcher to explore a participant's reflections and life experiences.

The sample consisted of two heterosexual, married African American women. Other authors have suggested that a sample of one participant can be an optimal sample size for qualitative studies (Boddy, 2016; Subedi, 2021). Qualitative researchers normally suggest a sample of about five to 25 participants (Mason, 2010). Utilizing saturation to determine sample size is debatable (Jahja et al., 2021) and may not be used in determining the actual sample sizes before data collection (Boddy, 2016). Additionally, actual data saturation may never be obtained (Bradshaw et al., 2017). Qualitative research usually allows for smaller sample sizes (Manley, 2016; Vasileiou et al., 2018) to allow for in-depth inquiry based on the method of inquiry.

Purposeful snowball sampling was used to recruit participants for the study. Purposeful sampling is a strategy of identifying and recruiting a group of people who have similar experiences with the intent of obtaining in-depth data regarding a specific phenomenon (Palinkas et al., 2015). Snowball sampling is used to increase the number of participants in a study. In snowball sampling, participants refer a researcher to potential participants they know, continuing this cycle of others giving a researcher more potential participants through word of mouth until the sample increases (Kirchherr & Charles, 2018).

Definitions

Each component of holistic health and those terms that relate to infidelity demand definition. The following are definitions used in this study:

African American: A person who has African ancestry, considered Black American or those of African lineage born and raised in the United States (Turner, 2017).

Financial health: Most comprehensively, having adequate savings, decreased debt, and a budget that yields elevated levels of personal satisfaction and low levels of monetary stress (Britt et al., 2015).

Health: A multidimensional concept that includes aspects of biology, physiology, sociology, theology, and psychology. Health denotes a lack of diseases or illnesses that plague the human body and is unique from person to person, each culture, and each environment (Alslman et al., 2017, p. 2).

Holistic health: Comprised of mental, physical, social, spiritual, and financial well-being, holistic health focuses on the mind, body, and spirit with the goal of achieving the highest level of well-being (Hawks, 2004; Walter, 1999).

Infidelity: The act of a sexual or romantic betrayal of a partner committed by a spouse that contributes to a negative effect such as posttraumatic stress (Ortman, 2011; Scuka, 2015).

Marriage: A legal union between man and woman (Turner, 2017).

Mental health: Indicates the psychosocial, emotional, and mental status of an individual (Alslman et al., 2017).

Physical health: Denotes the biological aspects of wellness and implies equilibrium or lack of illness or negative change within the body (Alslman et al., 2017).

Psychological stress: The correlation between a person and their environment that the person considers difficult or beyond their resources or that places their well-being in jeopardy (Lazarus & Folkman, 1984).

Social health: Being able to immerse oneself in the social roles and behaviors of a group or community and interact through social cues and expectations (Alslman et al., 2017).

Spiritual health: Consists of the connection to four components: personal, social, environmental, and transcendental (Ghaderi et al., 2018), where a person is able to recognize and actualize their full potential, purpose, and reason for happiness on a daily basis (Dhar et al., 2011).

Spirituality: How individuals are connected with themselves, others, the world, and the supernatural (Ghaderi et al., 2018).

Assumptions

Assumptions in research are those ideas and elements of a study believed to be true. One assumption regarding this study was that participants would be truthful about their experiences of marital infidelity. I assumed that participants in the study would self-identify as African American women who are currently married. I screened participants to determine their eligibility of participating in the study using a demographic survey (Appendix A).

Participants were originally recruited from the Southeastern region of the United States. According to the census taken in 2016, most Blacks lived in the South (U.S. Census Bureau, 2016). Georgia was found to have the fourth largest Black population during that time (Black Demographics, 2021; U.S. Census Bureau, 2016). I assumed that because African American women are largely found in this region, this would be a good area for recruiting African American women for this research. However, later, I opened the study to participants throughout the United States because of the lack of participants recruited in the southeastern region. I also assumed the African American women who participated experienced marital infidelity in their current marriage. I assumed the same women had good recall of those experiences.

As the researcher and co-participant in this study, I assumed it would be difficult for me to bracket myself out of the study. The shared experience and discussion with the participants regarding infidelity could have triggered emotions and memories for me as well. I assumed memories regarding my husband's infidelity would surface during the interviews. I was aware of those emotions and biases, and to prevent my personal bias from influencing the participants and my interpretation of the participants' responses, I took the following actions to minimize the effect of personal bias in my study: (a) conducted a transcript review allowing participants the chance to review their transcribed interviews to clarify any points they made (Hagens et al., 2009), (b) verified my findings with other data sources to legitimize my interpretations (triangulation; Fusch et al., 2018), and (c) reviewed my findings with my committee members to validate ideas. The members of my committee have expertise in qualitative research design and analysis. By

initiating the aforementioned strategies, I minimized the impact of my personal biases on influencing findings from the study.

Another assumption of this research was that purposive sampling was an appropriate sampling strategy for recruiting participants for this study because I wanted to select the most important cases while presenting the best use of limited resources (Palinkas et al., 2015). Purposive sampling is used in qualitative research to recruit participants who could provide information-rich details relevant to the phenomenon being investigated and discussed (Palinkas et al., 2015). Therefore, the goal of using purposive sampling was to recruit individuals who have experienced the phenomenon of infidelity. I assumed purposeful sampling would assist me in obtaining an adequate sample of African American women who remained in their marriages after experiencing marital infidelity.

I also assumed that snowball sampling was an appropriate strategy for recruiting participants because the population was difficult to recruit due to the sensitivity of the topic (Kircherr & Charles, 2018). Snowball sampling is used in qualitative research and has often been used in medical and social sciences such as nursing, sociology, and anthropology (Kircherr & Charles, 2018). Snowball sampling occurs when one interviewee provides a researcher with the name of at least one more potential interviewee and that interviewee proceeds to provide the researcher with another name, and so on until the sample continues to grow (Kircherr & Charles, 2018). Snowball sampling is also used to study the structure of social networks (Kircherr & Charles, 2018). Due to the nature of this study including the understanding of how social wellness

(and possible social networks) are impacted by infidelity, I assumed the snowball sampling method was appropriate. Additionally, I assumed that using this type of sampling methodology would assist in establishing trust. Trust could be established because of introductions made through a participants' trusted networks. Therefore, snowball sampling can make an otherwise difficult population much easier to recruit (Kircherr & Charles, 2018).

Scope and Delimitations

The exploration of infidelity, as a possible physiological and psychological stressor that impacts other areas of health, is one manner to understand the many factors that influence African American women's well-being. Providing rich and thick data regarding those perspectives—a hallmark of qualitative studies—helps to promote transferability of the research to other women facing infidelity. This is why I chose qualitative methods over quantitative methods for studying the phenomenon of infidelity and holistic health in African American women's experiences. Qualitative research is especially useful in healthcare and social research and uses subjective approaches to understand the meaning participants may ascribe to their individual experiences versus using quantifying methods to explain them (Queirós et al., 2017).

I made the decision to use two theoretical perspectives. One of the theoretical perspectives chosen, the SWS, is focused on stress as a mental component of holistic health for women. SWS adds a cultural component necessary to understand the experiences of African American women from a more feminine perspective. SCAT and SWS were used to understand participants' experiences. The SCAT and SWS

frameworks were used to understand the vast problems this population faces after

infidelity. Additionally, these frameworks were used to comprehend the diverse cultural

elements of participants' experiences as African American women. SCAT also has

physiological connections to wellness. Both the SWS and SCAT have stress-related and

physiological-related components. This connection makes both perfect complements to

one another and makes them more suitable for this study versus other theoretical models I

could have chosen, such as the health belief model and the transcultural model.

      The health belief model discusses how a person's perceptions of their

susceptibility and the severity of disease influence whether they perceive the disease as a

threat to their health (Brown, 2017). The health belief model was first created by social

scientists in the 1950s and is often used in nursing. Another theoretical perspective I

examined for inclusion in this study was the sunrise enabler model (Deger, 2018). The

sunrise enabler model discusses holistic concepts that could influence a person's care,

patterns, behaviors, and healthcare practices (Deger, 2018). However, neither of these

models fully encompasses the stress of African American women, specifically, and does

not detail enough regarding the holistic concepts and coping mechanisms within this

population, which are related to stress responses. Both the SWS and SCAT have the

potential to unveil some holistic issues that African American women may experience

due to the stress of infidelity. This awareness of African American women's coping

mechanisms after infidelity may provide insight as to how infidelity impacts their holistic

health. The findings in this study may also provide the opportunity for therapists and

healthcare professionals to support African American women's holistic health care in times of infidelity.

Limitations

Limitations of studies are those elements within the design or instrument of the study that a researcher cannot control (Connelly, 2013; Price, 2004). One of the limitations of this study was the use of a small sample size of two African American women in the United States. Using a small sample limited the transferability of the results to a larger population of women. This study also was limited to the African American women's viewpoints without consideration of the views of their husbands. Additionally, two prospective participants who chose not to participate did so because they stated the infidelity was too new and painful. Another limitation was that recruitment was restricted to women located in the United States. Restricting the geographic area of recruitment also limited the transferability of results to those women who live in other areas of the world. A third limitation of this research was that there were only two participants recruited for the research. This inability to obtain the originally desired samples for the study limited the transferability of the findings to other women of color like those in the current study.

The use of self-reported data can be another limitation of this study. The memories of the women reporting their experiences with infidelity may be diminished or changed due to the timing of the event, present positive or negative reactions to the interview questions, or present issues related to the outcomes of the event (Connelly, 2013). Further issues, such as shame, stigmas, and cultural sanctions, could have also

prevented open and honest recall of the phenomenon (Blunkosky-Shaikh, 2019). Nonetheless, the limitations of the study do not outweigh the significance of it.

Significance

Infidelity can be a traumatic event that adversely affects a person's holistic health, specifically mentally, physically, socially, spiritually, and financially (Sauerheber & Disque, 2016). When healthcare providers become more aware of the intersection between infidelity, race, gender, and holistic health, the providers can develop a better understanding of the needs of African American women who experience spousal infidelity. Findings from this study could provide human services and other healthcare professionals with information on the following topics: (a) the holistic health issues that African American women endure as they cope with marital infidelity; (b) African American women's experiences with healthcare as they seek treatment for the mental and physical effects of coping with marital infidelity; and (c) coping strategies that African American women use to cope with marital infidelity. Because infidelity is one of the most stressful events that can occur in marriage and can have devastating consequences such as social ramifications and mental and physiological health problems (Mehrangiz & Mehravar, 2015), it is important that human service professionals understand how the stress of infidelity may present itself. Human service professionals must understand how this influences African American women because they have a greater propensity for health and stress disparities (Belgrave & Abrams., 2016). Human service professionals can use the information from this study to help promote education and awareness about how infidelity affects the holistic health of African American women.

Human services and other health professionals can use information from this study to promote social change by using the results to advocate for holistic approaches to assessing the mental and physical health of women who reveal they are coping with marital infidelity. The information from this study could be used to develop educational pamphlets and seminars that communicate the impact of marital infidelity on women's health, particularly African American women's health. Human service professionals, counselors, church leaders, or anyone who would be likely to interact with or treat women experiencing infidelity could conduct such seminars. In the seminars, human services and health professionals and the general public can become informed regarding the results of this study. The seminar and pamphlets would be beneficial in providing information on how infidelity impacts holistic health issues. The seminars could target individuals who have experienced infidelity, especially women, but also men. Such a seminar could also target human service professionals, counselors, and those professionals who might treat women for stress.

Some of the content of the educational pamphlets and seminars might discuss the links between infidelity and each of the five components of holistic health discussed in the study, including physical, mental, spiritual, and financial health and social relationships. Women and men could be informed about the seminars through conference presentations, radio announcements, posts on social media, flyers in health clinics, and church announcements. The information could be particularly beneficial in understanding how marital infidelity plays a role in the stress of African American women.

Summary

Several studies have been conducted to examine the relationship between marital infidelity and the health outcomes of African American women in separate areas such as physical health, mental well-being, social support, financial security, healing, and spiritual well-being (e.g., Holden et al., 2015; Kachadourian et al., 2015; McLellan-Lemal et al., 2013; Norris et al., 2016; Thomas-Franklin, 2020). However, I did not find any current literature addressing how infidelity affects the holistic health of African American women who remain with their spouses. The purpose of this study was to explore how the experience of marital infidelity affects the holistic health of heterosexual African American women. The conceptual framework for this study was guided by premises from the SWS proposed by Woods-Giscombé (2008) and SCAT by Lazarus and Folkman (1984). Premises from both theories were used to explain how African American women cope with changes in their holistic health after experiencing marital infidelity.

The study was a generic qualitative research study to explore the experiences of marital infidelity that affect the holistic health of heterosexual African American women. Finally, the significance of the study is that it brings about awareness of how infidelity is a stressful event that can negatively affect the holistic health of African American women. Health and human service professionals must understand the holistic health experiences of these women regarding infidelity to promote a more holistic treatment strategy for them. Helping African American women cope with their holistic health may be a major step to addressing some of the health issues faced by some African American

women. In the next chapter, I present a literature review, including the literature search

strategy, the conceptual framework, and the key variables under study.

Chapter 2: Literature Review

Introduction

Several researchers have investigated how marital infidelity affects the health outcomes of African American women in separate areas such as physical health, mental well-being, social support, financial security, and spiritual well-being (e.g., Holden et al., 2015; Kachadourian et al., 2015; McLellan-Lemal et al., 2013; Norris & Mincey, 2016; Sauerheber & Disque, 2016). However, I did not find any current literature that addresses how infidelity affects the holistic health of African American women. The purpose of this study was to explore how the experience of spousal infidelity affects the holistic health of African American women who remain in the marriage after infidelity.

This chapter includes the following sections: literature review strategy, conceptual framework, literature review related to key concepts, and conclusion. As part of the conceptual framework, I include discussions of literature on the SWS and SCAT. I also present definitions of infidelity and the five elements of holistic health, which are physical, mental, social, financial, and spiritual. Lastly, I give a summary of findings from the literature review and begin the transition into the next chapter.

Literature Search Strategy

The literature search strategy for this study began with Walden University's resource library and scholarly, peer-reviewed journals, books, and dissertations I located in the university database. I used multiple databases and search engines to access the literature. I focused my search mainly on medical, health, counseling, nursing, social work, and psychology databases. The topics on medical, health, counseling, nursing,

social work, and psychology in the databases addressed the five components of health presented in this study. Some of the search engines and databases I used included CINAHL, Medline, CINAHL Plus, EBSCO Ebooks, Google Books, Google Scholar, Healthcare Cost and Utilization Project, National Center for Health Statistics, Open Library, Ovid Nursing Journals, ProQuest (all databases), SAGE (all databases), PsycINFO, SocINDEX, Taylor & Francis Online, and Thoreau.

Some search terms used the prefix search topic *African American* as words to include in the literature search. For example, a few of the terms included *African American women, African American infidelity, African American depression, African American divorce, African American marriage,* and *African American cheating*. I included specific terms related to stress. Some of the terms were *posttraumatic stress syndrome, post-infidelity stress syndrome*, *anxiety,* and *depression*. I searched the database for articles on holistic health using keyword combinations such as *Black holistic health*, *Black women*, *Black feminism*, *Black feminist thought*, *Black womanism*, using the terms *Black* and *African American.* The words *generic qualitative research, strong Black woman schema, superwoman schema,* and *stress coping adaptation theory* were used to identify more literature. I also reviewed literature pertaining to the terms *stress, coping*, and *adaptation* as they related to infidelity. I conducted a search for literature related to the five areas of holistic health specific to *African American spirituality*, *African American health*, and *African American women's mental health.* I subsequently coupled the term *African American women* with other terms related to holistic health, such as *African American women* and *physical health*, *African American women* and *spirituality*,

African American women and *social health*, and *African American women* and *financial*

health. The term *African American women* was also coupled with *infidelity, marriage,*

and *married*. Finally, key terms found in the literature served as keywords in my search

strategy. I also perused the references list of recent dissertations concerning African

American women and infidelity for further sources. Subsequently, I reviewed reference

lists of articles that I found to lead me to related articles.

Conceptual Framework

Premises from the SWS and strong Black woman syndrome (SBWS) in

conjunction with premises from SCAT will serve as foundational theories to guide this

research (see Figure 1). The SBWS has frequently been used to address how African

American women cope with situations related to stress (Watson-Singleton, 2017).

Premises of SCAT have been used to explain the link between somatic physiological

health problems and emotional and psychological issues that may arise from ineffective

coping and stress (Lazarus & Folkman, 1984). Details of the SWBS and SCAT are

presented next in this chapter. A model of the conceptual framework that details the

connectivity of how the two theories are related to the study is presented after literature

related to SCAT.

Superwoman Schema/Strong Black Woman Syndrome

In her dissertation, Woods-Giscombé's (2005) examined the connection between

race-related stress, gender-related stress, and generic stress as a multidimensional model

regarding stress as it pertains to African American women. Woods-Giscombé (2008)

introduced the term *superwoman schema* (SWS) to explain the "intersection between

stress, strength, emotional suppression, and health" (slide 10) among African American women. Woods-Giscombé outlined premises of the SWS in 2008 during a presentation at the National Black Nurses Association Annual Conference. Woods-Giscombé (2008) described the SWS as a phenomenon that addresses how African American women experience and discuss stress.

While pursuing a doctoral degree in prenatal healthcare, Woods-Giscombé (2018) noticed how stress affected health-related outcomes for African American women. Woods-Giscombé became further interested in health disparities related to stress and coping among African American women. During a postdoctoral fellowship with the National Institutes of Health, Woods-Giscombé (2018) conducted research with African American women participants. In the research, she sought to determine whether the themes she saw in practice related to health disparities generally reflected the experiences of African American women in her research. From the findings of her postdoctoral work, Woods-Giscombé (2010) identified the following five themes as major tenets of SWS (also akin to the SBWS): (a) obligation to maintain an image of strength, (b) obligation to suppress emotions, (c) resistance to vulnerability and dependence on others, (d) success despite limited resources, and (e) obligation to help others. The first of these tenets is the obligation to maintain strength.

Obligation to Maintain Strength

With the regard to the *obligation to maintain strength* tenet, Woods-Giscombé (2010) found that college-educated women, ages 45 and over, believe they must be pillars of strength for their families, friends, and loved ones. This belief impacts how the women

reach out in times of stress. Study participants discussed the need to endure their problems alone, without complaining, and in silence even when they do not feel like doing so. The women in the study stated they felt they had to be the strong one (Woods-Giscombé, 2010). Some of the African American women in the study reported being distressed that they were expected to show this strength most of the time (Woods-Giscombé, 2010).

Several studies have been conducted to assess the relationship between level of endorsement of the SBWS, depression, and help-seeking behavior in African American women (James, 2015; Watson & Hunter, 2016). For instance, James (2015) performed a quantitative study to determine the relationships between endorsement of the SWS, mental health, coping styles, help-seeking behavior, and psychological distress. The sample consisted of African African American West Indian women ages 18–65. Findings from a correlation analysis revealed that scores related to the obligation to present strength were significantly correlated with measures of depressive symptomology. Nonetheless, James (2015) identified several limitations to his research. First was that the sample was not representative of all African American women because the participants were all college-educated women. Another limitation was that the participants possibly had already self-identified as using the SWS. The results may have been different for other women who had not self-identified as *super women* and were willing to discuss their distress. Findings from the James study are relevant to my study because the findings connect premises of the SBWS to the help-seeking behaviors and coping strategies of African American women.

Watson and Hunter (2016) also performed another qualitative study that used thematic analysis to understand the experiences of 13 African American women who discussed conflicting messages regarding the strong Black woman race–gender schema. The authors found three *tensions* within the themes discussed by the women: (a) be psychologically durable yet do not engage in behaviors that preserve psychological durability, (b) be equal yet be oppressed, and (c) be feminine yet reject traditional feminine norms (Watson & Hunter, 2016). Watson and Hunter (2016) found that the women showing strength in times of stress was a façade that prevented the women from seeking help for stress, such as psychological counseling or taking medications for stress as prescribed. This premise of strength is important to the current research to understand how the inability to cope and the need to demonstrate strength may be impacted by infidelity for African American women. Findings from the Watson and Hunter (2016) are relevant to my study because the results reveal how the façade of showing strength to endure life stressors affects how African American cope with those stressors.

Abrams et al. (2019) also conducted a quantitative study to assess how the obligation to maintain the strength component of the SBWS relates to depressive symptomology. The results showed that self-silencing or inhibiting self-expression to prevent intrapersonal and interpersonal conflict significantly mediate the relationship between the obligation to show strength and the symptoms of depression (Abrams et al., 2019). Abrams et al.'s findings are relevant to my study because the results showed a significant relationship between the obligation to show strength component of the SBWS and mental health—specifically, depressive symptoms.

Obligation to Suppress Emotions

Woods-Giscombé (2010) reported that participants in her study mentioned they had emotions they wanted to share but felt they could not and must hide them. Participants indicated feeling that no one would understand what they were going through. Some participants indicated they felt that showing or revealing emotions would be a sign of weakness (Woods-Giscombé, 2010). Consequently, the women suppress their feelings by bottling them up and internalizing them.

Recent researchers have linked *the obligation to suppress emotions* to physical and mental issues in African American women (Brown, 2017). Belgrave and Abrams (2016) purported many of the health issues faced by African American women might be linked to possible emotional suppression. Specifically, the *obligation to suppress emotio*ns may place African American women at greater risk for difficulty with coping, greater anxiety, worsened relationships, and greater overall health risks (Brown, 2017; James, 2015; Shrout & Weigel, 2020; Watson & Hunter, 2015).

Watson and Hunter (2015) analyzed quantitative data from 95 African American participants ages 18–65 to determine whether African American women's endorsement of the SBW predicted increased symptoms of anxiety and depression. Results showed that endorsement of the SBW significantly related to increases in anxiety. Results further revealed that strong endorsement of the SBW was also inversely associated with two areas of help-seeking attitudes: psychological openness and tendency to seek help. Some of the limitations of the Watson and Hunter (2015) study were that the subjects were primarily college students and women from the Midwest and may not have been

representative of African American women in other parts of the country and of various ages. Lastly, the researchers were unable to establish causal relationships between the SBW race–gender schema, attitudes of psychological help seeking, and psychological distress due to the study being a cross-sectional study instead of longitudinal. This research is relevant to my study because the results show a link between endorsement of SBWS and symptoms of anxiety and depression as well as to attitudes toward help seeking.

Resistance to Feeling Vulnerable

Woods-Giscombé (2010) noted that the women in her study see vulnerability as a sign of weakness. Some women discussed that they do not ask for help until they are overly distraught and sometimes this causes them undue stress. Sometimes the stress comes in other forms, and women who had undergone abuse felt "suspicion, fear, apprehension, and mistrust which led to the resistance to depending on others or being placed in a vulnerable position" (Woods-Giscombé, 2010, p. 12). One woman in Woods-Giscombé's (2010) study stated that she felt she had to put up her guard because she was afraid of being hurt as a result of an abusive romantic relationship.

Through quantitative research, Donovan and West (2015) examined how the SBW schema relates to stress and mental health. The research included 92 Black female college student participants. The researchers found that both low and high levels of endorsement of the SBW schema are related to symptoms of stress and depressive symptoms. Results also showed a significant positive correlation between stress and depressive symptoms ($r = .72, p < .01$). Results from the Donovan and West study are

relevant to my research because the findings show a link between endorsement of the SBW scheme and mental health issues such as stress and depressive symptoms.

Succeeding Despite Limited Resources

Woods-Giscombé (2010) discussed that the participants in her study had an intense desire to succeed despite having limited resources or support from their husbands or their children's fathers. Woods-Giscombé (2010) mentioned the participants felt that to succeed they must sacrifice, often working late, not taking breaks, and limiting sleep—basically placing their health in further peril. Some participants, however, also discussed the stress related to the pressure of trying to be successful. One of the participants detailed that her family expected her to do more than what she had time to achieve. This expectation left participants feeling burdened and disappointed for letting others down when they were unable to achieve what they desired (Woods-Giscombé, 2010).

Being able to achieve with limited resources and support has, historically, instilled a sense of pride in African American women (Brown, 2017; James, 2015). Women often attempt to support themselves (financially and emotionally) despite not having the resources to do so appropriately (James, 2015). Learning to be successful despite challenges, they strive to be successful academically and professionally. Woods-Giscombé (2010) noted that some women in her study were the first to attain various professional and academic achievements (such as obtaining a degree) and could not rely on family to support them during hardships. Despite the limitations of not coming from college-educated families where the likelihood of professional success and financial support may be greater, these women persevered and sought an education on their own.

Obligation to Help Others

Woods-Giscombé (2010) described how women in the study described their duty to take care of the needs of those around them, especially their family. The women discussed how taking care of everyone else caused stress for them. Woods-Giscombé (2010) reported the women also discussed wanting to provide financially to help their family although they did not have enough funds for themselves. They also admitted that although they felt pride in the ability to try and help financially, it sometimes left them in a financial bind.

Watson and Hunter (2016) also discussed the obligation to help others for the African American woman and how it often prevented the women from receiving help. It was the conflict of either being strong or being dependent on others, whilst still feeling obligated to help them, that left a confusing message. The participants of the study were often left to care for others without seeking the help they needed during times of stress (Watson & Hunter, 2016). Words such as 'standing on your own', 'handle it by [oneself]', and 'not having to depend on anybody and being able to take care of yourself…and your children or whoever and whatever dependents a person might have' were used by the participants in Watson and Hunter's (2016, p. 440) study.

Current Research and SWS/SBWS

Recent studies have used premises of SBWS to examine the relationship between stress and mental health in African American women. For instance, Watson-Singleton (2017) conducted a quantitative study to examine the relationships between perceived emotional support, premises of the SBWS, and psychological stress. Results showed

54.63% of the women sampled scored in the upper for level endorsement of the SBWS. The results also revealed a statistically significant, positive association between strong endorsement of the SBWS and psychological distress. Women who scored higher on the SBW schema also reported less social support. Some limitations of the study were that Watson-Singleton utilized self-reports in the research, studied participants with a limited range of educational backgrounds, and could not assess how the SBWS influenced the perception of emotional support and psychological stress over time. The importance of this study to proposed research is that the findings revealed a connection between strong endorsement of the SBWS and psychological distress.

Castelin (2019) also conducted a quantitative study that found a link between strong endorsement of the SBWS and negative mental health outcomes for African American women. The study specifically reviewed the relationship between the SBWS and psychological distress, suicidal behaviors, and resilience. The sample consisted of 177 African American women who took a 30-minute survey, Castelin (2019) found find that there was a mediating effect of psychological distress on the relationship between the SBWS and suicidal behaviors. The researcher found statistically significant positive association between endorsement of the SBWS and psychological distress such as depression.

Kennedy and Jenkins (2018) also discussed that this self-resilience perpetuated by the SBWS often also prevents African American women from seeking social support, which further contributes to stress, depression, and poor health outcomes The authors further point out that due to African American women's propensity to have less access to

treatment and early diagnosis in cases such as depression and stress, they often present with greater problems that are more severe and complicated (Kennedy & Jenkins, 2018). The article is important to this study because it outlined the possible outcomes for depression and holistic health problems when African American women subscribe to the SBWS.

In conclusion, the SWS was appropriate for guiding my research because the premises of the SWS/SBWS have been used to explain how African American women's experiences of stress affect their health outcomes. The SWS creates a foundation by which one can begin to understand how endorsement of premises of the SBWS my affect African American women's cognitive appraisal of how the experience of infidelity affects their holistic health.

Stress Coping Adaptation Theory

The stress of infidelity has been shown to affect a women's well-being (Munsch, 2015; Onayli, 2019). To better understand how infidelity affected the targeted participants and their ability to cope with the stress caused by infidelity, I chose the stress and coping adaptation theory (SCAT) to guide this research (see Figure 1). Lazarus and Folkman (1984) proposed the SCAT as an adapted model of Seyle's work on stress and disease to explain how the body reacted when coping with stress.

Although Selye detailed the stress process in the gut, he did not define the term *stress* until 10 years after his first publication in a paper that was published in multiple journals (Sigrid & Enck, 2017). Selye noted that there were good and bad types of stress that were associated with negative and positive health states (Selye, 1953, 1955, 1976).

Bad stress or *distress* was associated with negative feelings and poor bodily states (Selye,

1953, 1955, 1976). Positive stress was called *eustress.* In Seyle' s (1976) book, *The*

Stress of Life, he gave a rather detailed definition of stress in about a half-page

description. He stated, ultimately, that stress is the "nonspecific response of the body to

any demand" (Selye, 1976, p. 472).

Lazarus and Folkman expanded Selye's work further and addressed the

differences between physiological and psychological effects of stress (Lazarus, 1993;

Lazarus & Folkman, 1984). Lazarus and Folkman (1984) indicated "*psychological stress*

is a particular relationship between the person and the environment that is appraised by

the person as taxing or exceeding his or her resources and endangering his or her well-

being" (p. 19). According to Lazarus and Folkman (1984), the two main factors

associated with the outcomes of stress are the *person-environment* and *appraisals.*

Lazarus and Folkman (1984) defined the *person-environment* as being the relationship or

connection between an *event* in a person's life and the person who is responding to the

event. Lazarus and Folkman (1984) indicated that a person's perceptions of a stressful is

the person's appraisal of the stressful event. The authors went on to define *cognitive*

appraisals as a person's systematic way of evaluating the reasons and the extent to which

an event, transaction, or series of transactions is believed to be stressful (Lazarus &

Folkman, 1984).

The other key factor in the SCAT that the researchers explored was that of

coping. Lazarus and Folkman viewed *coping* as a process of *appraisals* that involved

adaptations to the person- environment relationship (Folkman & Lazarus, 1988; Lazarus

& Folkman, 1984; Folkman, Lazarus, Dunkel-Schetter et al., 1986; Folkman, Lazarus, Gruen, & DeLongis, 1986). More comprehensively, *coping* was viewed as a way to handle issues, both cognitively and behaviorally. There are two types of coping noted proposed by Lazarus and Folkman (1984). First, there is *problem-focused coping,* when a person deals with the problem, issue, or stressor by doing something to change his or her own behavior or by altering the environment around them (Lazarus, 1993). The second coping strategy is known as *emotion-focused coping,* which refers to a person's ability to cope with a situation by removing the emotional suffering that a person experiences. Lazarus and Folkman (1984) detailed that coping was not based solely on getting over the anxiety caused; coping was also influenced by how a person perceived the stressor. In other words, a person based his or her coping on how he or she personally understood the stressor (or *appraised* it).

Lazarus and Folkman (1984) used the term *cognitive appraisal* as a person's process of determining whether a particular experience impacts their well-being. The three types of cognitive appraisals are *primary, secondary, and reappraisals*. With primary appraisals, a person weighs the risks and benefits of a given situation. The *secondary appraisal* occurs when the person decides whether the situation or phenomenon can be overcome to prevent harm and maximize benefit (Lazarus & Folkman, 1984; Folkman et al., 1986; Lazarus & Folkman, 1987). During *reappraisal,* a person reassesses a given situation after new or different information regarding the situation has been obtained (Lazarus & Folkman, 1984).

Past research has shown that infidelity can be a major life stressor (Couch et al., 2017; Dehghani et al., 2020; Shrout & Weigel, 2018), however the way a person perceives infidelity influences how a person copes. African American women's perceptions and cognitive *appraisals* affect the actions they take to cope with the stress. The association between an African American woman's *environment* or the traumatic event of infidelity can be perceived (appraised) as a threat to her mental and physical well-being. How she decides to cope with stress is based on those appraisals.

Literature Related to the SCAT

Glass (2014) used Lazarus' theory to guide a quantitative study on stress, coping, spirituality, and the psychological well-being in African American women ages 18 to 65 years. After analyzing data from four different questionnaires, one for stress, one for religious orientation, one for psychological wellbeing, and one for demographics, Glass found stress was negatively related to measures of behavioral, physiological, and psychological wellness. Glass (2014) further found that showed that participants' use of intrinsic religiosity and spirituality also had a positive impact on these women. Religiosity and spirituality also acted as coping mechanisms used by the African American women who appraised the mechanisms as being positive for helping them deal with stress. Therefore, understanding that African American women may *appraise* stress differently based on how they perceive the event causing the stress, whether they have access to *coping* mechanisms, and how they then adapt to that stress is a significant part of SCAT.

Shrout and Weigel (2018) explored health ramifications, mental health, and compromising behaviors associated with cheating using the SCAT. Shrout and Weigel found that women who blamed their partners and/or themselves for the infidelity, based on their perceptions or *appraisals*, demonstrated compromising health behaviors. The authors stated the women also showed higher incidences of mental health problems such as depression and anxiety. Therefore, the authors' work showed that there is a connection between appraisals, mental health, and health compromising behaviors in women who endured infidelity (Shrout & Weigel, 2018). One limitation of the study was that Shrout and Weigel did not focus on married couples but committed couples in relationships for one year or longer. The authors said the personal biases of the participants might have affected the results due to retroactive measures and self-report being used to remember events.

Shrout and Weigel (2018) detailed that the study of older, married individuals, with different routines and experiences, should be examined. Shrout and Weigel's study was important to the current proposal because they used Lazarus and Folkman's (1984) theory to explain how appraisals during infidelity were related to mental health, physical health, and coping. The researchers purported that the women's cognitive appraisals of their experiences with infidelity influenced their health physically and mentally (Shrout & Weigel, 2018).

The SCAT is appropriate for guiding this proposed study because it deals with coping with stress. It is suggested by Shrout and Weigel (2018) that the transactional stress theory also may be appropriate to understanding infidelity due its ability to assess

the appraisals of those not involved in the infidelity and impact their responses, health and their well -being. In this case, African American women who remain in the marriage after infidelity would be the noninvolved partner. Therefore, understanding their personal appraisals regarding infidelity and how they cope with them will be important to understanding the holistic health and the physiological aspects that stress imparts about their wellbeing.

Model of Conceptual Framework

Figure 1 shows the interconnection between premises of the SCAT and premises of the SBWS. For this study, infidelity represents the source of stress identified in premises of both SWBS and SCAT. Both theories posit that the cognitive appraisal of a stressor affects behaviors that people engage in to address those stressors (Lazarus & Folkman, 1984; Woods-Giscombé, 2010). The main premise of my research was that African American women's level of endorsement of the SWBS may affect their cognitive appraisals of the experience of infidelity, and that cognitive appraisal may affect the strategies they used to cope with that stress.

Figure 1

Model of Conceptual Framework
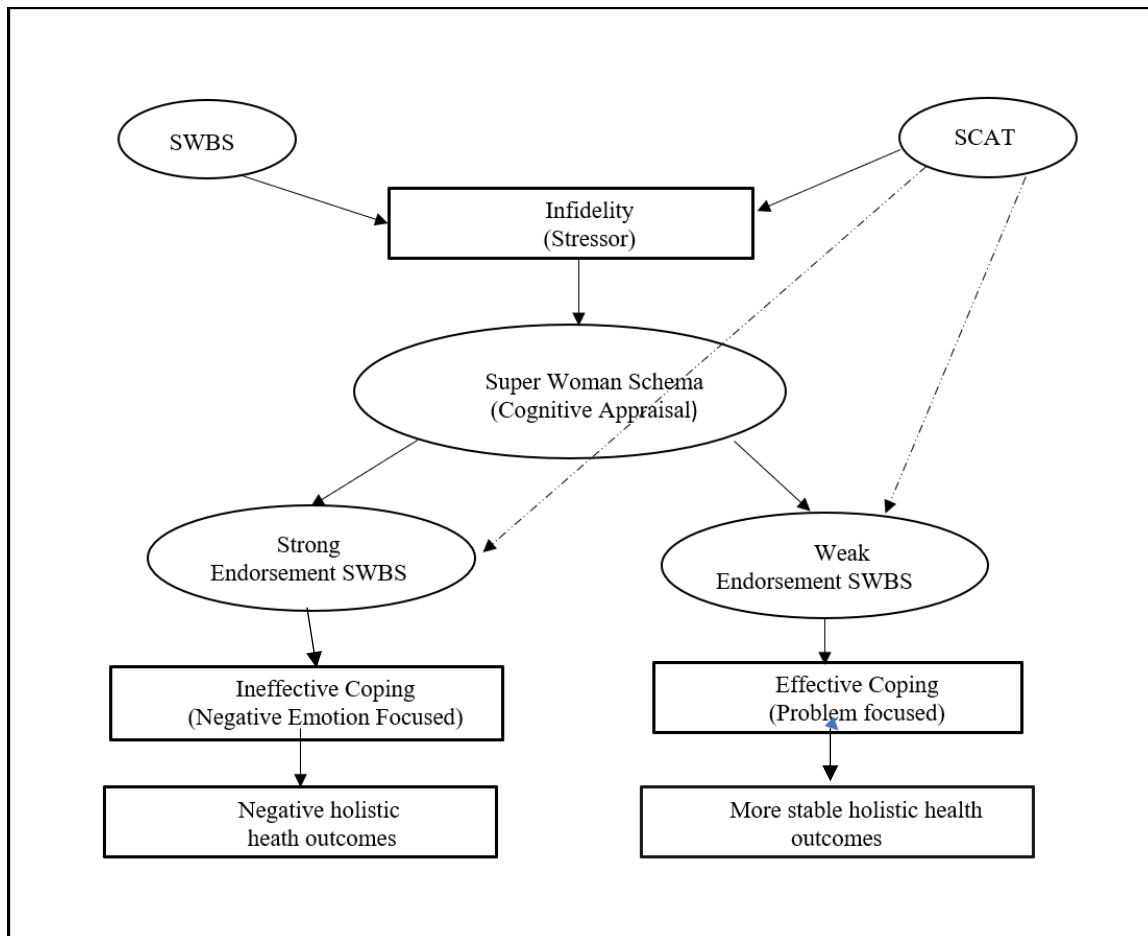
Adapted from Lazarus, R. S., & Folkman, S. (1984). *Stress appraisal and coping*. Springer.

Premises of SCAT also indicate that cognitive appraisal of a stressor affects the strategies individuals take to cope with stressors (Lazarus & Folkman, 1984). Premises of SCAT also indicate whether those strategies result in effective or ineffective coping strategies, which in turn can affect health outcomes. The main premise of my research is that strong endorsement of the premises of the SBWS may result in women adopting

ineffective strategies for coping with the stress of infidelity, which may adversely affect the women's holistic health. For instance, premises of the SBWS promote the perception that African American women are strong and can handle the pressures of life on their own (Woods-Giscombé, 2010). Research has shown that such beliefs may prevent African American women from seeking social support (Guidry, 2019; Watson-Singleton, 2017) and professional help to deal with life stressors (Castelin, 2019; Kennedy & Jenkins, 2018). Conversely, low, or weak endorsement of premises of the SBWS may have allowed the women to adapt more effective coping strategies. Premises of SCAT posit that effective coping enables individuals to cope mor effectively with stress (Lazarus & Folkman, 1984). Combining premises of SBWS and SCAT will enable me to determine how the experiences of marital infidelity affected the holistic health of African American women and how the women coped in the aftermath of discovering the infidelity.

Literature Review Related to Key Concepts

Several researchers have addressed the problems faced by African American women in the aftermath of marital infidelity (Manley, 2016; McLellan-Lemal et al., 2013; Rackley, 2014; Turner, 2017). I first searched the literature to gather literature to form a definition of holistic health. I then conducted a literature search to locate literature that addressed how infidelity or stress affected each component of holistic health. Stress was a common factor throughout most of the literature. Results from the literature review are presented in the section that follows.

Defining Holistic Health

Health is defined as "a state of well-being that is culturally defined, valued, and practiced and that reflects the ability of individuals or groups to perform their daily role activities in a culturally satisfactory way" (McEwen & Wills, 2014, p. 91). To better explain the many components of health, the term *holism* emerged by Smuts in 1926 who defined holism as "entities were greater the sum of their parts" (p. 118). According to McEvoy and Duffy (2008), holism is associated with the entire person and addresses the combination of mind, body, and spirit that engages both mental and physical wellness. The definition of holism also promotes sociocultural relationships within an unstable financial atmosphere.

The term *holistic* emerged in the 1970s as a comprehensive approach for treating disease and issues that influenced health (Walter, 1999). The concept of *holistic health* became common place in health vocabulary during that timeframe as well (Walter, 1999). The American Holistic Health Association later defined holistic health as a lifestyle choice and an ongoing process towards wellness that includes the person, in his or her entirety, moving towards health based on mind, body, spirit, and environmental influences (Walter, 1999). Holistic health is based on the belief that the whole person is made up of interdependent parts and he thought that any one part can influence the other part, which in turn, influences the whole (Walter, 1999).

The term *stress* was defined by Lazarus and Folkman (1984) as the relationship between an individual and their environment that is assessed (appraised) by the person as being either problematic or beyond their personal resources and jeopardizes that person's

wellbeing. They relayed that the stress a person feels would do one of three things: (a) become irrelevant in which the stress has no impact on the person, (b) become benign or positive in which the stress helps to strengthen that person and his or her well-being, or (c) become stressful in which the person's resources is stretched and exceeded (Lazarus & Folkman, 1984). Therefore, the impact of stress can be difficult for African American women.

Impact of Stress on African American Women

Perry et al. (2013) looked at various types of stress and how they influenced the health of African American women in a study of 204 low-income African American women. The researchers solicited participants through newspaper advertisements to examine the connection between social stressors (racial and gender discrimination) and individual stressors that occurred within six social areas: social network loss, motherhood, employment and finances, personal injury and accidents, adult, and child victimization. Data collection and analysis occurred through descriptive statistics and binomial regression, with subsequent import into Stata 11 software. Perry et al. found social and individual stressors have an impact on the mental health and well-being of African American women. The authors also found that financial stressors had the greatest impact on well-being (Perry et al., 2013).

There were limitations that involved the possibility of endogeneity (Perry et al., 2013). These limitations related to the occurrence of mental health problems possibly created a perception of stressors versus negative life events that may create low health outcomes or low levels of well-being. This is significant to the current study because it

details how various aspects of stress such as social networks and finances play a key role in health outcomes for African American women.

Well-being or *wellness* refers to the unified balance of all parts within the body's system (Walter, 1999). Well-being is a part of holistic health. In the next section of the chapter, I defined the key concepts of infidelity and holistic health, as well as discussed, the impact of infidelity on African American women.

Defining Infidelity

Infidelity has been defined in many ways and finding consistent information on the subject could prove to be taxing (Rackley, 2014). I found varied definitions of infidelity within the literature. Table 1 presents a summary of these definitions. For this study, I used the definition of infidelity as detailed by Blow and Hartnett (2005), as well as Manley (2016), which were the most comprehensive definition of infidelity that I found in the literature. Marital infidelity is the leading cause of divorce among couples in the United States, even more notable as African Americans have the leading rate of divorce among all races and ethnicities (Chaney et al., 2016). Approximately one-fourth of married individuals experience infidelity (Shrout & Weigel, 2018) and over half of married persons visiting therapists have experienced infidelity (Schofield, 2016). African Americans report higher rates of infidelity than their White counterparts (Glass, 2014; Marks, 2017; Rackley, 2014; Turner, 2017). Wang (2018) conducted a study and findings revealed that 28% of African American men stated that they had an affair outside of their marriage, compared to 20% of Whites and 16% of Hispanics.

Table 1

Definitions of Infidelity

Authors	Definition
Blow & Hartnett, 2005, p. 20. Manley, 2016, p. 12	betrayal of commitment to sexual exclusivity in various forms both sexual and emotional, and includes activities such as sexual intercourse, oral sex, kissing, fondling, emotional connections, pornography, and online relationships.
Dean, 2011, p. 15	sexual and/or emotional act engaged 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.
Rackley, 2014, p. 21	any form of emotional or sexual intimacy with a person other than one's primary partner.
Turner, 2017, p. 20	a partner's violation of norms regulating the level of emotional or physical intimacy with people outside of the relationship

Marriage normally brings a sense of emotional stability to a relationship in which closeness, help, and understanding are vital mechanisms for mental health of the spouses (Whisman, 2016). However, spousal infidelity can create a sense of loneliness, sense of distance, and feelings of uncertainty for the faithful spouse (De Cuir, 2019; Onayli, 2019). Infidelity can also lead to a lack of trust, which diminishes the connection between married couples (Couch et al., 2017; Couch & Olson, 2016). A number of researchers have studied the impact of infidelity on marriage (e.g., Crouch & Dickes, 2016; Rackley, 2014), but few have noted how infidelity influences the holistic health of women who remain married after the infidelity occurred. This scarcity of focus in studies being given to the topic of African American women and infidelity in the literature created a

significant omission of the holistic health experiences of African American women who face infidelity. Exploring how infidelity affects the holistic health of African American women was the beginning to understanding the phenomenon.

Impact of Infidelity on Women

Gender plays a significant role in the behavior and mental health of individuals impacted by infidelity (Glass, 2014; Leeker & Carlozzi, 2014; Mehrangiz & Mehravar, 2015). Women who endure infidelity are more likely to be depressed, demonstrate anxious behaviors, and feel insecure, helpless, undesirable, and abandoned compared to those who do not experience infidelity (Shrout & Weigel, 2018). Researchers have linked stress to several negative outcomes for African American women's health and well-being (Perry et al., 2013; Turner, 2017). Many have linked infidelity to stress (Blunkosky-Shaikh, 2019; De Cuir, 2019; Manley, 2016; Mapfumo, 2016). However, there are few studies that have investigated the link between infidelity and stress in African American women (Boe, 2019; Fisher, 2017; Guidry, 2019). In addition, there is even less literature that has investigated the impact of infidelity on married African American women that have stayed in their marriages after infidelity to stress are virtually nonexistent.

Infidelity and Mental/Psychological Well-Being

Past research which examined infidelity women's mental well-being reported that women who have experienced the stress of infidelity were frequently diagnosed with major depression (Cano et al., 2002; Cano & O'Leary, 2000; Mapfumo, 2016). In the last decade, researchers found links between infidelity and mental health instability (e.g.,

Mehrangiz & Mehravar, 2015; Shrout & Weigel, 2018, 2020; Taghi Pour et al., 2019;

Whisman & Uebelacker, 2012).

Taghi Pour et al. (2019) conducted a metanalysis that analyzed past research on

infidelity. The literature review examined several aspects of infidelity including its

"definition, prevalence rate, types, demographic factors, attitudes, predictors, and effects

on other family members" (Taghi Pour et al., 2019, p.1). Mental health issues such as

anxiety trust, depression, and physical aggression were found to be related to infidelity.

Sauerheber and Disque (2016) discussed the link between related to knowledge of

a spouse's infidelity and mental well-being. Results showed that participants who

remained in the marriages after learning of spousal infidelity reported adverse outcomes

such as difficulty concentrating, heart palpitations, difficulty ambulating in the mornings,

fatigue, nausea, and other debilitating symptoms. Although Sauerheber and Disque

(2016) did not reveal the participant's ethnicity and used only one individual to explore

the physiological and psychological effects of infidelity, their research is applicable to the

current proposal. The findings are important to this study because the researchers

revealed how knowledge of infidelity was linked to stress and adverse outcomes for the

woman. The authors also provided background information about infidelity as a traumatic

event.

Shrout and Weigel (2018) recruited 232 participants from a medium-sized

university in the Western United States who had experienced infidelity within 3 months

prior to the study. The purpose was to examine the relationship between mental health

consequences, health-compromising behaviors, and appraisals of the infidelity of

noninvolved partners after experiencing infidelity. Through moderated mediation analysis, the authors found that women who reported negative cognitive appraisals regarding infidelity also detailed numerous mental health consequences. Additionally, respondents who reported high negative appraisals engaged in more health-compromising behaviors. One limitation of the study was that participants were dating and not married. In addition, there was only a small sample of African Americans in the study, which makes it difficult to generalize findings from the study to my intended population. Still, these findings were relevant to this proposed study because of the insight the finding presented regarding the relationship between mental health and infidelity.

Guidry (2019) conducted a quantitative study of 84 African American and 191 European women to assess the relationship between a partner's use of pornography as a form of infidelity and its psychological impact on the women. Pornography has been viewed by many women as a form of infidelity that results has been linked to negative feelings such as betrayal, anger, hurt, anxiety, decreased trust, reduced commitment, and personal inadequacy (Guidry, 2019).

Guidry hypothesized that partner involvement with pornography would show a positive correlation to the female partner's level of depression. However, results revealed there was no significant correlation between partner involvement in pornography and the level of depression for African American participants. However, results did show a negative correlation between SBW strength and depression. The SBW- strength predicted less stress less anxiety, and less depression in African American and Caucasian women. This finding is important to note regarding their ability to cope because if they subscribe

to the SBW schema, African American women may experience less anxiety and depression based on their self-perception of strength. There were some limitations of the Guidry research. One limitation was the limited transferability of findings to multicultural populations because the sample contained only African American and Caucasian women. One of the factors used to qualify women for the study was the nonuse of pornography. Additionally, the researcher stated that women in more casual relationships may have a different view of pornography as a form of infidelity may have a different impact on individuals in casual relationships compared to those who are in committed relationships.

Whisman and Uebelacker (2012) conducted a quantitative study to examine the link between infidelity and major depressive episodes of 129 married and cohabitating women. Using multivariate logistic regression analysis to analyze the results, Whisman and Uebelacker found a higher prevalence of major depressive episodes within a year of participants' discovering a partner's affair. Women were eight times more likely to learn their partners were having affairs compared to men (Whisman & Uebelacker, 2012). The researchers also found women who experienced a major depressive episode had poorer marital adjustment. Whisman and Uebelacker did not break down the results for each ethnic background, which poses a limitation to the generalizability of their results.

A more recent work by Thomas-Franklin (2020) uncovered the healing experience of African American women who experience infidelity in their monogamous relationships. In this auto-ethnographical and narrative inquiry, the author used social media to recruit four African American women with an average age of 48 years of age to cuss their healing process after infidelity. The author detailed the importance of self-

worth, social support, and spirituality to their healing process. These findings were significant to the current study due to the discussion about the mental, social, and spiritual components of holistic health. There were several limitations that she noted including the small sample size, her own personal experience and bias towards the topic of infidelity, and the possibility of treating the remembrance of the phenomenon as a fixed moment in time, instead of changing with time.

Infidelity, Stress, and Physical Health

Infidelity is a stressful event that may negatively influence women's physiological health (Ramphal et al., 2014; Sauerheber & Disque, 2016; Utley, 2011). Some researchers have proposed that stress could be related to metabolic syndrome, which is a series of physiological and biochemical anomalies that can predispose a person to a number of physical illnesses (Lei et al., 2016; Ramphal et al., 2014). African American women are 1.5 times more likely to meet the criteria of cardiac metabolic syndrome than their counterparts (Villablanca et al., 2016). Lei et al. (2016) investigated whether there was a link between stress, being in romantic relationships, and the thyroid function index in African American women. Lei et al. examined this aspect using a sample of 270 African American women in romantic relationships. They found that stressful romantic relationships have the potential to cause stress. Results from the study revealed that various levels of stress may produce varied responses, especially as stress often precipitates poorer physical health. An example within the research was given regarding the impact of stress on the thyroid (Lei et al., 2016). Some participants experienced changes in their thyroid function. The changes they experienced were related to the

amount of stress they were under with their personal relationships and other contextual stressors (i.e., environmental stressors). Findings from the Lei et al. study revealed how stress impacted the physical health of African American women. Infidelity is a source of stress and could have a drastic influence on women's physical health (Onayli, 2019; Sauerheber & Disque, 2016).

Infidelity and Social Support

The ramifications of infidelity can negatively impact women's social support networks (Shrout & Weigel, 2018). The couple's shared friends, family, and acquaintances may feel obligated to choose a side upon the revelation of infidelity (Jeanfreau & Mong, 2019). Female friends may judge the faithful partner for making the choice to stay, thus causing further strain on relationships (Shrout & Weigel, 2017; Utley, 2017).

In an older study, Abrahamson et al. (2012) conducted a qualitative study to gain insight into the experiences of couples who remained together for at least 2 years after the discovery of one partner being unfaithful in the marriage. Data were collected through narrative inquiry from seven participants who ranged in age from 30 to 46 years. Themes were extracted from the transcribed, coded, audio recordings using thematic content analysis. The four themes that emerged regarding the couples' ability to remain in the relationships were: motivation, acts of kindness, meaning making, and support. The authors found that participants experienced conditional support from friends and family because their family and friends were more in favor of them dissolving the relationship after infidelity rather than staying in the marriage. Participants also stated that they felt

judged for staying in the relationship. One participant stated that her family felt that she

was crazy for staying in the relationship with her partner after infidelity. Limitations of

the article were the small sample size, ages of the participants, and limited

race/ethnographic mix. The researchers suggested broadening the research to examine the

experiences of those who did not remain together to add their insights. Another

recommendation was to expand the age range of future participants as the researchers

suggested that different issues may have been presented with younger participants.

Although the authors did not state the participant's race, it can be presumed since the

research took place in Australia, that most were Australian. The research is relevant to

my proposed study because it directly discussed insight into the experiences of couples

who remained together after one partner was unfaithful in the marriage.

Other research has shown that women may use social support as a buffer against

the stress of infidelity (Lei et al., 2016). African American women, in particular, often

rely on family and other means of social support (e.g., church congregations) to help

them cope with troublesome situations. Rokach and Philibert-Lignières (2015) noted that

infidelity diminished the social support normally found in marriage by removing the

resources that the faithful partner needed to cope with the situation. The authors'

literature review on intimacy, loneliness, and infidelity was instrumental in outlining the

impact of social support individuals who experienced marital infidelity. Although most of

the literature the authors reviewed was dated as it related to this current study, there were

important tenets to take from their work. For example, the researchers found those who

were affected by infidelity felt distant from family and friends after the marital disruption.

Couch and Olson (2016) conducted a quantitative study to investigate the relationship between perceived social losses created by infidelity and psychological issues such as anxiety, depression, embarrassment, and traumatic experience recall. They found that perceived social losses were related to negative mental states for the participants such as anger, and disgust, as well as trauma reactions. The authors suggested that particular provision losses were a statistically significant predictor of portion of the variance in emotional responses to being portrayed. For example, loss of the attachment bond with the perpetrator showed prediction of 14% of the variance in recalled anger. Some of the other models came close to reaching significance, but none of the indices of social provision loss met the significance level to meet other emotions noted from the first month of the betrayal. The results from their first study were that 90.5% of the participants reported losing social provisions from their partners as a result of betrayal.

Results from the second study showed that 89.9% of participants reported loss of social support networks (i.e., social provisions) after experiencing partner infidelity. The researchers were uncertain as to whether the lack of the relationship of support loss and depression was because the variables were truly unrelated or whether or not the instrument used was strong enough to detect a relationship between the two variables. The findings were not statistically significant for the loss of social provisions predicting the symptoms of betrayal after infidelity. The researchers were uncertain to whether the

instrument used to measure the criteria of social provisions and depression was sensitive enough to detect the connection between the two. Additionally, the authors suggested that perhaps further understanding of emotional changes growth should be explored in future research. For example, some emotions such as anger, distrust, and disgust appeared to dissipate after time and seemed more prevalent soon after betrayal was recognized. Perhaps the extended time after the betrayal provided the participants time to self-reflect or grow or perhaps further understanding of loss of social provisions after betrayal of infidelity are needed. Thus, their study is important to this proposal because it showed the connections between social support, psychological problems, and infidelity.

Utley (2017) also addressed the social implications of infidelity in a qualitative study that explored the narratives of 65 women, of whom 40 were African American who experienced infidelity and intimate partner violence. (Utley, 2017). Data were conducted through either semistructured face-to-face or telephone interviews. Through thematic content analysis, Utley was able to organize the women's experiences into six categories: social, economic, emotional, psychological aggression, sexual and physical violence Utley (2017) found that social aggressions or acts of public humiliation from unfaithful partners such as lies and false accusations against women limited the woman's social interactions with others. Participants discussed how they were prevented from having any type of physical or electronic communication with their friends and family members. The women discussed how the intentional separation forged between them and others by their partners to keep them financially dependent upon their partner. The participants

continued that the attempt was to isolate them, shame them, control them, manipulate them, and ultimately degrade them into limiting their self-worth (Utley, 2017).

The social aggressions also caused the women to feel disconcerted, depreciated and demeaned (Utley, 2017). Infidelity created a depletion of social wellness, through intimate partner violence, creating less social support for the women who did not leave immediately. Understanding social wellness or the lack thereof, as detailed in this study, is important to understand to highlight the full spectrum of the lack of social support that occurs with the phenomenon of infidelity.

Infidelity and Financial Well-Being

I did not find any literature that included financial wellness in the definition for holistic health. However, researchers have suggested that finances play a role in how women cope with infidelity (Crouch & Dickes, 2016; Lei et al., 2016; Stanford, 2012; Utley, 2011, 2017). Lack of financial resources to pay for the treatment of mental health issues such as anxiety, depression, and physical health symptoms, may leave a woman unable to cope effectively with infidelity. Also, health insurance and medical exams are costly. If the woman does not carry her own insurance, she may have to pay out-of-pocket expenses (Lavelle & Smock, 2012). Due to an estranged relationship, she may not wish to ask for financial help from her husband.

I did note some research which revealed that marital issues may increase the possibility of financial stress for African American women (Barton et al., 2018; Barton & Bryant, 2016; Dew et al., 2017; Utley, 2017), thus infidelity is a marital stressor that indirectly affects the financial health of women who experience spousal infidelity.

Barton and Bryant (2016) conducted a quantitative study to determine the correlations between financial strain, marital processes, (i.e., conversations together, partner warmth, partner hostility), and marital instability. Participants consisted of 280 African American newlywed couples from the Southeast United States during the first three years of their marriages (Barton & Bryant, 2016). The study also only detailed stress as it related to financial strain but recommended that stress from multiple sources be considered. For example, the authors noted that financial strain predicted increases in marital instability concerns for the wives. The marital instability was related to the hostility and the lack of warmth or closeness felt by the wives. Findings from Barton and Bryant (2016) are relevant to my proposed study because the findings revealed that financial strain is a possible stressor in marriage for African American couples and discussed how financial strain specifically impacted African American women. Some of the limitations of the study was that the level of financial strain was only determined once. The researchers suggested that a study which included a more frequent evaluation of financial strain with both objective and subjective data would give better indication of chronic financial strain.

Cutrona et al. (2014) conducted a quantitative study to determine the relationship between African American women's financial status, stress, and their physiological wellbeing. Specifically, the authors tested the relationship between chronic financial strain and the risk of development of Type 2 diabetes. Results revealed that financial strain was significantly associated with depressive symptoms and anxiety. The data also revealed that women who were not diagnosed with diabetes at the beginning of the study

were at greater risk for the onset of diabetes as the stress associated with financial strain

increased (Cutrona et al., 2014). This research is important to my proposed study because

the results revealed the impact that stress related to financial problems can have on

African American women.

Crouch and Dickes (2016) explored the macroeconomic consequences of

infidelity on families and household expenses. The researchers analyzed data from the

Bureau of Labor and Statistics economic consequences associated with of infidelity and

income. Crouch and Dickes reported that as the probability of infidelity increased by 1%,

the family weighted average income decreased by $6,086. The researchers suggested that

an occurrence of infidelity may result in the husband and wife choosing to separate for a

while. As a result of the separation, the woman may be left financially insecure as the

result of a separation. In addition, the financial resources directed toward supporting an

affair (funds allotted to hotels, gifts, and dinners for the other woman) could drain family

budgets. The drain on a family budget may further deplete a woman's ability to create

financial stability for herself and her household (Crouch & Dickes, 2016). The authors

noted there were higher medical costs associated with treating depression and other

mental and physiological health issues after the incidence of infidelity (Crouch & Dickes,

2016). They also identified less earning power and decreased productivity for women as

added economic impacts after marital infidelity.

There were several limitations of the Crouch and Dickes (2016) study. One

limitation was the small sample of African Americans, which limited the transferability

of the results. They also used data from a 1994 study to calculate the relationship between

infidelity and income for the different racial groups and genders. Analysis of more recent data may show different financial outcomes for women who experience spousal infidelity. Crouch and Dickes (2016) proposed that future researchers should examine the full range of monetary costs incurred by those participating in infidelity. Findings from this study are relevant to my research because Crouch and Dickes examined the economic impact of infidelity on individuals, including African Americans. My proposed study will also examine the economic impact of infidelity on African American women.

Dew et al. (2017) conducted a qualitative study to determine how finances affected African American marriages. Data were collected form 37 couples through semi-structured interviews. Results revealed that over half of the couples in the study brought up financial challenges as something that caused stress related problems within their marriages. The three financial challenges noted mostly in the study were the lack of money to pay expenses, the impact of financial stress on their ability to cope and the relationship, and differing views regarding finances (Dew et al., 2017).

There were a few limitations to the study. The researchers admitted that important data could have been missed by not using interview tools that helped to draw the connection between marriage and finances. The researchers stated that future research that draws this connection to obtain these insights regarding marriage and finances are needed. The findings from the Dew et al. study have implications for my proposed study because the findings addressed the impact that finances can have on African American women and their marriages.

Utley (2017) conducted a qualitative study that examined the impact of infidelity on financial resources for. The researchers noted that some participants experienced economic aggression from their spouses. The economic aggressions were behaviors from the spouse that were aimed at controlling the women's ability to fend for themselves. Those economic aggressions jeopardized the women's ability to secure, sustain, or use those economic resources. The economic aggressions limited the women's' ability to have financial stability and security (Utley, 2017).

Infidelity and Spiritual Well-Being

Spirituality and religion play important roles in African American women's ability to cope with mental and physical health issues, such as cancer, HIV, depression, physical and mental abuse, and others (Holden et al., 2015). Eighty percent of African American women stated that religion was important to them (Cox & Diamant, 2018). Religion and spirituality may even provide marriage protection against infidelity (Rayesh & Kalantar, 2018). Chaney et al. (2016) conducted a qualitative study to determine the extent to which religion influenced the marriages of three African American couples (n=6) who participated in the study. The following four themes emerged from the data analysis: (a) religion was the foundation of marriage, (b) couples consistently practiced their religion, (c) couples turned to religion during challenging times, and (d) religion transcended race. The authors also note that clergy showed disapproval of infidelity and played a significant role during tough times (Chaney et al. ,2016).

Participants in the Chaney et al. (2016) study reported that the church was her family, and that when she had problems with her marriage, she could rely on the church.

Another participant identified God as her strength and that through difficulties, she

always remembered having to answer to a higher power. One participant stated she would

not have stayed in her marriage of 30 years had it not been for God (Chaney et al., 2016).

Several women in the study discussed how they used their faith as a means of coping

with challenging times or personal challenges. A few of the participants discussed how

scripture was important, the clergy, the elders of the church, and the congregation

(Chaney et al., 2016). Overall, the article relayed the importance of the church in the lives

of married African American women. The biblical principles noted in churches may also

play a role in how African American women relate to problems in their marriage. The

article detailed that the church may also provide support and resources that also

strengthen those coping mechanisms (Chaney et al., 2016). However, there were a few

limitations.

A major limitation with Chaney et al.'s (2016) study included was that only six

couples participated in the study. The data were also collected from participants in a

limited region of the United States. One limitation not mentioned by the authors was that

they interviewed participants as couples, not allowing the women to discuss their views

and experiences openly and freely apart from their spouses. Cumulatively, these

limitations restrict the transferability of results from the Chaney et al. study to the larger

population married couples.

Manley (2016) conducted a transcendental phenomenological study to explore the

role of spirituality and religious beliefs for African American couples who experienced

infidelity. Participants were 10 African American individuals who had been married 15

years or more. The couples had experienced infidelity 3 to 5 years prior to the study. The researcher found four themes that related to the role of spirituality in the experience of infidelity. Results revealed that the couples described how spirituality was a driving force from which they drew strength the during challenge of surviving infidelity. The couples further indicated that forgiveness as addressed in religion and spiritual was an important coping strategy that enabled them to navigate the experience of infidelity. Participants indicated that they achieved was healing and inner peace through their faith in God. Participants in the Manley study indicated that the found freedom in spirituality, and they were able overcame their experience with infidelity using their faith in God.

There were several limitations to the study. For example, Manley (2016) used a small sample size and limited geographic location, which limited the transferability of the findings to other populations. The time allotted to the interviews was also too short. A little more time would have allowed discussion of rich and meaningful information. However, this attempt at understanding how to help African American women cope with the aftermath of infidelity has also led to research on forgiveness.

One final result is important to note from the research by Guidry (2019)'s study regarding coping for African American women and Caucasian women and spirituality. Religious coping and the SBW stereotypy as a moderator for partner pornography was not statistically supported for African American women. This finding is important to note because of the discrepancy within the literature review that states that religion is important to decrease stress and assist in coping for African American women (Brown,

2017; Guidry, 2019; Kennedy & Jenkins, 2018). Perhaps the findings from the proposed research will add clarity to this discrepancy.

Summary

The findings from the literature review revealed that infidelity can affect African American women in many ways. However, the most impactful way that infidelity influence African American women is through stress. Stress that can have a detrimental effect on their health (Jones et al., 2016). Previous researchers have examined, separately, the stress of infidelity, African American women's stress, and their health. Yet, little information is available regarding infidelity, holistic health, and the African American women who experience infidelity. The literature review revealed a connection between stress, coping, infidelity, and health (Shrout & Weigel, 2017, 2018). In addition, several authors have used Lazarus and Folkman's (1984) theory as a model for their studies as it relates to stress and coping. Woods-Giscombé's (2010) SWS theory, has appeared in articles that have detailed the struggles of the African American woman. How African American women experience holistic health after a stressful event, such as infidelity, is not yet discussed in literature.

Based on the identified literature, it appears further research is needed to examine the holistic experiences of African American women who have experienced infidelity. The SCAT and SWS will be used to understand their experiences. The SCAT and SWS frameworks will be used to capture the multidimensional issues that may plague this population after infidelity. Additionally, these frameworks will be used to comprehend

the diverse cultural elements of their experiences as African American women. A

description of the methods used to conduct this study appears in Chapter 3.

Chapter 3: Research Method

Research Design

The purpose of this study was to explore how the experience of spousal infidelity affects the holistic health of married African American women in heterosexual marriages. In this chapter, I provide detailed information on the research design and the reason for choosing the design. Some of the details discussed in this chapter are the role of the researcher, the procedures I used in participant recruitment, instruments for data collection, the plan for data collection and analysis, issues of trustworthiness, and ethical procedures of the study. A summary is included at the end of the chapter.

Research Design and Rationale

The primary research question was: What are the experiences of African American women who remain in their marriages following their spouses' marital infidelity? The study was guided by the following subquestions:

RQ1: How did the experience of infidelity affect the holistic health of African American women who remained in their marriages?

RQ2: How did African American women cope with changes in their holistic health after experiencing spousal infidelity and choosing to remain in their marriages?

I initially began with the intention of using a qualitative hermeneutic phenomenological approach, but I transitioned to generic qualitative research to explore the experiences of married African American women who remained in marriages where the spouses' committed acts of infidelity. Qualitative research is used to examine and

explain the complexities of a phenomenon such as the experience of infidelity (Clanton, 2019; Daher et al., 2017).

Generic qualitative research is much like phenomenology, according to Percy et al. (2015), because it is used to examine experience: one focuses on the personal lived experience (phenomenology) and the other on the outward experience itself (generic qualitative). With generic qualitative research, there is no preordained theoretical ideology or epistemology (Bellamy et al., 2016). The researcher determines how and to the extent in which theory will encompass their research (Bellamy et al., 2016). Generic qualitative research is focused on what and how people experience phenomena (Bellamy et al., 2016). According to Bellamy et al. (2016), a researcher must use their research questions to create research designs from other methodologies that will hopefully fit their own ideas and understandings of the field in which they study. Researchers also insist it important for those doing the research to comprehend the methods they employ enough to adequately integrate them into the context of their study (Bellamy et al., 2016).

Historically, researchers have examined women's health regarding infidelity in parts, dissecting their experiences into individual isolated incidences. The insightfulness of the hermeneutic circle allows for an interpretive process that enables a researcher to explore parts of the experience and then move back to the whole of the experience and then back again to create further understanding from the texts (Horrigan-Kelly et al., 2016). However, this approach did not provide a holistic view of their experiences.

I had originally chosen the qualitative phenomenological approach because it aligned with my world view of social constructivism, seeking to better understand the

world I live in. However, the generic qualitative approach also attempts to better understand the world by asking about the experiences of African American women who remained in their marriages following their spouses' marital infidelity. By asking this question, I was still able to focus on what triggers the cognitive processes being explored in the study (see Percy et al., 2015, p. 77). Social constructivism also relies on the participants' views to explain the phenomenon under study (Creswell, 2014). I acknowledge that my own personal background, history, and culture also influence how I perceive the world (Creswell, 2014). My background as a nurse contributes to this understanding of the world.

I considered other qualitative research methods for the study due to their focus on the experience of infidelity. Case studies, narrative research, grounded theory, and ethnography were considered for their similar ontological philosophical frameworks (Creswell, 2007; Kasinath, 2016). However, these methods were rejected because they do not describe the experience of a phenomenon. The purpose of this study was not to develop theory, as in grounded theory. I also was not investigating a culture as with ethnography. The focus was not on just one case, as with case studies, but many experiences of the phenomenon of infidelity. The goal of this study was to capture the experiences through participants' own words and not solely as a story, as with narrative inquiry. These research designs do not allow for extracting meaning from the experiences found within the cultural, historical, and social contexts, much like hermeneutic phenomenology does (Laverty, 2003). However, with generic qualitative research, I was

able to explore with the goal of creating understanding and meaning through findings that give rich description (Bellamy et al., 2016).

Quantitative research was not considered for this study due to quantifying or counting occurrences in the research. Quantitative research often looks to experimental data to examine relationships between phenomena using a larger sample of participants (Slevitch, 2011). The goal for this research, however, was to focus more on how the experiences of infidelity affect the holistic health of African American women. Therefore, the qualitative approach, which attempts to find out more about a phenomenon from its participants using a smaller sample size (Slevitch, 2011), was more suitable for this study.

Role of the Researcher

My role in this study was to be an empathetic interviewer, an explorer, a reflector, a data collector, a theme extractor, a meaning interpreter, and a data analyst. The tradition of qualitative research promotes common epistemological grounding where the relationship between researcher and participant is minimized (Råheim et al., 2016); therefore, my role was that of researcher–participant. My awareness of my positioning (or place in the world) may have influenced the study in several ways. First, it may have assisted me in obtaining participants and data in my study due to shared experiences and the perception that I care about their situations. Lastly, my worldview of holistic health, and my background in nursing as an African American woman informed the way I constructed the research questions. My use of language, the way I see the world around me, and how I translate and relay that worldview regarding infidelity is my way of

making sense of it and may have impacted the findings and conclusions of the study (see Berger, 2015). I used this awareness of my positionality and its influence on my worldview in the study to monitor my connection between myself and the research to enhance the rigor of the study (see Caelli et al., 2003).

As the researcher, I was empathetic to participants' experiences. I was aware of my own experiences with the topic while I drafted the research. Being a member of Delta Sigma Theta Sorority and as a woman who has experienced infidelity, I shared a commonality with the participants I recruited. I did not hold any personal relationships with any of the participants that would impose power over them or create bias. I have not participated in alumnae activities of any Chapter of Delta Sigma Theta. There was no knowledge of the study topic before introducing the proposed research to women of the sorority. Therefore, any close relationships that may have created personal biases was not possible.

My professional and firsthand experiences with this topic may make it difficult for me to interpret and analyze findings without bias. Heidegger (1959/2008) believed that one could not be inattentive to the world around them and their various contextual milieus that compose their lived experiences. Based on Chan et al. (2013), the idea of biases may be prevalent because I have personally experienced the phenomenon of infidelity, and I may bring some preconceived notions regarding the phenomenon. Kostere and Kostere (2021) maintained that, in the qualitative approach, these preconceptions should be set aside to prevent researcher bias and honor the experiences of each participant.

I minimized the impact of researcher bias through reflexive journaling regarding my thoughts throughout the research process (Chanail, 2011). I did so with a notebook and a handheld recorder. Reflective journaling helped me to explore how my feelings, ideas, and impressions may influence the outcomes of the study if not acknowledged upfront. I was cognizant of the need to write objectively and manage bias by reflexive journaling. I wrote about those emotions, behaviors, and systematic knowledge construction at each stage of the research process that may have created bias in my study. Because qualitative work requires a researcher to be empathetic to social and psychological perspectives other than one's own (Attia & Edge, 2017), I remained aware of the need to reexamine the motives and methodologies for this study.

I shared similarities with the participants such as being an African American woman who has experienced spousal infidelity. Some of my characteristics similar to that of the participants were my age, gender, sexual orientation, marital status, experiences, and ethnicity. These similarities may have an impact on how I view the topic of infidelity. This potentially created bias because, as a middle-aged African American married woman, I have a perspective on infidelity that may be different from those who do not hold the same sociodemographic characteristics that I do. Experiences are subjective and therefore should be detailed only by those who experience them. Therefore, it was easier for me to relate to experiences similar to my own. Nonetheless, I was aware of this positioning and remained objective.

Methodology

Participant Selection Logic

The purpose of this study was to explore how the experience of spousal infidelity affects the holistic health of married African American women in heterosexual marriages. African Americans have the highest rate of infidelity (Stewart, 2017) and African American women face disproportionate health issues related to many areas of holistic health (Johnson & Loscocco, 2014). Hence, it was important to have African American women as the targeted participants of this study. The participants for this study were initially recruited from the middle Georgia area in the southeastern portion of the United States. This particular region of the United States was chosen because it is a region that holds the greatest percentage of African Americans (approximately 54%; U.S. Census Bureau, 2016). However, the lack of participants later created a need to revise the recruitment strategy to obtain a sample from all over the United States.

Sampling in generic qualitative research is based on the goal to obtain rich information from recruited participants who can provide insights rather than represent an entire population (Gentles et al., 2015; Jahja et al., 2021; Merriam & Tisdell, 2016). Purposeful and snowball sampling were used to recruit participants for this study. Purposeful sampling involves specifically recruiting participants who have the knowledge and personal experience with the phenomenon under study (Cleary et al., 2014). Purposeful sampling involves those participants who represent specific characteristics according to the inclusion criteria established for the study (Robinson,

2014). Purposeful sampling was appropriate for this study and is most widely used in qualitative studies and best for researchers with limited resources (Palinkas et al., 2015).

Snowball sampling is guided by participants. Snowball sampling allows researchers to recruit participants who have similar experiences to the study participants (Palinkas et al., 2015) and helps them to continue to act as co-researchers in the study. Those recruited this way are normally found by others participating in the study or who know of the study and are recruited by word of mouth.

I began using the purposeful sampling technique by posting recruiting material to sorority members through various community and social media forums such as Facebook, Instagram, and church bulletins. Additional recruitment efforts with a newspaper ad were not performed as originally planned due to financial constraints and timeliness. I considered additional effort due to low participation relative to the intimate and personal research topic of infidelity. However, the use of additional recruitment efforts was determined after initial recruitment efforts took place.

Additional recruitment efforts involving social media group organizations were pursued due to a lack of participation noted initially. I first contacted the local community and sorority group leaders via telephone to obtain permission to post the recruiting material. The recruitment material explained the purpose of the study and contained my contact information, which included my phone number and email address (see Appendix A). Women who were interested in the study were able to contact me via email or phone to request information about the study and discuss participation.

The sample consisted of two married African American women who live in the Southeastern portion the United States. Sampling sizes are generally small (approximately five to 10 participants), which allows for the most in-depth and rich data to be collected regarding the phenomenon. Recruiting two participants for the study was unintended and a limitation of the study. The original plan for recruitment of 10–15 participants was based on the wide range of recommendations noted in several key theoretical and empirical research articles: (a) Alase (2017) recommended five to 25 participants; (b) Smith and Osborne (2015) recommended six participants; and (c) Gallegher and Francesconi (2012) recommended 10 participants. A sample of 10–15 participants is within the range of what has been recommended for qualitative research studies.

While there are some guidelines given regarding qualitative studies, the primary goal in qualitative research is to reach saturation of data. Saturation occurs when there are enough homogenous participants to thoroughly add sufficient, rich, and thick data regarding the phenomenon (Alase, 2017). Saturation can be reached when no new themes emerge from participants during the data collection process. I attempted to recruit 10–15 participants for the original phenomenological study and attempted to recruit and interview participants until new themes or patterns of ideas emerged from the participants' responses. Unfortunately, due to the current social climate related to the COVID-19 pandemic and the sensitive nature of this study, the study was no longer suited for a phenomenological study. Therefore, this research constituted a generic qualitative design comprised of two participants. Generic qualitative inquiry is

appropriate for this study because it clarifies "people's attitudes, opinions or beliefs about a particular issue or experience" (Percy et al., 2015, p. 76). Generic qualitative data collection focuses on real events that impact participants' lives (Percy et al., 2015).

Instrumentation

Although, the researcher is usually the main instrument for studying research in qualitative studies, I employed several instruments to collect data. The instruments that I used in this study included the following: a demographic information form (See Appendix B), a list of interview questions (Appendix C), and a reliable audio recording device to record participant interviews. Semi-structured questions were developed to help guide the interviews. The interview questions were developed by me and rated for appropriateness (content validity) by a group of experts (colleagues and friends). There also was a demographic questionnaire that I developed to collect demographic information from the participants so that the reader can get a better understanding of who they were (See Demographic Information in Appendix A).

I developed the instrument used to collect data for this study. The content validity of the instrument was assessed using a pretest to friends and colleagues to ensure that the questions were sufficient for collecting the data needed to answer the research questions. The questions were short, clear, and open-ended to generate the most useful and reliable data to be collected that answered the research questions being asked (Kostere & Kostere, 2021; Wilkinson & Birmingham, 2003).

Pilot studies are small-scale studies that are used to obtain information regarding the adequacy of a researcher's data collection techniques (Doody, 2016; Lee, 2022). The

pilot study of a qualitative instrument is used to determine whether adjustments need to be made to any of the interview questions or other data collection instruments. Due to the pilot study interviews supplying information, the researcher proceeded to use the vetted interview questions in the study. If the interviews from the pilot study had not supplied beneficial information, the researcher would have then consulted with the committee chair to determine what revisions should be made or actions taken towards changing the interview protocol. Before the revision to any aspects of the interview protocol, permission would have been obtained from the IRB.

The interview questions were pilot tested with a small group of two women. The women in the pilot study were similar regarding the experience of infidelity. The pilot study used demographically similar participants to that of the main study to ensure that the interview questions obtained enough information about their experiences (Doody & Doody, 2016). The women were African American women, ages 18 and over from the United States, who have experienced infidelity and remained in the marriage.

Lees et al. (2022) recommended that a pilot study is used to reflect methods, model ethical relationships, and practice forward reflexivity. This is done to achieve the following: (a) ensure that recruitment strategies are tested and any difficult, confusing, or unwarranted questions will be corrected or taken out of the instrument, (b) monitor recruitment strategies and timing to interview the respondents to make sure it is appropriate and achievable, (c) ensure that relationships are fostered to develop trust so that the questions can collect the information from participants that is needed to provide thick and rich answers related to the phenomenon, (d) make sure feedback is given so the

answers are clear and that the responses relate to the questions being asked, (e) review all foundational practices and the concepts to make sure they have all been addressed adequately, and (f) practicing self-reflection and review the interview techniques for better preparation for the interview.

Procedures for Recruitment, Participation, and Data Collection

Participants for this study were initially recruited from Delta Sigma Theta Sorority, Inc., alumnae chapters, Facebook, Instagram, Twitter, and online church bulletin boards. I contacted the Bibb, Peach County, and Baldwin Alumnae Chapter presidents for Delta Sigma Theta Sorority, Inc., and pastors of the New Dawn Ministries, New Hope Baptist, Beaulahland Baptist, Union Grove Missionary Baptist, and Flagg Chapel Baptist churches in the same counties. I began by first emailing an introduction to the study to the presidents and pastors of the possible church participants a week prior to contacting them via phone about the study. The purpose of the introduction email and call to the pastors and presidents was to ensure transparency and continue to attempt to build rapport.

I stated who I was and the purpose of the study in the introduction email (see Appendix H). The introductory email requested that those members in charge of posting the social media for the organizations post the flyer on their social media pages for a month to recruit African American women to the study. When I contacted them via phone, I introduced myself and gave background information about the study. After contacting the responsible parties for each recruitment source above via telephone, I gained permission to recruit on their websites. I asked for their permission to recruit

participants from the churches or the sorority. The pastors or presidents were notified that

if they would like to meet with me further regarding questions they may have, they may

contact me via email or phone to clarify any additional questions. I let them know that all

my contact information was included in the email. After being certain all questions

regarding the study were answered, I then thanked them for their time and participation

and concluded the phone call.

I also posted a recruitment flyer that was previously approved by the IRB on my

active personal social media outlets such as Instagram, LinkedIn and Facebook. I asked

that those who followed my social media feed share the flyer if they chose to do so. I

pinned the recruitment flyer so that it would be visible each day to my page. The

recruitment flyers included my contact information, as well as the Walden University

Internal Review Board's contact numbers if participants have questions about the

research. The inclusion of my contact numbers allowed the participants to contact me to

ask any questions they may have to the start of the study date. When the women that were

interested in the study expressed interest and contacted me, I personally screened them

for meeting of the inclusion criteria, and I then filled out the demographic surveys. I

screened them again before conducting the interviews to ensure nothing had changed

from the previous screening.

Once the women interested in participation in the study contacted me, each caller

was screened to determine whether the women met the inclusion criteria when they

contacted me regarding participation. The inclusion criteria to the study were explained

and any questions the participant had addressed. The women who met the study criteria

set up a time and date for their interviews with me and they were considered for the final

sample. No compensation was provided due to the limited finances of the researcher.

When the eligible women were contacted by phone, I asked that the women interested in

participating pick a date within the next two weeks to be interviewed via videoconference

in a private, quiet, location of their choice. I also let them choose which videoconference

software that they prefer or are familiar with for the interview. For each interview, I set

up the appointment time and date with the participant. I then sent a confirmation email to

them two days before the appointment to remind them of the time and date discussed

(See Appendix G). The demographic questionnaire was completed just before the

interview for those women who were eligible to complete the study. For those women

who contacted me that were interested in participating in the study, I asked if they could

refer other women who may be interested in participating in the study to me. I thanked

them for their time and ended the conversation.

  Data were collected through semi-structured interviews. Due to the current state

of the country, face-to-face interviews was not performed. However, video-conferenced

interviews were conducted. I conducted video- conferenced interviews with those

individuals who lived in the United States in a location that is private and free of

distractions. Over-the-phone interviews were also considered if preferred or warranted

due to the precautions taken due to the Coronavirus pandemic. Interviews were

conducted at the time of the participants' choice and at the location of their choice. I

ensured a quiet, private, calm space with adequate lighting was used in my home for the

purpose of interviewing participants and asked that their environment reflect the same

atmosphere as much as possible. The goal of using a secluded, quiet room in the home was to maintain as much privacy as possible and allow the participant to speak freely. The interviews lasted approximately 30-60 minutes, depending on the depth of the participants' responses to the interview questions. All the interviews will be scheduled at a time of the participants' convenience.

Before starting each scheduled interview, I reiterated the informed consent and confidentiality with the participant. The consent forms were sent via email the day before the interview and signed and returned that same day via email. I reminded the participants that the interviews were recorded. The participants were reminded that they can decline participation at any time. Numbers for the Walden IRB offices were provided on the consent form. The participants retained a copy of the signed consent form for their records via email.

The interviews were to be held via audio Skype, Zoom chat, or another video conference software program available to the participant. Each interview was audio-recorded via cellphone using the recording application entitled Voice Recorder that allows you to record and store files via a passcode. Only I had access to this passcode through Touch ID. Touch ID technology lets cellphone users increase security to their phone by using their fingerprints to access their files. An additional handheld recorder was available in case one malfunctioned. Telephone interviews were to be conducted in the case that the videoconferencing software malfunctions, there were difficulties getting connection via the internet, or if participants did not have access to or were not comfortable with using any of the videoconferencing software. There were difficulties

with the Zoom software by one of the participants, and therefore, FaceTime and

Facebook tele- conferencing software were used as requested by the participants.

Utilizing handwritten notes, I noted responses and change in mood of the

conversation. I was mindful to be attentive and careful to listen to what the participants

stated to be present in the moment. After the interviews end, I reminded the participants

that the names and numbers of local support groups and therapists were provided in their

signed consent in case the interview elicited memories that they would like to discuss

with a professional. I proceeded to thank the participants for their time and concluded the

interview.

After conducting the interviews, I prepared to transcribe the information provided

by the participants. To ensure that I had adequately captured their experiences and

potential meanings embedded within what is stated (Birt et al., 2016), I elicited member

checking the week after finishing the transcribed information. To perform member

checking, I let the participants know that I would forward a copy of the transcribed

interview to them via email. I asked the women to member-check any corrections of the

transcript and forward them back to me at the time of receipt to ensure the accuracy of

the transcription.

The audio-recorded interviews with each informant were transcribed verbatim by

me using the Dictanote software. The transcriptions were assigned pseudonyms, using

numbers instead of the participants' names to protect their privacy. For example, I used P

(participant) 001, and P (participant) 002 to identify the informants. I retained a copy of

the numbers so that I could correlate the participants with their transcribed information.

These numbers were kept separately from the transcription and data. I did not have any informants who might want to withdraw from the study.

One of the advantages of collecting data by video-conference interview was the ability to visually see the respondent. Being able to visually see participants' reactions and body language will give me insight into their comfort level with and understanding of my (Farooq & DeVilliers, 2017). Being able to gauge whether an informant was having a positive reaction or negative reaction to the line of questioning would allow me to change the pace of the interviews based on the conversation and participants' reactions to the questions. Audio-recording using videoconferencing software was preferred over telephone interviews due to the ability to gauge the intensity of the interview and connect with the participant. Additionally, digital and technology proficiency was considered (Archibald et al., 2019; Irani, 2019). The participant's proficiency with using digital and technological software was taken into consideration because setting up the software might have been challenging, and the researcher may have been unable to assist the participants with fixing problems when difficulties occurred. Ensuring that the participants were comfortable with using the software was helpful in preventing interruptions in the interview process as well.

There were no instances where the interviews had to be conducted via the telephone only. Some researchers argue that the telephone should not be used to collect data through phone interviews (Farooq & DeVilliers, 2017). A disadvantage of telephone interviews is not being able have visual cues to help build rapport with the interviewee to facilitate easier conversation (Farooq & DeVilliers, 2017). Another disadvantage of

telephone and video conferenced interview is that I was not able to control distractions in the interviewee's environment (noise, privacy, children, spouses etc.).

Yet, there are some benefits to telephone interviews as well. For example, the interviewees might have felt more at ease discussing information over the phone due to the researcher being able to guide the conversation in the direction they wish to speak about (Farooq & DeVillers, 2017). Additionally, the lack of visual information about the interviewer may have reduced any bias that the interviewees may have held regarding the interviewer (Farooq & DeVillers, 2017). However, it should be noted that some interviewees may prefer the perceived anonymity and privacy of the telephone interview due to shyness or lack of comfort with discussing the topic (Farooq & DeVillers, 2017).

Interviews were conducted using the techniques described by Rubin and Rubin (2005). These procedures included: (a) asking broad questions to elicit further explanations of events, (b) constructing my main questions to elicit enough detail, (c) manage conversations to prevent detouring from the topic, and (d) formulate and ask probing questions that elicited further detail in the conversation (Rubin & Rubin, 2005).

Data Analysis Plan

I took an inductive approach to analyzing the data with the purpose of generating categories of information and answering my research questions. I then connected the data to specific research and interview questions inductively. Being inductive means being open-minded and exploratory (Snelgrove, 2014). An inductive approach is driven by the data being analyzed and does not take in account the theoretical perspectives regarding the phenomenon (Ho et al., 2017). However, inductive analysis does not eliminate the

need to take account of epistemological and theoretical background of the study (Ho et al., 2017). Generic qualitative research is flexible and compatible to other research methods. It considers the patterns and themes will change and grow as they are found by the researcher throughout the analytic process (Percy et al., 2015). The inductive approach conveys that the researcher engrosses himself or herself in the words and information given by the participants, lending way to the themes that naturally manifest in conversation (Ho et al., 2017). This inductive process took form in several stages during data collection and analysis.

There are many ways to extract themes from transcribed interviews and thematic analysis can be inductive as well (Percy et al., 2015). Even though the sample size is small and did not warrant the use of software programs to help analyze the data, I chose to utilize Microsoft Word and Excel software to help organize and code themes that I extracted from the data. One important aspect to the transcription of the interviews was to ensure that the information has been transcribed verbatim and that the data is accurate. The thematic analysis process, described by Percy et al. (2015) will be an important part of the data analysis phase. Thematic analysis with constant comparison by Percy et al. (2015) was used in analyzing this research through the following 13 steps, discussed further in Chapter 4:

1. Reviewing and familiarizing myself with the data that I collected from the first participant using the interviews, journals, and field notes that I obtained. I read each of the documents and highlighted any sentences, phrases, or paragraphs that proved to be important. The reading process often involves

reading the transcript, finding comments, and patterns of words that stand out to the researcher as important.

2. Reviewing the highlighted data and using my research questions to decide if the highlighted information was relevant to my research questions. Some data in the transcript did not directly relate to the question.

3. Eliminating all highlighted data that were not related to my question. I then used a separate file to store unrelated data for later use and evaluation of the data.

4. Taking each set of data and coding and naming it.

5. Clustering the sets of data so that they were related or connected in some way and began to develop patterns.

6. Completing the process for the first participant's data by coding and clustering the data and comparing it to the next participant's data.

7. Data that related to a specific pattern was then placed with the corresponding pattern and direct quotes were elicited from the transcribed interviews to show the patterns found.

8. Throughout the process the patterns were taken and reviewed for the founding of overarching themes by grouping and clustering the interconnected patterns into themes.

9. Noting those patterns and themes that changed during the analytical process and comparing it with any new data.

10. After analyzing all data, the themes were organized that related to the supporting patterns and the patterns used to uncover further themes.

11. Writing detailed analysis that described the scope and meaning of each theme.

12. Describing and demonstrating each pattern through the utilization of supporting quotes from the transcripts.

13. Compiling the data together to create synthesis of the research questions under study.

Issues of Trustworthiness

Trustworthiness adds to the rigor of a study (Amankwaa, 2016). Trustworthiness is used in qualitative research to reinforce or fortify the research (Amankwaa, 2016). Issues of trustworthiness in interpretive hermeneutics require co-created interpretations with the participants and the researcher (Wojnar & Swanson, 2007) which is where this research began. Yet in the current qualitative generic study, the issue of trustworthiness can be addressed through these four characteristics of creditability (member checking), transferability (thick description), dependability (triangulation), and confirmability (audit trial) (Berger, 2015; Connelly, 2016). These characteristics show whether a study is consistently reliable or credible.

Credibility

It is important to show credibility in a qualitative study to ensure that the true meaning of the findings is being relayed (Amankwaa, 2016). Credibility denotes the truthfulness of the research findings and is obtained through the endorsement of the

participants. I enhanced the credibility of this study by using appropriate strategies such as member checking and triangulation (Kafle, 2011).

I also used reflexivity throughout the proposed study to enhance the credibility of the findings. Reflexivity decreases the likelihood of researcher bias from the study (Berger, 2015). Reflexivity is a process in which researchers continually ponder, through reflective self-evaluation and internal dialogue, the manner that the questions, strategies, and subjective views on the topic influence the information, findings, and interpretations within the study (Berger, 2015; Sloan & Bowe, 2014).

One way I provided rigor in the study was by maintaining a reflexive journal to record my thoughts, perceptions, ideas, and understandings of what information that the data brings about (Caelli et al., 2003). The journal was based on the notes and memories that I gathered throughout the research process. The notes were hand-written in a bonded journal and the journal contents transcribed verbatim to be included in the audit trail.

Also, in my study, I used the transcript review to improve the credibility of findings from my study. Transcript reviews allow the participants to look at the transcribed material via email and check for accuracy of the data obtained during the interview so that it is not misrepresented in the study (Connelly, 2016; Hagens et al., 2009). Ultimately, going back to the participants to clarify the details of their account of their experiences that were stated enhanced the credibility of findings and increase the trustworthiness and rigor of the study (Manley, 2016).

I notified the interviewees at the time I scheduled the interviews that a copy of the transcribed transcript will be provided to them via email approximately a week after their

interview. Mero-Jaffe (2011) indicated that transcripts that are denaturalized or written in the participants' regular means of speech and in their own words, offer the ability to gain insight into the essence of the interview, providing significance regarding the ideas and beliefs generated. Allowing the way the participants regularly speak to be used in the transcripts adds credibility to the study by discussing information using their own words and not the researchers. Therefore, the participants were instructed in the email to review the transcripts, preserving the participants natural way of speaking, for accuracy. The participants returned the transcriptions via email with approval of its accuracy and any needed corrections within two weeks of receiving it. A reminder to return the approval of accuracy was not needed to be sent after the transcriptions were sent for review. It was explained in the transcription email that changes to the transcripts were to be done in a different colored font.

Transferability

Transferability describes the degree to which results from a study can be transferred to or applied in other populations, situations, and analyses (Connelly, 2016). I enhanced the transferability of the results by utilizing rich, thick descriptions of the location, the population being studied, and the research procedures in an audit trail. Thick descriptions are created when very thorough interpretations of the participant's experiences are given in relationship to their social and cultural views of the phenomenon (Manley, 2016). As Slevin and Sines (1999) suggest, the attempt was made to use an ample amount of detail regarding the experience.

Another technique that enhances transferability of results comes from purposive

sampling. Purposeful sampling permits those that hold relevant information regarding the

phenomenon to be identified and selected. Purposeful sampling, which ensures that there

is access to the participants that experience the phenomenon, assisted in enhancing

transferability of the results (Palinkas et al., 2015). Providing detailed information about

the participants of the study, their characteristics, and even the context of the study was

helpful in ensuring that there was transferability (Daniel, 2019).

Dependability

The dependability in a study addresses the ability of a study to hold up over time

and through various conditions (Connelly, 2016; Shenton, 2004). The importance of

developing dependability in research will come from the establishment of clear

documentation of protocols used to demonstrate how the study was performed for future

researchers with similar phenomenon, participants, and conditions (Cope, 2014). Despite

the dependability of the research in qualitative studies, the research will vary from study

to study. To enhance the dependability of findings from this research, I performed

member checking. Member checking consists of asking the participants in the study to

review the transcripts for completeness and thoroughness of details presented in the

study. The participants were asked if they wanted to add any additional information since

their involvement in the study. No further information was added to the data analysis.

Therefore, an audit trail was fundamental in ensuring confirmability of the

research. The audit trail is reflective of the concepts that were utilized to track my work

(Shenton, 2004). The audit trail involved creating a research log in which the minute of

each meeting becomes documentation of the research. The audit trail also involves creating a detailed decision trail about selection of methods and analytical process (Slevin & Sines, 1999). The audit trail created evidence of what was done within the research study and created evidence of how the study can be duplicated, thus showing dependability.

Confirmability

Confirmability refers to the extent to which neutrality or the findings in the study is shaped by the participants in the study and not the researcher's personal bias (Amankwaa, 2016). Confirmability is also the ability to provide consistency and duplicatable information (Connelly, 2016). To ensure confirmability using tools, such as the research journal, to document the research process from initial outline to how methodology will be performed and then finally the construction of the findings was vital to this stage of the study. I also utilized triangulation, reflexivity, and an audit trail as previously discussed. According to Noble and Smith (2015), creating auditability means being forthright about the intentions and methods used in the research from the beginning of the research to the end of the research study. Auditability is valued in qualitative research primarily because it ensures that the exact process of the research is well documented including the specific decisions and records needed to perform the research (Daniel, 2019). Some of the records that were utilized in the audit trail that helped with auditability were memos to myself during transcription, field notes at the time of the interview with the participants, and insights from my reflective journal. Using these

records also assisted me in understanding the themes noted within the transcript, also described as the *text*.

Reviewing the themes with my chair and second committee members regarding assumptions that occur and challenging those assumptions helped to further create consistency in the study (Noble & Smith, 2015). By allowing the chair and committee members a chance to review the themes of the study, it assisted in confirming alignment with the research findings within the study to the study's design and methodology (Noble & Smith, 2015).

Ethical Procedures

Before the start of the study, permission was granted from Walden University's Internal Review Board (IRB). The IRB approval # is 08-04-21-0287952. The privacy and confidentiality of the participants was protected. The protection of the participants was done by ensuring that all data used in the study, such as audio tapes, transcripts, demographic forms, and any other materials, was locked up in a purchased metal filing cabinet in my home. Electronic files (transcripts, emails, etc.) were coded by substituting the participant names for a numerical code and placed in a password-protected file on my computer that I only have access to and the password to. Numbers were used to code the interview records to replace the names of the participants. The face-to-face interviews and phone contacts were made solely by me. Based on Walden University research protocol, the materials used in this research will be kept for five years, then destroyed by shredding the documents. Audio-recorded files will be destroyed by a professional company. There are no working relationships or kinships anticipated with any of the

participants of the proposed study; therefore, no conflicts of interest are anticipated. The

women who participated in the study were recruited from the United States via word of

mouth and Facebook.

I attempted to avoid unethical treatment of the participants during this study.

Informed consent was provided through written consent via email. No incentives were

offered in the study, but due to the sensitive nature of the study, the women were given a

crisis help line number and the numbers to counselors in from the United States (See

Appendix F for listing of counseling resources). The numbers provided to the helpline

and counselors were given to the women who participated as a free or low-cost

counseling resource if needed due to emotions that the study may have created either

during or after the interviews.

Summary

In this chapter, I discussed my research design, my methodology, the role of the

researcher, any issues of trustworthiness, and the ethical procedures related to the study. I

also detailed that the purpose of this study is to explore how the experience of spousal

infidelity affects the holistic health of married African American women in heterosexual

marriages. There are three questions that I used to explore this phenomenon in through

semi structured interview questions that are guided by the following research questions

and sub questions: What are the experiences of African American women who remained

in their marriages following their spouses' marital infidelity? How did these experiences

affect the holistic health of the African American women? How did the African

American women cope with the changes in their health, if any, during and after the experience of infidelity?

I also entailed important aspects to the methodology of this study within this chapter which included the recruitment procedures, instrumentation, the researcher-developed instruments, the pilot study procedures the sampling strategy, criteria for participant selection regarding sample size and saturation. I used the thematic analysis with constant comparison by Percy et al. (2015) for data analysis.

I further addressed the issue of trustworthiness. I discussed the aspects in the proposed study that were relevant to helping to develop credibility, dependability, and confirmability. The need to request permission for approval for this study was also defined in the explanation of the IRB protocol and the actual approved permission was included in this study. Discussion of the participant's rights, confidentiality, and the storage of their personal data and interviews was also specified.

In Chapter 4, the findings of the pilot study, setting, demographics, data collection, data analysis, evidence of trustworthiness, and the overall results was unveiled. The parallel themes across the experiences of the participants were important to this aspect of describing the findings. The research concludes with a final summary to answer the research questions and is discussed in Chapter 5.

Chapter 4: Results

Introduction

The purpose of this study was to explore how the experience of marital infidelity affects the holistic health of heterosexual African American women who remain in their marriages after the infidelity occurs. The research questions used to explore this phenomenon were guided by this core question: What are the experiences of African American women who remain in their marriages following their spouses' marital infidelity? The subquestions were:

RQ1: How did the experience of infidelity affect the holistic health of African American women who remained in their marriages?

RQ2: How did African American women cope with changes in their holistic health after experiencing spousal infidelity and choosing to remain in their marriages? The research questions guided data collection and allowed information to be obtained from the participants related to their experiences with infidelity and coping. Several components to understanding these questions are explored in this chapter, including details of the pilot study findings, setting, demographics, data collection, data analysis, evidence of trustworthiness, and overall results.

Pilot Study

The purpose of a pilot study is to give a researcher practice and logistical insights on how to conduct the research. I used family and friends in a road test of the demographic survey and interviews. I created the instrument used to collect data for this study; therefore, the content validity of that instrument was assessed using a pretest to

friends and family to ensure the questions were sufficient for collecting the data needed

to answer the research questions. The questions used were short, clear, and open-ended

with the intention to elicit the most reliable collection data that would answer the research

questions. The questions asked generated answers to address my research questions. The

interview questions were reviewed by two women, ages 52 and 54, from the United

States, who also shared recent similar experiences of infidelity and remained in their

marriages. The women were given a copy of the interview questions and asked their

opinion of whether they answered the main research questions. Having women of similar

backgrounds as the main study was meant to ensure the interview questions would obtain

enough information about their experiences. The information obtained from the review of

the questions was adequate in eliciting a thorough response about the topic and research

questions. Based on the pilot study findings, further changes were not warranted in the

construction of the questions.

Setting

Data collection for this generic qualitative study was conducted using

semistructured interviews conducted through Facetime and Facebook teleconference with

two married African American women who experienced infidelity within their current

marriages. The setting initially was chosen to be the middle Georgia area but changed,

after IRB approval, to women over the age of 18 within the United States to be more

inclusive.

One participant was recruited via a Facebook flyer and the other participant joined

because of word of mouth. The two participants were sent the consent forms and flyer via

email. Once the consent form was received via email, an interview time was scheduled based on participant convenience. There were no difficulties with scheduling. The teleconference interview was recorded in a private setting using the teleconferencing software of the participant's choice (Facebook teleconference software or Facetime) and that was most familiar and comfortable for them. The audio was recorded using password-protected iPhone recording software called Voice Recorder. The participants were reminded that their responses were confidential and that they could stop participation at any time. Participants were able to express themselves with minimal interruption during the interview. There were no conditions that influenced the participants' experiences at the time of the study that would have influenced the interpretation of the study results.

Demographics

For this study, I conducted the teleconference interviews with two college-educated African American women, ages 37 and 47, from the United States via Facebook and Facetime teleconferencing software. Both participants had been married to their spouses when they experienced their spouse's infidelity. Race, gender, age, religious affiliation, length of discovery, and marital status were all used in the demographic information because they were relevant variables in the conceptual framework. The two participants were assigned pseudonyms to protect their identities. The letter P is a generic identifier for the word *participant* and the numbers were assigned according to who was interviewed first and second. Participant 001 (P001) was assigned to the first interviewee and Participant 002 (P002) was assigned to the second participant. Participant 001

received her bachelor's degree and identified her religious denomination as Baptist. P001 is 47 years old and was legally married to her spouse for over 10 years. It had been 5 years or more since P001 found out about her spouse's infidelity. P002 is 37 years old and had been married for under 10 years. She identified her religious denomination as being the Church of God in Christ. She discovered her spouse's infidelity 5 years or less before the interview.

Data Collection

The data collection process for this research began after receiving initial approval from the IRB at Walden University, approval number 08-04-21-0287952. Due to the lack of participants who volunteered for recruitment to the study, I had to change the recruitment strategy. The IRB granted an expansion of the geographical location to the United States, increasing the age limit to over the age of 18, and inclusion of African American women who had experienced infidelity and met all other criteria.

Data collection entailed the use of nine open-ended interview questions asked over secure teleconferencing software. Interviews were recorded using a handheld audio recorder on an iPhone with a password-protected application called Voice Recorder. The interviews for the two participants were set up over a span of 2 weeks after consent had been obtained via email. Both participants chose teleconference software that allowed observation of them, but no recording of the video for the session was obtained. P001 chose to use Facebook video and P002 decided to use Facetime.

The first interview was audio recorded and took approximately 60 minutes. The second interview was also audio recorded and lasted approximately 31 minutes. Member

checking was performed, and I journaled reflections about the participants' ideas. No changes to the transcript were required. During this time, further recruitment strategies were being employed due to only having two initial participants. Despite using several types of recruitment, including the use of social media outlets such as Facebook, Instagram, and LinkedIn, there was an inability to obtain additional participants. The original plan was to recruit using several middle Georgia churches and several alumnae chapters of a predominately African American sorority. However, there was no recruitment made through the presidents of the alumnae chapters nor the pastors of the church. One pastor noted that, due to COVID-19, many churches and parishioners were not attending church and access to his congregation was difficult.

I made an additional request to the IRB to reach out to specific infidelity support groups available on Facebook. Even after approval from the IRB, several of the identified nonprivate groups, once researched, were excluded from the study due to not meeting the inclusion criteria of the study. The final criteria to join the study were: (a) be an African American woman over the age of 18 and residing in the United States, (b) be legally married and in a heterosexual relationship with a man who has committed infidelity, (c) be currently married to the spouse who committed the infidelity, (d) be willing to participate in a 45–60-minute interview via teleconference, and (e) be willing to review the interview transcript and provide feedback regarding any additions or changes if needed.

There were no further variations in data collection other than the changes in the research plan as presented. Both participants received a listing of mental health resources

accessible both online and through telephone at the time their consent was signed via

email. Additionally, the only unusual circumstance that occurred was the interruption of

the interview by one participant's family members. However, the participant did not wish

to stop at that time or reschedule. An additional attempt was made to contact the

participant due to the need to clarify information provided that was uncertain during

transcription, but no appointment for follow-up questions could be made due to the

participant's work schedule. However, the participants validated the transcribed data

were accurate during their review of their transcripts. The final data collection ended on

February 1, 2022.

Data Analysis

Thematic analysis is essential in the process of understanding data and is often

used in qualitative research studies (Castleberry & Nolen, 2018). To move inductively

from the coded units to larger representations of themes and categories, I used Percy et

al.'s (2015) strategy on data analysis for thematic analysis of qualitative studies as

described in Chapter 3. Knowing that generic qualitative approaches are one of two

subcategories—descriptive or interpretative—I chose the latter for several reasons. First,

interpretive generic studies allow participants to describe their explanation of the issues

that impact them (Kahlke, 2014). Second, "interpretation is an art" (Denzin, 2017, p. 89)

and does not succumb to the formulas and strict regimens of other approaches.

Nonetheless, interpretation does allow a researcher some authority over the subject matter

as they include themselves in the way the story is told, which Denzin (2017) describes as

the unique self. This unique perspective of including oneself in the topic allows a

researcher to derive deeper meaning from the topic. Generic qualitative inquiry is meaningful and appropriate and allows for reflection of others' understandings, judgments, attitudes, and insights regarding the world around them (Percy et al., 2015). Therefore, the use of generic qualitative interpretation was purposeful.

Data analysis began after the collection of data and verbatim transcription of the interviews. Being engaged with the data allowed me to fully immerse in the data and find commonalities among the ideas being presented. Transcription showed the emerging patterns and themes throughout the process of analyzing the data as the patterns and themes began to expand and evolve (Percy et al., 2015).

I reviewed the interview transcript again and then compared it against the audio recording. The review of the transcript was first in Percy et al.'s (2015) steps of thematic analysis with constant comparison. I looked for any sentences, words, or phrases that would bring meaning to the study and highlighted the areas that added meaning as Percy et al. (2015) suggested. Using Percy et al.'s process (2015), I extracted details from the transcript to begin the coding in words that were found.

Second, I reviewed the highlighted portions of the data collected to determine if the words used by the participants aligned with the research questions and subquestions. Third, I noted that some highlighted codes did not fit with the other codes, which were not used in both transcripts and did not align with the research questions (Percy et al., 2015). However, these codes were not discarded completely to gain an overall view of the phenomenon by inductively asking, as suggested by Thorne et al. (1997), "what is happening here?" and "what am I learning here?" (p. 174). Additionally, Elliott and

Timulack (2005) suggested no data should be completely discarded due to the unexpected and uncommon information that can be obtained from those data.

Next, I took each set of data and began to code it by giving it a specific name (Percy et al., 2015). For example, areas of the transcript where the participant described strengths or being strong were coded as *resiliency*. Kennedy and Jenkins (2018) noted that *self-reliance* and *resiliency* are a factor for those who subscribe to the SBWS in preventing them from seeking social support and may be cause for them not seeking care for mental health concerns such as depression and anxiety. For example, P001 stated,

> So, that's when I just broke down and I just, just didn't have no communication whatsoever. Because I saw myself, right then, going down. Where I said, 'you know what? This is not me. You know, I'm better than this. I've been better than this. So, it's time for me, you know, to pick myself up an' you know, go on 'bout my business.

This participant was resilient because, when she felt herself being down, she was able to assess herself and found the strength to pick herself back up. She also showed self-reliance in that she did not rely on anyone else to help her make the decision to make a change for her mental health. She was able to do begin the change for herself, recognizing that she had the power to do better.

Once the coding was done, I clustered each of the sets of data that showed a connection of some sort and began to develop patterns noted in both interviews. Codes such as *once a cheater always a cheater*, *karma*, *acceptance*, and *God as a confidant* were noted. However, after finishing the clustering process to develop patterns for the

first participant, I compared it to the second participant's transcript as well, bringing about a constant comparison (Percy et al., 2015). Participant 001 was the only one who discussed *once a cheater always a cheater*, *God as a confidant*, and *karma.* Participant 002 was the only one who discussed *acceptance*. Therefore, these codes were not added to the list. I also reviewed those words and phrases in the codes that demonstrated their coping and experiences in each of the five areas of holistic health.

I specifically reviewed the data for codes that relate to the five components of holistic health: the physical, mental, social, financial, and spiritual components of health. If the code aligned with any of the holistic health components, I placed them according to their relevance. For example, *trust,* as a code, was most frequently discussed in the mental health component of holistic health. Trust, as a breach or violation of agreed upon norms within a relationship has been noted as one of the defining components of infidelity based on the literature review (Blow, 2008; Dean, 2011; Dehghani et al., 2020; Forrester, 2021). The coding of *trust* led me to explore the idea of *once a cheater always a cheater* as previously mentioned; this code has been researched as a concern of those who experience infidelity (Knopp et al., 2017) and was also noted in P001's transcript but was not included in the list of codes.

At this step of analysis throughout the process, the data that showed a specific pattern was identified and placed with the corresponding pattern and the direct quotes were taken from the transcribed interview to explain the pattern (Percy et al., 2015). Those words that showed repeatedly in the conversations within the holistic components were noted in patterns and reviewed for overarching themes. An example of this would

be when P001 states, "I've prayed and asked the Lord for a discerning spirit." The words *prayed, Lord, and spirit* were noted to be a part of the spiritual component of holistic health under the overarching theme of coping and were noted by each participant. The clinical understanding of patterns can elicit various amounts of scientific hypothetical revelations regarding how wellness and sickness evolve from the studies of human health and illness experiences (Thorne et al., 2004, p. 4).

At this stage of the process, I was able to understand how the women's mental health depended upon how they coped related to their *self-appraisals.*-Both women used self-appraisal to cope in some manner related to coping. How they coped held different meanings for each of the women. The least holistic health component discussed by P002 was her social health as it related to her holistic health experience. However, the second most discussed holistic health component by P001 was her financial health.

I looked for commonalities amongst all the patterns and combined them until I found three overarching themes (Percy et al., 2015). I initially started with twelve themes but narrowed it down to six, then to four themes, and then finally three overall arching themes. At first, as I noted changes, new themes emerged and shifted throughout the process when comparing the two sets of data (Percy et al., 2015). This narrowing of themes was done through finding code words that were similar and consistent in both respondents' interviews. Previously completed analyses were compared to the new data (Percy et al., 2015). For each theme, I described the importance of the theme using supporting quotes from the patterns within the data and noted any sub themes that were prevalent (Percy et al., 2015). As an example, in theme one identified as the infidelity

experience, the participants discussed the experiences of the women and how they found out about the infidelity or what they went through at that time. The examples of their experiences were used to solidify the understanding of the theme.

The analytic process was concluded with the development of the themes that were derived from the codes and patterns noticed within the data. The analytic process allowed me to gain further insight into the experiences of these women in these two cases. Finally, there were no discrepant cases, and each participant completed the study. Both participants discussed how they believed this study was needed and beneficial to helping them talk about their experiences.

Evidence of Trustworthiness

There are several different ways that trustworthiness was shown in this study. Several characteristics including credibility, transferability, dependability, and confirmability are necessary to begin establishing trustworthiness (Amankwaa, 2016). Using member checking also helped to enhance credibility (Kafle, 2011) and rigor (Birt et al., 2016). I was able to do this by returning the transcript to the participants to review the accuracy of the transcription. I later went back to the participants and discussed with them both the findings and the themes that I noted because of those findings between the two interviews. Both women agreed with the data and themes as they are currently presented by the researcher. Although it should be noted that although the themes were attributed to these two women, they may not be applicable to all African American women due to the lack of the number of participants. Similar conclusions can be made regarding the rigor of the study.

The key manner trustworthiness adds to the rigor of the study (Amankwaa, 2016) was shown in the study through the review of the transcript. Each participant was sent a copy of the transcribed interview via email and asked to review the work for its completeness and accuracy to ensure that their ideas were relayed accurately. Both participants were to send any corrections back with modifications in red if needed. Both participants informed the researcher that the transcripts were accurate and that no changes were needed. Credibility was maintained through adequate interpretation of the details discussed by the participants in the interview and is verified through their endorsements of the transcription (Kafle, 2011).

Transferability was created by providing detailed information regarding the study. The information offered a rich and thick description of the study by using purposeful sampling. Purposeful sampling can allow researchers to ascertain whether the results are transferable and applicable to their own research (Palinkas et al., 2015). There were also details given about the participants, their demographics, and the context of the study that helps to ensure transferability. Transferability was also enhanced using the audit trail. Additionally, documenting the use of the protocols in this study demonstrated how future researchers may also use the research for similar participants, phenomenon, and conditions.

Dependability for this study is uncertain and addresses whether it will hold up over time and in different conditions (Connelly, 2016; Shenton, 204). However, this researcher has done her best in utilizing clear documentation of protocols to help demonstrate how to replicate the study if attempted in the future. One way dependability

was ensured was through the members checking their transcripts for completeness and thoroughness of the details that were given during the interview. Using the audit trail is another way in which the research methods and analysis may be useful over time (see Slevin & Sines, 1999).

Confirmability refers to the researcher's ability to shape the study based on the participants and not bias the research and helps with the ability to duplicate the details of the study (Connelly, 2016). Confirmability was formed through using audit trails and reflective journaling and triangulation (Kafle, 2011). Details were provided on how data were recorded, collected, and analyzed by the researcher through reflective journaling. This reflective type of journaling allowed the researcher to consider the emotions felt during the interview that might limit the ability to remain neutral within the interview and not show any bias.

Although both participants were eligible to participate in the study according to the recruitment criteria, they were the only two participants that were willing to share details about their infidelity for this study. It was exceedingly difficult to recruit during these dire times and although the African American women who reviewed the interview questions had recently undergone infidelity of a spouse and met the criteria, they did not participate in the study. Due to the use of only two participants' stories, there is no data saturation. However, quality and not quantification of the research should be considered when there is data that is rich in information and the selected target population is representative of the sample (Percy et al., 2015). Therefore, sometimes external

generalization is not needed because there is no requirement to quantify the results (Percy et al., 2015).

<div align="center">**Results**</div>

Three themes emerged from the review of the data: The Experience of Infidelity, Facing A New Reality of Holistic Health, and Coping and Holistic Health Challenges. The three themes that were discovered were based on the three major topics within the research study questions. The themes explored the participants' experiences with the infidelity, the effects of those experiences of infidelity, and coping strategies used after finding out about the infidelity. The themes discuss the progression of infidelity from the experience of it, to the effects from it, and then through the ability to move past it by coping.

Theme 1: The Infidelity Experience

Theme 1 addressed the primary research question: What are the experiences of African American women who remained in their marriages after spousal infidelity? This question has been eluded in the literature and African American women's experiences with infidelity have been minimally explored in the research (Turner, 2017). The experiences of the two participants of this study, however, were examined based on their personal account of what they went through. For example, P001 states, "I ain't even go lie, sometimes I get to a point where I don't even care." P001 continues to say:

> In the beginning, when it happened, you know, for myself…I've never had low
> self-esteem whatsoever, but in the beginning, when it happened, his supposedly
> reason at that time of why it happened, had to do with me. Not knowing, you

know, at the time, this has nothing to do with you. That's a decision he made.

That's something he wanted to do.

P002 describes her experience by saying:

I only found out about it because of, you know, his behavioral change, um

towards me, and so, of course I confronted him… asking him what was going on

and nothing was going on, he said. And so, it was one night I woke up and he was

acting weird. Um, come to find out he was about to go to Orlando with this

woman, and her children, and spend the weekend with them.

Each woman had different experiences with infidelity The women in (Blunkosky-

Shaikh's (2019) study experienced posttraumatic growth within their marriage and often

suffered losses as well, much like the two participants in this study. Both sets of

participants revealed their experiences came with an impact on their holistic health but

the participants in the current study felt their marriages were salvageable. The experience

of infidelity can have short or long-term impact; create issues of conflict within the

participant's self-appraisal of themselves; create physical, mental, and social despair; and

ultimately, impact them and their family's overall wellbeing (Blunkosky-Shaikh, 2019).

There are differences in how infidelity affected each of them individually and

how the infidelity affected them holistically. The women described their experiences for

each of the holistic health components. So, when attempting to understand the first sub-

question of how the women's experience of infidelity affects their holistic health after

remaining in their marriages, it was clear that certain aspects of their marriage had to be

examined by *facing a new reality*.

Theme 2: Facing a New Reality, the Holistic Health Effect

This theme addressed research sub question: How did the experience of infidelity effect the holistic health of African American women who remained in their marriage? The theme was similar to findings noted in Abrahamson et al.'s (2012) study. According to Abrahamson et al. (2012), the way people perceive infidelity is based on many individual, environmental, and societal ideals. The authors' participants described how infidelity was no longer an imagined act, but a *reality* for them (Abrahamson et al., 2012). A *new reality* or change after the experience of infidelity was noted in each of the holistic health components and thus became the subtheme.

Each participant described how their lives were changed in each area of the five areas of holistic health. The women disclosed *a new reality* of understanding their health in each of the five components explored in this study after the experience of infidelity. How infidelity impacted their new realities with infidelity became noticeable through their detailed discussion of their mental health.

Subtheme 2a: Facing a New Reality in Mental Health

The sub-theme in facing a new reality in mental health was composed of codes that showed patterns relative to *trust, triggers, depression, anxiety,* and *guilt.* These were described as a new reality of everyday mental health issues for the women as they experienced the impact of infidelity on their lives. One of the most distinctive areas noted regarding the holistic health for these two women was that they needed assistance with mental health.

The participant's new reality with mental health was noted throughout the conversations with both the participants as they discussed issues of infidelity. The first most notable component of mental health was how *trust*, *depression*, *anxiety*, and even *guilt* all played a role in their reality after infidelity. When asked how has infidelity affected her mental health, P002 had this to say, "It… when he's not in my presence, I'm always thinking, 'what is he doing? Is he where he's supposed to be? Who's he talking to? 'Um, I always question if he's telling me the truth now." Trust was discussed further as P002 stated, "and when he's in the house, like if I wake up in the middle of the night and he's on the phone, I'm thinking is he over there texting some woman? So, it's like I have an anxiety now when it comes to him and our relationship". Her uncertainty, questioning of who he was talking to, and her increased anxiety were indicative of how *trust* became a part of her new reality for mental health.

The response for P001 was similar in that she also had trust issues with her spouse. In fact, she states, "As far as trust in the marriage, it's real low." P002 also believed that mental health was the biggest holistic health component impacted by the infidelity. She stated, "Like with me, the biggest thing was mental. Ima say the biggest thing for me, when it comes to the infidelity, is the mental." P002 continues:

> Um, I do know that when I'm anxious and I'm having all those thoughts going on. I'm fatigued all the time because of that. Because my mind is constantly going 1000 miles a minute, I'm overthinking. And so, that's something that I'm still working on. You know, trying not to overthink a lot. And so that's the major thing.

P002 continued to discuss her experience with mental health and infidelity by stating,

> For me, infidelity just plays on the whole psyche. I mean there's a depressive episode that comes up. You thinking that you're not good enough". P002 continues: Um, of course the anxiety of knowing (silent pause) that he was out there with another woman, um, and those are not things that just go away overnight. Um, not saying it's gonna go away in a year's time either. It's something that you both have to work through, and I mean we're working through it.

Data analysis revealed that both women experienced traumatic memories in their marriages after the infidelity that seemed to trigger emotions and behaviors that impacted how they related to what was happening in their lives. This theme was created based on the way the participants described their marriage experiences with infidelity. Words like *thinking back, thoughts, mind, remembering, things would* click, and *triggers* were specifically noted within the transcript. In addition, it was also noted in the interview the gestures and body language of the participants. The researcher noticed episodes loss of train of thought when speaking about their experiences. The tone of their voices became more nervous and sterner as they began speaking about what happened. These interview notes taken by the researcher during this time attest to the participants' general dispositions during the conversation.

The concept of triggers was also noted in Blunkosky-Shaikh's (2019) study of posttraumatic growth experiences after infidelity. Youngblood (2022) even discusses

triggers as it relates to infidelity and past trauma in couples as those interfering with closeness, stability, confidence, and openness. However, in this case, it is attributed to the experience of the trauma of the infidelity felt by the women. Both women discussed having experienced *triggers* and *memories* that were traumatic after the infidelity.

Both participants detailed memories that they experienced that were unpleasant. When asked about her experience with infidelity and how she experienced it, P001 stated this: "Cause sometimes like a simple [memory]… we could be watching a movie and it instantly will snap me back just like that." Participant 001 began describing an event that she remembered: "You know, it was like little things that would click. He would call me talking 'bout he on the way to [names city]. I hear a baby in the background in the truck crying. I'm like, I am not giving you my damn money for you to take nobody else… you know, joy riding."

Participant 002 lost her train of thought as she began to discuss her experience of when she found out about the infidelity. This moment of being lost in one's thoughts can be indicative of the long-term impact that infidelity has on the person's mental processes, creating increased anxiety and depression (Shrout & Weigel, 2019) and intrusive disturbing thoughts and emotions (Sauerheber & Disque, 2016). Their tone became more intense when speaking. Participant 002 stated, "It was something that I never thought I would have to experience in a marriage". Participant 002 lost her train of thought as she continued recalling how her husband was about to go to Orlando with another woman, and her children. Then P002 pauses and asks, "Um and so… what was the question?"

It became apparent, at that moment, that remembering the events of infidelity influenced the participant's ability to concentrate. The triggering of memories was clearly identified with P002. Participant 002 continued to state: "And so, I was most of the time in the bed, throwing myself a pity party basically. Going over these different scenarios in my head, what could I have done, what I could have done differently. Um, just looking at the different events that played up to me finding out about it". In relationship to the main research question, these African American women's experiences after marital infidelity of their spouses was that of continued triggering emotions, suspicions, and anxiety. Many of the triggers led to difficulty coping. However, in P001's interview, she mentions the difficulty of dealing with these triggers and the emotional turmoil. P001 demonstrated that she was still impacted and triggered when describing the impact that the infidelity has had on her overall health:

> But now as an overall, the state I'm in now, I'd say it had a moderate impact. You know like now, you know, because I'm not gonna lie, and say I still don't let some other stuff bother me. But like I said, I get triggers. So, it does still bother me sometimes. So, I can't say um, just like I'm over it, because I'm not. So, I could say it had a moderate impact, you know, I have to just, you know, just close my eyes and, you know, say… you know what, that's in the past and sometimes I actually I have to make myself go to sleep or to just keep my mind clear. I do. So yeah, it did. It still has a moderate impact on my overall health, yeah everything.

P001 discussed how the triggers of infidelity also caused her to act out behaviorally. Although her exact actions were not discussed, she admitted it was unlike her to respond the way she did. She stated:

I'm telling ya. Cause I did snap one time. I snapped. I was at church, and I snapped and my cousin, rest his soul, he's deceased right now. He passed during COVID. He was my Pastor too because after his dad passed, he took over. And um, he shook me. He had to slap me, he was like man, what is wrong with you? I said, man, man ya'll better get him because this girl keep calling my phone. She keep saying stuff, I said, I'm just sick of it.

She continued, "Because I saw myself, right then, going down where I said, you know what, this is not, this is not me."

P001 also states, "The simplest thing can come about and I'm like… I'm not going through this. In my head, I'm saying you know, like I'm not going through this again. Um, if I see the slightest bit like any inclination that it may be somebody else or he may be talking to somebody else; I'm shutting down. I'm gone. Um so, my mental status is, I'm not go lie, that 'once a cheater always a cheater'." P001 continues to detail her triggers stating:

That's just in the back of my head. He may not even have given me any signs, or I may not have even seen any signs of it, but it's like, sometimes I find myself looking for stuff. You know what I'm saying? Not physically like, just going through stuff, to look for stuff, but like um, stuff he may say, stuff he may do. He say he's going this place or that place… you know, I'm like, you know he ain't

really doing that. You know, little stuff like that I find myself looking for. So, in

that way, that has bothered me, you know, mentally… as far as the trust and you

know, looking for stuff, but not looking for stuff. Looking for signs, but not

looking for signs.

Mental health has been one of the most researched areas with infidelity (Fisher,

2017; Shrout & Weigel, 2018) and the perceptions of the infidelity (i.e., memories and

triggers) has been known to be linked with health compromising behaviors that cause

depression, anxiety, and mental distress (Shrout & Weigel, 2018). Discovering the way in

which mental health presented was a new reality for these women. Experiencing triggers

and flashbacks to the infidelity was unchartered territory in attempting to understand their

emotions. It is known that African Americans may already have a negative view

regarding mental health, and often seek family and other social support before seeking

mental services (Brown, 2017). Their testimonies explain the holistic impact that facing

the new reality with infidelity may have on, not only mental health but also, the reality of

facing problems in other areas such as physical health.

Subtheme 2b: Facing Reality in Physical Health

Although physical health was not discussed as frequently as other areas of holistic

health by the participants, both did give insights into how infidelity did or did not impact

their wellbeing. For example, P001 stated:

So yeah, I think you know, it [infidelity] may have something, you know, to do

with my state of my kidneys because, you know, I'm an emotional eater. So, stuff

that I wasn't supposed to eat you know, those are the things I craved to eat during

that time. So, I know that had something to do with it too. She continues,

"Because it does something to you. It's like it's draining. I'm talking about its

physically draining. Like you just don't have no energy."

P001 details further in the conversation, "That's why we [African American women] have

high blood pressure and stuff like that. Cause we hold everything in. We don't find

nobody…no outlet to get it out and all this stuff."

P002 stated at first that she did not have any physical complications from

experiencing infidelity. It was noted that despite her denial of physical impact P002 her

complaint of physical fatigue was similar to P001's complaint of fatigue. However,

further in the discussion, she states, "You know with me going through this with him and

I do know, I did have headaches. That was basically the only thing because of my

overthinking. But just the headaches, but no nausea or anything like that was out of the

ordinary for me."

The participants had very varied accounts of physiological health as it related to

the infidelity of their spouses. Unfortunately, there has not been much done in the way of

African American studies and physiological health and infidelity according to the

literature review of this researcher either. Still, there are studies that suggest that stress is

an ongoing problem with their physiological health (Sauerheber & Disque, 2016) and

especially African American women's health (Woods-Giscombé, 2008, 2010). Previous

studies such as Sauerheber and Disque (2016) suggests that understanding the trauma of

infidelity can alleviate the symptomology of those suffering from the impact of infidelity.

Although the effect of infidelity on these two ladies were different, both gave examples of how they either coped or suggestions for coping with some of the physical issues they or other women may experience. These findings will be explored further in Theme 3 of Coping with Infidelity and Holistic Health Changes. Yet, both women did experience social health issues related to infidelity.

Subtheme 2c: Facing a New Reality in Social Health

Social health emerged as a theme when the women discussed their new reality with maneuvering around who knew about the infidelity. An example of this theme was in P001's account of her social health when she said:

> Socially, you know, I was shut off. The people that I hung around, well the people that we hung around, as a whole, and as a couple, I kind of shut myself off. It was very few people that I would talk to. Like I had some friends, you know, that were like you don't need this… blah, blah, blah. Those I tried…those were the ones I talked to the least. The friends that I talk to were the ones, you know, 'whatever decision you make, I'm standing behind you. I'm here.' You know, those were the ones I talked to. Because they didn't bring up what had happened. They just talked to me, as a person, you know, as a whole. You know, just called to check if me and my daughter needed anything or they will say, 'come on we going to this place or that place.' Those were the ones, you know, that I kept close. All the ones… even though I had been around some of the other people all my life, I had grew up around, I just at that time, I just didn't want that."

P001 further demonstrates this theme when she describes what happened when she (and others) began looking at herself during the time of the infidelity:

> But to have someone see you from the outside, to look at you, and then, you know 'cause I was sitting down, I was like, 'this is not you. You know, like you know, I'm thinking I'm dressing up and I make up my face, you know…put on my lipstick and doing my hair…getting my hair done, and you know, some people can see right through it.

P001 continued to describe why she stayed away from some of her social support by saying:

> You know, I don't need you always saying 'you can do this and he doing this'. I didn't want that. So, I kind of, I cut, I cut myself off to those people and only focus on the ones who seem like they had my best interest at hand. And you, um, like I said, you know, like I decided to go somewhere sometimes it was because I wanted to go. You know I would go out, bust socially… you know, I kind of… you know, It was very few people that I would talk to, or you know, sometimes I didn't even feel like talking to them.

Another aspect of social health discussed between the two women was regarding their mothers and how they socially supported or advised them during that time. Although different in experience with what was discussed with their mothers and telling them about their husband's infidelity, they both detailed aspects of how it was to be around their mothers during that time.

When discussing how their mothers supported them at this time, both women had varied accounts. It is important to understand how the learned behaviors of Black families may impact stress and coping (Hall, 2018). It is also important to understand the impact that the mother-daughter relationship has on how African American women cope (Hall, 2018). P001 stated, "I've always had that mindset from growing up, and you know my momma telling me, 'You don't need no man to do this or do this.' You know it's funny because when we growing up your parents be saying something, you like, where is this coming from? So, when it happened, you know, it's like, 'you don't need no man to do this or do that. You can do better by yourself' and all of this stuff. So, all of that was playing around too in my head at the same time." P001 also discussed how her mother gave her advice when it came to giving her husband money during the time of infidelity. She states, "And so my momma was like, 'well I tell you like this.' She said, 'that's your husband, ya'll are not divorced. Ya'll are still married'. She said, 'whatever decision you make is fine.' She said, 'if you wanna give it to him, give it to him. If you don't, don't.' You know, she left it at that."

For P002's account of her interaction with her mother, she stated that: "I avoided my mother's house because I didn't want her to know about it and if I went there, she was gonna read the expression on my face, knowing that something was wrong." Not letting people know something was wrong was discussed by both women. Even people in the church were avoided to hide what was happening in their marriages.

Subtheme 2d. Facing a New Reality in Spiritual Health

P001 stated that most of her friends were in the church. She stated, "So, that's why I'm careful because church people can be some of the most negative people in the world and I'm like… you supposed to be encouraging. Like, what are you doing? You know, I have at keep that in mind too. Cause I use what I've gone through, and I don't want nobody coming up (silent pause) why would I tell somebody that and I don't want anybody to do me that way. So, I keep that in mind too." P001 later went on to say, "Cause you don't know, sometimes you can't trust people in the church. You open up to one sometimes and then the whole church will know."

P002 had this to say about avoiding church: "I avoided church because I didn't want to interact with him in the church and somebody see, Um, you know, how I interacted with him because it wouldn't be in a positive manner. So, I basically withdrew socially". Further discussions would lead to how they also used their spiritual health as coping mechanisms. These findings contrasted some of the findings by Forrester (2021) which suggests that Christian Black women should seek the use the church as a place for therapy. However, in agreement with Forrester (2021), the findings do validate the need to create culturally significant therapy interventions for this population of Christian women as a new reality of coping with infidelity. Yet, another new reality after infidelity also shaped their financial health as 'breadwinners.'

The concept of African American women being breadwinners is prevalent in the literature (Glass, 2014; Holden et al., 2015; Jones, 2020; Woods-Giscombé et al., 2016). A study also noted that 80% of Black women are the main economic support for their

families (Jones, 2020). Understanding that, for African American women, being the breadwinner may create stress and symptoms of anxiety and depression when household finances are their primary responsibility (Holden et al., 2015). Being the breadwinner is a task that may be even more difficult when dealing with infidelity.

Subtheme 2e. Facing a New Reality in Financial Health as the Breadwinner

The idea of being a *breadwinner* was noted in both women's interviews. Both participants discussed finances still being an issue in marriage. How they related to their husbands became apparent as a new reality after infidelity due to their status as being the breadwinner of the family. P001 discusses how her husband reacted after being out of work from seizures. She states, "So that put him out for driving another six months. So, I'm the breadwinner here. So, it's like, every now and then, he'd say, 'man I can't stand that you making all the of the money, this and that, and I would have to tell him, it's not just my money. You know, we're in a marriage, so what I have, you have." However, P001 also spoke about how stressful being the breadwinner was. She stated, "It's like everything has been on me. I'm talking about financially. I'm talking about as far as the bills. I keep a notebook with passwords and all that stuff in it because he's gonna be lost and I tell him that." She detailed how she also had to keep track of the children's information and the insurance information as well. She elaborated by saying, "It's just that, you know, sometimes…you know, it's still, you know, like finances is a struggle for me because I've always been financially conscious all of my life. You know, about how I like to pay my bills on time." She went on further to say she has questioned her husband regarding bank withdrawals and feeling distrustful of his motives. She also voiced

concerns for her children's financial wellbeing stating, "You know, I just don't want them just put into the household with someone and they can't take care of my children. You know, and stuff like that. Who are they gonna be with? Is that person go run through it [money]? You know, I'm conscious of stuff like that and it seems like he's not that conscious. You see what I'm saying? So, we both, we have that difference about ourselves, and you know, it's not an issue with him, per se, but it is an issue with me. Because I'm very mindful of how I spend and what I make." P001 reiterated her values regarding money and the stress being the breadwinner causes when she stated:

He says, you always doing this, you always worrying. Because if I don't, I wanna say, 'is you gonna do it? No, you're not.' So, you know, when stuff come through the mail, I try to handle it then instead of like waiting. Cause like a couple of times something came through the mail, he was like 'you have to do that now?' And I put it off and I passed the date that it was supposed to be done. So, you know, it's little stuff like that. It can be stressful because sometimes you have all this stuff coming at one time and you have to sit down and figure out, what am I gonna do first? Can this wait and can I do this first, and then can this wait, or can I switch it, you know?

Both women mentioned that they made the most money in their marriages. P002 had this to say when asked was her financial health impacted by the infidelity, "The finances on my side were not impacted. Um, his was impacted a little bit because he was giving that woman money, which made him short on some of his, um, on some of his part of the bills." She continued to clarify after the researcher asked if his shortness with the

bills impacted her financially, "No, um, I'm the primary (silent pause) well, I make the money (pauses and chuckles) … I try not to say it like that because that was a lot of the problem. Um, me throwing that weight around." She continues to say, um, but I make more than my husband and so I pay the majority of the bills, and so whether he is able to do it or not, I'm still able to go forth and pay the bills".

Financial health did not appear to be impactful for these two ladies because they were the breadwinners of the family at the time. Still, despite being from a two-income family, having two incomes does not always thwart the disparities African American women may face (Jones, 2020) and the financial burdens placed on them were still noted as stressful even though they made the most money in household. The stressors that coincided with infidelity compacted the potential holistic health changes for the participants as the new reality of having to cope with other areas of health due to infidelity becomes exceedingly apparent. The next theme will describe their accounts of how they coped with infidelity and the changes in their holistic health.

Theme 3: Coping with Infidelity and Holistic Health Changes

Theme 3 discussed sub question 2 and detailed how the women coped with changes in their holistic health after experiencing spousal infidelity and choosing to remain in their marriages. This theme was recognized in Shrout and Weigel (2020) where they discuss how people coped based on their self-appraisal of the stress of infidelity. However, it was important here to understand not just the mental repercussions, as Shrout and Weigel pointed out, but the other areas of women's appraisals of holistic health that

may have negative health implications as well, such as mental and physical health

(Shrout & Wiegel, 2018).

Subtheme 3a: Coping With Triggers in Mental Health

Coping with triggers in mental health answers the second research sub question of

how did African American women cope with changes to their holistic health after

experiencing spousal infidelity and choosing to remain in their marriage? When asked

how she felt she coped with the changes that she experienced with her mental health and

what she might discuss with her physician, P001 replied:

> Our mental status matters…at that point. What can they [practitioners] advise or
>
> what can they do to help us mentally cope? I know, you know, at that time, I had
>
> everything running through my mind…everything I went through. You know,
>
> what if this happened? What if this happened? What if I do this? What if…you,
>
> you see what I'm saying? So, people in this type of situation need an outlet. What
>
> is something mentally that they can do to help women cope?" She continues,
>
> "Cause initially, it all, it may not seem like it, but it's all our mental state, you
>
> know, what mental state are we in? What mental state did it [infidelity] leave us
>
> in? Some people can't get out of it."

P001's final thoughts on coping and discussing her needs with a healthcare provider

regarding her triggers were:

> I would say this is what I went through. I have triggers and when I have those
>
> triggers sometimes it can cause me, you know, to go into like a…not a deep
>
> depression, but sometimes, it can cause me to go into a little … a little funk you

know; sometimes a day or two… um and I would ask is there anything about it… what can I do about it… what can I do to, you know, minimize going into that little funk that I'm in, so that it's not just affecting the way that I react, you know, with my family… with my children, especially, and you know, with my husband…making the situation better.

P002 said the following about coping and being triggered: "I feel like I am still coping because it's still…I mean some people say they um forget an infidelity, but it's not… it's something that I think about at least once or twice a week and like I told him, it's not something that we just push up under the rug. It's something that we're gonna have to constantly address."

P001 discussed how she coped with her depression when she stated:

One while, I do know, I went into a little short state of depression. I did. Um, and the doctor put me on medicine. I told her, I said, you know, I told her, 'I'm just not happy,' you know. So, she did put me on medicine, you know. It wasn't to the point where you know, I feel I was gonna hurt myself or nothing, but you know, you just know when you, you know, you just in like… I'm just in a funk all the time. And I told her that. So, she did give me medication and it helped. It really did. It helped."

P001 had this to say about therapy as well, "I don't know why we [as black people] look at, you know, going to talk with somebody as something negative." She continued:

That's one of the things I would tell them… like you ain't gotta talk to me, you ain't gotta talk to the pastor. Honey, look at your insurance and see if it's covered

and even if it's not covered, you know, they have free services through, you

know, so many different avenues where you can get help. You know or find you

somebody to talk to. It's not hard at all. Find you somebody to talk to and get this

up off your chest and not hold it in. I'm tellin' ya.

P002 continued to explain that communication together with her husband was a

part of her coping strategy. She stated, "yes, that's a part of our, that's a part of my

coping is us sitting down, you know, being open and upfront about our feelings and

what's going on… if there's any issues in the relationship that we need to address… um

just make basically, making sure we're meeting each other's needs. Um, I'm meeting his

needs the way that he feels they need to be met and he's meeting my needs the way I feel

he needs to meet them."

P002 dialogued about how she would pursue possible coping strategies with her

physician: Um, whether it be talk therapy, whether it be adding a medication to help me,

you know, with my anxieties. But I do know that whatever it is we discuss, I would need

to be open and honest so that we can come up with the best treatment plan. She also felt

that each plan for the woman must be individualized, and that mental health would be the

largest issue in holistic health problems with infidelity. She stated, "once you treat the

mental health aspect of it, the physical will correct itself." P002's statement is an accurate

assumption according to Shrout & Weigel's findings (2018) that suggests mental,

physical, and health-compromising behaviors are correlated. The emotional turmoil that

is created through infidelity can promote a variety of feelings and emotions including

blame

It is important to note that women may also experience self-blame or continue to blame their partners for the infidelity, which may be triggered from thoughts of the infidelity, and thus cause a higher incidence of health-compromising behavior (Shrout & Weigel, 2018). P002 discussed her ideas of feeling guilty after the infidelity when she stated, "Me, I had feelings of guilt looking over some of the things that I could have done in the relationship. Not saying that I responsible for his actions, but I definitely played a part in how he was feeling, which led to the infidelity." P001 discussed how she had to evaluate her own behaviors as well. Hence, how they both examined self-appraisal in order to cope became an important subtheme here as well.

Subtheme 3b. Coping Through Self-Appraisal

The subtheme of *self-appraisal* came about when the participants began describing how their view of themselves changed during their coping process. They described ideas of *self-awareness, and* newfound *self-confidence* from their *self-reflections, resiliency, and growth*. This theme was seen in words used by the participants such as *looking in the mirror, conscious, focusing on me, looking at me or myself*. They both spoke of making a conscious decision regarding how they interacted and changed their behaviors so that they also began feeling better about themselves and their marriages. Each found diverse ways of beginning the process, either through journaling, prayer (further detailed in spirituality section of coping), writing letters, reading, or focusing on their mental and physical health through other activities.

One of the ways that P001 continues to evaluate her needs and focus on herself was by volunteering for this study. She stated the following after asking herself had she

really gotten over the infidelity: "That's when I saw your post and I said, you know what, I'm gone do this just to see… you know… just to talk about it because I've never talked to anybody, in depth, about what I went through or what happened. So, that's when I saw your post and you know, I said, you know, I'm go do this. Just for me, I'm gone do this."

P001 had this to say about her experience with coping with the infidelity: "I think that for me, it has really, made me a mentally stronger person." She began describing her experience with coping: "So at first, I was kind of pitiful, but like I said, I had to *focus on me*. I wouldn't even worry about the marriage at the time. I was worried about me and my mental health." P001's method of coping and *focusing on herself* was detailed here and that emulated findings similarly captured in Jones (2020) study that discussed the importance of self-care to African American women's coping:

> Um, for one, I found, um…I don't know where my book is. I found a book about being the vessel that God wants you to be. That book, *Becoming the Vessel God Wants You to Be*, that book helped me out a lot. Um, and also, as far as me… I worked on me… things I figured out, you know, when I had doubt in myself…um, I started exercising. I started eating better. Um doing some things that I would want to do. You know, like, I started reading more. I really didn't have time. You know, when you married you have to go to work, cook, clean, and all that stuff, but there wasn't much of that, at that time, that I had to do. So, I started reading more. You know, I started going to the gym, cause you know, that's something that I used to do, but I stopped doing it once, you know, I got married and started having children. So, I just started doing things of that nature.

Um, what else I did…um, I started reading. I was able to go more places like

concerts then…'cause I love music. You know, stuff like that. So, I just started

doing things that if I saw something that I wanted to do, I did it. I didn't say, oooh

I ain't … I just did it. Just so, you know, I had a peace of mind that I was doing

things that I wanted to do that was gonna make me better.

Participant 001 had many different types of coping mechanisms. Some of what

began to help with her mental health, she described here:

Um, I have, like, you know, during that time, well, when they were both together,

I did, I prayed a lot. I wrote a lot of letters, you know, just to get my feelings out.

I read them, I tore them up, you know, or cut them up or burned them or

whatever. But sometimes now, I wish I had of kept them… just to show *my

growth*, but you know, I didn't. It's just like, you know, I can't remember what I

saw on TV, and it just said to write your stuff down. Read it. Get it out of the way

and then tear it up and nobody has to know, you know, how you feel or your

feelings or your thoughts. So, once I started doing that, you know, it made my

load a little lighter.

She continues to expound further how the experience of infidelity has made her more

conscious:

But I, also, am *conscious* of how, you know, I react to certain things. I'm not just

gonna blow up and, you know, and just do something off the whim because you

said, or you did something. You know, I'm very *conscious* of what I say because

I'm, in my head, I'm trying to figure out well, if I react this way… is this or this

gonna happen?

P001 details that she continues to discuss her coping with infidelity and her health:

So, you know, I've always looked at it like that. And with, with that other

situation [infidelity], you know, I'd be, you know, that's when I say, 'you know

what, I can't worry about that. I gotta worry about me, you know. I gotta *get*

myself together because if I let that bother me and get me down and weigh me

down, it's not gone make my health situation any better.'

She also went on to state how she coped with the uncertainties within her

marriage by self-reflection and evaluation of her role in the marriage. She began by

elaborating that:

Also, in the beginning, when it happened, you know, for myself, I've never had

low self-esteem whatsoever, but in the beginning when it happened, his

supposedly reason at that time of why it happened, had to do with me. Not

knowing, you know, at the time, 'this had nothing to do with you. That's the

decision he made. That's something he wanted to do'. And you know, but now, at

the time, it did bother me. So, like now, you know, I'm more *cognitive* you know,

you know, I've done what I could, I've done my best. So, if it happens again, I

know, it has nothing to do with me or anything that I have done, or I've said.

P002 also used *self-reflection* to cope which made her feel better about herself and stated:

Yes, yes, it makes me feel like I'm a better person because it's like if you actually

go back and look at it after, you be just doing stuff to somebody just to do it. It's

like you feel bad. But once you start, you know, being conscious of the things that you say or do once you go back and *look in the mirror*, you're happy about the person you see.

The participants in this study did a lot of introspection and self- care as ways of appraising themselves, their situation, and coping with the stress of infidelity. As pointed out by Jones (2020), the use of self-care is important to limit the stress of African American women. Therefore, how they appraise their situation and themselves during the stress of infidelity is vital to understand. Poor self-care during stress can also indicate a need for better physical self-care and physical health (Jones, 2020).

Subtheme 3c. Coping by Focusing on Physical Health

Focusing on their physical health to help cope with infidelity was also discussed by both women. Still, the way they chose to detail their ideas was different. P001 was more personal with her description when she revealed that because of problems with her kidneys, her health became a way to take the focus off her and place it onto others by testifying about what she has been through health-wise. Participant 001 began by unveiling:

> And then with dialysis, you know, going through that, you know, I've always, you know, just being me growing up in the church, I'm always, like no matter what you going through, it's somebody out there going through something worse. And you can always be a testimony for that person to see, to help their load. So, I try not to let my illness, you know get me to the point where…um, I'm sick, you know, going through this. I just can't. I've never been that type of person.

Participant 001 continued:

> You know, to let my illness stop me, from, you know, doing anything and it even
>
> got to where, in dialysis, they wanted me to be a spokesperson, but with this, I
>
> don't think I was ready for that. Maybe now, you know, I am but at the same
>
> time, when they wanted me to, because they were like, 'you coming here, and you
>
> would make us laugh and do this and you would do that'. They didn't understand
>
> that that was helping me also. You know, as a person, that was helping me.
>
> Because if I came in [dialysis] down and I'm seeing all of these other people
>
> around me down, that wasn't making my situation any better.

Participant 002 stated she did not have any physical issues, other than headaches
and fatigue, but offered this as advice for coping with physical issues that may be
experienced:

> And so, if a person is getting to the point where it's impacting them physically, I
>
> think that they need to, you know, take the extra steps, um, whether it be weight
>
> gain, you know, start, you know, dieting and exercise. Where you find yourself,
>
> you know, eating a little less, you try to pay attention to what you're eating and
>
> make yourself eat when you don't want it, even if it's just something just to keep
>
> you going.

Despite their differences in their appraisals about physical health during the time
of infidelity, both participants indicated the relevance of it. As discussed by Jones (2020)
and Woods-Giscombé (2016), more holistic approaches for African American women are
warranted. Some of these holistic approaches includes understanding how finances help

them cope with the financial stressors that come along with infidelity. Perhaps financial preparation warrants further understanding in how it helps them cope.

Subtheme 3d: Coping and Preparing Financially

A part of this theme of *coping and preparing financially* came about from listening to the importance the women placed on being financially secure and not necessarily depending on their husbands for financial security. Additionally, the theme is indicative of the independence of financial stability and relying on oneself to create financial health that has been noted as important to African American women that subscribe to the SBWS (Guidry, 2019). Participant 001 mentioned financial health being an issue more often throughout her interview than Participant 002. P001 discussed trust issues regarding infidelity and finances. She had a different perspective than P002. P001 had this to say about her still trying to cope financially:

> You know, everything being on me… sometimes it is stressful. And I know lately I've been under a lot of stress because I have been waking up with a headache. So, it's not like the stuff is, you know, like our stuff is split up, it's like I'm doing *ev-er-y-thing*. So yeah, it's stressful being me having to keep up with his stuff, my stuff, the children's stuff. It can be and…and that's another thing about, uh, I feel, we as Black women, we feel, we think we can do anything, and we take on everything. We try to take on everything. And then, it's like if I don't do it… he was like man, he be telling me, 'Sit down somewhere', you know, 'you always gotta be moving. You gotta do this,' But if I don't do it, who go do it?

P001 continues to discuss her finances and how she coped by being more conscious financially because of the infidelity when she said:

> Financially, I'm more conscious because, you know, I'm like if this happens again, will I have to stay or can…or will I have the finances to go? So, it's made me more conscious financially. Those are the basic things, what I say, how I react, and financially.

Participant 001 also revealed the importance of preparation for any future financial issues between her and her husband related to infidelity. She delved into her plans to cope financially by preparing her finances for the possibility of having to leave:

> Um, but it is something that I had to work on overtime. Especially the, uh, financial part because I've always felt, um, you know, as long as my bills paid, I ain't gotta have no money or something like that. I'm like now, naw, I need something over to the side just in case something happened. You know, I could just, you know, just walk out or, you know, take me and the children and we go stay in a room or something for, cause, you know, not saying that's gonna happen, but if it does come down to that, I'm ok.

She continues:

> So, yeah, it didn't happen overnight. It just progressively, my way of thinking, you know, has changed. Like I said, in the beginning, I'm thinking, you know, "once a cheater, always a cheater". So, what am I gonna do, you know, for myself if it happens again? How will I be able to react, um, will I have to stay in it and keep taking it or can I just…you know, if I decide, just up and go?

P002 discussed her ability to cope with the finances this way:

That's still an ongoing issue, um, with him. So, that's not something that was resolved. That wasn't the first time he has issues with paying his part of the bills. So, that's an ongoing issue for us. It hasn't been resolved and it's something that's constantly bought up in the conversation.

She continues to mention that she and her husband discuss their financial issues and that her husband holds two jobs that allows him to give her money whether he has money from his regular job or not. She also reiterated that whether or not he was able to pay the bills, she could herself. Therefore, little preparation was required if she needed to leave.

It should be noted that work, family, and finances are considered some of the primary causes of stress (Jones, 2020). Still the most troubling aspect of coping outside of mental and financial health was having someone to rely on after finding out about the infidelity. The answer of whether or not they were able to cope socially was not as easily discussed by the two women. Their perspectives were different on social coping.

Subtheme 3e: Coping Socially

The use of social support for African American women's coping is seen within the literature (e.g., Guidry, 2019; Plunkett, 2016). However, how African American women cope may be dependent upon many factors including their resilience and their social resources (Plunkett, 2016). There were vast differences in this area of holistic health between the two women. One appeared to be able to provide advice, the other was unsure of how she had coped. P001 had a few ideas of how she socially coped with the infidelity and verbalized:

You know, I had those two people that would get in their car, come to my house,

and ring the doorbell, and say, 'you know, I haven't talked to you, you're not

answering my phone. I'm just, I just came to put my, you ain't gotta say nothing, I

just had to put my eyes on you'. So, yeah.

P001 continues to discuss social coping strategies by saying: "But that's when I

say, when you in a situation like that, when you see you have nobody, I'll be like look,

honey, if you got insurance, see if that's covered. Find you someone to talk to. They

[mental health professionals] don't know you from Adam Jack to the man on the moon."

P002 had difficulty answering the question of how she coped socially at first. She

grappled with how to answer what she thought she did to get herself *out of the rut* of not

wanting to get out of bed and not isolate herself. When the question of what her social

health experience was asked and how she felt she coped during that time was explored, as

she put it, to "get out of the rut," she stated, "I mean, I'm, (long silent pause), I don't

know how to answer that question". She reiterated, "I really don't know how to answer

that one." However, she did state that she felt she was still coping with the impact of

infidelity in this area.

As outlined by several studies, social support for Black women, can also be

instrumental helping them cope with their problems (Jones, 2020; Watson-Singleton,

2017; Woods-Giscombé). Although it was difficult for the women to trust anyone

socially during this time, they were able to find support in other ways. The use of their

spirituality became instrumental in reconciliation and the spiritual revelations they found

out about themselves and their marriage. The importance of prayer and their faith in God

was clearly emphasized in their stories.

Subtheme 3f: Coping Through Use of Spirituality

The use of God, prayer, and forgiveness as a way of coping with infidelity has

been explored in the literature (DeGroot, 2014; Rackley 2014). God and faith in God

have been cited as being reasons for not leaving a marriage after infidelity (DeGroot,

2014; Rackley, 2014). Undoubtedly, *forgiveness* does not mean that the person who

experiences the act of infidelity forgets about the event or that they even condone their

spouse's behavior (Rackley, 2014). Forgiveness is a process whereby one continues to

forge through a range of emotions and pain (Rackley, 2014). Being able to pray for those

that committed infidelity and the marital situation was also important to forgiveness

(Rackley, 2014). However, much of the process is based on the woman's appraisal of her

situation.

A big part of both the women's self-appraisal and coping was manifested in their

spirituality. In this area of coping, words such as *spirituality, meditation*, *God*, *prayer,*

fasting, *church,* were all coded as important to this section of holistic health. Both

participants discussed how prayer was important in their coping processes. Their spiritual

revelations were discussed in several areas of their interviews. For example, when P001

was asked about infidelity and how it impacted her coping process during and after that

time, she explained:

> From then to now it has grown. You know, I found myself like leaning towards
>
> God, you know, because I feel that He hears, that He knows, He sees all, so I'm

not really alone in the situation because I know He's there. I found myself praying

more. You know, instead of just, you know, I just, like close my eyes and be like,

you know, Lord, you gotta do something. You know, I found myself, you know,

talking to him more and praying to him more. Otherwise, I would feel I had, I had

to find someone to vent to and you know and then you may vent to the wrong

person. You know, and stuff like that. So, my spiritual life has become, how can I

say, more grounded, um, and it's like He [God] always sends someone or

something to let me know that He hears me, and he gives me his blessing.

She continues to talk about her faith in God and how He has helped her in other

areas of holistic health and her relationships with others:

You know, as far as being able to give, have sympathy for people, how you love

people… you know, I feel that if your mental status is not to a certain point, those

are things that you can't do. So, as far as when, when I say, you know, God is,

you know, is there, I feel that when you're mental… when you're mentally stable,

you have God in your life. You, you're letting him guide you by the actions and

the examples that He left for us to do. I feel if that's embedded, or if your, if you

have a relationship with him and you know the things that he's done and the

things that he wants us to do, then I think your inner being will match your mental

status. You get what I'm saying? Because you believe, you know, He's giving us

an example. You believe in Him. So, if you believe in Him, you're, you're most

likely to do what He asks. So, you know that's how He plays the role, as far as,

you know, my mental and physical well-being, you know, mixed together as far

as my spiritual health.

She even discusses how she continues to pray about the trust in her marriage. She stated:

Um, huh, I ain't even go lie, sometimes, I get to a point where I don't even care. It

used to be an issue where um, I would worry about where he's going, who he's

talking to, this and that, dah, dah, dah, but over the years, it's come to the point,

you know, I have prayed, you know, and I've asked the Lord for a discerning

spirit, and you know, and He does show me things. So, I'm like, you know what, I

say, 'Lord, I don't believe you'll let me go through this again because it was such

a hard time and such a breakdown of me and my life'. You know, and I was like,

'I don't, I really don't think You'll let me go through this again', you know, and I

pray. You know and I still pray to this day, you know, just give me a sign. Show

me, you know, so that I won't have to go through that again. I can get out before

it goes to that point.

Additionally, P001 detailed how her church and family encouraged her to pray to cope

when she stated:

And then um, me being in the church, the way I am. You know, I've been at

church my whole life. And then, my uncle was my Pastor at the time. He passed

away, um, he helped me out a lot. You know, as far as, he was like, 'You pray for

what you want. If you want your marriage to work, that's what you pray for. If

you don't want it to work and if you wanna move on, just ask the Lord to remove

him out of the way slowly and quietly', you know, without any big up do or

whatever. I can't even tell you what I prayed for. I really can't. I am serious.

Because at the time, my focus was on me.

She continued on discussing what she prayed for, including her husband, during the time of infidelity by saying:

Um, and I'm like, my Lord, you know, help me. You know, lead me in the right direction. I prayed for him… whatever he was going through, but at that time, as far as my marriage or whatever, I wasn't even praying about that. I was praying for me and my mental state, you know, to help me get through when I was going through and help me to be able to take care of my child the way she needs to be taken care of. At that time, that's what I was praying for and just over time, you know, just praying and meditating and doing stuff. It got better.

Participant 002 began to outline how important the church was in helping her cope during the infidelity. She began by saying:

And so, initially, I went and spoke with one of the ladies at my church. Um, she had experienced infidelity in her marriage, and she held a sermon, I mean, a seminar for us. And so, that was one of my coping mechanisms, just talk therapy with her. So, we spoke with her. We spoke to my Pastor and then my sister-in-law. I've done a lot of talk therapy with her. She's not a licensed therapist, but she needs to get that because she really helped me through it. Um, so, what was best for me was the talk therapy, just talking through everything.

Participant 002 also discussed that her spirituality improved her ability to cope with her husband's infidelity when she stated:

It actually, it improved it because a lot of times when we go through situations,

you know, we seek the face of God a little more often than we normally would if

we're not going through anything. So, it actually strengthened me spiritually and

it opened my eyes up to a lot of things that I should have been doing spiritually

that I wasn't doing.

P002 elaborates on how it strengthened her spiritually by saying:

I mean, I prayed more often. I actually started fasting…fasting with a purpose…

not just fasting to be fasting, but actually fasting, praying, looking for God to

change things. You know, not only with him, but with me. Making me, um, you

know, a better person to be a better wife to him.

She continues:

I mean when I actually sat down and started meditating, uh with the Lord….

There were a lot of things that were brought back to my memory that I had

actually forgotten that I had done in the relationship towards him.

God, faith, and spirituality were mentioned frequently during the interviews.

Using tools of their faith such as prayer, fasting, meditation, and church helped foster

trust in God and begin to trust others and forgive so that they could move past the pain.

For both of the participants, they began detailing how they moved past the pain of

infidelity in order to cope with the experience of it.

Subtheme 3g: Coping and the Process of Forgiveness and Rebuilding

Subtheme 3g discusses how they experienced infidelity currently and how they

cope with the new reality of their marriage. *Moving past the pain of infidelity* was related

to the main question regarding the experience of infidelity and sub question 2, coping

after facing infidelity in the marriage. The code of *moving on* or *moving past infidelity*

was discussed in both Abrahamson et al.'s study in 2012 and the more recent study by

Warner (2022). Warner (2022) explored the concept of *moving past infidelity* when the

participant in the study discussed how she began to cope and later forgive after infidelity

through *rebuilding* and *moving past infidelity*.

Rebuilding after infidelity is a process that can involve *forgiveness*, seeking help,

addressing triggers, understanding others' perspectives, and re-establishing couple

intimacy and trust (Abrahamson et al., 2012). It is not done immediately. Without the

slow progression of moving forward, the ability to forgive and move forward with a

marriage would come to a halt. Moving past the pain of infidelity became a theme as both

women described what it took for them to work through their problems despite the

infidelity. It is a time in which women who experience infidelity look more to the future

than the past to begin to trust again (Abrahamson, et al., 2012; Thomas-Franklin, 2020).

It included the understanding that trust was still a part of rebuilding in order to move past

the pain. P002 states, "I mean we're still rebuilding our trust, but it's…I don't know if

it's ever gonna be back to where it was, but it's better than it was."

P001 admits that coping with infidelity was still a struggle and difficult for her to

move past the pain of infidelity when remembering triggering negative thoughts. She

states: "So, the words, 'once a cheater, always a cheater'… is something I think

everybody… every woman's heard… you know, I know… and see I try not to dwell on

that because it's not true". She continues, "some men learn their lessons". She then elaborates further:

> That's every body's saying… yeah… it's kinda hard because I am not gonna lie, sometimes I still deal with it, but I'm looking at… ok, he has done everything in his power to prove to me that it won't happen again. Whatever I ask him to do… to calm my thinking or calm my fears, he does it. So, I have to look at that. And you know like, you know, he even told me… he was like, 'you know, some men don't learn, but I've learned my lesson and it has taught me dot, dot, dot, and dot.' So, and so, like I said, trust…. know, you know, what do I need to do, to gain your trust back? We've done that. You know, and it's not a time that I've asked him, you know, to do something, you know… just for my sanity…that he's not done it.

P002 had the following recollection:

> When we were at the beginning, you know, he was the one talking about divorce and everything, and I'm like, why would you just throw in the towel? Um, and I mean, when he was saying some of those mean things to me, that I was saying to him, it didn't feel right. And it just made me feel like a bad person because I know the things that he was saying to me, I had said those things to him. And so, I really thought that it was gonna be over, but we was able to work through that and so, like I said, I do see a light at the end of the tunnel now.

She also offered this advice:

I just feel like, um, you know, if there is infidelity in the marriage, you know,

don't automatically throw in the towel. Do some self-reflection. You know, sit

back, and reflect on the relationship also, and see if there's something that can be

salvaged. Um, just because somebody… just because there… there's infidelity,

doesn't mean that the love isn't there. Maybe there's something that can be done

in order to improve the situation. Maybe there's something that, that person is

looking for that you gave them once and you stopped, you know, giving it, you

know giving.

It was through self-reflection, trusting and believing in God, and by continuing to

rebuild and work through their problems that the women were able to continue the

process of moving past the pain of infidelity. This process of coping with the pain, in

order to move past it, is not stagnant and is a continually changing aspect of healing

holistically. The ability to move past the pain has been shown to be an important aspect

of rebuilding trust again and has the potential to begin the process of forgiveness,

reestablish communication, and regain commitment as a way of coping with the pain of

infidelity (Forrester, 2021, Thomas-Franklin, 2020).

Summary

In Chapter 4, I presented the research findings of the study. These findings

indicated that the experiences of coping and stress related to infidelity in a marriage can

be impactful to women's holistic health. It also addressed the research question of what

the experiences were for at least these two African American women who remained in

their marriages after spousal infidelity. This study also addressed sub question 1

regarding how their experiences affected the holistic health of African American women who remained in their marriages? Both women in this study, to some degree, had problems that occurred in all five components of holistic health, but some components to a lesser degree than others. Both participants felt that their mental health was the most impacted by infidelity. They both described instances where they experienced bouts of anxiety, isolation, and depression that were triggered often. They both discussed difficulty with trust in the marriage and finances, but both were considered the breadwinners within the family and were not drastically unprepared when the infidelity occurred. Both discussed physical health issues, but the degrees to which they experienced physical ailments varied in severity. Socially, there were similarities as both women mentioned their mothers in how they interacted with others after the infidelity The two participants were both cautious when returning to social relationships and letting others know about the infidelity.

The study also began to answer the last sub question of how African American women cope with changes to their holistic health after experiencing spousal infidelity and choosing to remain in their marriages? The ways in which the two women coped were similar in that they both believed that African American women needed to speak to someone if having health problems after infidelity. Yet, they differed in how they believed that they coped themselves. One participant assuredly stated how she coped socially, whereas the other was uncertain that she had coped. They both discussed how their financial status as breadwinners secured them financially when infidelity occurred in their lives. However, both detailed that finances was still ongoing problems in the

marriage. Both participants used spirituality as a coping mechanism. They had different mechanisms of coping, but primarily discussed reading, prayer, church, mediation, talk therapy, and communication as coping strategies. They both discussed self-reflection and self-evaluation to appraise themselves and their experiences. They used self- appraisal to further understand themselves, their roles in their marriage, and how to move forward. Lastly, they discussed their marriages and how they are moving forward by not focusing on the past. In Chapter 5, I will summarize some of these findings in relationship to the literature.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this generic qualitative study was to explore the experiences of African American women who remained in their marriages after their spouse's marital infidelity. In this study, I explored how African American women who experience infidelity are impacted by infidelity in their holistic health and how they cope with any changes during and after the experience. In Chapter 4, I discussed the qualitative findings from data collected through participant interviews. Three themes were revealed during data analysis: (a) the infidelity experience; (b) facing a new reality, the holistic health effect; and (c) holistic coping with infidelity. These findings align with the women's experiences of infidelity, the effects of their experiences, and how they eventually attempted to cope with those experiences. In this chapter, I discuss interpretations of these findings, limitations, recommendations for future research, implications, and conclusions of the study.

Interpretation of the Findings

The results of this study revealed that mental health is a critical holistic health issue for African American women who experience infidelity. The findings also indicate that, for at least these two women, how they coped was assisted by the way they perceived their situation and related to how or if they believed they were able to move past the pain of infidelity. Both women acknowledged that the experience of infidelity was something they never thought they would have to go through. Each detailed their experiences with infidelity based on the questions as related to holistic health.

Infidelity and Physical and Mental Health Findings

The findings further support the idea that infidelity is a stressful event that may impact a woman's physiological health (Ramphal et al., 2014). In general, this study aligns with the findings of Lei et al. (2016) and Onayli (2019) that suggests that stress may negatively impact African American women' s (physiological) physical health. P001 described herself as being physically drained and possibly having health issues related to dialysis; P002 described having headaches due to anxiety and overthinking. The descriptions detailed by the participants regarding their mental and physical symptoms provide evidence that traumatic events can leave long-lasting effects on a person, including on their mental and physical health (Sauerheber & Disque, 2016).

When reviewing the relevant literature, I found no recent articles related to the mental health coping and holistic health experiences of African American women who had experienced infidelity and remained in their marriages. There were studies on infidelity's triggering impact on mental health. Confirming much of the previous existing literature, the two participants in the current study also shared reports of triggered memories from traumatic experiences (i.e., infidelity) that had negative outcomes on them mentally (Blunkosky-Shaikh, 2019; Holden et al., 2015, 2017; Sauerheber & Disque, 2016; Studley & Chung, 2015).

The two participants in the current study also discussed how difficult it was to trust, which triggered behavioral and emotional reactions to the lingering thoughts. P001 had more time to process her situation and felt the infidelity had an impact on every aspect of holistic health but mentioned triggers that affect her ability to trust. P002 did

not have as much time as P001 in processing the effects of infidelity; she stated she did not have physiological problems but complained of headaches caused by her lingering thoughts about infidelity.

The two participants described how the infidelity left them with feelings of anxiety, mistrust, loneliness, and depression, confirming researchers' accounts that mental health issues such as anxiety and depression are also related to infidelity (Taghi Pour et al., 2019; Whisman & Uebelacker, 2012). Participant 001 began taking antidepressants due to her feelings of depression and initially stated to her healthcare provider that she just was not happy. This also falls in alignment with Blunkosky-Shaikh's (2019) findings regarding a participant's discovery of her husband's infidelity. The participant, as the only African American participant in Blunkosky-Shaikh's study, mimicked what P002 stated about how she did not want to get out of bed and P001's description that she had to continue for her child despite the depression. The Blunkosky-Shaikh's study also echoed the idea of moving past the pain when the participant discussed how she summarized her efforts to continue in the marriage as it was almost like the infidelity did not occur. This representation of moving past the infidelity like it did not occur was apparent in P002's statement regarding her feelings about infidelity and needing to continue with the marriage.

In the attempt to move on past the pain, participants noted needs with the new realities of their health. Socially, financially, and spiritually, there were changes in how the participants saw their new realities after the infidelity. Participants concurred during

their member checks that there was a newness to how they perceived and pursued their new realities for their experiences with holistic health.

Infidelity and Social, Financial, and Spiritual Health Findings

The findings of this study support that infidelity can have negative ramifications on social support networks (Lei et al., 2016; Rokach & Philibert-Lignières, 2015; Shrout & Weigel, 2018; Thomas-Franklin, 2020). Both women also used outside social support from church members, friends, and family to help with coping, which is similar to Lei et al.'s findings (2016) regarding women using social supports to buffer the stress of infidelity. Rokach and Philibert-Lignières (2015) found that infidelity can diminish social support by limiting the resources a faithful partner would normally find in marriage; in this study, the participants detailed how they avoid certain people such as friends, church members, or family because of the infidelity. How participants perceived others would react to the infidelity or to them prevented them from engaging with certain people as support systems. This confirms Couch and Olson's findings (2016) regarding perceived social losses having a relationship to negative mental states for participants such as anger, distrust, and trauma reactions.

During my search for relevant literature regarding African American women and infidelity, Utley (2011) was the most relevant source I found. Utley was also the first researcher to discuss financial health in the literature review. Utley's (2011) work examined some of the holistic areas discussed in this study and was an exploration of African American women's experiences with infidelity. However, Utley's more recent 2017 study was also relevant to this study; in it, the researcher explored the holistic

coexistence of aggression through intimate partner violence and infidelity against women. Utley (2017) explored aggressions in psychological, mental, social, financial, physical, and sexual components of relationships. This study extends the research as I focused on African American women who stayed within the marriages and included a look at spiritual health as well.

Additionally, although no discussion of abuse or aggressive behavior was detailed in the reports of the participants' experiences in this current study, I cannot be certain that financial aggressions were not existent. Utley's (2017) account of a partner deflecting money away from the family toward the affair was also true in the current study. Although the concept of *backlash* was not explored here, due to the limitations of the current study, the possibility of financial backlash noted in P001's personal account of her financial difficulties occurring in her marriage can be considered a financial aggression.

According to Utley (2017), the loss of time and money can be devastating for women as they discover that they have been funding their partner's affair. In my initial account of P002's discussion of how she found out about her husband's infidelity, she seemed to lose her train of thought describing how her husband was about to go on vacation with the other woman and her children and spend the weekend with them. The household finances were being deflected toward the affair in this situation, a problem that Frederick and Fales (2016) stated may be an issue if the resources of the marriage are diverted toward the affair. Therefore, the findings of this current study also confirms similar findings in Utley's (2017) study regarding finances. The rest of the holistic health

components were not represented in Utley's (2017) study, but the findings in the current study validate the need for further research regarding financial health among women facing infidelity.

Similarly, spirituality as a coping mechanism was also supported by the findings. Other researchers have noted that spirituality and religion is important to African American women (Chaney et al., 2016; Cox & Diamant, 2018; Edwards & Weiser, 2020; Thomas-Franklin, 2020). Chaney et al. (2016) described that one participant reported the church being her family and that she could confide in the church family with problems she had with her marriage. This was evident with the two participants in this research as both chose particular members they trusted to be confidants during that time. P001 confided in her uncle, who was a pastor, regarding the infidelity. P002 used a few of her church members as confidants when she experienced her spouse's infidelity.

However, there was a paradox noted with the relationship with the church as supported by the findings in both this research and the existing literature. For example, the participant's description, in Blunkosky-Shaikh's (2019) study, of her interaction with her church was also similarly noted in the findings in this study when a participant detailed how the infidelity strained her relationship with church members who knew. Blunkosky-Shaikh (2019) noted that a participant said that she felt alone and that those in the church treated her differently; she felt they were just waiting for her to get over the infidelity. This may explain the hesitancy noted by the participants in the current study of not divulging their experience of infidelity to certain members in the church and not attending so church members would not see the conflict in their marriages. This mistrust

was apparent in P001's statement that telling church members was not feasible in her case due to her not feeling she could trust them to keep the information private. P002 declared that church members might witness the conflict within the relationship if she went to church. Blunkosky-Shaikh (2019), Thomas-Franklin (2020), Manley (2016), and Sauerheber and Ponton (2017) confirmed that the concept of forgiveness can be a driving force to keep a marriage together after infidelity—as noted in this study. The women in the current study were able to move past their hurt and use forgiveness to heal their marriages.

Thomas-Franklin (2020) stated *forgiveness* is a part of women's healing journey. According to Thomas-Franklin (2020), forgiveness is a part of four themes in the healing journey: using one's support system, developing self-worth, communicating, and forgiving (p. 73). In the healing journey, this can be seen in the current study Theme 3: coping with infidelity and holistic health changes. Participants focused on self-appraisal in mental health, focused on who they could communicate with and trust, and then ultimately, how they could forgive. Forgiveness was evident as they learned ways to cope through their faith in God and finding spiritual revelations about themselves and their marriage.

In Blunkosky-Shaikh's (2019) study, a participant relayed a similar description of moving past the pain of infidelity to forgive or demonstrate what the researcher described as posttraumatic growth. The participant described how she no longer paid any attention to what was said by her husband, but how he acted and that he was sorry for what he had done (Blunkosky-Shaikh's, 2019). Blunkosky-Shaikh discussed how the participant

moved on from what was no longer a fairy tale marriage to see the future of the marriage, which was poignant as these sentiments were also revealed in the current study. P001 and P002 described how they looked at their own actions and their husbands' actions to move toward the future of their marriage.

Sauerheber and Ponton (2017) analyzed *forgiveness* in a Christian counseling framework using a case study. The researchers noted that healing from past infidelity can be guided by the counselor's understanding of the couple's ideas of faith in relationship to their marriage (Sauerheber & Ponton, 2017). In the current study, the participants discussed the importance of their faith during the time of infidelity. Words such as *trust* and being able to *get back to normal* were also a part of the discussion noted in context of both the current study and Sauerheber and Ponton (2017); this is indicative of also wanting to move past the pain of infidelity. These concepts discussed by the women and those that made up the framework for this study were instrumental in creating a better understanding of the patterns noted in the conversations of these two women.

Analysis and Interpretation of Conceptual Frameworks

The two conceptual frameworks used for this study were the SCAT and the SWS. The SCAT, or also known as the cognitive appraisal theory, maintains that when people are given the appropriate resources to help them cope, then they do not have as many negative outcomes from whatever stresses them in comparison to those people who do not hold those coping capabilities (Lazarus & Folkman, 1984). There are two stages to this type of cognitive appraisal that Lazarus and Folkman (1984) called primary appraisal and secondary appraisal.

Primary appraisal is noted when a person's assessment of an incident or phenomenon is perceived as a possible threat, deterrent, or risk to the person's wellbeing (Lazarus & Folkman, 1984). In this study, primary appraisal is demonstrated through the participant's assessment of the phenomenon of infidelity. During the primary appraisal stage, both participants in the study felt that stress from infidelity was specifically harmful to their mental health and believed that it negatively impacted other areas of their holistic health to varying degrees such as social support, and their finances.

Secondary appraisal relies on the person's assessment of their ability to handle the problem or circumstance (Lazarus & Folkman, 1984). The participants in this study did not approach their connection to church the same. P001 was more cautious of people in church but utilized her uncle and cousin (ministers) as her support and P002 utilized her connection to the church during the time to cope with the infidelity. How they appraised their situations was different and in turn may have impacted how they coped with the infidelity. P002's uncertainty of whether she had coped was not surprising as she had only found out months before the study began. Yet, she still maintained that she was optimistic.

So, based on the SWS, there were several parallels. The main aspect of my research was that strong endorsement of the premises of the SBWS, or SWS may result in women adopting ineffective strategies for coping with the stress of infidelity, and thus cause adverse holistic health effects. Wood-Giscombé,'s five tenets are as follows: Obligation to maintain strength, obligation to suppress emotions, resistance to feeling vulnerable, succeeding despite limited resources, and obligation to help others. Yet, the

women in this study may have unknowingly or unconsciously subscribed to SWS as they both used self-reflection as a way of noticing the obligation to maintain strength within themselves. When asked about resilience or strength, P001 spoke to herself in a positive manner, reminding herself that she could not let the infidelity 'weigh' on her. Still, her *obligation to maintain an image of strength* was still notable in her banter she described with her husband to,' just sit down somewhere' when discussing their finances, and in P001's response, that "if I don't do it, who gonna do it?" It was clear that she felt she was obligated to be strong in the times when she felt she had to maintain the household.

P002 similarly stated that she was more conscious of what she said to her husband and felt better about herself when she looked in the mirror. In other words, their determination to remain strong and feel better about themselves may have been the first of the five tenets for the SWS-*obligation to maintain an image of strength* (Woods-Giscombé, 2010). This concept of *maintaining strength* was noted especially in their conversations about mental health and finances which correlated to findings noted in the more current literature by Guidry (2019) and the extant literature of Abrams et al. (2014) and Donovan and West (2015). The notion of being the breadwinner and preparing themselves financially, so that they could essentially stand on their own two feet, was reiterated in their interviews as both women validated that this was a relevant finding for them. P001 acknowledges that some people have told her she is too independent and that she teaches her daughter the same thing. She reiterated that she had to have her own (finances) because she wasn't certain what might happen. She stated that it is just how she was raised. The second component was the *obligation to suppress emotions* and was

noted with P001 when she discussed having to continue essentially for her daughter's sake. She demonstrated the two tenets of maintaining strength and the obligation of suppressing emotions when she discussed that when her daughter was in pre-k she had to get up and go to work and could not mope because she had things to do, and her mental state was not where she could handle it [the infidelity].

In that statement, P001 demonstrated that she did not have the opportunity to show emotions because she had to suppress them to continue to support her daughter. To keep herself together so that she could function, she had to suppress her emotions. This is similar to the self-silencing that Abrams et al. (2019) attributed to furthering the symptoms of depression in African American women.

P002 described her obligation to suppress her emotions when she talked about her still coping. P002 noted that infidelity was something that people say they forget about, but that she has thoughts about it frequently and that she told her husband that it was not something that they should just "push under the rug." Pushing emotions under the rug is something that is important to acknowledge with understanding African American women's obligation to suppress emotions. In fact, this aspect can place African American women at greater risk for difficulty with coping, greater anxiety, worsened relationships, and put them in danger for increased overall health risks (Brown, 2017; James, 2015; Shrout & Weigel, 2020; Watson & Hunter, 2015).

In examining the resistance to feeling vulnerable in this study, both women appeared to describe how they were resistant to being vulnerable. P001 spoke about setting out a plan to be prepared in case anything ever happened again, she would be

ready for the challenge to not be left vulnerable. Additionally, she voiced that she had never been the type of person that would give up on something and she would not let her husband determine who she was or what she did, acted, or felt. In other words, she is not going to let him determine her vulnerability.

However, it was in the way that the overall interview was detailed for P002 that showed her resistance to feeling vulnerable. She mentioned not going to see her mother because she didn't want her to know something was wrong. She discussed that avoiding receiving judgement or advice from her mother at that time was important to her. Ultimately, she could not seem vulnerable or give the inclination that there were any problems. She had the same reasoning for not going to church and did not want others to see how she interacted with her husband. Possibly this was because of not wanting the judgement and unsolicited advice that P001 also talked about with her church and friends and family. According to Woods-Giscombé (2010) some women did not ask for help until they were overwhelmed, and this sometimes presented as stress. Stress sometimes manifested itself in other ways such as suspicion, apprehension, and mistrust which leads to resistance to depending on others (Woods-Giscombé, 2010).

Only one of the women also subscribed to succeeding *despite limited resources.* P001 spoke of having to succeed with limited resources due to both family obligations and uncertainty of her marriage at the time. In her preparation for both her and her children, she demonstrated how she still is surviving even with limited financial resources. However, this tenet was not revealed during the interview with P002. The lack of detail could have come from the fact that she felt her finances were not touched by the

infidelity, even though she admitted that her husband had difficulty paying his bills and that he was taking vacations with another woman and her family. It could also have come from her being more economically stable with a secure income as a Nurse Practitioner.

The *obligation to help others* was also something that both participants showed. For example, P001 detailed how she currently has a ministry, is first lady of her husband's church and had attempted to brighten the day of those who attended dialysis on the days she went. Her obligation to help others is apparent in that she is still ministering to others even while she is attempting to heal. Although P002 did not mention extra activities that she was involved with, she did mention that she helped with church activities. It can be assumed that her chosen profession in a helping profession also allows her to assist others. Watson and Hunter (2016) voiced how African American women's obligation to help others has often prevented the women from receiving help when it was needed. The authors mention women often hear words that were similar to those discussed by the participants such as being capable of standing on your own (Watson & Hunter, 2016, pg.). P001 recalled being told she did not need a man to stand on her own. These words Participant 001 says stays in the back of her mind. According to Watson-Singleton (2017), women who subscribe to the SBWS (i.e., the SWS) receive less social support. Both women chose who they allowed to support them, only sharing details with those they could trust.

However, as noted earlier, the participants in the study demonstrated self-resilience and awareness. According to Kennedy and Jenkins (2018), self-resilience also prevents African American women from obtaining further social support. This may

account for the depressive and anxiety symptoms experienced by the two participants in the study. In this case, their self-resilience may prevent them from reaching out even when needing the most help (Thomas-Franklin, 2020). It also may enhance their need to help others to deflect from their own issues as P001 alluded to when discussing her reasoning for helping others in dialysis when she learned of the infidelity. So, ultimately, these findings, for these two women, are consistent with the idea that there may be a link between endorsement of the SBWS (i.e., SWS) schema and mental health problems such a s stress and depression (Donovan & West, 2015).

Limitations of the Study

There were several limitations to this study. The first limitation was that only African American women were used in the study. There was not consideration of the viewpoints of other women of other ethnic backgrounds. Using diverse ethnicities could have had different outcomes and findings. Also, the limit of time and circumstance played a role in the recollection of their experiences and the view from a more longitudinal research study may have elucidated how these experiences changed through the years (Blunkosky-Shaikh, 2019). The theoretical underpinnings and the methodological approach of this study imply that this study's findings will be limited to those interviewed within this study (Blunkosky-Shaikh, 2019). Yet, the chance to offer a brief look into the holistic health experiences of at least two African American women who stayed in their marriages after infidelity may be useful. It further supports what Shrout and Weigel (2018) purported about there are mental, physical, and health-

compromising behaviors involved with infidelity and that negative appraisals of infidelity may contribute to social loss as well.

Limiting the study to only women in a certain geographical area initially could have decreased the generalizability of the study and my ability to obtain participants. Only obtaining two participants, even after opening up to other geographical locations, was a major limitation to the qualitative study. Finally, by my using only subjective data from the interviews of the participants, quantitative measures to further confirm the experiences of infidelity on holistic health and coping further were not explored.

Recommendations

As far as one recommendation for future research, it would be to conduct a similar study on infidelity and married women using a larger sample size that includes women of color outside of the United States with diverse ethnicities and backgrounds. The information obtained from this study provided the perceptions of only two African American women. If a larger future study with women of color of various ethnicities throughout the world were included, it could provide additional information to health and human service providers about women of color.

My recruitment began with college-educated women and those in church settings. However, it is important to keep in mind the emphasis placed on spirituality for the coping for African American women as noted by other researchers (Brown, 2017; Conway-Phillips & Janusek, 2016; Manley, 2016; Roberto et al., 2020). The use of spirituality as a strategy to help African American women cope may be beneficial for

human service professionals to explore. Understanding the intricate details and backgrounds of a woman's life can help assess her needs.

Data gathered from women of all socioeconomic backgrounds could support efforts towards helping women who experience financial health challenges during infidelity an opportunity to leave the situation, if so desired. Findings suggest that higher financial strain creates greater financial instability and stress in marriages (Barton & Bryant, 2016; Dew et al., 2017) and having a variety of economic experiences within various economic backgrounds may allow for more understanding of the ability to prepare to leave (Utley, 2011) and economics as a stressor when examined from a larger sample.

Future studies for holistic health and coping may also focus on the major areas of concern such as mental health, finances, and spirituality. Researchers looking for more holistic ways of reaching African American women may want to incorporate faith-based strategies because they may reach the underserved and are more culturally sensitive (Dyess, 2015) to the needs of people such as African American women. Both participants explored the areas of mental health, finances, and spirituality and stated that they used spirituality and religion as a coping mechanism and can be advantageous in marriages which is also supported by the research findings (Chaney et al., 2016; Esselmont & Bierman, 2014; Hassanezzhad et al., 2022; Shirisia, 2014). Both participants agreed that mental health was detrimental to their coping strategies and that it must be discussed with healthcare and human service professionals. The study participants expressed wanting to join the study to have the opportunity to talk about their firsthand experiences with

infidelity and holistic health issues that they may have encountered. They both detailed that it gave them a chance to reflect on the past and where they currently are in their marriages. Both are hopeful for the future of their marriages and believe that communication about these holistic problems, especially focusing on mental health, is critical to coping both during and after the discovery of infidelity. This implies that more research studies studying the holistic ways of coping with infidelity may be beneficial for other women experiencing infidelity.

Additionally, to understand what is needed further in healthcare, it may be important to interview the providers and who would treat these women in healthcare to gain their perspectives. Due to the mistrust of African Americans of mental health providers (Brown, 2017), understanding what is experienced with these clients can help healthcare professionals devise more clinically driven outcomes.

By obtaining a broader view of stress and coping on holistic health for African American women facing infidelity, the examination of both the SCAT and the SWS can be explored. Examination of these constructs may be useful in health education and communication initiatives. The outcome could be increased awareness that provides a context for improved conversations with healthcare providers and partners such as church affiliates. It also will provide a more direct account of potential barriers to effective treatment such as fear of and perception of not being strong or having to depend on others for support.

Some of the holistic health education topics can be explored to possibly prevent problems with coping during infidelity. After reviewing the coping needs of these two

women, it was noted that there is a possibility of African American women subscribing to

the superwoman schema and the stress, coping, and adaptation theory (i.e., cognitive

appraisal theory). The challenges they may face as homemakers, friends, mothers, and

wives may leave them feeling obligated to present an image of strength. This component

of the SWS suggests that their mental, physical, and even social needs may be hindered at

the time of infidelity. The obligation to remain strong may precipitate anxiety and

depression as seen with the participants of this study. Understanding that these women

may not disclose when they are in pain, feeling obligated to suppress emotions, or not

acknowledging needs mentally nor physically, it may be important for practitioners to

note and begin to educate themselves of the women's needs when facing infidelity.

Education regarding how healthcare professionals should consult with women

during these times could prevent problems with holistic health issues. It also may foster

communication and assist in finding culturally adequate social support because who

actually knows about infidelity seems to matter based on the findings of this study.

Educating providers on how to ask about social support and referring women for help can

be beneficial in preventing their resistance to being vulnerable during this possibly

traumatic time. By utilizing holistic health assessments that analyze the five components

addressed in this study, healthcare providers may enable women to appraise their assets.

Earlier seminal work by Dunkel-Schetter et al. (1987) spoke to how higher incidences of

self-esteem also was correlated to the ability to cope and that those who sought social

support were noted to have greater self-esteem. Knowing what a woman believes about

herself and her spirituality can be instrumental in understanding how she copes. Creating

self-assessments that speak to the issues of self-esteem, depression, and other mental health issues would also assist with the task of education and possibly finding better social supports for those in need. Additionally, regarding the findings noted in the current study, spirituality can be a key component to understanding their clients' feelings about themselves and what they believe may spiritually help them cope. Financially, it is important to understand women's needs due to an intense drive to succeed despite their limited resources. Education in financial planning may help alleviate financial stressors. Financial stress was a continued issue for both women in this study.

Understanding how to approach the sensitive topic of infidelity is needed so that the practitioner can gauge if there are immediate needs for the woman or perhaps her children if warranted. Then finally, their feelings of obligation to help others and self-sacrifice may create additional stress on the women. Discussing the topic of their social needs at the time of infidelity is beneficial to finding out who they support and how they receive support. Because it is known that African Americans receive some of the worse care than their Caucasian counterparts (CDC, 2019), educating healthcare professionals on how to approach the holistic health topics for these women who may face infidelity can possibly assist them in devising strategies to help their clients cope after the experience of infidelity and prevent further healthcare disparities as a result.

Implications

The implications of this study towards social change are providing awareness as a conversation starter for increasing advocacy for women's health needs. Awareness of the issues that impact African American women undergoing infidelity in a marriage can help

therapists and other healthcare providers with having conversations about how stress of infidelity may pose holistic health challenges within their lives. As advocates and confidants, healthcare professionals can begin helping African American women who have experienced these and other holistic health issues. Understanding the perspectives given here may spark the creation of women's health education programs that begin to speak to issues such as mental stress, and financial stability for African American women who choose to stay in their marriages after infidelity.

Further implications for positive social change elicited from the findings of this study may be simply making the public more aware of instances of where, at least two cases, of African American women have undergone infidelity and had holistic health needs. Discussions of other African American women's difficulties and stressors, noting that women have been found six times more likely to be diagnosed with depression after marital discord (Cano & O'Leary, 2000); could help empower them in navigating the stressful and traumatic issues in marriage that occur both during and after infidelity.

Furthermore, the findings in this research could encourage other researchers to begin other types of studies, such as quantitative research, to delve into the objective aspects of holistic health problems that occurs with infidelity. Providing statistical data regarding the frequency, occurrence, and time for which these events or symptoms develop may provide further evidence of how infidelity influences African American women's lives during and after infidelity.

The two conceptual frameworks that were chosen were done to help guide this study based on their relationship to coping, stress, and physiological symptomology.

Cognitive appraisal was used to explore how African American women appraised their holistic health experiences related to stress and how they coped with that stress. As discussed earlier, both women in the primary stage of cognitive appraisal detailed that their experiences of stress were harmful to their holistic health, but primarily to their mental health. Participant 001 even stated that it had a moderate impact on every aspect of her holistic health. She simply agreed that income and everything played a role on her holistic health. Although during the second stage of their cognitive appraisals, the two participants varied in how they discussed their support and resources, they both agreed that seeking mental health support was vital for their ability to cope. Not having someone to communicate with, and not knowing whom to trust or vent their issues to was stressful as the participants had to pick who they felt that they could confide in.

The findings aligned with both conceptual frameworks of the superwoman schema and the cognitive appraisal theory. Even with their hardships, both women persevered and continued to work on their marriages due to their consciously deciding to attempt to overcome the negative experiences they had with infidelity. An example of this conscious decision was both participants using outside confidants to discuss their stressors when they did not have the support they needed from others. Even though the participants were not consciously aware of their use of the cognitive appraisal concepts, they applied them by using outside support to restore stability to their holistic health as it related to the stressors in their lives. Despite not knowing that they had used cognitive appraisal, the participant's depictions of how they coped with the stress of infidelity demonstrated the effectiveness of cognitive appraisal in this study.

As noted earlier, the findings of this study were also in alignment with the superwoman schema. Although neither of the women openly subscribed to the SWS, they both exhibited areas that were akin to the components of the schema. Whether it was their discussions of how they suppressed their emotions to prevent others from seeing their vulnerability, or whether it was their display of strength by continuing on and helping others, despite their limited holistic health resources, such as social support, financial security, and mental support; these women have shown the SWS holds value to understanding their stories.

Conclusion

Based on the findings in the current study, the two African American women in the study experienced holistic health concerns when staying in heterosexual marriages after spousal infidelity. Participants reported that mental health was the most critical component of holistic health explored in this study. Participants also had varying experiences regarding social, spiritual, and financial health components. However, Participant 002 did not discuss any issues with communicating with members of her church, whereas participant 001 was hesitant to share her experience with infidelity due to her personal ties within the church. Evidence supports that stress can impact holistic health for African American women who experience spousal infidelity. Specifically, infidelity impacts African American women as stressors which causes triggers of anxiety and depressive symptoms regarding infidelity. These triggers also are related to issues of trust that further exacerbate the issues of mental health. Use of family, church, and others as support system depends on how well they are trusted. Who knows about the infidelity

and how they support these women is important to how they solicit social support. However, spirituality and religion may be helpful for those who use spiritual practices in coping (Edwards & Weiser, 2020; Forrester, 2021) with infidelity and forgiveness may be a way of facilitating coping (Manley, 2016; Roberto et al., 2020; Woods-Giscombé, Robinson et al., 2016). Physical health of African American women experiencing infidelity also depends on how it is perceived by those that are impacted by it and some women may or may not feel that their symptoms are related to the infidelity. Both mental, and physical, and/ or sexual health may be important to address with this population depending on symptomology and the woman's willingness and desire to address those issues.

Prior to the inception of this study there was little research noted regarding African American women's holistic health that stayed with their spouses after infidelity. There was an attempt to address this gap in the research by exploring African American women's experiences regarding their holistic health and spousal infidelity which can bring awareness to healthcare providers understanding how the five components of holistic health can manifest for these women. The information that was found within this study hopefully will provide a starting conversation about some of the issues facing African American women who are experiencing infidelity and potentially further advocacy and understanding for those healthcare providers seeking to help prevent some of the health issues their African American clients may experience.

In conclusion, the findings from this study supported the results noted in prior research regarding African American women and infidelity (see Utley, 2011; Warner,

2022). The Utley (2011) study sparked the desire for me to begin this study. Her study was the first noted to answer some of the experiences African American women held regarding infidelity. However, more was needed to capture the holistic nature of the five components of health that was discussed in this study. Warner (2022) focused on forgiveness in African American women who experienced infidelity but failed to explore the five components of holistic health. Nevertheless, the current study contributes to the scant research that is presently noted on this topic and provides a conversation starter for future researchers to gain insight into the holistic health issues that may plague some of the African American women who stay in their marriages after spousal infidelity.

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Appendix A: Demographic Information

Please answer the following questions to help me understand.

1. Participant ID_____Phone

   number:_____ Email_____

2. What is your age ?

3. What is your highest level of education?
   - Less than high school
   - Some High school to high school graduate
   - Some college or technical school
   - Bachelor's degree
   - Master's degree
   - Terminal degree or other_____

4. Which, if any, of the following religious denominations do you identify with?
   - Protestantism
   - Catholicism
   - Christianity
   - Judaism
   - Islam
   - Buddhism
   - Hinduism
   - Native American
   - Inter/Non-denominational
   - No religion
   - Other (please specify) _____

5. How long have you been legally married to your spouse?

6. How long has it been since you found out about the affair?

Appendix B: Recruitment Flyer

Seeking participants for a research study on holistic health and infidelity

- Have you experienced the infidelity of your current spouse within the last 2-8 years?
- Have you experienced holistic (mental, physical, emotional, financial, or spiritual) problems since learning about your spouse's infidelity?

Eligibility Requirements:
- Must be legally married in a heterosexual relationship to a man that has committed infidelity
- Must be African American or Black
- Must be a heterosexual woman age 18 and older
- Must have experienced infidelity and currently married to the spouse that committed the infidelity

Participation may include:
- Completion of a 45– 60-minute interview face-to-face or via secure teleconference
- Chance to review interview transcript, the researcher's analysis, and give feedback regarding those findings to the researcher
- Chance to refer other women that have had similar infidelity experiences to the researcher for possible recruitment
  If you or someone you know is interested, please contact Nena Harris at XXX-XXX-XXXX.
  This research is being conducted by Nena Harris, MSN, MSHS, PhD candidate of Walden University College of Social and Behavioral Sciences. For any questions regarding participation in this study please contact, Dr. Dorothy Seabrook, chairperson at (email included) or the Internal Review Board at XXX-XXX-XXXX.

Appendix C: Guiding Interview Questions

1. Please describe how the experience of infidelity affected your mental health. How have you coped with the changes in your mental health? Please expand on your experience.

2. Describe how the experience of infidelity affected your physical health. How have you coped with the changes in your physical health? Please expand on this impact.

3. Describe how the experience of infidelity affected your social relationships. How have you coped with the changes in your social relationships? Please expand further on how this experience affected your social relationship.

4. Describe how the experience of infidelity as affected your spiritual health. How have you coped with the changes in your spiritual health? What more can you discuss about your spiritual health?

5. Describe how the experience of infidelity as affected your financial stability. How have you coped with the changes in your financial stability?

6. Describe how your experience of infidelity has affected your ability to access or obtain healthcare?
   How have you coped with the changes to accessibility to healthcare?

7. Thinking back over the experience, how would you describe the impact of your spouse's infidelity on your overall health?

8. What would you like for healthcare professionals to understand about infidelity has affected your health?

9. In what ways, if any, have your experiences with infidelity helped you to demonstrate strength?

Appendix D: Screening Questionnaire

1. Thank you for calling. Can you tell me your name, current marital status, age, and race?

2. Have you experienced marital infidelity?

3. Are you currently with the same spouse that committed the infidelity?

4. Are you currently in therapy since learning about the infidelity?

5. Are you willing to submit to a 45–60-minute interview regarding your experience?

6. Will you be willing to sign an informed consent in which you will agree to fully participate in the study?

7. Do you have any questions for me at this time

Appendix E: Counseling in Middle Georgia Area

Georgia Mental Health Services Guide:
https://www.opencounseling.com/public-mental-health-ga   They have listing of six regions and Community Service Boards (CSB) of Georgia' s 159 counties. They help to govern Georgia's mental health programs.
Open Cost Directory:
https://www.opencounseling.com/us-directory

https://www.opencounseling.com/hotlines-us   **Provides searchable information on low-cost counseling solutions for people in the United States; **free telephone hotlines in the United States**

Appendix F: Appointment Confirmation

Date

Dear (participant name),

This is a friendly reminder that you an appointment to meet with Nena Harris, on (date and time to be inserted) regarding the study "African American Women's Holistic Health Experiences after Spousal Infidelity" via video conference (Skype, Google Duo, or Zoom Chat- to be discussed with participant upon obtaining informed consent and method of video conference inserted here for further confirmation). Your input in this research is tremendously meaningful and appreciated. I hope it will help others to understand the holistic health experiences of married African American women whose spouses were unfaithful. Please remember to be in a well-lit, private, quiet space to attend the meeting. If you have a conflict with the above time or if the previous video-conferencing method is no longer convenient, it will be greatly appreciated if you would contact me at my email at (insert email address) to reschedule a more appropriate time and/or a change in videoconference software. You may also reach me at (insert my Google phone number) to leave a voicemail. Thank you again for your participation.

Sincerely,

Nena Harris, MSN, MSH, PhD Candidate

Appendix G: Introduction to Study Email

Date

Dear (President or Pastor's name),

You are receiving this email to inform you of the interest in possibly conducting a study with members noted within (insert church name or sorority name). My name is Nena Harris. I am a doctoral student at Walden University, majoring in Family Studies and Intervention Strategies. I am currently in my dissertation stage of my matriculation and the title of my dissertation is "African American Women's Holistic Health after the Experience of Marital Infidelity."

Infidelity has been the most cited reason for marital dissolution and has a possible influence on how African American women experience mental, physical, social, spiritual, and financial wellness. It is my desire to discuss the experiences of African American women in order to bring about awareness of their holistic health experiences . My desire is to help healthcare professionals and community support services better serve African American women impacted by infidelity.

You will be receiving a call from me this week in order to obtain your verbal permission to advertise my flyer for recruitment to my study on your social media websites (i.e.Facebook, Twitter, Instagram, etc.) and answer any questions you may have at that time. A signed copy of this letter or a written email to me can also serve as a written consent. If you would please sign the bottom of this email electronically, create a saved file, and return it as an attachment to my email at nena.harris@waldenu.edu, it will

be greatly appreciated. Please have your member in charge of social media add this attached flyer to your announcements for your organization. Please send me a confirmation email when the announcement is posted successfully. If at all possible, I would like to continue the posting until I have completed my recruitment and will send monthly reminders if needed. Additionally, if you would like to discuss the study with me prior to me contacting you, you can also email me at the previous email address or call me at (insert my disclosed number). Thank you again for your time and consideration.

Sincerely,

Nena Harris, MSN, MSH, PhD Candidate

I, _____, hereby give Nena Harris, permission to advertise her research using social media for (insert name of organization here)_____.

Date_____

Signature_____

Appendix H: Transcript Reminder

Date

Dear (participant name),

This is a reminder that you have two weeks to submit the written transcript provided to you with any corrections, clarifications, or addendums. Your input in this research is tremendously meaningful and appreciated. I hope it will help others to understand the holistic health experiences of married African American women whose spouses were unfaithful. You currently have one more week from this date to send your corrected copy via email. The return of the corrected copy of the transcript and/ or your email will serve as permission to use either the corrected or the previously transcribed format. If you would please save your corrected transcript to a file and attach it to my email at nena.harris@waldenu.edu it will be greatly appreciated. Thank you again for your participation.

Sincerely,

Nena Harris, MSN, MSH, PhD Candidate

Appendix I: Conceptual Model Adaptation Permission

This Agreement between Mrs. Nena Harris ("You") and Springer Nature ("Springer

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