Intrapersonal, Interpersonal, and Contextual Factors in Engaging in and Responding to Extramarital Involvement

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Extramarital involvement (EMI) occurs with high prevalence among couples in clinical and community settings, frequently resulting in considerable distress both to participants and their spouses. The field lacks a synthesized review of this literature. Without such a synthesis, it has been difficult for researchers and clinicians to have an understanding of what is and is not known about EMI. This article reviews the large and scattered EMI literature using a framework that encompasses multiple source domains across the temporal process of engaging in and responding to EMI. In addition, this review delineates conceptual and methodological limitations to previous work in this area and articulates directions for further research.

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Surveys reveal that the vast majority of people in the United States expect sexual monogamy in marriage and disapprove of extramarital involvement (EMI; Atwater, 1979; Buss & Shackelford, 1997; Singh, Walton, & Williams, 1976; Smith, 1994; Thornton, 1989; Treas & Giesen, 2000; Wiederman & Allgeier, 1996) with up to 97% of respondents stating that married persons should not engage in extramarital sex (C. A. Johnson et al., 2002). Despite these attitudes, many individuals eventually engage in EMI. Specific findings regarding rates (and correlates) of EMI vary in part as a function of the manner in which such involvement is operationalized. Most survey research uses extramarital sex as the target variable, but another popular approach is to ask participants about “affairs” although the definition of affair may be fairly idiosyncratic (e.g., someone who has had a casual sexual encounter may not consider this an affair). Some researchers have included a broader continuum of involvement, such as assessing all types of physical involvement (not just intercourse). Moreover, there is emerging empirical interest in “emotional infidelity” in which emotional intimacy and sexual attraction to another person are combined with secrecy from the spouse (Glass & Wright, 1988). A growing literature demonstrates that individuals do consider a broader range of involvement, including sexualized Internet relationships, to constitute “infidelity” (e.g., Whitty, 2003).

In recent studies with large representative samples, approximately 22% to 25% of men and 11% to 15% of women indicate that they have engaged in extramarital sex. These numbers likely underestimate rates of EMI because some individuals refuse to disclose such sensitive
information; in addition, because these samples include younger cohorts who have not yet but may eventually engage in EMI, they likely underestimate lifetime prevalence. For example, Wiederman (1997) found that up to 34% of men and 19% of women in older cohorts report engaging in extramarital sex at some point in their lives. In any given year, it is estimated that between 1.5% and 4% of married individuals will engage in extramarital sex (Choi, Catania, & Dolcini, 1994; Laumann, Gagnon, Michael, & Michaels, 1994; Leigh, Temple, & Trocki, 1993; Smith, 1991; Wiederman, 1997). Researchers who assess a continuum of extramarital sexual behaviors (not just intercourse) or who include emotional involvement typically find a significant number of additional individuals who have engaged in some form of sexual or romantic behavior outside of marriage but have not had extramarital sex (Buunk, 1980; Glass & Wright, 1985; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Although some research has yielded extremely high rates of EMI, these studies are typically based on nonrandom samples, often with strong selection bias. For example, Wolfe (1981), based on a survey in Cosmopolitan magazine, reported that 69% of female respondents over age 35 reported engaging in an “affair” at some point in their marriage.

When EMI occurs, it is commonly experienced as a marital betrayal, although some couples may incorporate EMI into a satisfying open marriage. The prevalence of negative responses to the discovery or disclosure of EMI leads most investigators to refer to potential contributing factors as “risk” factors—a convention adopted in this article. The emotional havoc frequently accompanying discovery of a partner’s EMI has spurred numerous clinical texts and self-help books devoted to understanding and recovering from such an event. Typically, these books have either ignored the empirical literature or have reviewed it selectively. There is, in fact, quite a large body of empirical literature on EMI. Beginning with Kinsey, Pomeroy, and Martin’s (1948) landmark study of sexual behavior, researchers have examined a variety of factors related to EMI and its impact. However, there has been no thorough review of this literature for some time, with the result that individuals face the daunting task of sorting through research on EMI from diverse disciplines, with diverse methodologies, nomenclature, and operationalizations to determine what the empirical literature has to say about any given factor. An organized review of EMI research should facilitate a clear understanding of what is and is not known, as well as encourage more programmatic research regarding EMI.

We use a framework encompassing multiple domains across time. This framework is not a theory of EMI but an organizational system. Although we do not explore the reasons for certain findings, there are applications of theory to EMI, including evolutionary psychology theory (e.g., Gangestad & Thornhill, 1997; Buss, 2000; Wright, 1994); social constructionist theory, including models of gender and cultural socialization models (e.g., Atwood & Seifer, 1997; Lawes, 1999; Lusterman, 1997; Penn, Hernandez, & Bermudez, 1997); investment models (e.g., Drigotas, Safstrom, & Gentilia, 1999); attachment theory (e.g., Allen & Baucom, 2004; Bogaert & Sadava, 2002); differentiation theory (Schnarch, 1991); and equity theory (e.g., Walster, Traupmann, & Walster, 1978). Some of these theories focus predominately on individual factors, others focus on relationship factors, and some focus on social contextual factors. Our goal is to overview what is known across domains. Table 1 presents the organizational framework for this overview and hypothetical examples of variables within the framework.

### Temporal Dimension

In our framework, variables related to EMI are organized along a temporal dimension comprising six stages to reflect the fact that engaging in and responding to EMI is a process (Atwater, 1979; Atwood & Seifer, 1997; Brown, 1991; Humphrey, 1983; Meyerling & Epling-McWherter, 1986; Olson, Russell, Higgins-Kessler, & Miller, 2002; Spanier & Margolis, 1983).

1. **Predisposing factors.** These factors are presumed to exist prior to the development of EMI, and they “set the stage” (Brown, 1991) by increasing or decreasing the a priori likelihood of EMI occurring. Such factors also have been conceptualized as before- or during-marriage variables (Spanier & Margolis, 1983) or as factors comprising a “preinvolvement” phase (Atwater, 1979; Meyerling & Epling-McWherter, 1986).
2. **Approach factors.** A variety of factors may encourage or discourage progression along a “slippery slope” toward an extramarital relationship.

3. **Precipitating EMI factors.** These are triggering factors that contribute to the individual “crossing the line” and actually engaging in EMI. For those concerned only with sexual EMI, this may be defined as the first physical encounter. However, for those interested in emotional EMI, this may be defined in other ways such as the first expression of sexual or loving feelings toward the extramarital partner.

4. **Maintenance factors.** After the EMI has begun, a variety of factors can serve either to maintain or terminate the extramarital relationship.

5. **Disclosure or discovery factors.** In addition, there are factors that increase or decrease the likelihood that the EMI is disclosed to or discovered by the spouse. In our framework, these factors have been positioned after maintenance factors in the temporal dimension; however, EMI may continue after it is disclosed or discovered, or may not be revealed at all.

6. **Response factors.** These are the factors that affect the individual and relational outcomes for the involved parties, both short- and long-term.

**Source Dimension**

At any given stage of development, EMI may be influenced by factors from the following domains operating either separately or interactively. The source dimension is similar to what has been proposed in other analyses of close relationships, such as Kelley et al.’s (1983) or Huston’s (2000) analysis of relationship events in terms of personal, relational, and environmental factors:

1. **Involved partner.** This domain includes factors mainly attributable to the individual engaging in EMI. These variables can be demographic, psychological, static (trait), or transitory (state).

2. **Spouse.** This domain includes factors mainly attributable to the spouse of the individual engaging in EMI.

3. **Marriage.** This domain includes factors mainly attributable to the marital context of the person engaging in EMI. These factors are considered systemic and specific to the couple’s relationship, rather than attributable to one spouse or the other.

4. **Context.** This domain includes factors mainly attributable to the external context (i.e., outside of the marriage) of the person engaging in EMI, including such factors as the characteristics of the extramarital partner.
and extramarital relationship, peer networks, work environment, and culture.

Crossing these domains of contributing factors with the six temporal stages of EMI yields 24 cells into which existing literature can be organized. We consider it important to include both the source and the temporal dimensions of factors related to EMI in order to capture the multidetermined and developmental nature of EMI; this approach echoes ecological theory’s emphasis on a developmental multilevel analysis of factors influencing individual functioning (Bronfenbrenner, 1992). The review within this framework highlights neglected and unresolved issues, which should provide useful guidance for researchers. In addition, there is clinical utility in such a comprehensive framework; Gordon, Baucom, and Snyder (2000, 2004) describe specific ways in which using this structure with EMI couples contributes to a more complete understanding of EMI and aids in recovery. It should be clear that some source variables operate in a similar fashion across some of the temporal phases. For example, marital distress may increase risk for EMI across all stages. Other source variables may only become pertinent at some temporal phases. For example, an individual’s guilt may only surface after “crossing the line” into EMI.

Our review focuses on published studies that empirically examined EMI in samples that included mostly married participants; we also incorporate some information from the nonempirical literature. Due to the focus on marriage, our review only reflects the literature on heterosexual partnerships. These studies all included some degree of physical EMI; most of the literature reviewed here used extramarital sex as the criterion. Literature that has focused exclusively on open marriage is not a focus. Empirical research that has examined hypothetical reasons for and responses to extradyadic relations (dyad referring to any primary romantic relationship), attitudes or intentions regarding extradyadic involvement, or extradyadic involvement in primarily dating populations also is not a focus of the present review because these paradigms have not been established as good models of actual EMI. For example, Harris (2002) found that recalled reactions to actual extradyadic involvement were uncorrelated with participants’ own hypothesized reactions to extradyadic involvement. Moreover, although attitudes toward EMI are related to a history of extramarital sex, many individuals who disapprove of EMI still report a history of extramarital sex. Likewise, many individuals who approve of EMI report that they have not engaged in extramarital sex (Greeley, 1994). Some processes related to extradyadic involvement in dating populations may also characterize EMI, but there are likely to be important differences. For example, undergraduates consider extradyadic relations in dating relationships more acceptable than EMI (Sheppard, Nelson, & Andreoli-Mathie, 1995). We also do not review here the literature on jealousy (see Bunnik & Dijkstra, 2000, and Harris, 2003 for reviews) because much of this literature does not assess the presence of actual EMI, assesses hypothetical responses, uses undergraduate populations, or focuses only on responses to perceived threats of extradyadic involvement (as compared to responses to actual EMI).

Predisposing Factors

The majority of empirical literature investigating EMI divides participants into two groups—those who indicate that they have at some point engaged in extramarital sex, and those who indicate that they have not. Variables are then examined for the degree to which they differentiate these two groups. Studies of this type preclude conclusions regarding the temporal relation between a history of EMI and the present level of a particular dynamic variable. However, in the present review, we defer to the modal inference in the literature and posit these variables as predisposing factors—noting however the flaws in inferring a temporal sequence from these studies. Accepting this limitation, the following review makes evident that predisposing factors, particularly those related to the involved partner and their marriage, have been the most commonly studied variables in the EMI literature.

Involved partner predisposing factors. What intrapersonal proximal and distal factors influence likelihood of engaging in EMI? Although some of these factors are unmodifiable status characteristics such as gender, ethnicity, age, or family history, these same factors may be markers for processes that could be modified to
reduce the risk of EMI. Pittman’s (1989) descriptions of
different personality types of “philanderers” based on
clinical observations exemplify explanations for EMI
that focus on intrapersonal factors.

One of the most consistent findings across decades of
EMI literature and diverse samples is that men are more
likely to engage in EMI or have more extramarital
partners than women (Atkins, Baucom, & Jacobson,
2001; Blumstein & Schwartz, 1983; Buunk, 1980; Choi
et al., 1994; Cochrane, Chamlin, Beeghly, & Fenwick,
2004; Glass & Wright, 1985; Greeley, 1994; Hunt, 1976;
Janus & Janus, 1993; R. E. Johnson, 1970; Laumann
et al., 1994; Lawson & Samson, 1988; Leigh et al., 1993;
Pittman, 1989; Spanier & Margolis, 1983; Træen &
Stigum, 1998; Treas & Giesen, 2000; Wiederman, 1997;
Wiggins & Lederer, 1984). Moreover, men express more
desire to have EMI, more willingness to engage in EMI,
more active seeking of an extramarital partner, and less
disapproval of EMI relative to women (e.g., Allen, 2001;
Buunk & Bakker, 1995; R. E. Johnson, 1970; Oliver &
Hyde, 1993; Prins, Buunk, & VanYperen, 1993; Smith,
1994), although men are generally disapproving of EMI
Several authors have speculated about this gender
difference. For example, Lusterman (1997) described
societal condoning of EMI by men, cultural depictions
of women as sexual objects, men’s vulnerability to
seeking power and conquest through sex, and pressures
on men to focus on career success, which may lead them
to neglect their own feelings in marriage until they reach
a point of crisis. Evolutionary theory posits greater
instinctual pressures for men to have multiple sexual
partners (e.g., Wright, 1994), although there are evo-
lutionary functions to this for both genders (Barash &
Lipton, 2001; Greiling & Buss, 2000). However, in terms
of both attitudes and behavior, the gender gap appears
to be shrinking within younger cohorts (Atkins et al.,
2001; Hicks & Leitenberg, 2001; Oliver & Hyde,
1993; Thornton & Young-DeMarco, 2001; Wiederman,
1997). For example, Laumann et al. (1994), based on
a 1992 survey, reported higher rates of EMI for men in
each cohort with the exception of the youngest cohort
(age 18–29); in that cohort women reported higher rates
of EMI than men.

The relation of age to EMI has been examined by
assessing the relation between age and both lifetime
prevalence of EMI and the incidence of EMI in the
prior year. Although there are some inconsistencies in
the relation between age and lifetime prevalence of
EMI across studies, recent large representative surveys
have typically found a curvilinear association in which
cumulative prevalence rates generally increase with
age up to older cohorts, at which point cumulative
prevalence rates decline (Atkins et al., 2001; Wiederman,
1997). Such findings reflect both an extended time in
which EMI can take place and a cohort effect in which
older groups report less lifetime EMI. Similarly, when
examining EMI in the prior year, recent research
indicates that younger cohorts tend to report higher
rates (Choi et al., 1994; Leigh et al., 1993; Treas &
Giesen, 2000; see Smith, 1991 for an exception). The
relation between age and incidence may differ by
gender, as some research has found a negative relation
between age and EMI in the prior year for women
only (Buunk, 1980). Consistent with this pattern of
findings, Atkins, Yi, Baucom, and Christensen (in
press) found in a marital therapy sample that men
involved in EMI were significantly older than women
involved in EMI.

Although higher education is associated with more
accepting attitudes about EMI (e.g., Smith, 1994), the
relation between education and actual EMI is less clear.
Most research has revealed a slight positive relation
between education and history of EMI (Amato &
Rogers, 1997; Atkins et al., 2001; Buunk, 1980; Leigh
et al., 1993; Træen & Stigum, 1998) and between educa-
tion and frequency of EMI for men (Janus & Janus, 1993).
However, other research has not found a positive relation
(Edwards & Booth, 1976; Greeley, 1994; Treas & Giesen,
2000), and some research has found higher rates of EMI
among those with less than high school levels of
education (Choi et al., 1994; Smith, 1991). A possible
clarification is noted by Treas and Giesen, who found
somewhat greater likelihood of EMI at the extremes of
the education distribution. Researchers using multivari-
able techniques have found important moderators of the
relation between education and EMI. Atkins et al. (2001)
found that the positive relation between education and
EMI held only for those who had a history of divorce,
Choi et al. (1994) found that having less education was
a significant risk factor for African-American men only,
and Treæen and Stigum (1998) found that higher
education predicted more EMI only in older cohorts. Thus, the relation between education and EMI may vary and be influenced by other factors.

Religiosity, defined in a number of ways, has also been examined as a possible factor related to EMI. There is no evidence for a differential prevalence of EMI among different religious denominations (Edwards & Booth, 1976; Forste & Tanfer, 1996; Greeley, 1994), although those who endorse no religious affiliation do report higher rates of EMI (Greeley, 1994). Frequency of attending religious services and the self-reported religiosity of the respondent appear negatively related to both permissive attitudes regarding EMI (Cochran & Beeghly, 1991; Kraaykamp, 2002; Scheepers, Te Grotenhuis, & Van Der Slik, 2002; Smith, 1994) and actual history of engaging in EMI (Amato & Rogers, 1997; Atkins et al., 2001; Buunk, 1980; Choi et al., 1994; Hunt, 1976; Janus & Janus, 1993; Kinsey et al., 1953; Lawson & Samson, 1988). A minority of studies have found no significant relation between religious participation and lifetime prevalence of EMI (Blumstein & Schwartz, 1983; Spanier and Margolis, 1983), but Spanier and Margolis did find that the less religious the respondent, the earlier in the marriage he or she began the EMI. Controlling for other variables (e.g., permissive attitudes towards EMI) may affect the relation between religious attendance and EMI (Treas & Giesen, 2000). Atkins et al. found an interaction between religious participation and marital satisfaction, indicating that religious participation seemed to lower the risk of EMI particularly for those in very happy marriages; by contrast, those participants in “pretty happy” or “not too happy” marriages showed little or no effect of religious participation on their rates of EMI. Overall, greater religiosity is related to lower rates of EMI; however, the protective effects of religious involvement may depend on the levels of other salient variables such as marital satisfaction.

Findings regarding the relation between political orientation and EMI are inconsistent, but overall suggest that more conservative individuals report less EMI (Bell, Turner, & Rosen, 1975; Cochran et al., 2004). However, Janus and Janus (1993), who presented data only for only the extreme ends of the political continuum (i.e., “ultraconservative” and “ultraliberal”) and the ostensible midpoint (i.e., “independent”), found that those with more extreme political leanings in either direction had higher rates of EMI relative to the midpoint.

Race has been included as a demographic factor in several studies of EMI and has typically indicated that African Americans and Hispanic Americans report higher rates of extramarital sex relative to whites (Amato & Rogers, 1997; Cochran et al., 2004; Dolcini et al., 1993; Forste & Tanfer, 1996; Greeley, 1994; Leigh et al., 1993; Smith, 1991; Treas & Giesen, 2000; Wiederman, 1997). Moreover, African Americans often have more approving attitudes toward extramarital sex (e.g., Smith, 1994). Penn et al. (1997) posit many forces that may theoretically impact rates of EMI in different ethnic groups; for example, African-American rates of EMI may be affected by social forces such as the legacy of slavery, racism, economic disadvantage, and imbalanced gender ratios (i.e., fewer eligible African-American men per African-American women) which may contribute to lower commitment among African-American men (Guttentag & Secord, 1983).

Other static but more temporally distal variables that have been examined include the respondent’s divorce status and family history of divorce. Most survey research has found that rates of EMI are higher for those who have a history of divorce or separation (Atkins et al., 2001; Greeley, 1994; Hunt, 1976; Janus & Janus, 1993; Laumann et al., 1994; Wiederman, 1997; see Edwards & Booth, 1976 for an exception). Although this may be largely attributable to EMI leading to a prior divorce or increased sexual activity with other partners during a marital separation, Amato and Rogers (1997) did find that spouses in marriages which were remarriages for one or both partners reported a 48% higher (but nonsignificant) likelihood of reporting EMI as a problem in the current marriage, and Smith (1994) found that divorced or separated persons had more permissive attitudes toward EMI. In terms of a family history of divorce, Amato and Rogers (1997) found that if the wife’s parents had divorced, there was a significant increase in citing EMI as a marital problem. A family history of EMI as a potential risk factor for EMI is also an intriguing question. The clinical literature posits an increased risk of EMI for persons whose parent(s) engaged in EMI (Brown, 1991; Pittman, 1989), and one small qualitative study suggested similar patterns of
EMI across generations (Stabb, Ragsdale, Bess, & Weiner, 2000).

In addition to basic demographic and family-of-origin variables, several intrapersonal factors related to sexual interest and history have been investigated in relation to EMI. Beginning with Kinsey et al. in 1953, an active premarital sexual history has been evaluated as a possible risk factor for EMI. Kinsey and his colleagues found that women who had not engaged in premarital sex reported a lower incidence of EMI. Because attitudes toward premarital sexual behavior have become more accepting (e.g., Thornton & Young-DeMarco, 2001), premarital sexual activity may currently have different implications. In fact, more contemporary findings have been inconsistent, with some researchers finding that higher levels of premarital sexual activity or first intercourse at a relatively young age are related to greater rates of EMI (Athanasiou & Sarkin, 1974; Forste & Tanfer, 1996; Traen & Stigum, 1998) and others finding no unique contribution of premarital sexual activity to EMI (Spanier & Margolis, 1983; Treas & Giesen, 2000). Stronger overall sexual interest (Bell et al., 1975; Treas & Giesen, 2000) and higher levels of testosterone in men (Booth & Dabbs, 1993) have been linked to greater incidence of EMI. Sexual fantasies regarding someone other than the primary partner are normative (98% of men and 78% of women in married or cohabitating relationships report at least one recent extradyadic fantasy). However, women (not men) who have had extradyadic relations indicate that a larger percentage of their sexual fantasies are about someone other than the primary partner (Hicks & Leitenberg, 2001).

Individual attitudes and orientations toward relationships also have been evaluated as intrapersonal variables that may relate to a greater risk of engaging in EMI. Specific variables that have been assessed include the degree to which sex and love are considered associated, emotional investment in a relationship, emotional dependency on the spouse, need for (nonsexual) relational variety and intimacy with others (outside of marriage), and adult romantic attachment style (Allen, 2001; Athanasiou & Sarkin, 1974; Bogaert & Sadava, 2002; Buunk, 1980). In general, persons who emphasize independence from the spouse, feel insecure in the primary relationship, or endorse a need for relationship variety and intimacy with others have higher rates of EMI, whereas those with higher relationship investment, beliefs that sex should be reserved for a loving relationship, and secure emotional dependence on the spouse have lower rates of EMI.

A limited body of literature has examined non-relationship specific personality variables in relation to EMI. Whitehurst (1969) found that men with EMI scored higher on scales of “alienation” (i.e., a sense of powerlessness, meaninglessness, normlessness, and social isolation), with powerlessness particularly high. Conversely, Edwards and Booth (1976) assessed a broader sample of men and women and found alienation unrelated to a history of EMI. Buss (1991) evaluated the Five Factor Model of personality (see John, 1990, for review) for spouses who had engaged in EMI in the prior year. However, only 4 people in the Buss sample reported that their spouse engaged in EMI in the prior year. Going beyond personality variables, empirical and theoretical literatures both indicate a relation between psychological problems and EMI. For example, EMI could be part of an effort to combat low self-esteem accompanying depression, may be facilitated by substance abuse, or persons with character disorders may not be inhibited by guilt or anxiety regarding EMI. Hurlbert, Apt, Gasar, Wilson, and Murphy (1994) found that men with narcissistic personality disorder reported a greater incidence of EMI; these men also had higher scores on a measure of “sexual narcissism,” which included items related to entitlement regarding sex and a sense of justification regarding EMI. Similarly, persons with relatively higher levels of psychopathy report higher rates of physical EMI (Neubeck & Schletzer, 1969). Greeley (1994) found that, for men and employed women, those who had utilized mental health services in the prior year were more likely to report a history of EMI. In addition, men’s self-ratings of excessive alcohol consumption also related to greater prevalence of EMI. In marital therapy samples, Atkins et al. (in press) found that men with alcohol or substance abuse problems were more likely to have EMI, and Beach, Jouriles, and O’Leary (1985) found that spouses who had engaged in EMI had higher rates of depression. However, the potential relation between EMI and poorer personal adjustment does not appear to apply to self-esteem in nonclinical populations. Spanier and Margolis (1983)
found no relation between number of extramarital partners and self-esteem, and Buunk (1980) found both higher self-esteem among men who had engaged in EMI in the prior year and higher self-ratings of physical attractiveness among men and women who had engaged in EMI in the prior year (although it should be noted that Spanier and Margolis found no relation between an outside observer’s rating of physical attractiveness and history of EMI).

Not surprisingly, more accepting attitudes toward EMI have consistently been found in individuals who report engaging in EMI at some point in their lives (Buunk & Bakker, 1995; Choi et al., 1994; Glass & Wright, 1992; Greeley, 1994; R. E. Johnson, 1970; Kinsey et al., 1953; Prins et al., 1993; Treas & Giesen, 2000, Wiederman, 1997), although 10% of individuals who consider EMI “always wrong” nonetheless report a history of this behavior (Greeley, 1994). Not only are more approving attitudes toward EMI related to a history of EMI, but also there is evidence that attitudes are related to specific types of EMI. For example, reporting that sexual needs would justify EMI is more associated with a history of sexual EMI, as compared to emotional EMI (Glass and Wright, 1992).

Although most research has focused on the relation of various factors to a history of EMI, a smaller number of studies have examined the relation of intrapersonal variables to motivations for EMI and specific types of EMI. Whitehurst (1969) found that most men who reported seeking a relationship through EMI (versus pursuing casual recreation) were classified as being high in alienation. Allen (2001) used dimensions of adult romantic attachment and found that those high in avoidance were more likely to endorse independence (e.g., freedom, autonomy) reasons for their EMI, whereas those high in anxiety regarding abandonment were more likely to endorse intimacy and self-esteem reasons. Glass and Wright (1985) found that men characterized their EMI as more sexual (versus emotional) than women. Similarly, men endorse more sexual justifications for EMI, whereas women report more intimacy reasons for EMI, are less likely to report EMI that is purely sexual, or are more likely to describe their EMI as a long-term love relationship (Banfield & McCabe, 2001; Blumstein & Schwartz, 1983; Glass, 2003; Glass & Wright, 1985, 1992; Spanier & Margolis, 1983; Thompson, 1984). However, it should be noted that Glass (2003) found that most men (74%) with EMI in a marital therapy sample reported some emotional involvement with the extramarital partner; this may be somewhat higher than that found in community studies (e.g., Glass & Wright, 1985).

Another approach to studying predisposing factors contributing to EMI is to ask respondents for reasons for EMI. Intrapersonal reasons that have been cited include curiosity and desire for variety, sensation seeking, experiential drives, reassurance of desirability or worth, to have fun, a need for conquest and power, combating a sense of inadequacy, escapism, exploring sexual orientation, or difficulties with intimacy (Atwood & Seifer, 1997; Ellis, 1969; Glass & Wright, 1992; Greene, Lee, & Lustig, 1974). Hunt (1976) also asked respondents without a history of EMI why they had not engaged in EMI, finding that most people felt that it was wrong ethically and could damage the marriage and devastate the spouse. Women were also more likely then men to say that they had never had the “desire/interest/opportunity.”

In summary, the literature on predisposing factors of the involved partner reveals a relatively small number of variables for which the linkage to EMI is fairly consistent, such as divorce history, race, permissive attitudes, poor interpersonal connection with a primary partner, and male substance abuse. Other variables, such as education and premarital sexual history, reveal inconsistent relations with EMI. Within more contemporary literature, we are seeing changes in certain patterns (e.g., women “catching up” with men) and new insights into the data as multivariable analyses are utilized (e.g., interaction between religiosity and marital satisfaction). Fundamentally, the lack of longitudinal research constrains the interpretation of many of the studies in this domain. Consequently, it remains difficult to assert which predisposing characteristics of the involved partner reliably predict who will engage in EMI.

Spousal predisposing factors. Which individuals are at higher risk for experiencing relationship betrayal by their partner? Although no one causes a spouse to engage in EMI, are there characteristics that reliably distinguish individuals who have experienced a partner’s EMI from...
those who have not? For example, individuals with poor relationship histories or low self-esteem might be more likely to develop and maintain a relationship with a partner who is lower in commitment. Alternatively, one might hypothesize that certain behaviors of a spouse might be sufficiently negative to increase the other partner’s marital unhappiness and vulnerability to pursuing EMI. From a purely predictive standpoint, being a woman in a heterosexual relationship comprises a spousal predisposing variable, given the higher overall rates of EMI for men. Despite potential contributions of the spouse to a relational context of increased risk for EMI, little research has examined predisposing spousal characteristics. The dearth of empirical work in this domain may be attributable in part to concerns about “blaming the victim.” However, investigating spousal factors in a responsible and nonblaming way can be clinically useful as a way to further understand the context in which a partner made the decision to engage in EMI; this understanding can contribute to both recovery from an affair and reduction of risk for recurrence (Gordon et al., 2004).

The two studies located that evaluated spousal characteristics are limited by their reliance on the involved partner’s rating of their spouses (Buunk, 1980) or by a very small sample that precludes reliable conclusions (Buss, 1991). Buunk (1980) found that partners who had engaged in EMI were more likely to believe that their spouses approved of or had also engaged in EMI. This may indicate that EMI was higher in marriages where this was a sanctioned activity; however, it should be noted that men who engage in EMI may underestimate the negativity of the reaction of their spouses (Spanier & Margolis, 1983).

Marital predisposing factors. Are some relationships at higher a priori risk for EMI? When research participants are asked for justifications for EMI, problems with the relationship are often reported (Atwood & Seifer, 1997; Glass & Wright, 1992), and some authors assert that EMI emerges primarily from a marital system (e.g., Brown, 1991). Specific problems cited are varied and include boredom in the marriage, dissatisfaction with marital sex, a lack of support in the marriage, or marital conflict. EMI has been posited as a way to express hostility toward a spouse, exact revenge against a spouse, compensate for unmet needs in the marriage, or negotiate intimacy within a marriage. Clinical authors (e.g., Brown, 1991; Elbaum, 1981; Glass, 2003; Pittman, 1989; Reibstein & Martin, 1993) also posit various developmental stages of the couple, such as having children, as higher-risk times for EMI. Although there are some data that indicates that a wife’s pregnancy is a high-risk time for men to engage in EMI (Allen, 2001; Whisman, Chatav, & Gordon, 2003), empirical investigations of these developmental hypotheses generally have been neglected.

Although assessments of relationships are clearly influenced by intrapersonal processes and perceptions (Epstein & Baucom, 2002), we consider variables such as “marital distress” to reflect relationship attributes rather than characteristics of one spouse or the other. The majority of the research investigating marital characteristics related to EMI has focused on marital and sexual satisfaction. Other relationship dynamics, such as couple homogamy, power and equity in the relationship, and autonomy within the marriage also have been studied. Demographic variables, including history of cohabitation prior to marriage, marital duration, and age at marriage, have also been a focus of investigation.

Again, relating current levels of marital functioning to lifetime prevalence of EMI is clearly problematic because EMI typically has a significant impact on marital functioning. Although no longitudinal studies were found with married participants that clearly controlled for initial EMI or assessed temporal sequencing of marital problems and EMI, there have been studies that ask participants to recall retrospectively marital issues prior to the EMI (Allen, 2001) or to assert the role that marital problems had in the EMI (Spanier & Margolis, 1983). Acknowledging the role of retrospective bias, Allen found that 36% of involved partners indicated there were significant marital problems, 30% reported spending a great deal of time apart, and 42% recalled sexual dissatisfaction prior to the onset of their most recent EMI. In a sample of divorced or separated persons, Spanier and Margolis found that approximately 70% of those who had engaged in EMI reported that their EMI was largely a result of marital problems. In contrast, individuals whose partners had engaged in EMI reported that their partner’s EMI was more frequently a cause, rather than a result, of marital problems.
Edwards and Booth (1994) evaluated changes in marital quality over an 8-year period with changes in the incidence of EMI, and found that increased marital distress and instability accompanied increased EMI—but again cause and effect are unclear.

Across various operationalizations of marital quality, most studies indicate that lower marital quality is more often found among those with a history of EMI (Atkins et al., 2001; Bell et al., 1975; Buunk, 1980; Edwards & Booth, 1976, 1994; Glass & Wright, 1977; Tavris & Sadd, 1975; Treas & Giesen, 2000), and that marital quality is negatively related to the number of extramarital partners (Wiggins & Lederer, 1984) and to the degree of emotional and sexual involvement with the extramarital partner (Allen & Baucom, 2001; Glass & Wright, 1985). One study that did not find a significant relation between marital satisfaction and EMI still found that EMI predicted divorce at follow up (Blumstein & Schwartz, 1983). Some researchers have found that the relation between marital distress and EMI is even stronger for women relative to men (Allen, 2001; Glass, 2003; Glass & Wright, 1985; Prins et al., 1993). Such findings have led some authors to conclude that women’s EMI may be more related to dissatisfactions with the marriage, whereas men’s EMI may be more tied to individualistic aspects such as sexually permissive attitudes or sexual excitement (Glass & Wright, 1992). Despite the finding that those who have engaged in EMI report lower average levels of marital quality, it should not be assumed that everyone engaging in EMI is experiencing marital distress. For example, Glass and Wright (1985) found that among participants reporting a history of extramarital sex, 56% of men and 34% of women rated their marriage as very happy or happy; moreover, only 36% of the individuals in the Allen (2001) sample who had engaged in EMI indicated that there were significant marital problems prior to their most recent EMI.

It is possible that global measures of marital satisfaction act as a proxy for specific relationship behaviors that are associated with EMI. In a study of EMI among couples involved in marital therapy, Atkins (2003) found an initial relation between EMI and marital distress, not controlling for any other variables. However, after controlling for specific relationship behaviors (e.g., sexual satisfaction, time spent together, trust, and commitment), there was no longer a significant relation between EMI and general marital satisfaction. Thus, it may be that specific aspects of the marital relationship more precisely account for the variance in the relation between EMI and overall marital satisfaction.

Sexual satisfaction in marriage also has been assessed in relation to EMI, based on the premise that persons may seek an extramarital partner to compensate for their marital sexual dissatisfaction. Although this may be a motivation for some persons engaging in EMI, Hunt (1976) found that the quality of extramarital sex was not reported to be better than the quality of marital sex. In general, sexual dissatisfaction in marriage is associated with greater desire for EMI (Prins et al., 1993) and is higher among those with a history of EMI (Bell et al., 1975; R. E. Johnson, 1970; Liu, 2000; Tavris & Sadd, 1975; Traen & Stigum, 1998; Waite & Joyner, 2001; see Blumstein & Schwartz, 1983 and Buunk, 1980 for exceptions). Sexual dissatisfaction may be more related to EMI for men as compared to women (Atkins et al., in press; Greene et al., 1974; R. E. Johnson, 1970; but see Waite & Joyner, 2001).

With some exceptions, imbalances in power and equity in the marital relationship have generally been found to relate to a history of EMI. When couples report power differences in their relationship, the more powerful member of the relationship may be more likely to engage in EMI. For example, Edwards and Booth (1976) found that wives who report that they “get their way” more often during marital disagreements were more likely to report a history of EMI. In regards to equity, Prins et al. (1993) found that both under- and over-benefited women (defined as those who contributed more or less than their partners to the relationship) reported more EMI as well as more desire for EMI, whereas imbalances in equity had no relation to men’s EMI. Walster et al., (1978) found that underbenefited men and women (defined as those who considered themselves more socially desirable than their spouse) reported more extramarital partners and had engaged in EMI sooner in their marriage.

Separateness and lack of similarity with the spouse have also been evaluated. Some literature indicates that spouses who lead relatively separate lives are at greater risk for engaging in EMI or having more frequent EMI (Atkins et al., in press; Blumstein & Schwartz, 1983). For
example, Treas and Giesen (2000) found that spouses who enjoy each other’s friends and families, and thus theoretically have a greater shared social network, are less likely to engage in EMI. EMI has not been specifically evaluated in couples who live apart, a growing issue in marriages with two professionals. In terms of differences between spouses in demographic variables, age and religious differences between spouses are not significantly related to EMI (Forste & Tanfer, 1996; Treas & Giesen, 2000), but findings are inconsistent regarding education differences. Whereas Treas and Giesen did not find a significant relation between EMI and spousal education disparities, both Lawson (1988) and Forste and Tanfer found that women with more education than their husbands reported more EMI compared to women who had the same or lower level of education as their husbands. These findings may be consistent with those described above regarding marital power, or greater education may reflect lower dependency on the spouse. In regards to personality differences between spouses, Wiggins and Lederer (1984) found that, among couples in a clinical sample presenting with EMI, those whose personalities were more similar reported fewer EMIs.

Other features of marriage that have been examined include a history of cohabitation, age at marriage, and duration of marriage. There is some evidence that a prior history of cohabitation is associated with slightly higher rates of EMI (Forste & Tanfer, 1996; Treas & Giesen, 2000; see Amato & Rogers, 1997 for an exception), and marrying at a younger age is associated with increased risk of EMI (Amato & Rogers, 1997; Atkins et al., 2001). As expected, several studies have found that longer marital duration is related to higher lifetime prevalence rates of EMI (Bell et al., 1975; Forste & Tanfer, 1996; Spanier & Margolis, 1983; Treas & Giesen, 2000; Treen & Stigum, 1998). What may be of more interest in considering the risk for a particular group are data examining the incidence of recent EMI in relation to number of years married. Liu (2000) used EMI in the past 5 years as the target interval and found that for women the likelihood of EMI decreases with marital duration, similar to data indicating that incidence rates for women decrease with age. For men, Liu found a U-shaped relation between marital duration and EMI within the last 5 years, indicating that men in shorter and longer marriages reported a greater recent history of EMI. Buunk (1980) similarly found that marital duration was negatively related to EMI in the past year for women only; the lack of a linear relation between marital duration and recent EMI for men in Buunk’s sample may be due to the type of curvilinear relation found by Liu. The relation of risk for EMI and marital duration can also be evaluated by assessing how long a person is married before they engage in EMI. Lawson and Samson (1988) report that how long one is married prior to a first EMI is decreasing with younger cohorts. Wiggins and Lederer (1984), in a sample of couples entering therapy subsequent to EMI, found that the first EMI occurred after an average of 7 years of marriage ($SD = 5.11$). There is little information on how the specific developmental stage of the couple is tied to particular risks for EMI, although Pittman (1989) does provide prototypical clinical characterizations of EMI based on when in the marriage it began.

Overall, the extant literature suggests that marital and sexual dissatisfaction are related to a greater likelihood of EMI, although many people who have engaged in EMI do not cite marital problems. Other marital risk factors appear to be inequity in marriage, highly autonomous marital relationships, personality differences between spouses, cohabitation, marrying at a young age, and being in the early years of marriage. Higher levels of marital dissatisfaction are related to more serious (i.e., both emotional and physical) EMI.

**Contextual predisposing factors.** The final domain of predisposing variables includes external (outside of marriage) contextual factors that may contribute to or inhibit the likelihood of engaging in EMI. When asked about reasons for EMI, some individuals cite contextual variables such as gaining social status, advancing one’s career, exposure to alternatives and opportunities, or sociocultural sanctioning of EMI (Atwood & Seifer, 1997; Glass & Wright, 1992; Pittman, 1989). Contextual variables examined empirically include a variety of “opportunity” variables (e.g., travel), perceptions of the frequency and acceptability of EMI in one’s social or cultural context, geographical region, and number of children.

Several investigators have cited “opportunity” as an important variable in increasing the probability of
EMI (Buunk, 1980; R. E. Johnson, 1970; Whitehurst, 1969). Men typically report more opportunities to engage in EMI than do women (Saunders & Edwards, 1984). Even after controlling for wives’ employment, men are more likely to indicate that they have been in a position in which they “could easily have had sexual relations with someone other than their spouse” (R. E. Johnson, 1970, p. 451). This may mean that men actually have or create more opportunities for EMI, may have fewer qualms about engaging in EMI, or may simply attend to and perceive more opportunities. In fact, Glass (2003) suggests that happily married women, but not men, may “filter out” potential EMI opportunities, as only for women was high marital satisfaction associated with perceptions of less frequent EMI opportunities.

Opportunity has been operationalized in a number of ways, but it is generally considered to refer to the availability and willingness of alternative partners, as well as factors that would facilitate secret liaisons from the spouse. Although certain variables such as employment, income, urban residence, and travel can be considered more individual variables, we classify them here as contextual variables because they theoretically relate to EMI by creating opportunity and a facilitative context for EMI.

An urban setting may provide more opportunity for EMI through more potential extramarital partners and greater anonymity or potential secrecy from the spouse. Some research has found that residence in a large urban area is related to a greater overall likelihood of engaging in EMI (Kinsey et al., 1948; Treen & Stigum, 1998; Treas & Giesen, 2000). However, other research has not supported this relation (Wiederman, 1997). Understanding the degree to which residence in a particular area contributes to the availability of alternative partners may be facilitated by examining gender ratios (South, Trent, & Shen, 2001). Controlling for urban status, areas with unbalanced gender ratios (i.e., relatively more men or women) had a higher divorce rate, theoretically due to the increased number of alternative partners for one of the spouses. It should be noted that urban residents also hold more permissive attitudes toward EMI (e.g., Smith, 1994); thus, living in an urban area may place one in a social context of greater permissiveness toward EMI or may reflect more individual characteristics.

Employment may also comprise an opportunity variable by exposing one to alternative partners, often with sustained propinquity and intimacy-facilitating interactions, providing means (e.g., funds, excuses) to engage in EMI covertly, lessening dependence upon the spouse, or increasing one’s desirability to alternative partners. In clinical samples of couples, 46 to 62% of involved partners report that they met their extramarital partner at work (Glass, 2003; Wiggins & Lederer, 1984). As women entered the workforce in greater numbers, a focus of research in the 1970s was whether women employed outside the home would engage in more EMI. One such study found more EMI (Edwards & Booth, 1976) while another found less EMI (Tavris & Sadd, 1975) for female wage earners. More recent studies (Amato & Rogers, 1997; Greeley, 1994) suggest that working women may be slightly more likely to report EMI. When examining employment, Atkins et al. (2001) found that it was important to consider the employment status of both spouses. The highest rates of EMI were found among those respondents who worked outside the home while their spouse did not. In addition to this possibly being an opportunity issue, this finding also fits with the notion that the partner with greater status or power in the relationship may be more prone to engage in EMI. Some researchers have focused on features of the work environment that may facilitate EMI. Treas and Giesen (2000) found that the degree to which respondents’ jobs required touching, discussing personal concerns, or being alone with others was positively related to the likelihood of EMI in the prior year for married and cohabitating individuals (but was not related to lifetime prevalence rates of EMI).

Theoretically, increasing income may facilitate EMI through increased status and desirability to alternative partners, or by having financial means for costs associated with EMI. Atkins et al. (2001) found that, above an annual income level of $30,000, there was a positive relation between income and a history of EMI. Janus and Janus (1993) did not find that higher income related to greater likelihood of EMI; however, men with higher income were more likely to report that they engaged in EMI “often” relative to men with lower income. Conversely, women’s EMI rates seemed to decrease as family income level increased. Similarly, Buunk (1980) found that income and EMI were positively associated.
for men, but not for women. Although this research indicates that men with higher income may be more likely to engage in EMI, data reported by Choi et al. (1994) suggest high rates of EMI in poor urban (significantly minority) men, and Amato and Rogers (1997) found virtually no relationship between income and EMI for men and women.

Travel, which theoretically contributes to the opportunity to engage in covert EMI, does appear related to EMI (Træen & Stigum, 1998). Although Spanier and Margolis (1983) found that respondents who took separate vacations from their spouses had higher rates of EMI, the choice to take separate vacations is inextricably intertwined with marital dynamics and personal preferences, such as highly autonomous marriage, already reported as a marital risk factor.

The presence of alternative partners has been considered an important contextual factor in engaging in EMI; in fact, Buunk (1980) operationalized opportunity as the number of times a person other than the primary partner had clearly indicated sexual interest. However, the attributes of the extramarital partner have not been a significant focus of empirical study. In a marital-therapy sample, Glass (2003) reported that “almost every” spouse who acknowledged EMI stated that their extramarital partner was either single or was reportedly in the process of leaving an unhappy relationship (p. 33). Richardson (1988) interviewed single women who had been or were involved with a married man, finding that these women perceived high sexual freedom and personal control in these relationships. Theoretically, single extramarital partners may have ambivalence about intimacy and have relationships with married persons in order to avoid the demands of an exclusive relationship (Moultrup, 1990). Clinicians have also commented on the contrasts between the spouse and the extramarital partner; based on clinical observations, Pittman (1989) concluded that the choice of an extramarital partner is largely based on how different the other person is from the spouse.

Researchers have evaluated the perceived quality of alternatives to the relationship; this concept includes an evaluation of potential alternative partners or relationships. Higher perceived alternative quality has been shown to relate to greater attitudinal acceptance of EMI for women (but not for men) and greater willingness to engage in EMI if an opportunity presented itself (Buunk & Bakker, 1997; Saunders & Edwards, 1984). It should be noted that the perception of the attractiveness of potential alternative partners may be influenced by an individual’s commitment to his or her primary relationship, given that research with undergraduates indicates that highly committed individuals have been shown to actively derogate the attractiveness of alternatives (D. J. Johnson & Rusbult, 1989).

Another important contextual variable involves personal peer groups or the larger societal context. Many authors (e.g., Atwood and Seifer, 1997; Lusterman, 1997; Vaughn, 1998) have discussed societal messages that may sanction or encourage EMI, particularly for men. Empirical literature has focused more on the norms and socialization factors of one’s immediate peer group. It has been found that, relative to individuals not reporting EMI, those who have engaged in EMI estimate a higher prevalence of EMI in their community or immediate social group, consider their friends more willing to engage in EMI themselves, and believe that their friends would be relatively approving of their EMI (Buunk, 1980; Buunk & Bakker, 1995; Thompson, 1984). The relation between a personal history of EMI and higher estimates of EMI in the general population may be stronger for men than for women (van den Eijnden, Buunk, & Bosveld, 2000). Although social choices and beliefs may reflect actions and perceptual biases of the involved partner, it is also possible that persons who engage in EMI are more likely to be part of a social context in which EMI is relatively more prevalent and accepted.

Other contextual variables that have received some empirical attention include number of children and geographical location. Thus far, number of children appears unrelated to lifetime prevalence or recent incidence of EMI (Buunk, 1980; Edwards & Booth, 1976; Liu, 2000). The research on geographical location and EMI is inconclusive, perhaps due to inconsistent divisions of geographical regions. Some researchers (Bell et al., 1975; Janus & Janus, 1993) report higher rates in the Northeast and West, whereas other researchers do not find differences based on geographical region (Cochran et al., 2004).

Whereas most research has compared contextual variables for groups that have and have not engaged in
EMI, one study has examined the relation between context and the type of EMI using a marital-therapy sample (Wiggins & Lederer, 1984). In this sample, persons who had EMI with coworkers were more maritally satisfied and compatible with their spouses, had been married longer, and had fewer total extramarital partners compared to those who had EMI with someone who was not a coworker. Subjectively, the participants who engaged in EMI with a coworker seemed to care for both the extramarital partner and the spouse, were particularly distressed about the situation, and did not actively seek EMI but became involved as a result of propinquity and common interests, contrasting with the other group who seemed to seek EMI for reasons such as excitement or enhanced self-esteem.

Overall, the extant research has identified several opportunity contextual variables showing some relation to EMI, such as access to potential extramarital partners and resources to facilitate or attract EMI. In addition, greater prevalence or perceived acceptability of EMI in one’s peer group or surrounding community appears linked to rates of EMI.

**Approach Factors**

Obviously, not all individuals with higher *a priori* probability of engaging in EMI do so, while many persons with relatively low statistical likelihood of EMI based on predisposing conditions do go on to engage in EMI. When EMI does develop after meeting a potential extramarital partner, the transition to EMI can be a very brief process or an extended one. For example, Atwater (1979) found that most women who engaged in EMI actively thought about becoming involved for an average of a month, although this period ranged from a few weeks to some years, before actually engaging in EMI. In addition to predisposing factors that may continue to operate in the approach stage, such as sexual dissatisfaction or positive attitudes toward EMI, what other factors serve to move individuals toward EMI? Such approach factors have been conceptualized as “threshold variables” (Spanier & Margolis, 1983), involving “perception of the current situation” (Meyerling & Epling-McWherter, 1986) or “readiness for an affair” (Brown, 1991). For those individuals or couples who wish to reduce their risk of EMI, identifying such approach factors could potentially help individuals to understand more proximal factors that significantly increase the probability of subsequent EMI.

*Involved partner approach factors.* Approach factors of the involved partner that have been emphasized in the literature generally focus on the cognitive processes that unfold in a person’s moving closer to EMI. In proposing a decision-making model to describe the process of engaging in EMI, Meyerling and Epling-McWherter (1989) suggested that, in contrast to predisposing factors that address whether a person *could* engage in EMI (e.g., by having opportunities) and *would* a person engage in EMI (e.g., by having permissive attitudes), approach factors involve a process in which the person evaluates whether they *should* become involved based on the perceived payoffs and consequences of the specific situation. This evaluation of potential costs and benefits is a highly subjective process that changes over time with the situation. There may be gender differences in the decision-making process, as Meyerling and Epling-McWherter (1989) found that men hypothesized that they would be less likely to experience the risks (e.g., guilt, negative impact on marriage) associated with EMI and would experience less of a deterrent effect of potential negative consequences on the decision to engage in EMI.

Decision making in EMI is thought often to involve a series of smaller decisions contributing to the development of EMI (Brown, 1991). For example, a person may initially have a friendly drink with an opposite-sex coworker, begin to spend more time with them and become increasingly intimate in their conversations, eventually withdraw more from their spouse and ruminate about marital problems, and finally reveal marital problems and feelings of attraction to the other person. Each of these behaviors is frequently accompanied by thoughts that justify, rationalize, or minimize the behavior. As Atwood and Seifer (1997) state, “Generally speaking, people do not usually set out to have extramarital sex. The extramarital sex behavior is the result of an unfolding definitional process whereby a rationale for the activity is created over a period of time” (p. 62). Consistent with the assertion that people do not “set out” to have EMI, Allen (2001) found that most married respondents who had engaged in EMI reported that they had not been actively looking for EMI.
Some individuals may attempt to combat their developing feelings for a potential extramarital partner by actively suppressing thoughts related to this partner. However, these efforts may actually increase the frequency and intensity of thoughts related to the extramarital partner, given empirical findings that this cognitive coping strategy often produces an unintended increase in unwanted thoughts (Wenzlaff & Wegner, 2000). What may be more effective in minimizing attraction to the potential extramarital partner is to focus on and strengthen commitment to the primary partner (Johnson & Rusbult, 1989).

**Spousal approach factors.** No empirical literature has specifically examined the attributes or behaviors of the spouse that may influence the development of EMI. However, some clinical literature has proposed possible spousal “collusion,” in which the spouse is aware of the developing EMI (consciously or unconsciously) but does not discourage this or confront the spouse (Brown, 1991; Charny & Parnass, 1995) because they welcome a reduction in demands on themselves for emotional or sexual intimacy, are generally uncomfortable with conflict, or are reluctant to confront their partner’s risk behaviors due to fears of antagonizing their partner or provoking them into leaving the marriage.

**Marital approach factors.** Exemplifying the interaction between individual and relationship variables, Brown (1991) posited shifts in the experience of marital issues as part of the process of developing EMI. These shifts may be expressed as a feeling of frustration and readiness for change in response to repeated marital conflicts—for example, the experience of feeling “fed up” with marital conflicts. Thus, the process of approaching EMI may be concurrent with decreases in marital satisfaction, although this has not been empirically examined.

**Contextual approach factors.** The development of EMI may differ depending on what type of extramarital relationship it is. Allen and Baucom (2001) found that persons reporting a casual EMI (e.g., little to no emotional investment) were more likely to report rapid development of the EMI, whereas respondents reporting a serious EMI more typically reported that the development was very gradual.

Input from other persons may be an important aspect of approaching EMI. Atwater (1979) found that 55% of her sample of women recalled talking it over with someone before actually making the decision to become involved; often these were individuals who had engaged in EMI themselves. On many occasions, discussions about possibly beginning EMI are held with the potential extramarital partner (Lawson, 1988). To the extent that these conversations are unsupportive of the spouse or the marriage, they are likely to be associated with increased distance from the spouse (Julien, Markman, Léveillé, Chartrand, & Bégin, 1994), which in turn may fuel the development of EMI. Whereas discussions may be held with others, typically the developing attraction to another is held secret from the spouse. Clinical authors have noted that the context of secrecy that often surrounds the development of EMI may itself contribute to increasing attraction to the potential extramarital partner (Pittman, 1989); indeed, literature on attraction (not focused on EMI) has found that secrecy increases romantic attraction (Wegner, Lane, & Dimitri, 1994).

Thus, relatively little is known regarding those factors that propel individuals toward actual engagement in EMI. Cognitive processes that may facilitate approach include minimization of the impact of EMI and attempts to suppress thoughts and feelings, whereas reinforcing subjective commitment and devaluing extramarital alternatives may decrease the likelihood of EMI. Ongoing marital distress and secrecy regarding the relationship with the potential partner may fuel approach, as should input from others that supports the EMI or derogates the spouse or marriage.

**Precipitating Factors**
When do pre-EMI approach behaviors develop into actual engagement in EMI, and what factors contribute to this transition? At some point in a relationship with a potential extramarital partner, many individuals cross a threshold into actual EMI, but what is considered “crossing the line” varies from person to person. Moreover, the subjective appraisal of the threshold of actual EMI may change as the person progresses further into the relationship. Atwater (1979) maintains that
behaviors short of intercourse are “more open to negotiated definitions, and this situational ambiguity as to when extramarital sex actually begins may make it relatively easy to begin the first stages of transition” (p. 45). Thus, ambiguity itself may be both an approach and precipitating factor in EMI. As with the approach stage, the transition into actual EMI has not been well researched.

Involved partner precipitating factors. Meyerling and Epling-McWherter’s (1989) decision-making model suggests that aspects of choosing to engage in EMI include identifying costs and benefits, evaluating the relative values of these costs and benefits, estimating the likelihood of these consequences, and comparing the outcomes of alternative decisions. Often this process is dominated by a focus on short-term rather than long-term outcomes or inadequate appraisal of costs and benefits, particularly when feeling vulnerable or aroused. For example, respondents sometimes indicate that their EMI began when they were feeling emotionally vulnerable (Atwood & Seifer, 1997), and high levels of affective arousal (including sexual arousal) may undermine decision-making based on logic or higher order values and lead people to make decisions corresponding with their emotional state (Banfield & McCabe, 2001). Disinhibition from drugs or alcohol is also often cited as a reason for “crossing the line” (Atwood & Seifer, 1997).

Spousal and marital precipitating factors. No literature was found that posits or investigates a role of the spouse or the couple’s relationship in the actual onset of EMI. The absence of research in this domain stands in stark contrast to anecdotal clinical reports. For example, individuals often report making the transition from consideration of EMI to actual involvement following a particularly distressing marital argument, threats of divorce by their partner, refusal of their partner to discuss marital concerns, and similar events.

Contextual precipitating factors. When asked for reasons for engaging in EMI, some persons cite being in a facilitative context where standards regarding EMI appear altered, or direct advances from the other person (Atwater, 1979; Atwood & Seifer, 1997; Pittman, 1989).

More responsibility for initiating the sexual relationship is often attributed to the extramarital partner than to the self (Atwater, 1979), a recollection subject to retrospective bias.

Maintenance Factors

Once begun, EMI can be terminated quickly or endure for some time. Allen’s (2001) sample reported that their EMI lasted as little as an hour and as long as 15 years; the modal duration was 6 months. Although a variety of factors can influence maintenance of EMI, virtually no research has addressed this phase. Hence, much of the literature regarding maintenance factors remains at the theoretical level or draws upon clinical reports.

Involved partner maintenance factors. In the only study located that examined this explicitly, Hurlbert (1992), using a female sample, found that positive attitudes toward sex and loving feelings toward the extramarital partner predicted longer maintenance of EMI.

Theoretically, the involved partner often experiences some tension between conflicting values and behaviors when engaging in EMI. Cognitive dissonance theory (Festinger, 1957) posits a tendency for individuals to seek consistency among attitudes and behaviors; when there is inconsistency, attitudes often change to be more consistent with behavior. Dissonance can encourage maintenance of the EMI because an involved partner may be motivated to increasingly perceive the extramarital partner or relationship more positively than the marital partner or relationship, adopt beliefs that the “marriage was over anyway,” or develop more permissive attitudes about EMI. Conversely, dissonance may motivate the individual to change behavior and terminate EMI.

Reinforcement contingencies operating during EMI may also serve to maintain the extramarital relationship. For example, the involved person may experience increasing associations of guilt and conflict with the marital partner contrasting with acceptance and a sense of vitality with the extramarital partner. These associations may encourage further investment in the EMI, and once strong feelings have developed for the extramarital partner, it can be very difficult to terminate EMI even if participants believe that they should (Spring, 1996). Martin (1989) has framed EMI as akin
to an “addiction,” to the extent that addiction is conceptualized as the progressive inability to stop an activity despite destructive consequences. Anecdotally, persons engaged in EMI often describe a subjective inability to terminate the EMI despite a keen awareness of likely adverse consequences if they continue.

**Spousal maintenance factors.** As in the approach phase, a process of spousal collusion has been posited, in which “affairs are chosen, encouraged, or at least allowed by an interactive and often clearly collusive agreement between the spouse engaging in the affair and the cuckolded spouse” (Charny & Parnass, 1995, p. 112). The evidence for such collusion is subject to interpretation; for example, Brown (1991) suggests that the spouse’s frequent ability to guess the identity of the other person when the EMI is revealed suggests that the spouse may have had an unconscious awareness of the EMI. Glass and Wright (1997) challenge the notion of spousal collusion, stating that their own “research and clinical observations do not support the systems-oriented view that the betrayed spouse must have some level of awareness and colludes in an extramarital triangle” (p. 475).

**Marital maintenance factors.** Decreases in marital satisfaction may facilitate the maintenance of EMI (and the experience of EMI may erode concurrent marital satisfaction). Changes in marital quality or dynamics during EMI have not been examined, although research by Drigotas et al. (1999) in undergraduate populations suggests that extradyadic involvement is accompanied by an erosion in relationship quality.

**Contextual maintenance factors.** Extramarital partners may influence continuation of EMI. For example, some involved partners report a fear of ending EMI due to apprehensions regarding the response of the extramarital partner (e.g., retaliation or self-harm; Spring, 1996). Extramarital partners may work to sustain the EMI or make efforts to undermine the marital relationship. The type of EMI also appears to be important, in that more emotional connection with the extramarital partner is linked to a longer extramarital relationship (Hurlbert, 1992).

Just as in the approach phase, the secrecy and taboo surrounding EMI may contribute to intensifying the bond with the extramarital partner. Persons engaging in EMI may experience perceived or actual disapproval and interference from others, or may have to expend substantial energies in finding ways to be together. These barriers to the relationship may serve to strengthen the bond in the extramarital relationship. Anecdotally, involved persons describe the intensification of the relationship due to its “forbidden” nature, which is empirically supported by research not focused on EMI per se (Driscoll, Davis, & Lipetz, 1972). Further research is required to determine whether external constraints on EMI contribute to the intensity of feeling for the extramarital partner and thus to the maintenance of the EMI.

**Disclosure or Discovery Factors**

How frequently is EMI either revealed to or discovered by the spouse, and what factors either increase or decrease the likelihood of this? Although there is little research on this issue, it is important to study for multiple reasons. For example, nondisclosed EMI may place the spouse at risk for sexually transmitted diseases because most persons engaging in extramarital sex do not use condoms with the extramarital partner or their spouse (Choi et al., 1994; Fals-Stewart et al., 2003), and assumed monogamy is a frequently cited reason for not using condoms in a primary relationship (Prince & Bernard, 1998).

Although most respondents predict that they would tell their spouse if they ever engaged in EMI (Wiederman & Allgeier, 1996), several researchers have found that most involved partners report that their spouse does not know about the EMI (Allen, 2001; Fals-Stewart et al., 2003; Glass, 2003; Hunt, 1976; Yablonsky, 1979). However, some studies have found higher rates of spousal knowledge (Blumstein & Schwartz, 1983; Lawson, 1988; Spanier & Margolis, 1983). The decision to disclose EMI can be a very difficult one; some self-help books contain sections devoted to helping with this (e.g., Spring, 1996). Although one study found that the vast majority of individuals who had engaged in EMI (96%) and their partners (93%) believe that disclosure was the right decision (Schneider, Corley, & Irons, 1998), this research was conducted with persons defined as “sex addicts” and thus may not generalize. Interestingly, Blumstein and Schwartz noted that suspicion of
EMI was rarely unfounded in their sample, in that most spouses who believe that their partner is engaging in EMI were correct.

**Involved partner disclosure/discovery factors.** Often, persons learn of their partner’s EMI in ways other than a direct disclosure from their spouse. Allen (2001) found that 52% of respondents whose spouse knew of at least some aspect of the EMI indicated that they directly told their spouse; the remainder of spouses discovered the information in other ways. Brown (1991), based on clinical experience, suggests that those who feel more guilt often provide their spouse with various clues in order to discover the EMI. Perhaps consistent with this, persons who minimize their EMI (e.g., describing the EMI as “no big deal”) are more likely to assert that their spouses were unaware of their EMI (Allen & Baucom, 2001).

**Spousal disclosure/discovery factors.** There are no empirical investigations of spousal factors that influence disclosure or discovery of EMI, although clinical experience suggests that certain behaviors (e.g., confrontation) on the part of the spouse may precipitate disclosure.

**Marital disclosure/discovery factors.** To date there have been no empirical investigations of marital factors that influence discovery or disclosure. Plausible hypotheses are that disclosure is more likely when marital satisfaction and concerns about discovery are both high, or in relationships characterized by a prior history of successfully working through conflicts. Alternatively, disclosure may be more likely when relationship distress is high, as part of expressing dissatisfaction to the spouse or terminating the marriage.

**Contextual disclosure/discovery factors.** The type of EMI appears to be a factor influencing discovery, because spouses are less likely to know about casual EMI relative to more serious EMI (Allen & Baucom, 2001). Thus, the only empirical findings about spousal knowledge revolve around characterizations of the EMI as less serious, which may reflect both an involved-partner tendency to minimize the EMI and the true casual nature of the EMI.

**Response Factors**

Although there is a wide range of responses to EMI, both short and long term, EMI is typically associated with increased marital distress, conflict, and divorce (Amato & Rogers, 1997; Betzig, 1989; Buss, 1991; Charny & Parnass, 1995; Edwards & Booth, 1994; Geiss & O’Leary, 1981; Hunt, 1976; Janus & Janus, 1993; Johnson, et al., 2002; Kelly & Conley, 1987; Kinsey et al., 1953; Lawson & Samson, 1988). In fact, Amato and Previti (2003) found that EMI was the most commonly reported cause of divorce in their sample. EMI has also been cited as a common precipitant for domestic abuse (Daly & Wilson, 1988). EMI is among the most difficult issues to address therapeutically (Geiss & O’Leary, 1981; Whisman, Dixon, & Johnson, 1997), involved partners with ongoing EMI in marital therapy samples are less committed to their partners (Beach et al., 1985), and couples presenting for marital therapy with EMI are more likely to separate and divorce relative to other distressed couples presenting for marital therapy (Glass, 2003). Therefore, the typical impact on the marriage appears to be negative, although some couples seem able to emerge with stronger marriages subsequent to EMI when they use the event as a precipitant to address longstanding relationship issues (e.g., Charny & Parnass, 1995), many couples do not divorce following EMI, and some couples seem able to engage in EMI as a part of a stable and satisfying open marriage. EMI may also exacerbate the negative effects of divorce on children; for example, Walker and Ehrenberg (1998) found that adolescents’ beliefs that their parents divorced due to EMI were among the strongest predictors of insecure attachment.

In addition to relationship problems, personal distress often ensues. The spouse of the person engaging in EMI is often found to experience strong negative emotional reactions including shame, rage, depression, anxiety, a sense of victimization, and symptoms consistent with those seen in posttraumatic stress disorder (Beach et al., 1985; Cano & O’Leary, 2000; Charny & Parnass, 1995; Glass & Wright, 1997; Gordon & Baucom, 1999; Gordon et al., 2004). Even when controlling for other negative life events, lifetime history of depression, and family history of depression, women who had recently experienced stressors such as spousal EMI were significantly more likely to be depressed relative to a control
group of women who were equally maritally distressed but had not experienced such a “humiliating marital event” (i.e., an event considered to devalue the individual; Cano & O’Leary, 2000). Guilt, depression, and negative feelings about the self on the part of the person engaging in EMI are also frequent effects, particularly for persons in marital therapy and women (Beach et al., 1985; Glass, 2003; Spanier & Margolis, 1983; Wiggins & Lederer, 1984).

Although we are positing “response” as one phase in our temporal structure, responses to EMI change over time. A growing literature is beginning to articulate the phases of responding to betrayals over time and determinants of different responses at various points in this process (e.g., Gordon & Baucom, 1999; Gordon et al., 2004; McCullough, Fincham, & Tsang, 2003; Olson et al., 2002); a thorough review of this lies outside the scope of this paper. In general, the long-term impact of EMI has been neglected in the empirical literature.

**Involved partner response factors.** Although the typical impact of EMI appears to be negative, the impact on the individual and relationship can vary based on the characteristics or behaviors of the involved partner. Gender appears predictive of individual responses, as guilt reactions tend to be stronger in wives who have engaged in EMI than in husbands who have engaged in EMI (Spanier & Margolis, 1983), and depression on the part of at least one of the spouses is more likely when it is the wife who has engaged in EMI (Beach et al., 1985).

The gender of the involved partner may also affect marital dissolution. Across history and cultures, men’s EMI has been relatively more sanctioned than women’s EMI (Atwood & Seifer, 1997; Lusserman, 1997; Mackey & Immerman, 2001). Although cross-cultural ethnographic research finds evidence that both genders are “equally vigilant in their efforts” to stop spousal EMI (Jankowiak, Nell, & Buckmaster, 2002, p. 91), it also appears that divorce and thoughts of divorce are more common across various cultures subsequent to wives’ EMI compared to husbands’ EMI (Betzig, 1989; Glass, 2003; Kinsey et al., 1953; Lawson, 1988; Veroff, Douvan, & Hatchett, 1995; see Vaught, 2002 for an exception). Glass (2003) found that divorce was particularly likely in a clinical sample when it was a young and childless wife who engaged in EMI. Reasons for increased divorce subsequent to wives’ EMI could be due to greater sanctioning of EMI for men, but it is also possible that factors related to women’s EMI (e.g., marital distress, emotionally close EMI) make divorce more likely. If both spouses engage in EMI, this is associated with an even higher risk of divorce (Glass, 2003).

Some EMI is never disclosed or discovered. According to partners engaged in EMI, undisclosed EMI often does not result in increased marital problems or mistrust (Glass, 2001; Hite, 1981; Kinsey et al., 1953). However, some researchers are skeptical of these claims (e.g., Hunt, 1976), and clinical authors note the potential negative effects of secret EMI, such as creating emotional distance between spouses (Spring, 1996) or sustaining preoccupation with the extramarital partner (Layton-Tholl, 1999; see Wegner et al., 1994 for related research). Most therapists believe that EMI should be disclosed unless there is domestic violence (Beadle, 2002). Although the impact of EMI is typically negative regardless of how it is revealed to the spouse, direct disclosure from the involved partner seems to facilitate relationship recovery, especially if the initial disclosure is more immediate and complete, compared to being admitted only after repeated denials or in a process of “staggered disclosure” in which aspects of the EMI are revealed in stages (Glass & Wright, 1997; Lawson, 1988; Schneider et al., 1998). If disclosed, forgiveness is a possible relational response to a partner’s EMI, and recent literature has focused on defining forgiveness and exploring factors that affect it (e.g., Fincham, 2000; Gordon, Baucom, & Snyder, 2000, in press; McCullough, Worthington, & Rachal, 1997). One suggestion emerging from this literature is that the more that the involved partner can acknowledge the legitimacy of the spouse’s pain and apologize for the transgression, the more likely that the spouse can forgive.

**Spousal response factors.** The literature on particular spousal factors that influence response is very limited. Glass and Wright (1997), based on clinical experience, asserted that the severity of reactions from the betrayed spouse are exacerbated by preexisting difficulties with trust and self-esteem, as well as the strength of “basic
marital assumptions regarding a mutual commitment to monogamy” (p. 474). From this perspective, spouses who consider monogamy a fundamental part of the marital contract should be more traumatized by their partner’s EMI. Even in open marriages that allow some types of EMI, breaking marital contracts, for example, by falling in love with the extramarital partner, would likely be considered infidelity and elicit distress in the spouse (Glass & Wright, 1997).

Gender appears to influence relationship-focused response behaviors, as Jankowiak et al. (2002) found cross-cultural evidence of women’s greater tendency to respond to EMI by distancing themselves from the relationship, relative to men’s greater propensity to respond with violence. In terms of forgiveness, issues such as the spouse’s perceptions of the meaning of EMI may influence this process (Fincham, 2000). Ultimately, forgiveness may be associated with increased well-being for the forgiver (Karremans, Van Lange, Ouwerkerk, & Kluwer, 2003).

Marital response factors. What characteristics of a marriage influence individuals’ responses to EMI? Persons reporting satisfying marital relationships endorse greater remorse about their EMI (Allen & Baucom, 2001). The combination of a partner initiating divorce and engaging in EMI appears particularly painful; spouses whose partner initiated a divorce and engaged in EMI are more likely to be depressed than those spouses whose partner initiated divorce but had not engaged in EMI (Sweeney & Horwitz, 2001).

Factors affecting relationship outcomes subsequent to EMI include overall marital quality, the timing of the EMI, and the manner in which couples discuss the EMI. Lower marital satisfaction and less commitment to working on the marriage has been found to relate to increased probability of divorce subsequent to EMI (Buunk, 1987; Glass, 2003), and EMI that occurs earlier in the marriage is more consistently associated with divorce than EMI that is later in marriage (Blumstein & Schwartz, 1983; Hunt, 1976; Pittman, 1989). A couple’s ability to talk openly about the EMI with full disclosure of information may facilitate recovery (Glass, 2002; Gordon et al., 2000, 2004; Vaughn, 2002). It may be particularly important to answer questions that help the spouse understand the nature of the EMI (e.g., duration, emotional intensity) and the various falsehoods that may have been part of the EMI (e.g., ways that the involved partner surreptitiously saw the extramarital partner). These questions should help the involved spouse understand the parameters of the EMI and regain a sense of predictability and control. However, it may be that disclosure of details that evoke vivid upsetting images or exacerbate particular insecurities of the spouse, such as specific details about sexual acts, could further traumatize the spouse and would not be helpful in the process of recovery. At this time, there is virtually no empirical evidence regarding these issues and the debate is based primarily on clinical experience.

Contextual response factors. Some research has examined the role of contextual factors in individual and relationship outcomes. Such factors include the degree of continuing threat from the EMI, the type of EMI, the number of prior EMIs, and post-EMI intervention.

Clinical experience suggests that the degree of continuing threat from a partner’s EMI affects spouses’ responses. If the EMI is ongoing or the involved partner continues to have contact with the former extramarital partner (e.g., in a business or social capacity), then the spouse may have a deeper or more enduring traumatic reaction because they have difficulty rebuilding a sense of safety (Glass & Wright, 1997). Glass (2003) reports that divorce or separation is more likely if the involved partner does not terminate the EMI during marital therapy. The type of EMI (e.g., emotionally intimate versus primarily sexual) also predicts individual outcomes, as involved partners who felt satisfied and close in their relationship with the extramarital partner experience less remorse or guilt regarding the EMI (Allen & Baucom, 2001; Spanier & Margolis, 1983).

The type of extramarital relationship also has significant impact on marital outcomes, as combined sexual and emotional EMI appears to pose a relatively greater threat to the stability of the marriage; in fact, men in a marital therapy sample who engaged in primarily sexual EMI rarely left their marriage (Glass, 2003).

Theoretical and empirical literature indicates that multiple betrayals would impede forgiveness and increase the probability of divorce (Fincham, 2000; Lawson, 1988). Consistent with this, Cano, Christian-Herman, O’Leary, and Avery-Leaf (2002) longitudinally
followed women who had experienced a negative marital stressor (including but not limited to EMI). Women who experienced an additional marital stressor over the next 16 months were significantly more likely to separate or divorce.

Because of EMI’s typically negative impact on marital stability, treatments are being developed specifically for this issue, and other established treatments are being evaluated for efficacy in treating post-EMI marital distress. Using established marital therapies not specifically designed to address EMI, Atkins, Eldridge, Baucom, and Christensen (2005) found that couples struggling with EMI were more maritally distressed initially than were other marital therapy couples, but these couples also improved during therapy at a greater rate than the non-EMI couples, particularly in the later phases of therapy. While this demonstrates that EMI couples benefit from marital therapy not specifically designed to address EMI, these couples were less likely to reach nondistressed status by the end of treatment because of their very high initial levels of marital distress.

Several treatments and self-help approaches have been proposed specifically for couples struggling to recover from a partner’s EMI (e.g., Spring, 1996). However, there is little empirical evidence regarding their effectiveness. An exception involves preliminary findings by Gordon et al. (2004) for their treatment model integrating interventions from the trauma literature with their own research on couples’ engagement in forgiveness processes. The direct focus on EMI in this model is consistent with findings from Vaughn (2002), whose poll indicated that most persons who sought marital counseling subsequent to their partner’s EMI preferred that the counselor address the EMI directly, instead of focusing on general marital problems. The Gordon et al. intervention with couples struggling to recover from EMI has three stages of (a) dealing with the initial traumatic impact of the EMI; (b) exploring contributing factors for the EMI across intrapersonal, spousal, marital, and contextual domains; and (c) reaching an informed decision about how to move on emotionally and behaviorally—either separately or while maintaining the couple’s relationship. The exploration of contributing factors in this treatment approach utilizes the current framework; thus, there is evidence that the proposed framework for exploring multiple contributing domains across time is useful clinically, as well as for guiding future research.

Clinical assessment in this approach is detailed by Gordon and colleagues; when exploring contributing factors the therapist guides spouses to identify issues from diverse domains across time, eventually resulting in a complex narrative of “why” the EMI occurred. This narrative serves to replace initial extreme, often distorted interpretations of the reasons for the EMI, and also helps individuals and couples to identify areas that need to be addressed if they wish to reconcile, rebuild trust, and reduce the likelihood of EMI in the future (Snyder, Baucom, & Gordon, in press; Snyder, Gordon, & Baucom, 2004). Using a replicated case-study design, Gordon et al. (2004) found that, following treatment, spouses whose partner had engaged in EMI showed significant decreases in depression and PTSD-related symptomatology, reductions in global marital distress, and increases in forgiveness toward their partner. Similarly, involved partners showed significant decreases in PTSD-related symptoms and depression. Effect sizes reflecting reductions in marital distress for noninvolved spouses were moderate to large and generally approximated the average effect sizes for efficacious marital therapies not targeting EMI couples (cf., Baucom, Shoham, Mueser, DAITO, & Stickle, 1998).

**IMPLICATIONS FOR FUTURE RESEARCH**

In this final section, we draw on the previous review to comment on substantive domains warranting further study and various methodological issues in investigating EMI.

**Substantive Domains Warranting Further Study**

There are several areas where information is lacking, incomplete, or inconsistent. For example, we know very little about what influences disclosure of EMI to the spouse, critical developmental junctures in marriage that increase the probability of EMI, long-term impacts of EMI, or the developmental processes of EMI itself. Importantly, we also lack information about factors that may account for the relation between EMI and marker variables such as age, gender, and race. We know very little about protective factors that mitigate risk for EMI
in particular, even among those experiencing marital stress and opportunity for EMI. From a clinical perspective, it will be particularly critical that future studies focus on those variables that have utility for intervention.

Gordon et al.’s (2004) empirical data regarding an EMI intervention stand in contrast to a literature dominated by multiple unevaluated intervention approaches. However, the sample in the Gordon et al. (2004) study all had experienced EMI within the prior year. Thus, there are currently no empirical data on EMI-specific interventions with couples dealing with a more distal EMI—a situation frequently confronting clinicians. Theoretically, recommendations from Glass (2002) and Gordon et al. (2004) regarding latter stages of working through the aftermath of EMI should be useful for couples with more remote histories of EMI who continue to struggle with the repercussions of the EMI. Gordon (1998) found that individuals who had simply tried to “move on” from betrayals without a process of working through this event continued to evidence high levels of distress.

Another area that is unaddressed in the literature is the extent to which marriage education programs that strive to reduce marital distress risk factors and increase protective factors, such as the Prevention and Relationship Enhancement Program (Markman, Stanley, & Blumberg, 2001), can reduce the likelihood of EMI. Components of these programs, which increase overall relationship quality, enhance intimacy, and improve conflict-resolution strategies, may help couples reduce their likelihood of EMI. EMI could be included as a distal outcome variable in future investigations of such programs.

In addition to examining whether existing marriage education programs affect the future likelihood of EMI, it remains an empirical question as to whether such interventions should be adapted to target EMI in particular. Would individuals benefit from specific education regarding EMI, and if so at what point in a relationship would such education be most beneficial? For example, premarital or newly married populations hold strong assumptions of marital fidelity. Do these assumptions indicate increased need for attention to EMI risk, or do these assumptions lead to decreased receptivity to such information, indicating the need to defer such intervention to periods of increased risk later in the couple’s marriage (for example, during pregnancy)? Identifying high-risk periods in individual or marital development, and the specific predictors of EMI during that period, may be particularly useful to target intervention appropriately. For example, it may be that marital conflict is particularly predictive early in marriage, whereas more individual issues (e.g., diminishing confidence in one’s own attractiveness) may be more salient in later stages. Interventions could then focus on helping individuals resolve these issues or find ways other than EMI to deal with such issues. One basic intervention is to make couples aware of issues such as rates of EMI, the common lack of partner knowledge of EMI, and risk factors for EMI (such as facilitative work environments). However, if couples are alerted to these issues, at what point does vigilance comprise a healthy departure from naïve disregard for potential EMI, and at what point does such vigilance dissolve into corrosive jealousy or unwarranted fears? In addition to questions of content and timing, what viable mechanisms exist for delivering prevention messages or programs? For example, how receptive are church-based couple-enrichment programs to addressing EMI? As the field progresses in identifying factors contributing to EMI, additional research will be needed to examine the translation of these findings into programs targeting multiple individual, relational, and broader contextual levels.

**Methodological Considerations**

In addition to the dearth of research in multiple areas, the current review reveals that much of the existing research is inconsistent, likely due to issues such as diverse samples, definitions, methods, and changing norms regarding EMI. Much of the remaining research is limited by problems such as correlational designs or analyses that do not include multiple predictors in a single statistical model. Given the current state of the literature, it remains difficult to predict reliably who will engage in EMI.

**Defining EMI.** A major factor constraining the interpretation of findings regarding EMI involves both the conceptual and operational ambiguity of the construct. In our review of the literature, we found considerable variety in the ways that EMI was assessed,
including asking about extramarital sex, a history of “affairs,” or if the respondent has had a problem in the marriage because one of the spouses has had a sexual relationship with someone else. Even the term “sex” requires further explication given differences in the specific behaviors that individuals ascribe to this category. We recommend the approach utilized by Glass and Wright (1985), who assessed a continuum of specific extramarital sexual behaviors, along with a continuum of emotional involvement with the extramarital partner. These detailed data allow analysis of correlates of extramarital sexual intercourse (to have comparability with most recent research) as well as the broader spectrum of EMI. Additional inquiries could assess whether or not, from the individual’s perspective, the involvement constituted an “affair” and what criteria were used to classify the involvement as such. Such an approach would help to clarify the relation between objective behavior and subjective appraisal, as well as their differential correlates. It would also be useful to assess other variables such as the frequency of EMI in order to assess the likelihood and correlates of multiple EMIs. EMI can take many forms, and the correlates, developmental trajectories, and consequences of EMI will likely differ in varying manifestations of EMI. The investigator’s conceptualization of EMI needs to be articulated in precise operational terms when eliciting responses from study participants and when reporting and interpreting results. Greater specificity and continuity in defining the EMI criterion will reduce the inconsistency in findings that characterizes much of the literature in this area.

Samples. The private and sensitive nature of EMI renders it difficult to study in representative samples. However, the selection factors inherent in samples of convenience (e.g., individuals responding to surveys in popular magazines or on EMI-oriented web sites) are evident in outcomes such as inflated incidence rates of EMI, and these selection factors also may influence findings regarding causes of or responses to EMI. For example, Laumann et al. (1994) note that sexual behavior data from self-selected samples are often very different from findings in national probability samples. Strategies to increase sample size and respondent receptivity, such as asking about hypothetical EMI or attitudes toward EMI, have not been established as adequate proxy models for actual EMI. Representative sampling (using questions about actual EMI) is the ideal in order to obtain the most generalizable and reliable data. Based on findings from EMI researchers such as Treas and Giesen (2000), it is important to provide maximum anonymity to participants and to include some index of social desirability to control for such effects. It may also be useful to present EMI questions as innocuously as possible. For example, in the context of a survey, basic health data can be obtained, including number of intercourse partners in the prior year. These data, combined with data collected in other portions of the survey, such as marital status in the prior year and whether the spouse is an intercourse partner, can be used to infer EMI (Whisman et al., 2003; Wiederman, 1997). Although this does not provide the ideal richness of data regarding EMI recommended above (e.g., emotional involvement with EMI partner, “affair” designation), it may elicit more honest responding to this sensitive topic in a broad sample. Sexuality researchers have long struggled with these same issues, and texts providing guidance on these problems are available (e.g., Wiederman & Whitley, 2002).

The current review revealed several differences in EMI correlates when examining a community versus clinical population (e.g., male emotional involvement with the extramarital partner). The appropriate sample of participants depends, of course, on the specific aims of the research. Thus, it is appropriate to use samples such as couples in marital therapy if conclusions are restricted only to this population. Additionally, when assessing source domains such as the spouse, marriage, or social context, it is ideal to gather data from these sources directly, rather than relying solely on the involved partner. Thus, when considering marital variables, both spouses should be assessed, with individuals treated as repeated observations within that sampling unit.

Measures. We recommend researching EMI with a clear theoretical framework and validated measures. Rather than casting an overly broad net of poorly detailed constructs, it is preferable to target a few constructs selected for their theoretical relevance and to measure these in a detailed manner. For example, to the extent that “opportunity” for involvement in EMI is relevant as a contributing factor, operationalization of
this construct merits more careful analysis than inferring opportunity through employment status or residence in an urban setting.

Investigators need to ensure that measures are tailored to the theoretical context or clinical application being studied. For example, Gordon et al. (2004) found that traditional measures of relationship distress and individual symptomatology failed to capture gains in self-awareness and understanding targeted within an EMI intervention. When established measures fail to reflect relevant constructs, investigators may benefit from first pursuing measurement development and instrumentation research. Researchers also should be cognizant of variables that are inherently confounded with EMI. For example, asking participants if they have had an opportunity for EMI is biased because all participants reporting EMI should acknowledge an opportunity. Other opportunity variables (e.g., advances from alternative partners) will vary among groups and is therefore a more appropriate discrimination variable.

**Design issues.** Because EMI does not lend itself readily to experimental manipulation, much of the research in this area is relegated to correlational studies. Most research has asked about history of EMI (lifetime or prior year) as the criterion and assessed other variables currently (e.g., marital satisfaction, urban residence). Although researchers are typically careful not to assert causation, data are often discussed as if variation in the other variables affects the probability of EMI. Given the potential impact of EMI on variables such as attitudes toward EMI, religious participation, and marital satisfaction, it is clearly problematic to infer these factors as causal in the context of correlational designs. To understand the developmental course of EMI and the temporal relation between predictors and EMI, longitudinal data are particularly useful. However, collecting longitudinal data on EMI is challenging, partly due to the fact that EMI has a low base rate in any given year and thus a longitudinal study would need to allow enough time for an adequate sample of EMI cases to accrue. Some researchers have attempted to circumvent this issue by asking participants to recall levels of certain variables (e.g., marital quality) prior to the EMI, or to assess the role of different factors in motivating the EMI. However, these methods are clearly subject to retrospective bias. A better option is an accelerated longitudinal design, which combines longitudinal and cross-sectional methods (Miyazaki & Raudenbush, 2000). As an example, if a researcher were interested in studying EMI during the first 9 years of marriage, she might collect samples of newlyweds, couples in 3-year-old marriages, and couples in 6-year-old marriages, and follow these three samples of couples for 3 years. Given these three samples of 3-year longitudinal data, it is possible to test whether the three samples can be “linked” to form a continuous longitudinal design over 9 years. In 3- and 6-year marriages, there may have been EMI prior to the study (i.e., a couple that began at 6 years into the marriage experienced EMI at 4 years); we believe this design would provide a mechanism for exploring differences between retrospective accounts of EMI and prospective accounts in which there is knowledge of important predictors leading up to the EMI.

As noted, EMI is a low base-rate phenomenon in any given year. Large survey studies (with random sampling) typically have a sufficiently large sample to ensure adequate rates of EMI for meaningful analyses; however, this requires intensive resources not available to most researchers. Other studies have only sampled EMI participants; however, the lack of a control group renders the data difficult to interpret. One reasonable option may be a case-control design, often used in biomedical research for low base-rate illnesses (Agresti, 2002). “Cases” are purposefully selected for their EMI (or disease) status, and matched “controls” are selected afterward that are similar to the cases on variables known to be related to EMI. With EMI, the matching variables might include gender, age, and relationship satisfaction. This design allows researchers to study low incident phenomena with meaningful controls without needing to collect a massive sample to guarantee an adequate sample of EMI cases.

Another means of addressing the base-rate issue is to target at-risk populations, while making sure not to overgeneralize from these findings. For example, being early in marriage or having a child appear to be risk periods where base rates of EMI are higher. Concentrated longitudinal attention could be paid to these developmental periods.

In this review, we have also noted the need for process research. It is clearly challenging to collect data while
individuals are in various stages of EMI. It may be necessary to use a replicated case study design in which individuals with recent EMI are asked to complete guided functional analyses of their progression through EMI. In-depth qualitative interviewing has been used by several authors; however, we would recommend adding quantitative ratings and control groups to this procedure. Control participants could be matched on pertinent variables and asked to note changes in salient variables (e.g., marital satisfaction) over the same time period. Using this system, outcome variables could extend beyond the dichotomous criterion of EMI occurrence or absence to include such outcomes as experiences of temptation and responses to temptation, “crossing the line,” or disclosure to the spouse. Clearly, control groups are critical for any study of EMI to account for base rates and conditional probabilities in the data. 

Analysis. Recent research has been improved by the inclusion of multivariable modeling. For example, even previously robust findings (e.g., religiosity associated with less EMI) show variation when important moderators are included (Atkins et al., 2001). As feasible, we recommend careful inclusion of potential explanatory variables in a multivariable analysis that provides accurate representations of the joint effects of multiple predictors as well as possible interactions between predictors in explaining EMI. Even longitudinal studies of couples across time may not lend themselves to definitive causal inferences because of recursive relations between variables or the impact of third factors, and it is important to take these into account.

Clearly, there is a great deal left to learn about EMI, its aftermath, and ways in which to intervene using improved research designs. It is hoped that the current review and recommendations can help inform these efforts.

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