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Infidelity in Couples Seeking Marital Therapy

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Abstract

The revelation of an affair is often an emotionally explosive event for a couple, yet little is known about specific individual and relationship factors that accompany infidelity. The present study examined the qualities of individuals and couples that differentiate couples with ($n = 19$) and without ($n = 115$) infidelity using couples from a randomized clinical trial of marital therapy. Findings indicated that couples with infidelity showed greater marital instability, dishonesty, arguments about trust, narcissism, and time spent apart. Gender also proved to be a significant moderator of several effects. Men who had participated in affairs showed increased substance use, were older, and were more sexually dissatisfied. Results offer initial clues to concomitants of affairs for couple therapists.

Key Words: Infidelity, Marital Therapy, Extramarital Involvement

Infidelity in Couples Seeking Marital Therapy

Representative national surveys have found that approximately 20% to 25% of

Americans report at least one extramarital sexual encounter during their lives (Atkins, Baucom,

& Jacobson, 2001; Laumann, Gagnon, Michael, & Michaels, 1994). Yet, there has been

relatively little research focused on factors associated with infidelity among couples seeking

therapy. Research from the national surveys show that poor marital satisfaction is related to

higher rates of infidelity, and more men than women have participated in infidelity; however,

this relationship is strongly dependent on the age of the participant (Atkins et al., 2001). Other

research also supports gender differences in affairs, demonstrating that men described their

affairs as more sexual than emotional, whereas women described their affairs as more emotional

than sexual (Glass & Wright, 1985). Other variables (e.g., education, religiousness, opportunity)

are inconsistently related to infidelity (for a review, see Allen, Atkins, Baucom, Snyder, Gordon,

& Glass, 2004).

Buss and Shackelford (1997), in a study using young married couples who estimated their

likelihood of future infidelity, found that conscientiousness, religiosity, and marital satisfaction

are negatively related to potential infidelity and that openness to experience, narcissism,

impulsivity, social naïveté, alcohol consumption, discrepant "mate-value" (i.e., attractiveness) as

rated by interviewers, and sexual dissatisfaction are all positively related to potential infidelity.

Thus, although the topic of infidelity has generated a significant amount of theoretical

and clinical speculation and some empirical examination (see Allen et al., 2004), the particular

factors—both individual and couple—related to infidelity in couple therapy remain nebulous.

The present study focused on qualities of individuals and couples that may differentiate

distressed couples who have experienced an affair from other distressed couples seeking

treatment who have not experienced infidelity. As such, these factors may represent the hallmark qualities of infidelity that set it apart from other problems in couple therapy.

<div align="center">Method</div>

Participants

The current data come from an ongoing study of marital therapy (Christensen, Atkins, Berns, Wheeler, Baucom, & Simpson, 2004). Participants in this study are 134 heterosexual, married couples who sought therapy for marital problems. Couples were randomly assigned to Traditional Behavioral Couple Therapy (Jacobson & Margolin, 1978) or Integrative Behavioral Couple Therapy (Jacobson & Christensen, 1996) and received up to 26 sessions at no cost. Nineteen couples (14.2% of the total sample) had at least one partner with a reported infidelity. Only those measures and procedures directly relevant to the present study are addressed here.[1] At their initial visit to the lab, couples completed a variety of measures that assessed their relationship (i.e., Dyadic Adjustment Scale, Spanier, 1976; Frequency and Acceptability of Partner Behavior, Christensen & Jacobson, 1997; Marital Satisfaction Inventory – Revised, Snyder, 1997; Marital Status Inventory, Weiss & Cerreto, 1980; Problem Areas Questionnaire, Heavey, Layne, & Christensen, 1993) and individual functioning and psychopathology (i.e., NEO–Five Factor Inventory, Costa & McCrae, 1992; COMPASS, Howard, Brill, Lueger, O'Mahoney, & Grissom, 1993; Structured Clinical Interview of the DSM-IV, First, Spitzer, Gibbon, & Williams, 1995).

After the completion of treatment, therapists completed a questionnaire for every couple with an affair that they counseled; this questionnaire assessed various aspects of the affair (e.g., which partner had the affair, length of the affair, when the affair began, when the affair was revealed, number of known affairs, degree of physical involvement, degree of emotional

involvement, percentage of time in therapy spent on the affair, etc.). Some questions were based on items from Glass and Wright (1992) and Buss and Shackelford (1997).[2]

Data Analysis

The data present several challenges for statistical analysis, including the non-independence of spouse's data and the infrequency of infidelity leading to low power and a risk of over-fitting the data, which could lead to poor generalization of the results. Moreover, these issues are compounded by the exploratory nature of the research. We implemented the following statistical procedures to ensure meaningful inferences based on the statistical analyses: logistic regression using a robust estimate of the variance-covariance matrix that incorporates the clustered nature of the data, a cross-validation procedure that is based on the bootstrap to assess possible over-fitting, and a method for selecting and consolidating candidate predictors that incorporates clinical and statistical reasoning (Harrell, 2001; Harrell et al., 1998).[3]

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

Infidelity Couples

Couples were not randomized to treatment based on affair status and hence, almost two-thirds of couples with affairs received Traditional Behavioral Couple Therapy; slightly more than 50% of involved spouses were males. There was considerable variation in the duration of the affair relationship (*Mdn* = 6 months) with the great majority of affairs beginning prior to therapy. Interestingly, only about one-third of affairs were revealed prior to beginning therapy and one-quarter were never revealed to the spouse during therapy.[4] Most involved spouses had a single affair involving sexual intercourse and moderate emotional involvement. The time in therapy spent on the affair varied notably (*Mdn* = 20%), which is weighted by the cases in which the affair was never brought up in therapy and no therapy time was spent on it.

Logistic Regression

Potential predictors were selected from the materials that participants completed prior to therapy, covering relationship, personality, and psychopathology factors; selection was guided by the previous research and clinical literature. Thirty-two possible predictors were selected and subjected to the data reduction procedure mentioned earlier (Harrell et al., 1998), which yielded 14 consolidated predictors. The 14 predictors were used in a logistic regression model with an indicator variable of whether or not the individual reported an affair in the current relationship as the dependent variable. Because of the importance of gender in the past research, a second model was fit allowing for interactions between gender and the other predictors. Three significant interactions were retained between gender and sexual dissatisfaction ($\chi^2(1) = 11.90$, $p < .001$), substance abuse ($\chi^2(1) = 9.23$, $p < .01$), and age ($\chi^2(1) = 3.56$), $p < .05$). Odds-ratios and 95% confidence intervals for odds-ratios for significant predictors are presented for both models in Table 1.[5] Couples with infidelity showed greater marital instability, dishonesty, arguments about trust, narcissism, and time spent apart, and men who had participated in affairs showed increased substance use, were older, and were more sexually dissatisfied.

To test the adequacy of the variable consolidation procedure, a full model containing the original 32 predictors was compared to the model using the consolidated variables (without interactions). The non-significant likelihood ratio test ($\chi^2(18) = 25.34$, $p = .12$) indicated the reduced model with 14 predictors well represents the full model with 32 predictors. The bootstrap cross-validation procedure revealed that the final model yielded good predictions across 500 bootstrap samples. Thus, the model does not appear to over-fit the data, and it would be reasonable to assume that the present findings would generalize to similarly selected samples.

Discussion

Our results offer a preliminary view of individual and relationship concomitants of affairs in couples seeking therapy. Gender was again shown to be an important variable in predicting infidelity. The association of gender and age proved important in our sample as it has in recent survey research: Men who had affairs tended to be somewhat older than women who had affairs (Atkins et al., 2001; Laumann et al., 1994). Moreover, gender significantly interacted with substance abuse and sexual dissatisfaction in predicting infidelity. Men who had affairs were significantly more sexually dissatisfied in their marriages compared to women who had affairs. This finding supports past research which shows that men are more likely to have affairs for sexual reasons and are more upset by their partner's sexual affair, whereas women are more upset by their partner's emotional connections than their sexual behavior (Glass & Wright, 1985).

Men who had affairs were also more likely to report problematic drug or alcohol use; women who had affairs did not show this association. Alcohol and drugs have disinhibiting effects that may lead to risky behaviors such as infidelity. Given that couples were excluded from the marital therapy trial if they met abuse or dependence diagnostic criteria, substance use could be an even stronger predictor of infidelity in samples with greater levels of substance use.

Several relationship factors differentiated couples with affairs from those who were distressed but without infidelity. Couples with affairs reported less time and less enjoyment in time spent together, more steps taken toward separation and divorce, and problems with trust and dishonesty. Intimacy was weakly associated with infidelity status in the *opposite* direction from what was expected (i.e., greater intimacy is associated with infidelity). Post hoc probing of the relationship revealed that this finding was driven by the couples who had revealed the affair prior to the start of therapy, and intimacy had a negative relationship for those couples who revealed

the affair during or after therapy. Moreover, when the affair was revealed did not appear to moderate any of the other predictors. Narcissism was somewhat weakly related to infidelity in the predicted direction such that individuals who were more focused on themselves and their own needs and desires were more likely to be involved in an affair.

In interpreting these findings there are several important issues to bear in mind. One important issue is the nature of the present sample. The couples in this study were highly distressed couples seeking marital therapy. They are not a representative sample of couples in general, although the percentage of affairs in the present sample is similar to national survey research restricted to married individuals (Atkins et al., 2001).

Another salient issue is that couples were not recruited based on their affair status. The primary means of assessing which couples had affairs was via therapist report. Therefore, it is possible and even quite likely that some individuals in our study did engage in infidelity at an earlier time (or during the study), and never mentioned it in therapy. Moreover, these couples sought therapy. Some people who engage in infidelity are quite unlikely to seek therapy (e.g., those who report satisfying marital relationships; see Glass & Wright, 1985).

The present research adds valuable, preliminary information to our knowledge about individual and relationship qualities that are associated with infidelity in a sample of distressed couples seeking marital therapy. Thus, the findings might prove to be useful for therapists seeing clients where there has been an affair. Given that many affairs are not revealed early in therapy, the current findings can assist therapists in being attentive to factors that might increase the likelihood that affairs are occurring. In addition, the findings indicate that both individual and relationship factors are related to infidelity, and therapists must be attuned to both of these

sets of factors and individualize treatment for each couple, understanding the broad range of

factors that are part of the complex pattern of infidelity.

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Footnotes

[1] For a complete description of the study methods, see the primary outcome paper (Christensen et al., 2004); therapy outcomes specific to the affair couples are reported in Atkins, Eldridge, Baucom, and Christensen (in press).

[2] Therapist report was the primary means of identifying affairs in the marital therapy study; however, three "secret" affairs were revealed to a member of the research team during a post-therapy assessment, and two additional affairs were revealed to therapists during the individual assessment session and not revealed to the spouse. Therapists were asked to report on any of the couples that they treated in which there was a sexual and/or emotional affair (Glass & Wright, 1985). A relationship was deemed an emotional affair if it involved secrecy, romantic or sexual feelings, and interfered with the primary relationship. There was only a single affair in the present study that was purely emotional, without any sexual component.

[3] We realize that these statistical procedures and methodologies may not be familiar to many readers, though the confines of a Brief Report do not allow for fuller exposition. In the text, we have attempted to provide the rationale for the procedures, and a Full Report is available from the first author that provides extensive description of our quantitative methods.

[4] Of the 5 couples in which the affair was never brought up during therapy, two individuals mentioned it to the therapist during the individual session. The affair was finished by that time, and they did not wish their partner to know about it. The remaining three couples never revealed the affair to spouse or therapist until therapy had ended.

[5] One infidelity couple was removed from the analysis for statistical reasons. DFBETAS, Cook's distance, and standardized residuals all revealed that one involved spouse was a massive outlier, and there were clear differences in the models when they were included or removed.

Author's Note

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Table 1. *Logistic Regression Model of Cluster Predictors (N = 266)*

	Main effects model		Model with interactions	
Variable	OR	95% CI	OR	95% CI
Sexual dissatisfaction	2.86[*]	1.20-6.80	1.20	0.53-2.72
Intimacy	1.93	0.87-4.25	2.95	0.98-8.84
Time together	0.20[***]	0.09-0.56	0.23[***]	0.10-0.49
Marital stability	5.86[****]	3.24-10.61	8.42[****]	3.07-23.12
Trust	2.61[*]	1.19-5.71	2.18[*]	1.02-4.66
Dishonesty	0.09[***]	0.02-0.36	0.10[***]	0.02-0.38
Narcissism	0.93	0.45-1.89	0.55	0.28-1.09
Substance abuse (no:yes)	2.74	0.56-13.29	0.01[**]	0.00-0.10
Age	1.72	0.66-4.50	0.72	0.17-3.11
Gender (male:female)	0.73	0.20-2.67	0.31	0.07-1.38

Note. OR = Odds ratio. 95% CI = 95% Confidence intervals for the odds ratios. For continuous variables, odds ratios are based on the inter-quartile range of the variable. For categorical variables, the odds ratio is the odds of infidelity of the second category listed relative to the first category listed. Because there is no single odds ratio for interactions, they are not included in the table; inferential statistics are presented in the text.

[*] $p < .05$, [**] $p < .01$, [***] $p < .001$, [****] $p < .0001$