

Motivations and Emotional Consequences Related to Engaging in Extramarital Relationships

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Abstract

The purpose of this study was to allow adults who were actively engaged in extramarital relationships to explain their motivations and emotions in their own words. We recruited 77 participants (22 men and 55 women) from an Internet discussion board aimed at people who were actively pursuing or involved in extramarital affairs. Participants completed an online survey that allowed them to describe up to three extramarital relationships, including the reasons for beginning each affair and the emotional consequences of each affair. We found sexual needs, emotional needs, and falling in love to be major reasons for beginning affairs; however, we did not find clear-cut gender differences relative to sexual versus emotional motivations. Both men and women were equally likely to cite sexual or emotional motivations if their primary relationship was not satisfying in either of these elements. Most participants reported experiencing both negative and positive emotions in consequence of their affairs, although women were more likely to report feeling a sense of disappointment in the outcome of an affair. The results of our study illustrate the complexity of these kinds of relationships and serve to counter some gender stereotypes related to infidelity.

Motivations and Emotional Consequences Related to Engaging in Extramarital Relationships

Extramarital relationships (EMRs) have been reported as a major reason for divorce and marital problems (Shackelford, Besser, & Goetz, 2008.) Although people have likely been engaging in these kinds of relationships for as long as they have been getting married, their motives for doing so are still debated. This is most obviously illustrated by questions prompted by public scandals involving extramarital relationships (Gibbs et al, 2011; Talbot, 2011). Previous psychological research has focused on delineating types of relationship infidelity, factors that predict EMR activity, and motivations for engaging in EMRs. However, the secrecy and emotionality of EMRs contribute to their mystery and to the difficulties in studying them objectively.

One purpose of infidelity research has been to explore factors that might predict future infidelity. Much of this research is retrospective; participants are surveyed at one point in their married lives on a variety of measures, including whether or not they have ever in the past been unfaithful to their partners (i.e. Atkins et al, 2005; Whisman et al, 2007; Whisman & Snyder, 2007.) There is some longitudinal research, however (i.e. Allen et al, 2008) that obtains information about married participants over several years.

Gender seems to be consistently related to infidelity in both types of studies. Men appear to be more likely to have EMRs than are women (i.e. Glass & Wright, 1992; Allen et al, 2008); however, this difference is largest among older couples; in younger couples women may be as likely to commit infidelity as men (i.e. Atkins, Baucom & Jacobsen, 2001; Atkins et al, 2005; Orzeck & Lung, 2005.) Women also seem to be more prone to emotional infidelity, falling in love or forming an emotional attachment outside of marriage, than to purely sexual infidelity

(Blow & Hartnett, 2005b) and not all research takes this into account. For example, researchers may define an EMR specifically by sexual intercourse with someone other than a marital partner (i.e. Allen et al, 2008; Whisman et al, 2007; Whisman & Snyder, 2007) which complicates capturing the frequency of emotional infidelity. It is at least a possibility that, with emotion-based EMRs included, the gender difference in frequency may be considerably smaller than currently is accepted.

Other individual factors related to higher rates of marital infidelity include higher incomes (Blow & Hartnett, 2005b; Atkins, Baucom, & Jacobson, 2001), marrying relatively young (Atkins, Baucom, & Jacobson, 2001), and more previous sexual experience (Whisman & Snyder, 2007). In contrast, strong religious belief has been associated with lower likelihoods of infidelity in some research (Atkins, Baucom & Jacobsen, 2001; Whisman et al, 2007; Whisman & Snyder, 2007).

Another major purpose of research into EMRs has been to determine the reasons people engage in them. Dissatisfaction with the marital relationship is one possible motivation. It is difficult, however, to determine the exact relationship between marital dissatisfaction and EMRs. Given that much research into infidelity is retrospective, this data is not helpful in determining which came first, the affair or the marital problems. For example, one study's results showed that individuals who had engaged in an EMR felt the affair was caused by marital problems, while their spouses believed that their marital problems were caused by the EMR (Spanier & Margolis, 1983).

Another problem in correlating marital satisfaction with EMRs, is that relationship satisfaction is defined differently across research. Some studies use measures as simple as a single-item asking about the quality of the participant's marriage (i.e. Atkins, Baucom &

Jacobsen, 2001). Other studies include more extensive questionnaires related to marital adjustment (i.e. Allen et al, 2008). This inconsistency of measurement limits generalizations that can be made about the effect of marital satisfaction on infidelity. However, it seems logical that the two should be correlated, and certainly research does provide some evidence of this relationship (i.e. Atkins et al, 2005; Whisman et al, 2007; Allen et al, 2008).

Lack of marital satisfaction is one possible motive for an EMR. Another explanation for relationship infidelity is based in evolutionary psychology (i.e. Buss & Schmitt, 1993). According to this theory, it is evolutionarily adaptive for men to be sexually involved with multiple partners. Thus, men should be more interested in and more tempted by short-term sexual relationships than are women. Women, on the other hand, should earn some reproductive advantage by selecting emotionally available partners who may be willing to commit resources to the relationship, and thus should be more attracted by EMRs that have a high emotional component. They may thus be more tempted by love than by sex.

Glass and Wright (1992) surveyed 148 men and 155 women about EMR activity and motivation and created a motivational model with four dimensions: Sexual, Emotional, Extrinsic (i.e. revenge, career advancement), and Love. Men did endorse the sexual motive more than women, and women were more likely to endorse the love motive than were men. The emotional intimacy motive and extrinsic motive were endorsed equally by both genders.

Barta and Kiene (2005) dispute this model and argue that a motivational theory based on evolutionary ideas about sex versus emotional intimacy is not comprehensive enough. They surveyed college students regarding motivations for infidelity; their factor analysis produced a different solution, based on emotional justifications. This model also has four dimensions: Dissatisfaction, Neglect, Sex, and Anger. Barta and Kiene argue that this model explains their

data better than does a 2-factor (emotional versus sexual) model. They found that when they controlled for attitudes related to sexual activity gender differences in sexual motivation were no longer significant. However, Barta and Kiene's (2005) research used unmarried, college undergraduates as participants. Since it is probable that differences between marital and dating relationships exist, Glass and Wright's (1992) model may still be the most comprehensive theory with demonstrated results in a married sample.

Purpose of the Current Study

Research appears to confirm the likelihood of engaging in an EMR is probably affected by a variety of personal factors such as gender, socioeconomic status, and religious behavior. There is evidence for different motivations for having an EMR, including sexual and various emotional motives. However, there has been little consistency in how to define an EMR or in measures used to examine them. Many studies of marital infidelity have also relied on large surveys that produce quantitative data, with little attention paid to qualitatively describing how people conduct an EMR.

The overall purpose of our study was to examine the practical and emotional experience of having an EMR from the perspective of people who engage in them. Our major goal was to allow people to describe their motivations for EMRs in their own words. In previous studies, people have often been asked to choose from a prewritten list of possible motives (i.e. Barta & Kiene, 2005; Glass & Wright, 1992). We wondered if this removing this restriction would result in richer, more elaborate descriptions of people's motives, and if these open-ended descriptions would still support Glass and Wright's (1992) 4-factor model of EMR motivation. We did expect to find gender differences, with men reporting more sexual motivation and women more emotional or love-oriented motivations.

Our second goal was to explore the emotions involved in conducting an EMR. Research into emotional consequences of infidelity tends to concentrate on the spouses who have been betrayed. We know considerably less about the effects of an EMR on the person who engages in one. Some research does show that the spouse who has the affair often suffers negative consequences such as feelings of loss, guilt, and alienation (i.e. Allen et al, 2008); however, this research tends to focus on people whose affairs have already been exposed and who are in the midst of counseling to save the primary marital relationship. We were interested in exploring the emotional effects on straying spouses who were relatively unrepentant. We expected that most of these people would report having both positive and negative emotions in relation to their infidelities. We further expected that the positive emotions would support the motivations given for having the affair, while the negative emotions would include reactions to social norms (i.e. guilt, shame).

Finally, we hoped to explore the practical arrangements of EMRs: how they were initiated, when and how people met, how long they lasted, and how many EMRs individuals reported having had. We expected that longer term EMRs would be associated with more emotion-based motivations. We were also curious as to the role technology played in arranging EMRs. Overall, our goal was to obtain qualitative descriptions of EMRs from individuals who engaged in them, hoping to clarify some of the contradictions and questions arising from previous research into marital infidelity.

Method

Participants

Seventy-seven participants were recruited for this study from a website aimed at adults who engage in marital infidelity. The website included a message board where people could share their experiences, ask for advice, or receive emotional support. We posted a message to the main message board asking for participants.

All participants had participated in at least one EMR. There were 22 men and 55 women, ranging in age from 23 to 63, with a mean age of 45.52. Ninety-nine percent of the participants reported having been married at one time, and 73% of the participants were currently married at the time they completed the survey. Additionally, 81% of the participants had at least one child.

Procedure

We obtained permission from the moderator of the site before posting a message to the website's message board regarding our survey. The message posted explained the nature of the study, and asked readers of the site who had participated in at least one EMR to participate. If they chose to participate, readers clicked a hyperlink that took them to the survey site.

The survey was designed so that participants could skip questions if they so desired. There were drop-down menus for some questions, and text boxes for participants to use when completing the open-ended items. Each page of the survey had two links, clearly marked, at the bottom. One link took participants to the next page of the survey, while the other was a Submit button, so that respondents could end their participation at any time.

When participants completed the survey, they clicked on a Submit button. Their responses were sent by email, anonymously, to the first author's email address. No sending address or contact information was attached to the email responses.

Materials

We created a survey for this study. The survey included demographic questions about age, gender, number of children, past and current marital status, the status of their biological parents' relationship, range of income, and number of affairs. The participants were asked to give their own personal definitions of an extra-marital affair.

The second section of the questionnaire contained a series of open-ended questions about the details of EMRs. These open-ended questions included the length of the relationship, who initiated it, how the affair partners planned their encounters, and where they would meet during the affair. The participants were also asked to give reasons for beginning each EMR, to describe both positive and negative emotions they experienced during each relationship and about the current relationship with each affair partner.

We asked participants to share details of up to three of their EMRs, beginning with the most recent. Participants who had only one EMR to report finished the questions about that relationship and then were able to exit the survey. Participants who had experienced more than one EMR could repeat the series of questions a total of three times. But all participants had the option to leave the survey at any time regardless of how many EMRs they had previously reported having.

Results

Descriptive details of EMRs

One of the goals of our study was to obtain more pragmatic details about how people conduct EMRs. To accomplish this, we asked some general questions about participants' EMR activity and then allowed each participant to report more detail on up to three EMRs. The majority of respondents to the survey (72.72%, $n = 77$) had engaged in more than one EMR. The number of EMRs participants reported having had ranged from one to 22, with a mean of 3.94

EMRs. Participants indicated from a list of options what type of EMR they had most experience with. Most (53.24%) reported their EMRs tended to be ongoing relationships, as opposed to sporadic encounters (19.48%) or one-night stands (6.49%).

Of the 77 participants, 5 responded only to the general opening questions without giving details about their affairs. We thus received details of affairs from only 72 participants.

Because many reported on more than one EMR, we have data describing 146 separate EMRs.

Most of the EMRs were described as ongoing relationships. Over half of the EMRs (52.1%) lasted over one year, with 15.8% continuing over 5 years. One third of the EMRs lasted less than a year, 18.5% for under 6 months. Only ten of the EMRs were onetime events, and five were reported to be sporadic encounters, without a regular ongoing relationship.

Participants indicated who had initiated their extramarital affairs. The most frequent response was that initiation had been mutual (47.9%, $n = 145$); 32.9% indicated that the EMR partner had been the one to initiate the relationship; 17.8% reported that they had been the initiators of the affairs. One response indicated the EMR had been encouraged by the participant's marital partner.

We expected that technology might be prominent in initiation of affairs. Participants who reported how they planned encounters with their EMR partners ($n = 61$ EMRs) did report using technology. Email (34.42%) or Instant Messaging (36.07%) was often used in order to arrange meetings. However, the most popular method of contacting an EMR partner was the telephone or cell phone (50.84%).

Participants reported that they arranged to meet with EMR partners mainly at hotels (68.55%, $n = 124$ EMRs). The next most common location participants reported for liaisons was the home of the affair partner (20.16%). People also met at work (16.13%), at the participants'

homes (12.10%), or in cars (11.29%). Eight participants reported arranging to meet at other public places. (Percentages add up to over 100%, as many participants reported meeting more than one type of place for each EMR described.)

Some of the EMRs described (33.79%, $n = 145$) were still ongoing at the time of the survey; only 6 (4.14%) had resulted in marriage. Of the EMRs that had ended (66.20%), many had ended amicably with participants describing the subsequent relationship as friendly although no longer romantic (31.72%). Slightly more (34.48%) had ended with no further contact between the partners.

Reasons for engaging in EMRs

Participants were asked to give their reasons for engaging in each of the EMRs they reported in detail. We received reasons for 141 of the reported EMRs. Some participants gave more than one reason in explaining a single EMR, with a final result of 190 coded reasons. Undergraduate research assistants helped to code these open-ended responses. A team of two undergraduates who were not familiar with previous infidelity research read through the responses and determined categories for coding. Another team of two different undergraduates coded the responses according to these categories. Categories had to be revised once and responses re-coded before inter-rater reliability was satisfactory ($k = .74$).

We found eight general categories of motivation for engaging in an EMR. Two were primarily physical: lack of sexual satisfaction in primary relationship (26.31%, $n = 190$), and desire for additional sexual encounters (6.84%). Two reasons were primarily emotional: lack of emotional satisfaction in primary relationship (13.68%), and desire for additional emotional connection or validation from others (18.94%). Another two were about love: falling out of love with a primary partner (2.63%), or falling in love with the EMR partner (5.26%). These six

categories seem to correspond to the physical, emotional, and love motivations of Glass and Wright's (1992) model.

We found that people seemed to articulate each of these three basic motivations in one of two ways, either as a response to a fault in their primary relationship or as something new that the EMR partner had added to their lives. For example, here are responses that expressed feeling a lack of either physical or emotional connection in the marriage:

[H]usband stopped sex, touching, kissing, six years ago, no interest. Otherwise we are quite happy, with shared interests, family, history, finances intertwined...he is 60 and would not find someone else. We discussed and HE does not want a divorce, is happy with ME in every way. My options were to divorce, making us both unhappy, or to find a supplemental relationship. I refused to live the rest of my life without physical affection.

My husband was not pleasing me in bed and frankly I was too young and inexperienced to either train him or know what on earth I was doing. So I went and found an affair to see if it was me or if there was a problem.

Felt the emotional connection is missing in my marriage. Can't divorce because of "family" issues, H does not believe in divorce and do not want to do that to the children.

I have been without sex for over a dozen years and do not feel connected to my wife emotionally. We have grown apart in our interests and level of activity. For me, the opportunity to experience both the physical intimacy and have a connection with a woman are important.

I felt as if my marriage had reached the point where my husband and I interacted only as "parents" and roommates". There was very little physical contact with my husband and no emotional nor [sic] mental stimulation and contact. I wanted to feel again and be treated like a woman instead of an inanimate object.

I have a lot of resentment built up toward my husband. I don't feel that I'm in-love with him any longer. I also missed having someone to talk to that would listen to me. I missed laughing with someone.

Below are excerpts from participants that did not complain directly about their primary relationship, but described finding something additional:

At first, the attraction was purely for sex, which was fantastic. I was able to experience with her things that I had only dreamed about previously. We did become close but it remained a physical based relationship

I felt that I needed more sex in my life to reward myself for doing a difficult and demanding job well, which was not being recognized by many others. The lady and I both found each other very attractive and attentive to our needs.

My friend, my husband's friend... we became so close and eventually we admitted we loved one another. We never actually had intercourse, his guilt would not allow him. But we did other things. And most of all it was his love I soaked up. He'd put me to bed at night, and just hold me and kiss my forehead. I slept so well in his arms.

We found one motivational category that related well to the extrinsic motivation identified by Glass & Wright, and that was the motivation of revenge (3.16%). This is

illustrated by the following response from one woman, “Revenge sex. Found out about husbands affairs, figured this would devastate [*sic*] him and it did.”

Additionally we coded one motivation that did not seem to fit the previous model. A good number of participants reported that their main reason for engaging in an EMR was curiosity or sensation-seeking (18.95%), as in both these comments from male participants:

I found the woman very attractive and seductive. I had known her a long time and was always attracted to her. Knowing that she was interested in a purely sexually gratifying experience with no strings and feeling an urge to see if I could meet or exceed her expectations was a challenge.

A blowjob is a great thing to be offered without strings attached and I was curious how her technique compared with others to rate herself as Queen of Blowjobs.

We used chi-square analyses to compare motivations given by gender (also shown in Table 1.) In these calculations, we used EMR as the unit of analysis, so the n is equal to 141. We expected men to endorse more sexual motivations. We did find that desire for additional sexual encounters was given as a reason in more of the men’s reports (16.7%) than women’s (6.1%, $\chi^2 = 3.96, p < .05$), but there was no significant gender difference in how often participants reported sexual dissatisfaction with the primary relationship. Somewhat related, curiosity/sensation-seeking was the most common motivation in the men’s reports (40.5%) and was significantly rarer in the women’s reports (19.2%, $\chi^2 = 7.03, p < .01$).

Based on previous research, we expected women to be more likely to report emotional motivations. Again, the results were mixed. There was no gender difference in reports of emotional dissatisfaction with the primary relationship. However, a greater percentage of

women's EMRs were begun out of a desire for additional emotional intimacy or an unexpected emotional connection (32.3%) than were men's (9.5%, $\chi^2 = 8.06, p < .01$). This was the most common reason given for women's affairs.

There were too few participants overall who endorsed either motivations related to love or to revenge for us to be able to conduct significance tests. However, women were the only participants to endorse the revenge motive, with 5.8% of them doing so.

We had expected to find that the length of EMRs was associated with the motivations for having them. Specifically, we hypothesized that EMRs conducted for emotional reasons would be longer in duration. We found no statistically significant relationship between these variables. However, all ten of the EMRs reported to have been motivated by love lasted over a year. There were no one-night stands or short-term relationships among the EMRs motivated by love.

Emotions associated with EMRs

Participants were asked in two separate questions to describe positive emotions experienced and negative emotions experienced in each of the EMRs they reported in detail. For positive emotions, we received responses related to 144 of the reported EMRs; 7 of these responses indicated no positive emotions were experienced, 137 responses listed at least one positive emotion or result from the EMR. For negative emotions, we received responses related to 139 of the reported EMRs; 40 of those responses stated that there were no negative emotions experienced from the EMR, 99 listed details of negative emotions or results. Our first hypothesis related to emotional experiences appears to be supported. Most participants reported experiencing both positive and negative emotions as a result of their EMRs, although there are more who reported having no negative emotional consequences than there are those who reported no positive emotional consequences from the EMRs.

We coded this qualitative data using the same procedure employed with the question about motivations. A team of two undergraduate students read through the responses and determined categories for coding. Another team of two different students coded the responses according to these categories. There were separate teams coding positive and negative emotions. Categories for positive emotions had to be revised once and responses re-coded before inter-rater reliability was satisfactory ($k = .79$). Categories for negative emotions were more problematic and had to be revised twice, the second time by two of the authors, before inter-rater reliability reached a satisfactory level. Many participants described multiple emotions stemming from a single EMR, so percentages given below will sometimes add up to more than 100%. We include gender differences in our discussion of each category, because gender affects interpretation of the data on emotions. Table 2 shows categories of both positive and negative emotions coded by gender.

Positive emotions. We coded responses related to positive emotions into seven categories. The largest category of response was something we called Desirability, which included feelings of being wanted and an increase in self-esteem. This was reported in 71 (48.6%) of the EMRs. However, it is significantly more likely to be linked to EMRs described by women (62.5%) than those described by men (14.5%), $\chi^2 = 27.84, p < .01$.

The second most commonly reported positive emotion was Happiness (27.4%), with no gender difference in frequency of report. The third category was Love (24.0%) with again no gender difference in frequency.

The next two categories, Sexual Satisfaction and Friendship, were reported with equal overall frequency: 19.2%. Sexual Satisfaction is another category with a significant gender difference, however. Men (31.0%) were more likely than women (14.4%) to report this as a

positive outcome, $\chi^2 = 5.25, p < .05$. Our Friendship category included responses such as feeling an emotional connection, bonding, or enjoyment of other's company. There was no significant gender difference in reporting this category.

The last two categories of positive emotions experienced were those we termed Energy and Openness. Energy included responses such as power, "feeling alive" or excitement. This was reported in 18.5% of EMRs. Openness was associated with responses that were about having new experiences, growing as a person, or improving quality of life. Openness was reported as an outcome in 12.5% of EMRs. There was no significant gender difference in reporting frequency for either of these final two categories.

Many participants reported more than one type of positive emotion related to the same EMR. Most responses to this question were relatively brief or straightforward lists of emotional outcomes. Here are some examples of more extensive responses:

I found joy, happiness, laughter...emotions I hadn't felt in years. I felt wanted for ME. I could give passion and love and have it welcomed by someone special to me.

As I was approaching 50 yrs of age, being with her made me feel young and energized. The variations of sex and frequency was more that I had experienced in dozens of years of marriage [*sic*].

Someone cares about my sexual well being, self-esteem boost from being wanted sexually, a general sense of euphoria during and in the days following the sexual encounter.

We were interested in comparing the motivations behind engaging in EMRs to the emotions experienced as a result of them. We expected there would be an association between the two, so we conducted chi-square analyses examining positive emotions by motivation for EMR. We found no significant differences in positive emotions experienced between those with sexual motivations and those without. We did find differences in positive emotions reported by those with emotional motivations and sensation-seeking motivations.

People with motivations related to emotional connection or emotional dissatisfaction were more likely to report both the positive feelings of Energy (28.8% versus 11.5%), $\chi^2 = 6.7, p < .01$, and Happiness (42.4% versus 17.2%), $\chi^2 = 11.16, p < .01$, than those who did not report those motivations. People with sensation-seeking motivations were more likely to report Sexual Satisfaction as a result of their EMRs than those without that motivation (33.3% versus 14.5%), $\chi^2 = 6.18, p < .05$. They were less likely to report experiencing Happiness (13.9% versus 31.8%), $\chi^2 = 4.38, p < .05$.

Negative emotions. We coded responses related to negative emotions into five categories. The two most frequently reported categories of negative emotion were Guilt/Shame and Disappointment, both associated with 29.5% of the EMRs described. The category of Disappointment incorporated feelings of being let down by the EMR partner or of expecting more satisfaction overall from the affair. There were no significant gender differences in the likelihood of reporting Guilt from an EMR; however, women were significantly more likely to report Disappointment than were men (37.5% versus 9.5%), $\chi^2 = 11.27, p < .01$.

The next most frequently reported response was Anxiety (17.1%). This included worry about being discovered by the primary partner, of being abandoned by the EMR partner, and a

variety of other fears related to the affair. There was no gender difference in how likely an EMR was to provoke Anxiety.

The final two negative categories were Jealousy (8.9%) and Depression (7.5%). There was no gender difference in reporting of Depression. Women, however, were the only participants to report feelings of Jealousy (12.5%).

In 39 of the reported EMRs, participants responded to the question about negative emotions by stating that there were no negative emotions associated with these EMRs. This is notable for two reasons. The response of "None" was recorded only 7 times in relation to positive emotions, so overall participants felt more positively than negatively about their EMR activity. Secondly, there was a gender difference in the likelihood of this response. Men were significantly more likely to report "None" for negative emotions than were women (42.9% versus 20.2%), $\chi^2 = 7.85, p < .01$.

Again, the responses to this question tended to be brief, but here are some more poignant examples, all from women:

After the initial headiness wore off, I found I didn't enjoy sex with a man I didn't love and who didn't love me. So, I ended the affair. I had a bit of an epiphany to realize I was looking for a "replacement" for my husband - not meaning I wanted to get married again, but meaning I wanted a loving relationship that also included sex. I didn't just want hot sex in the afternoon at the local motel. I needed the emotional connection, too. And I knew I wouldn't have that with this affair partner. It was a nice way to get my feet wet, and to learn I wasn't sexually undesirable, but I realized very soon that I needed more.

I feel lonely when I want to be with him and he isn't around. Sometimes the emptiness of my normal life is jarring when contrasted with the joy I feel with my affair partner.

I believe he meant the marriage proposal when he made it, but discovering he couldn't go through with it was devastating. I'd been rejected once again (it's happened often with people close to me) and the feelings were horrible. I found a way to accept it and continue my association with him though the joy was certainly tarnished. He no longer writes of his love every day but he does say it, which is more than my husband has done for many years.

Discussion

The purpose of this research was to investigate motivations for and emotional consequences of extramarital relationships (EMRs) from the perspective of those who engage in them. Using responses collected from an online survey of people who acknowledged participating in EMRs, we recorded basic details about how the described EMRs were conducted, categorized participants' reasons for engaging in these relationships, and their emotions experienced as a consequence of the relationships. We had expected that our participants would echo themes from previous research into marital infidelity, including gender differences in reasons for engaging in EMRs. We also wanted to explore more about the emotions experienced by those who engaged in these relationships, to supplement what we already know about the emotional consequences visited on those who are betrayed.

One major goal was to explore the emotions involved in conducting an EMR. We expected that most people would report having both positive and negative emotions in relation to their infidelities. We further expected that the positive emotions would support the motivations given for having the affair, while the negative emotions would include reactions to social norms (i.e. guilt, shame).

Our participants expressed a variety of emotional consequences related to their EMRs. As we expected, most experienced both positive and negative emotions. However, there was a considerable minority, mainly men, who stated that they had experienced no negative emotional consequences at all.

In the reporting of emotional outcomes, we saw definite gender differences. Men and women were equally likely to report feelings of happiness, love, guilt and anxiety. However, feelings of increased desirability and also disappointment in the outcome of the affair were reported more frequently by women, while feeling sexual satisfaction was reported more frequently by men. These results seem to indicate that women may place more emotional weight on these relationships than do men, being more affected in terms of self-esteem and having greater expectations for the outcome of an affair.

The second major goal of our study was to allow people to describe their motivations for EMRs in their own words. We expected to find some support for Glass and Wright's (1992) 4-factor model of EMR motivation: physical reasons, emotional intimacy, love, or extrinsic reasons. We also expected to find that men reported more sexual motivation and women more emotional or love-oriented motivation. We expected that longer term EMRs would be associated with more emotion-based motivations.

However, we found a slightly more complicated pattern. We identified five basic motivations: sex, emotional intimacy, love, revenge, and curiosity/excitement. These categories seem to at least partially confirm models proposed by other researchers, such as Glass and Wright (1992). However, we also found definite patterns dividing the sex, emotional intimacy, and love categories each into two sub-categories: dissatisfaction with the primary partner or opportunity for additional satisfaction. This is more comparable to research done by

Yeniçeri and Kökdemir (2006) whose factor analysis of college student responses found differences between infidelity driven by dissatisfaction with a primary partner and infidelity driven by the search for additional experiences. This complicated our search for gender differences similar to those proposed in previous research.

Rather than men endorsing sexual motives while women endorsed emotional motives, we found something more subtle. Both men and women were equally likely to say that their infidelities were driven by lack of satisfaction with a primary partner – whether it was sexual or emotional dissatisfaction. We found the gender stereotypical sex versus emotion split only when participants reported seeking for added stimulation or connection, without indicating problems with the primary relationship. Then we saw the expected difference: men reported accepting an opportunity for more sex; women reported accepting the chance for more emotional connection. Additionally, only men reported reasons related to pure curiosity or excitement – usually sexually based.

We believe that these findings are important, because they provide evidence that reasons for engaging in EMRs should not be assumed to be gender stereotypical. This evidence is also based on responses from married adults who are currently engaged in these kinds of relationships, rather than from college students imagining hypothetical or dating scenarios or from adults who are in counseling following the revelation of their extramarital activities. Both men and women seem to want satisfactory sexual and emotional relationships and both men and women report that they may go looking for either sex or emotional intimacy if it is missing from a primary relationship. Both men and women experience positive emotional outcomes from participating in extramarital relationships and both men and women may seek out multiple partners in order to fulfill emotional or sexual desires.

Our participants' responses also can serve as a reminder that these kinds of sexual and emotional connections are complex for both men and women. Most of our participants reported that their affairs lasted at least a year, some longer. Thus even people who engage regularly in EMRs appear to treat them as meaningful relationships of some kind; there are very few one-night stands reported here. In spite of this and the many reasons they believed their affairs to be justified, very few of our participants were willing to admit that they had been the ones to initiate an EMR. They preferred to describe them as "mutual" decisions between themselves and their affair partners.

However, while women and men were equally likely to report EMRs in response to dissatisfaction, women appear to be less able to shrug off the emotional entanglements of an affair. Instead, women were more likely to report negative emotional consequences, such as later disappointment. This seems to indicate that while gender differences in motivation may be difficult to define, there are still differences in the expectations men and women have about these relationships. And even given the positive outcomes many reported experiencing, the majority of our participants, including those who had multiple affairs, reported feeling guilt and anxiety about these relationships.

Our research seems to indicate that individuals who engage in these relationships report motivations that are relatively varied and complex. They cannot be easily gender-typed as to reasoning or behavior, and many believe their positive emotional outcomes to be worth the inherent risk and anxiety of engaging in these relationships. It is possible, though, that we obtained an unusual sample of participants. We found people on an Internet site dedicated to people interested in extramarital relationships. The people who volunteered for our research were readily sharing details about their extramarital experiences on message boards and many

had engaged in a series of these types of relationships. The motivations and emotions of people who are this open about these activities may be considerably different from individuals who engage in single secretive affairs.

Another limitation of our research relates to our findings on gender difference. Twice as many women as men responded to our survey. The conclusions we offer here about gender difference, or lack of it, must therefore be qualified. However, given that previous research has seemed to show that women are less likely to engage in marital infidelity than are men (i.e. Allen et al, 2008; Atkins, Baucom & Jacobsen, 2001; Blow & Hartnett, 2005b), we think the fact that we were able to recruit more women who in many respects responded similarly to men, is still quite interesting. In short, we believe our participants, even if slightly atypical, have valid insights to share.

These insights could be beneficial to couples and marital therapists working to improve relationships damaged through extramarital relationships or to anyone wishing to understand more about infidelity. Based on the stories told by our participants, we would stress three conclusions and sets of continuing questions about these relationships. First, our results show that we should refrain from making assumptions based on gender regarding the motivations for these relationships. Both men and women are interested in sexual and emotional satisfaction and can be tempted by either, especially when a primary relationship is unsatisfying. However, we might tentatively expect that women may be more likely to suffer more negative emotional outcomes and experience more emotional conflict about engaging in an EMR than are men. This gender difference in emotional outcome deserves more exploration. Do women have different expectations for these relationships than do men? Will this gender difference fade if gender roles continue to change?

Secondly, our research suggests we should be unsurprised when people engage in serial infidelities. At first we were startled by the number of EMRs many of our participants reported. However, our data show clear patterns of reasoning that allow our participants to justify and continue engaging in these relationships. For example, very few people surveyed confessed to being the initiator of an EMR. Even when admitting to conflicting emotions related to an affair, our participants were very unlikely to assume responsibility for beginning one. The vast majority had detailed reasons why their infidelities were justified and a relatively large group did not report any guilt at all. Once people choose to engage in extramarital activity, this process of justification would surely make it easy to continue into a series of these relationships. Given the population we surveyed, though, it is impossible to tell from our study how frequently this kind of serial pattern occurs.

Finally, we emphasize that, based on our data, these relationships are complex and not easily dismissed. The majority of the EMRs described by our respondents lasted for some considerable time. One night stands or brief sporadic flings were rare. This is true even for those relationships prompted mainly by physical attraction rather than emotional connection. Most people will struggle with conflicting emotions during the extramarital relationship. Many will still want to retain the primary relationship as well. How do people like our participants balance these multiple relationships? What is the cost over time to their sense of connection and of family in their primary relationships?

It is this complexity that creates the mystery of extramarital relationships. It is easy to condemn the cheater, but more difficult to understand why this pattern of behavior persists even when the consequences are potentially devastating to everyone concerned. Continuing to

explore this complexity may help us to better understand the nature of marriage, fidelity, and connection.

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Table 1

Motivations for Engaging in EMRs by Gender

Category	<u>Percent of Affairs Described by</u>	
	Men	Women
Sexual problem with primary partner	33.3	36.4
Emotional problem with primary partner	16.7	19.2
Fell out of love with primary partner	7.1	2.0
Desire for additional sexual experiences	16.7	6.1*
Desire for additional emotional connection	9.5	32.3**
Fell in love with EMR partner	9.5	6.1
Curiosity/Sensation-seeking	40.5	19.2**
Revenge	0.0	6.1

* $p < .05$. ** $p < .01$

Table 2

Positive and Negative Emotions Experienced by Gender

Emotion Category	<u>Percent of Affairs Described by</u>	
	Men	Women
Positive Emotions		
Desirability	14.3	62.5**
Happiness	23.8	28.8
Love	33.3	20.2
Sexual Satisfaction	31.0	14.4*
Friendship/Closeness	16.7	20.2
Energy	23.8	16.3
Openness to Experiences	9.5	13.5
No positive emotions	2.4	5.8
Negative Emotions		
Guilt/Shame	33.3	27.9
Disappointment	9.5	37.5**
Anxiety	14.3	18.3
Jealousy	0.0	12.5*
Depression	2.4	9.6
No negative emotions	42.9	20.2**

* $p < .05$. ** $p < .01$

