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## Exploring Men's Motivations and Restraints in Repeated Extramarital Sex


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**EXPLORING MEN'S MOTIVATIONS AND RESTRAINTS IN  
REPEATED EXTRAMARITAL SEX**

A Masters Thesis

Presented to

The Graduate College of

Missouri State University

In Partial Fulfillment

Of the Requirements for the Degree

Master of Science, Counseling

By

Casey Marie Stinley

August 2017

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# **EXPLORING MEN’S MOTIVATIONS AND RESTRAINTS IN REPEATED EXTRAMARITAL SEX**

Counseling, Leadership, and Special Education

Missouri State University, August 2017

Master of Science

Casey Marie Stinley

## **ABSTRACT**

The influence of extramarital sex (EMS) on marriage has been a topic of discussion in the research community for over 30 years. This thesis explored the influences that drive the EMS participants’ decisions, whether to abstain, continue while in the marriage, or to leave the marriage, and, those influences that affect whether they later participate in EMS or not. This study also used individual semi-structured interviews of ex-husbands who have participated in EMS in the past, as well as husbands who are participating in EMS currently. The four men interviewed were from southwest Missouri. The interviews were reviewed to identify recurring influences on the participating spouses’ decisions regarding EMS, which included employment influences, physiological elements, logistical details, and social/emotional processing. The goal of the study was to increase knowledge of factors influencing a participating husband’s choices following the initiation of EMS. A significant finding was that social/emotional processing was the leading theme in motivations and restraints of EMS. Participants could recall motivations more than restraints. A strong motivation toward EMS was when participants believed their spouse was not as invested as they were in their marriage. While participants recalled what was labeled as “more powerful” motivations and restraints prior to EMS, they shared a higher number of motivations and restraints that were highlighted through EMS. These were, generally, EMS partners meeting needs that arose from the previously mentioned motivator.

**KEYWORDS:** interviews, qualitative, extramarital sex, marriage, marital satisfaction

This abstract is approved as to form and content.

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Jeffrey Cornelius-White, PsyD  
Chairperson, Advisory Committee  
Missouri State University

**EXPLORING MEN'S MOTIVATIONS AND RESTRAINTS IN  
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August 2017

Approved:

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In the interest of academic freedom and the principle of free speech, approval of this thesis indicates the format is acceptable and meets the academic criteria for the discipline as determined by the faculty that constitute the thesis committee. The content and views expressed in this thesis are those of the student-scholar and are not endorsed by Missouri State University, its Graduate College, or its employees.

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## OVERVIEW OF THE STUDY

Quite a few years ago Bronislaw Malinowski (1929) noted:

To the average normal person, in whatever type of society we find him, attraction by the other sex and the passionate and sentimental episodes which follow are the most significant events in his existence...to the sociologist, therefore, who studies a particular type of society, those of its customs, ideas, and institutions which centre round the erotic life of the individual should be of primary importance. (p. 1)

There is a trend in America affecting marriage and families (Shackelfold, 2008).

This trend of acceptance and sometimes expectation of extramarital sex (EMS) includes pornography, emotional affairs, and sexual affairs among other things (Allen, et. al., 2005). EMS is putting marriages at risk for divorce, which leaves weaker families and individuals and this weakness costs society in multiple ways (Amato, 1996, 2005).

Several factors may influence the participation in EMS. Identifying these factors may lead researchers to more fully develop therapies and other interventions that reduce the prevalence of EMS, decrease the divorce rate, and increase marital satisfaction in the United States. This chapter will explore how we will react to these ideas concerning EMS through the rationale for the study, purpose of the study, research questions, research design, significance of the study, assumptions, limitations, and definitions.

### **Rationale for the Study**

There are several consequences of EMS that are harmful for participants, spouses, families, and society which are physical, emotional, relational, and economical. EMS and divorce are highly correlated in several studies. Each spouse, the participant and the

affected spouse, are at risk for trauma and each of the above consequences from the results of EMS. Participants, their spouses, and extramarital partners are at an elevated risk for sexually transmitted diseases (STDs) (Choi, Catania, & Dolcini, 1994).

Participants and spouses are at risk for emotional consequences such as shock, anger, self-doubt, and depression (Moultrup, 1990; Olson, Russell, Higgins-Kessler, & Miller, 2002; Omarzu, Miller, Schultz, & Timmerman, 2012; Pittman, 1989; Reibstein & Richards, 1993).

The people directly involved are not the only ones at risk. Their immediate family and following generations are at risk, as well (Amato, 1996; Amato & Cheadle, 2005). U.S. studies indicate EMS as the leading correlation to divorce (Amato & Rogers, 1997; Amato & Previti, 2003; Whisman, Dixon, & Johnson, 1997; Wright, Tokunaga, & Bae, 2014). Divorce, regardless of cause, has possible lasting effects over generations (Amato, 1996; Amato & Cheadle, 2005). When EMS results in divorce, family members are at a greater risk of future marital discord, lower educational attainment, disrupted relationships with parents, and an elevated risk of experiencing emotional distress in adulthood. On the other hand, Amato and Cheadle (2005) said “it is possible that other stressful features of [the grandparents’] family life were the real culprits in initiating an intergenerational cycle of family problems” (p. 203).

Research indicates that pornography may represent a contributing factor to the engagement in EMS (Wright, et al., 2014). Another study suggests the quality of the marital bond, the occurrence of trial separations, marital violence, marital stability, time spent in activities with spouse, length of marriage, and religiosity should be considered as factors affecting decisions made regarding EMS (DeMaris, 2009).

Thompson (1983) concluded, “Future EMS research strategies need to concentrate upon defining and examining the sequence of events that constitute extramarital sexual involvement” (p. 18). The included, current literature review will show how more is known about the initiation than the sustaining of EMS. As suggested, this study has sought to find further insight into the sequence of behaviors and attitudes that follow the initiation of EMS, resulting in repeated EMS or the termination of the infidelity.

### **Purpose for the Study**

Through spontaneous accounts of individuals’ experiences, participant produced artifacts, and my reflective journaling this study sought to identify key factors that affect the participant’s decisions regarding whether he remains engaged in EMS, or terminates his extramarital relationship (EMR). The thesis committee and I chose professional and appropriate meeting rooms and offices at Midwest Assessment and Psychotherapy Solutions and Citizen’s Memorial Healthcare clinics in which to conduct interviews. The influences identified through qualitative data analysis could be influential for developing therapies and interventions that increase marital satisfaction, reestablish marital intimacy, decrease the rate of EMS in America, and decrease the U.S. divorce rate. This leads to the research question of, “What motivations and restraints can be identified that are involved in the continuation and/or ceasing of participation in EMS?”.

### **Research Design**

Participants were selected from a local counseling agency in a snowball referral

process. Participants were required to live or work within a 100-mile radius from Missouri State University. These individuals have been or are currently engaged in EMS. Subjects were married, separated, or divorced. The EMS was disclosed to the spouse and not. After the interviews were completed, they were compiled and reviewed in a qualitative study of the factors that most influenced their decision.

This design was chosen because of the large variability between each case. A qualitative study could best conceptualize how each case compares to others.

### **Significance of the Study**

The findings from this study could be used to further the knowledge about EMS. This study identified factors to assist couples in preventing initial and subsequent occurrences in EMS throughout the premarital, marital, and individual counseling process. In doing so, marital satisfaction could increase and the national divorce rate could decrease. Studies suggest that rates of EMS and the rates of STDs are correlated. If EMS occurrences decreased, the national rates for STDs would decrease, theoretically. On average, these results would produce a society made up of more emotionally, relationally, physically, and spiritually healthier families.

In further research, I would like to apply these findings toward a study looking at the rates of couples who experience EMS. These couples would be studied after receiving specific premarital and post-EMS counseling that incorporates curriculum built around these findings.

### **Assumptions**

The following assumptions were made during this thesis:

1. Participants will be sharing openly and genuinely.
2. The sample will be representative to the greater Ozarks population.
3. Participants' demographics and their EMS demographics will vary.
4. There will be similar aspects of reality between participants and between EMS experiences.
5. Participants are somewhat aware of the motivations and restraints involved their EMS experience(s).
6. Thompson (1983) suggested a three-part system of descriptors regarding relations outside of marriage. Researchers would use terminology that would specify "the consensual or secretive nature of the behaviors; second, the nature of the relationship outside of which the behavior occurs; third, a description of the outside behavior" (p. 4). In this study, those descriptors are followed. Experiences that were secretive in nature and outside a marriage are considered. The outside behavior will be described during the interviews.

## **Limitations**

EMS has been defined in several different ways with strict and lenient boundaries for emotional and sexual behaviors. Edwards (1973) and Neubeck (1969) were some of the researchers who avoided "sex" altogether and labeled behaviors outside of the marriage as "extramarital relationships" (EMRs) or extramarital involvement (EMI). Blow and Hartnett (2005) examined the discrepancies between definitions of infidelity in research literature and found that infidelity could be "a number of activities including: 'having an affair', 'extramarital relationship', 'cheating', 'sexual intercourse', 'oral sex', 'kissing', 'fondling', 'emotional connections that are beyond friendships', 'friendships', 'internet relationships', 'pornography use', and others" (p. 186). Because of the inconsistency, this study may not reflect the same results as similar, valid studies.

Although attention was given to interviewing technique and experience was gained throughout my academic career, my limited experience with interviews may have affected the quality of the data discussed.

The small number of participants who were thoroughly interviewed and processed and the inclusion of only heterosexual relationships limits generalization to national populations.

Given a small time frame to get to know the participants and conduct their interviews, there may be information that was not shared with me due to a lack of relationship/trust.

The secrecy that often accompanies EMS caused artifacts to be scarce, especially when both partners are or were married and needed to preserve secrecy. This study did not utilize participants who were married to a same sex partner. Therefore, this study is not generalizable to that population. The possibility of our retrospective data having casual ambiguity will increase the longer ago the infidelity occurred (Merriam, 2009).

### **Definition Of Terms**

**Sex.** For the purposes of this study, sex refers to sexual arousal and/or intercourse, not having to end in orgasm, either between a man and woman, between multiple partners, or masturbation aroused by images of an individual other than one's spouse. As defined, this study considers pornography EMS if it is a breach of contract with one's spouse. Per Wright's model sexual media provides acquisition, activation, and application of sex scripts (Wright 2011, 2012a, 2012b, 2013a, 2013b; Wright, Malamuth, & Donnerstein, 2012; Wright & Randall 2012, 2013; Wright, Randall, & Arroyo 2012).



Those who view pornography are more likely to have positive extramarital sex attitudes and, therefore, more likely to engage in EMS, outside of pornography (Wright, Tokunaga, & Bae, 2014). Specifically, it's been found that more frequent pornography consumption, more recent internet pornography consumption (in the last 30 days), and pornographic movie consumption in the previous year were each found to lead toward more positive extramarital sex attitudes (Carroll et al., 2008; Wright, 2012a, 2013a).

**Marriage.** To be in a marriage is “the state of being united as spouses in a consensual and contractual relationship recognized by law” (Merriam-Webster, 2017c).

**Fidelity.** To have fidelity to one's spouse is “the quality or state of being faithful” (Merriam-Webster, 2017b). Merriam-Webster (2017a) defines being faithful as being “steadfast in affection or allegiance”.

**Extramarital Sex.** (Affair, Infidelity, Extramarital Relationship, Extramarital Involvement) Extramarital Sex (EMS) is the act of sex, as defined above, outside of marriage, as defined above.

There are couples who participate in organized activities that are for this purpose, such as, “wife swapping” or “swinging” (Bartel, 1971). These instances were not included for the purposes of this study. There are also couples who agree upon infrequent, quiet, sexual encounters with others which I did not include (Blumstein & Schwartz, 1983).

## REVIEW OF THE LITERATURE

Depending on sources and samples, national estimates of extramarital sex (EMS) range from 19% to 60% (Atkins, Baucom, & Jacobson, 2001; Atkins & Kessel, 2008; Blumstein & Schwartz, 1983; Forste & Tanfer, 1996; Lauman, Gagnon, Michael, & Michaels, 1994; Treas & Giesen, 2000; Whisman, Gordon, & Chatav, 2007). Omarzu, Miller, Schultz, & Timmerman, (2012) found that 72.72% of their respondents identified as involved with EMS had engaged in more than one extramarital relationship (EMR). The range of estimates may be due to several problems affecting the research of EMS. Respondents, may be giving socially desirable responses. Definitions of EMS vary. Methodologies and researchers vary in the opportunities they provide for disclosure. Participants may have guilt, pride, concerns for confidentiality, or the intimate nature of questions (Johnson, 1970).

### **Ideals**

Traditionally, marriage has been thought of as a lifelong partnership, monogamous in nature, but recently the incidence rates of divorce and infidelity bring this idea under scrutiny. In 2012, Campbell, Wright, and Flores reported on their study of newlywed women and marital expectations. There were 197, married, 20-47-year-old women who completed an online survey to share their reasons for marriage, beliefs about marriage, personality, quality of alternatives, commitment, infidelity, divorce expectations, demographics, and relationship characteristics.

Women listed and sorted through several motivations for marrying. Most of those

mentioned were love, a reliable friendship with their spouse, happiness, and commitment for life. This shows a focus on self-fulfillment and personal freedom that leads toward a high divorce rate. Seventy-five percent of participants, at some level, expect divorce. On average, thirteen percent, perceived a chance of divorcing, while only three percent stated they expected to not remain with their current spouse for life. This suggests an incongruence in thoughts of participants. Of those who were more likely to expect divorce, they were employed, had disagreeable personalities, had been with their spouse for a shorter amount of time, or had shared low personal commitment (Campbell, Wright & Flores, 2012).

When asked about their marriage beliefs, marriage being based on love was the most commonly mentioned. Friendship and lifelong commitment were repeated, as well. Campbell et al. (2012) accused American society and especially media of romanticizing marriage and fostering the demanding expectation of spouses to be friends, lovers, and lifelong partners. Campbell et al. (2012) relied on Amato, Johnson, Booth, and Roger (2003) and Huston and Houts' (1998) work when they said that these romantic views, the American individualistic culture, and the need for fulfillment through spouses increase the likelihood of infidelity and divorce. Participants also said that marriage should be hard work for both spouses as they prioritize one another ahead of even children. Intimacy, sex, and passion were cited as being central to marriage and with that, monogamy and trust.

When participants were asked to reflect on their infidelity experiences, there were three things that were commonly admitted to; feeling attracted to another person, spending time thinking about another, and flirting with that person. Not as common as

being tempted, but still reported were experiences of emotional and physical intimacy. These participants were more likely to have been involved in infidelity if they had an open personality type, had been with their spouse for a longer period, and had perceived better alternate partner availability. Participants were less likely to have been involved with infidelity if they identified as religious (Campbell et al., 2012).

**Expectations.** In 2016 a quantitative study done by Apostu compared opinions regarding infidelity of one's self to those opinions regarding others' infidelity by utilizing a sociological survey. Participants consisted of 100 men and 100 women between the ages of 29 and 39, married for at least three years. This study showed that when asked to describe an extramarital partner (EMP) who would "be a 'temptation' hard to refuse" only 29% of respondents chose "I would never cheat" (p. 173). During the process that followed, results presented men valuing a nice physical appearance in their EMP over any other features and that this feature expresses femininity, popularity, and sincerity. Psycho-relational features such as being a good listener, sincerity, masculinity, and popularity were valued more by women than men while ascribing them to physically nice appearances.

When looking at the opinions of respondents' own infidelity a fair amount of acceptability was seen. Many of the experiences were justified by the immediate emotions and the lack of long-term implications. Also, regarding their own infidelity, 22% of respondents reported attempting to engage emotionally with an EMP and 25% of respondents reported having sexual relationships with an EMP. Sixty one percent of women and 39% of men were found to have both physical and emotional infidelity. Apostu (2016) found that the respondents' attitudes regarding the evolution of the affair

and the emotions involved during the beginning stages were positively correlated.

While considering their own infidelity, 71% of the respondents declared that they would not want it to be exposed. When circumstances were reversed, respondents said that 81% of them would wish to find out. Apostu (2016) summarized that respondents were more likely to see relational issues in the main relationship giving rise to infidelity when self-assessing and, contradictorily, respondents were more likely to see others' infidelity as guilt taken out of the preceding context of possible relational distress. This conveys a variant on the fundamental attribution error and provides a double standard identified by Apostu.

Allen and Baucom (2006) studied the differences between hypothetical extra dyadic involvements (EDI), dating EDI, and marital EDI. Undergraduate students (n = 504) from a southeastern university represented the hypothetical and dating populations. A community sample of 115 individuals between the ages of 24 and 74 reported on marital EDI. Through questioners, Allen and Baucom assessed participants' relationship with their extra dyadic partner (EDP), primary relationship, motivations for the EDI, remorse and distress related to the EDI, and justification for the EDI.

Justifications for and minimization of the EDI were significantly lower in the hypothetical sample, while the reports of the EDI being unlike their general behavior, remorse, and disapproval were higher. The hypothetical sample reported higher levels of distress due to hurting their primary partner than any other group besides married men. Men from each sample were more likely to justify their behavior regarding the EDI and report a close primary relationship and a casual EDI. Women were more apt than men to report intimacy problems in their primary relationship, deep feelings for the EDP, and

that the EDI was unlike their usual character. Women were more concerned than men about the judgments of others regarding the EDI, and married women reported less concern about hurting their primary partner. This second finding may be due to their previously mentioned intimacy complaints, the love for the EDP, and the suggestion from Allen and Baucom (2006) that “the seriousness of the violation of the marital contract represented by an extramarital affair” may be a restraint in the progress of initiating an EDI, therefore requiring “higher levels of these types of motivations to engage in an extramarital involvement” (p. 316).

**Clash of Values.** Thompson and O’Sullivan’s 2016 study into infidelity values recruited participants by using MTurk, a website that recruits research participants who better represent the population (Buhrmester, Kwang, & Gosling, 2001; Casler, Bickel, & Hackett, 2013). Through online questionnaires, participants judged a list of behaviors on a scale of infidelity. Findings indicate that a wide range of behaviors were considered infidelity. There were sexual/explicit behaviors, technology/online behaviors, emotional/affectionate behaviors, and solitary behaviors. Sexual/explicit behaviors are more historically named in cases of infidelity. Other studies have also labeled technology/online behaviors and emotional/affectionate behaviors as infidelity. Thompson and O’Sullivan were unable to cite a study which included solitary behaviors as part of infidelity, as was the author. Much like Allen and Baucom’s (2006) finding that men were more likely to justify their extramarital behavior, in this study, men were found to judge fewer behaviors as infidelity than women. Thompson and O’Sullivan suggested that with so many behaviors being potentially labeled as infidelity, it could be advantageous of partners to communicate exclusivity expectations early and clearly.

It can be reasonably argued that being passionately in love and sharing romantic love are held in esteem in our culture, especially by media. As an individual is increasingly passionately aroused, there is a corresponding obsession with what caused them to be in that state, this may cause a subjective approach to weighing the pros and cons of infidelity (Goldmeier & Richardson, 2005). In this study, Goldmeier and Richardson look at whether humans “are biologically programmed to fall in love and bond in powerful relationships, that intellectually blind the person and prevent them from using knowledge and cognitive strategies...” (p. 585). Falling in love is compared to an obsessional/euphoric illness in that the person “in love” thinks of their loved one frequently throughout the day, which disrupts their daily functioning. They will also compulsively act in ways that will connect them to their loved one (calling, sending letters, giving gifts, or opting to forgo alternate activities to spend time with this person). The loved one is seen as perfect.

There are other physiological markers of “falling in love,” as well. Marazziti, Akiskal, Rossi, and Cassano (2000) conducted a study that shows the serotonin and 5HT platelet metabolism in participants who are in the early phase of falling “in love” and those with Obsessive-Compulsive Disorder were equivalent to one another. With Canale, Marazziti (2004) also found that those who are “in love” have raised cortisol levels up until twelve to twenty-four months when they drop into a normal range. Functional magnetic resonance imaging (fMRI) was used by Bartels and Zeki (2000, 2004) to show many of the dopamine-producing areas in the cortical and limbic areas are stimulated during addictive and euphoric moments, such as times of cocaine and opiate use, as well as during times of elevated enthusiasm while engaged in endeavors much like success in

video/computer games and while “in love”.

Goldmeier and Richardson (2005) discuss these and other studies to suggest that individuals who are “in love” or in a situation where there is close involvement/attachment might be in mental/neurological states that supersede their rational decision-making processes. Thus, affecting whether or not they become more involved with their desired partner. They do not say that those “in love” have no free will during those times, rather that they have to make a decision based on logical cognitions and, at the same time, “powerful, blinkered drives derived from a limbic system underpinned by significant alteration to the serotonergic and dopaminergic neurotransmitter systems” (p. 586). These logical cognitions are currently the only way to curb these primal urges besides medications such as Selective Serotonin Reuptake Inhibitors (SSRIs).

Affairs are steeped in secrecy and the not-to-often opportunities for intimate contact, and therefore, they provide rich fuel for the romance many seek in our culture (Richardson, 1988). In Richardson’s 1988 study she looked at De Rougemont’s (1956) review of love in America. He hypothesized that adultery lures westerners to the same degree as investments in marital enjoyment since marriage and passion do not easily coexist.

While interviewing single women who had been or were engaged in intimate relationships lasting a year or longer with married men, Richardson (1988) found three very important conditions that are found in these intimate relationships; privacy, time constraints, and no expectations of permanence. When constructing an alternate, private reality in which to relate, “...roles and rules, expectations and obligations, can be laid



aside” (p. 212). This gives the couple permission to go with whatever is right in the moment without assumptions or duties. With their time together limited and energy invested, those moments get labeled as “special” or “important.” Positive expectations kept mundane, day-to-day tasks away and passion was treasured. Women reported being more vulnerable with their married lovers than others due to the expected temporary nature of their relationship and lack of expectations.

In this atmosphere, the couple shares secrets and eventually starts to be a secret and builds secrets together. This amplifies the intimacy of their relationship and their willingness to be vulnerable and genuine with one another. Richardson (1986, 1988) and Sattell (1983) similarly said that single women are apt to be vulnerable by exploring their sexuality, experimenting with different ways of interacting and exposing their weaknesses while married men are apt to be vulnerable by revealing his deepest feelings in this relationship that can be easily terminated, discarding his veneer when there is little threat of being trapped or dominated, and displaying his weaknesses (as it is likely to enchant).

Assumed trust built from the secretive nature of relationships, increases self-esteem due to the worthiness it takes to be trusted. This self-esteem and worthiness gained from being trusted counterbalances the moral excellence that is lost in other elements of the relationship (Richardson, 1988). As the balance is restored a freedom exists for a “We” to be created. Since these relationships are not available for normative social reinforcement, they are often objectified by mutually created “rites and collected objects” which are steeped in symbolic significance. These rites and objects are validators, proof that the relationship exists and, at the same time, facilitators for

romance. Much like a wedding ring, rites and objects can be held in a semi-sacred esteem. When shared, it may be done with ceremony and respect. When the relationship has ended, the objects are “ritually removed, the house ‘cleansed’” (p. 215).

Richardson (1988) went on to say, interviews revealed that because women wanted to avoid the revelation of the affair they would either withdraw from their usual social and intimate contacts, making their lover the center of their life, or they would compartmentalize their relationship with their lover from the reality of their lives, living in a disjointed and incomplete way.

When speaking of the power held in these relationships, Richardson (1988) summarized that those who are married hold more interactional power due to their limitations. Married partners have an abundance of possible partners, they are socially secure in their marriage, they have more leverage to negotiate for their desires, and they have sources of stability to turn back to when the relationship dissolves. Because of this implication, married individuals hold a power that is distinct from single individuals, representing more enticement.

## **Motivations**

**Motivations Toward Fidelity.** During their 2007 study, Bodenmann, Ledermann, and Bradbury had 396 individuals (198 intact heterosexual couples) complete questionnaires in order to identify possible correlations between stress inside and outside of the dyad and marital satisfaction including sexual aspects of their relationship. Seventy-five percent of the 198 couples were married. Mean scores for daily stress, internal and external of the dyad, and the stress impact of critical life events were higher

for women than for men.

When individuals reported higher amounts of daily stress and tension in their relationship they and their spouses were more likely to report less marital satisfaction, sexual satisfaction, and sexual activity (Bodenmann et al., 2007). When looking at individuals who reported higher levels of daily stress outside the relationship, men in this group reported more marital satisfaction and sexual activity while women in this group reported less marital satisfaction and sexual activity. This report suggests that women's external stress filters into their dyadic relationships and effects their sexual health as well, while men's external stress from their dyadic relationship and sexual health. Internal stress was found to mediate the link between external daily stress and critical life events and marital and sexual satisfaction.

External daily stress and dyadic tension were more closely correlated than dyadic tension and critical life events. Bodenmann et al. (2007) predict this is due to dyads utilizing coping methods which reward them with satisfactory resolutions. Whatever their reported level of daily stress, satisfied men and women report steady levels of sexual activity. This supports that those couples who have invested in establishing a satisfying marriage prior to external stressors have greater success moving through daily stressors without the possible marital or sexual reactions, such as infidelity or divorce.

Omarzo, Miller, Schultz, and Timmerman conducted a study in 2012 with 77 participants (twenty-two male and fifty-five female) to examine the emotional experiences involved in an EMR, how they were initiated in practical terms. There were five negative emotion categories identified in the study; guilt/shame, disappointment, anxiety, jealousy, and depression. The first two were both reported at the highest

frequency (29.5% of the one hundred thirty-nine relationships described).

Disappointment included feelings of dissatisfaction through the EMR or from the new partner's inability to fulfill expectations. More women reported association with this category than men. Anxiety was the next most frequently listed at 17.1%. These individuals reported being worried about discovery, worried that the new partner would leave, and various other affair related angsts. Jealousy (8.9%) and depression (7.5%) were the final negative emotion categories. Women reported 100% of the incidents of jealousy; none were from men. About half of the participants (39), most of whom were men, reported having no negative emotions.

Extramarital sex can have physical health consequences, as well. Choi, Catania, and Dolcini (1994) report that only 8% and 12% of those reporting extramarital sex indicate always using condoms with primary and secondary partners, respectively, and 19% and 24% indicated using condoms occasionally, respectively. This included 13,786 people interviewed who were between the ages of 18 and 75. The causality of a rise in sexually transmitted diseases and infections cannot be definite, but could be linked to the inconsistent use of condoms during EMS.

**Relational Risk Factors for Infidelity.** Glass and Wright (1992) conducted a study on the attitudes, behaviors, and motivations for infidelity and suggested a three-prong model of risk factors for infidelity. Their sample consisted of white men and women, predominantly middle to upper middle class, highly educated, and mostly professional, 90% of who reported being religious. The four dimensions that emerged as justification for infidelity were a sexual dimension, an emotional intimacy dimension, an extrinsic motivation dimension, and a love dimension. Men were more likely than women

to condone sexual justifications and more likely to condone sexual justifications than emotional intimacy (which they were least likely to condone) or love justifications. Women were more likely than men to condone love justifications and more likely to condone love justifications than emotional intimacy or sexual love justifications (which they were least likely to condone). Both men and women were equally as likely to condone emotional intimacy justifications. Further support for their findings was found when attitudes of men and women toward the individual items of “sexual excitement” and “falling in love” were compared. Seventy-seven percent of women and 43% of men who had been active in EMS noted “falling in love” to justify extramarital relationships ( $\chi^2(1, 98) = 10.96, p < .005$ ). On the other hand, 75% of men and 53% of women who had been active in EMS ( $\chi^2(1, 98) = 4.69, p < .05$ ) noted “sexual excitement” to justify extramarital relationships. Glass and Wright summarized their finding by saying, “Sex, romantic love, and emotional intimacy appear to characterize the major justification for different aspects of extramarital relationships.” (p. 377).

In the 2012 study by Omarzo et al., 72.72% ( $n = 77$ ) of their respondents had participated in more than one EMR. This indicates that serial infidelities should be less surprising than the general public might think. Of these relationships, 52.1% lasted over a year, and 15.8% longer than five years. Many participants of EMRs deflected responsibility for the initiation of the relationship by reporting that they were started mutually (47.9%) or by the partner (32.9%).

Of 190 motivations identified, there were eight categories classified for initiating an EMR: lack of sexual satisfaction in primary relationships (26.31%), desire for additional sexual encounters (6.84%), lack of emotional satisfaction in primary

relationships (13.68%), desire for additional emotional connection or validation from others (18.94%), falling out of love with a primary partner (2.63%), falling in love with the EMR partner (5.26%), having the motivation of revenge (3.16%), or curiosity or sensation seeking (18.95%) (Omarzu et al., 2012). The first six categories fell into larger groups of physical, emotional, and love motivations, as stated by Glass and Wright's (1992) model. Each group was comprised of a pair of categories, one of which was in response to a fault in the spouse and another of which was an addition to the participant's life (Omarzu et al., 2012).

There were seven categories of positive emotions identified as support for EMS in the 2012 Omarzu et al. study; desirability (48.6%), happiness (27.4%), love (24%), sexual satisfaction (19.2%), friendship (19.2%), energy (18.5%), and openness (12.5%). With a significant effect size,  $x^2 = 27.84, p < .01, \Phi = .43$ , women (62.5%) were much more likely to describe EMRs linked with the positive emotion of desirability than men (14.5%). Another significant gender difference occurs with more men (31%) than women (14.4%), ( $x^2 = 5.25, p < .05, \Phi = .19$ ), reporting sexual satisfaction as a determining factor with EMR. Only 7 of the 77 respondents reported that no positive emotions were involved in the EMR (Omarzu et al., 2012).

Participants who identify with emotional motivations (lack of emotional satisfaction in primary relationships or desire for additional emotional connection or validation from others) were more likely to report energy (28.8% vs. 11.5%),  $x^2 = 6.7, p < .01, \Phi = .21$ , or happiness (42.4% vs. 17.2%),  $x^2 = 11.16, p < .01, \Phi = .28$ , as positive feelings experienced. Sensation-seeking participants were more likely to identify with having sexual satisfaction from their EMR than those who did not report that

motivation (33.3% vs. 14.5%),  $x^2 = 6.18, p < .05, \Phi = .21$ , yet less likely to identify with happiness gained from their EMR (13.9% vs. 31.8%),  $x^2 = 4.38, p < .05, F = 0.17$ .

In a 2014 study by Jeanfreau, Jurich, and Mong, open-ended, in-depth interviews with four Caucasian women ranging in age from 24 to 51 revealed the lack of quality time in a marriage to be a consistent precursor to EMS. These women shared feelings of insignificance when their spouses put other things and/or people above them in priorities. It was reported that three of the four spouses were using alcohol or drugs, although the effect of this detail is uncertain due to other influences in the home and on the marriage. The women also reported having found comfort in the partners as they satisfied needs that the spouses did not. Each participant said that prior to the affair, they had conflict in their marital relationship which was either ignored (reported by two participants) or insufficiently handled (reported by the remaining two participants). For each woman, the unresolved conflict began increasing the space between them and their spouse, decreased the amount of attention they received from their spouse, and, in turn, increased the pull toward infidelity. Each woman explained that they did not purposefully seek out an affair, but gradually fell vulnerable as their perceptions of their marital relationship revealed voids, opportunities arose, and partners filled those voids.

Temptations supporting EMS are ever-present despite individuals' circumstances (DeMaris, 2009). When evaluating the time periods where the opportunity for EMS exists, 54% of the time, both spouses have ample opportunities to engage in EMS. During another 26.3% of the time, one spouse still has opportunity. DeMaris (2009), comparing intimacy and passion for the purpose of identifying influences on the risk of EMS,

borrowed definitions of intimacy and passion from Baumeister and Bratslavsky (1999). Intimacy was defined as involving the “mutual disclosure of personal information resulting in an empathic, sympathetic, mutual understanding that enables each person to feel that the other understands him or her” (Baumeister & Bratslavsky, 1999, p. 51). And passion was defined as “consisting of strong feelings of attraction for the partner that are further characterized by ‘physiological arousal and the desire to be united with the other person in multiple senses’” (p. 52). Intimacy and passion are often held in esteem in America.

Ninety-nine (7.8%) of the 1,270 participants in DeMaris’ 2009 study stated that EMS impacted their marriage at some point. Six percent of participants reported sexual dissatisfaction. From early reports to later, data suggested a decline in the tendency of EMS over time as couples aged. Greater religiosity and greater levels of interaction with spouses were also linked to a lower probability of EMS. If one spouse’s parents had divorced, if domestic violence is experienced, or if they experience marital instability, the couple’s chances of EMS were heightened. Separation due to marital frustrations is the largest risk factor, in which case the couple was 2.8 times more likely to experience EMS.

The existence of an increase in opportunities for affairs is an indicator of an increase in incidents of EMS (DeMaris, 2009). If personal factors are present, situational factors increasing the opportunity for EMS may or may not have more of an influence on a spouse. Ranking at the top of the list of influences on EMS, is the quality of the marital bond. This view of the relationship has been termed in many ways; marital bond, marriage dyad, marital satisfaction. If the quality of the couple bond is not positive the



likelihood of EMS occurring is greater (DeMaris, 2009).

**Other Risks for Infidelity.** Booth and Dabbs (1993) conducted a study examining the possibility of a link between the level of testosterone in a man and aspects of his marriage. Participants were former servicemen selected from military records at random. They represented the American population in race and education. Their mean age was 37. Twenty-five percent reported EMS with at least three different people. Men with a testosterone level one standard deviation above the mean were thirty-eight percent more likely to report EMS with at least three different people than those men one standard deviation below the mean. Men with higher testosterone levels also were found to experience a lower quality of interaction with their wives.

Erotophilia, which is a “disposition to respond to sexual stimuli with [positive] affect and evaluation and is believed to determine approach [vs. avoidance] with regard to sexual stimuli” (Rye, Meaney, Yessis, & McKay, 2012, p. 91), has the potential to foster EMS. This trait characterizes individuals who are more sexually permissive and curious, including a tendency to masturbate and fantasize more frequently (Fisher, White, Byrne, & Kelley, 1988). Fisher et al. (1988) gathered that erotophilic males received their adolescent sexual information from erotica (vs. their parents), which they had had frequent contact with. Their female counterparts also had frequent contact with erotica. Both males and females reported repeatedly masturbating during adolescence, which they reported did not bring them guilt. They also tended to hold liberal sexual attitudes.

Sensation seeking individuals have “a trait defined by the need for varied, novel, and complex sensations and experiences and the willingness to take physical and social risks for the sake of such experiences” which may encourage the engagement in EMS

(Zuckerman, 1983, p. 35). Sensation seeking has been linked to sexual compulsiveness, which may also lead toward EMS, as these individuals think of sex often and, although negative consequences may be present, act impulsively on desires (Cooper, Putnam, Planchon, & Boies, 1999; Kalichman & Rompa, 1995). In 1988, Cooper defined sexual compulsive behavior as “an irresistible urge to perform an irrational sexual act” (p. 1).

EMS has been found to be more likely when there is an increased amount of time spent away from a spouse, anonymity given to those living in large urban areas, willingness of a prospective partner, and certain workplace arrangements, such as working alone with others or an unbalanced sex ratio at work. These are not agreed upon among the few studies that single out these specific factors (Atkins et al., 2001; Barta & Kiene, 2005; Burdette, Ellison, Sherkat, & Gore, 2007; Liu, 2000; South & Lloyd, 1995; Treas & Giesen, 2000). Gender, race, level of education, having experienced a divorce, experiencing a parental divorce, premarital cohabitation, an early age at first intercourse, a greater number of previous sex partners, more sexual experience outside of marriage, number of years married, households containing children, income level, and religiosity have each been discussed regarding their relationship to EMS, but without consistency in the size or direction of the relationship (Allen et al., 2005; Amato, 1996; Amato & Previti, 2003; Amato & Rogers, 1997; Atkins et al., 2001; Atkins & Kessel, 2008; Barta & Kiene, 2005; Baumeister & Bratslavsky, 1999; Burdette et al., 2007; Forste & Tanfer, 1996; Glass & Wright, 1992; Liu, 2000; Rusbult & Martz, 1995; Treas & Giesen, 2000; Whisman & Snyder, 2007; Weiderman, 1997).

**Decision-Making.** Allen et al. (2005) reported, “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. 114).

Jeanfreau, Herring, and Jurich (2016) carried out a study which examined how an individual gives themselves permission to pursue EMS, despite the most likely cognitive dissonance evoked by the imbalance of believing that one’s self is loyal and faithful while at the same time engaging in EMS. There are five big ideas that this study says individuals process through to decrease the cognitive dissonance from conflicting beliefs and actions in order to give him- or herself permission to engage in an affair; legitimizing evil, rationalization, guilt-free infidelity, depersonalization, and dehumanization. To legitimize evil the spouse is seen as evil as well. If the spouse is disagreeable and immoral they are seen as unworthy of faithfulness and allows the individual to turn away from their spouse. During rationalization a cerebral explanation gives a new interpretation of beliefs about and morals of their marriage so that the idea of an affair is less taboo. In order to have a guilt-free infidelity, individuals must move the guilt to their spouse by discrediting their humanity and seeing them as a label (e.g., “nagging bitch”) (p. 537). Depersonalization happens as an individual takes themselves out of their role of wife and places themselves in a new, compartmentalized position of partner. They can behave in new ways with a different personality that fulfills needs not met in their marriage. They see this as protection against crossover contamination. Much like creating a guilt-free humanity, dehumanization which is object-directed, or spouse-directed, takes those characteristics that are most human away from the object or spouse allowing the individual to distance themselves from him/her. This could happen because of physical or verbal abuse from the spouse. Self-directed dehumanization does the same to the

individual, allowing him/her to further pursue the partner. Jeanfreau, Herring, and Jurich (2016) implied that clinicians could use these permission-giving processes in deliberate interventions by “making the covert means of permission-giving overt in the clinical setting for the couple, thereby lessening the power of the permission-giving.” (p 545).

## METHODOLOGY

While quantitative studies tell us “what is” or the differences in variables, qualitative studies tell us how individuals experience events. This study used qualitative research in order to concentrate “on understanding the meaning of experience” during the process of deciding whether to continue or cease participation in extramarital sex (EMS) (Merriam, 2009, p. 19). Through interviews, the researcher sought to “understand the meaning [participants] have constructed” and “describe, decode, translate, and otherwise come to terms with the meaning, not the frequency, of certain more or less naturally occurring phenomena” (p. 13).

### **Research Question**

The guiding research question for the study was as follows:

What motivations and restraints can be identified that are involved in the continuation and/or ceasing of participation in EMS?

### **Theoretical Framework**

The following section outlines the theoretical framework which includes the epistemology, ontology, and axiology. The theoretical framework will share assumptions that will be “reflected in the methodology as we understand and employ it.” (Crotty, 1998, p. 7)

**Epistemology.** In a constructivist context, from which this research was approached, knowledge is constructed from personal experiences, social interactions, and

cultural influences (Research Methodology, 2017). These are external while the faith, which solidifies them, is internal. Specific external influences are ever changing. For example, the people we interact with each day are different and those people are in different states of mind each day. The internal faith is less fluid, especially as we age.

**Ontology.** For this study, the ontology was Interpretivism. Interpretivism includes a reality that is socially constructed, subjective, can have multiple perspectives, and may change depending upon a variety of factors (Research Methodology, 2017). While the exact specifications of an event are reality, truth to an individual is their experience of the event. These experiences will differ for everyone, therefore creating multiple truths. The researcher took notice of these differences between each participant's interviews, between participants, and between interviews and reflective journals. This allowed for a greater depth of knowledge gained from each participant regarding his or her experiences. EMS becomes a reality when one spouse experiences sex outside the marriage and a personal truth for the other spouse when they discover and believe the participating spouse has been involved in that very thing. Events, people, and/or objects become influences on a spouse's choice to continue or cease participation in EMS when the participating spouse experiences them.

**Axiology.** While values may come from many different places, such as religion, family, culture, or social influences, and differ between everyone, what makes certain values take precedence over others? For example, why would the value of secrecy in EMS trump the value of faithfulness in marriage? Certain actions meet certain needs in a person's life thereby dictating their pursuit of certain values. If valuing secrecy above faithfulness earns a person the needed intimacy they desire, then only a greater value or a

different view of the payout can rearrange the hierarchy of values or alter actions. The axiology for this study was value-bound (Research Methodology, 2017). I have been engaged in reflective journaling, peer review, and individual counseling throughout the research process to identify what role that my values might be filling.

**Approach.** This study utilized a basic qualitative approach (Merriam, 2009). This approach entails deeply understanding participants' experiences through several types of data collection. During this study, I used semi-structured interviews to understand these experiences. It is advantageous to use such an approach for a study such as this because constructivism, as I said we were utilizing, underlies the framework. When individuals construct truth from their experiences, their differing experiences must be understood comprehensively to better grasp their unique meanings.

**Strategy.** Semi structured qualitative interviews were used for this study (Seidman, 1998). These interviews included a series of predetermined questions that gave further reliability to the study through more consistent data analysis. Semi structured interviews also allow the flexibility to include additional questions when needed to clarify and/or expand on the participants' experiences. While it is not possible to understand another individual perfectly, it is important to value the individual's experiences. They are a part of the whole that we, as intertwined humans try to preserve and enrich. A further benefit of using semi-structured interviews for this study was that the researcher had the ability to clarify details during the process as the need arose.

## **Research Design**

This is a basic qualitative study allowing for thorough analysis of participants'

experiences with EMS through interviews. In order to grasp the meaning of their decisions, investigation into real experiences with EMS and attitudes during and after EMS is essential. Semi-structured interviews collected details of participants' artifacts and input, which were the elements of this study. This triangulation between transcripts, reflective journals, and faculty reviews strengthen this qualitative study and "obtain a more complete picture of what is being studied" (Gay, Mills, & Airasian, 2009, p. 377). Data is presented after a coding and grouping process, in an attempt to increase general public knowledge related to EMS through the telling of patterns and exceptions of participants' experiences.

**Procedures.** Participants were asked to engage in one to three semi-structured qualitative interview(s) in varying, professional, confidential settings. The researcher recorded interviews with a password protected, Hewlett-Packard laptop and a Samsung cell phone. All laptop recordings were functional and cell phone recordings were deleted. Interviews were transcribed in a timely manner. After transcribing, recordings and transcriptions were transferred to an encrypted flash drive. The following subsections further explain who participants are, and how they were treated. The researcher kept a reflective journal that was utilized during the data analysis phase as it was triangulated with transcripts and peer reviews.

**Site of the Study.** The study was conducted in private meeting and counseling rooms at Midwest Assessment and Psychotherapy Solutions and Citizens Memorial Healthcare Clinics. The researcher obtained written permission from administrators of the sites to use their facilities for interviewing (Appendix C). In line with the purpose of the study over the course of 16 weeks, which is the anticipated timeline for the study, the



researcher and participant determined times for data collection.

The researcher met with participants individually at times established to be convenient to the participant, appropriate to use normal tones of voice for recordings, and optimum for enhanced privacy and a lesser risk of interruption. A participant or the researcher requested to practice reflection, share new information, clarify information, or gain further information due to data analysis in follow-up interviews.

Artifacts were provided by one participant and shown to the researcher during the initial interview.

**Participants.** This qualitative study involves a purposeful, criterion sample of individuals who have participated in EMS gained from a snowballing referral process. Participants met the following criteria; either have been engaged in EMS in the past as a married partner or are engaged in EMS presently as a married partner. Prospective participants contacted the researcher for the researcher to determine interest in the study, availability, and fit for the purpose of the study.

For this study, approximately four to six participants were sought out to be interviewed. There were four participants interviewed. This sample size allowed the researcher to hold semi-structured interviews and examine in depth the participants' perceptions, experiences, and awareness of their comprehensive state of being at the time of EMS. These participants were available for interviews and questioning two to three times throughout the study. Participants were assured of confidentiality through the use of pseudonyms to mask their identities.

**Ethical Considerations.** Prior to carrying out this study, the researcher applied for and receive approval from the Institutional Review Board (IRB). The study number,

IRB-FY2017-644, was given on the date of approval, April 18, 2017. The date of expiration was April 17, 2018. The researcher also obtained informed consent (Appendix A) from participants before conducting interviews. These forms were kept at the researcher's home locked in a safe. Risk of harm or benefit to participants was not expected throughout the study though the researcher acknowledges that discussing difficult material even in a receptive atmosphere can be still be stressful, but also potentially therapeutic. Pseudonyms were used to keep the identity of all participants confidential. For participants who were actively engaged in EMS and their spouse was unaware of the breach of marital contract or if their spouse or ex-spouse was not aware of past EMS that took place during their marriage, the time and location of interviews was chosen in a manner sensitive to their confidentiality. Participation in the study included referrals to local counselors and hotlines (Appendix D). The socioeconomic, racial, disability, and gender diversity that exists between participants was taken into consideration during the interviews and any other contact to avoid stereotyping and overgeneralization. All original data, with the exception of signed consent forms, was stored in a locked file cabinet in a faculty member's office.

## **Researcher**

**Background/Bias.** Personally, I have seen how EMS effects a family in different ways. In both my parents' and my own generation, I have experienced family events related to infidelity. I have friends whose marriage is reportedly having difficulties due to pornography use and other infidelity concerns. These instances have brought up several motivations to explore the questions addressed in this study. I have been discussing my

connections to EMS through individual counseling, peer reviews, and reflective journaling to be aware of, accept, and limit the influence of biases. I have seen a need for new insight into why EMS happens and why and how an individual would choose to end EMS and recommit to their marriage. In addition, because of the effects that an instance of EMS can have, I have noticed a need for a prevention focus in this area.

**Role.** For this study, I had a brief conversation with the participants before the initial interview. This conversation included gathering data such as the participant's name, phone number, times they would prefer to be contacted, and general information about their experience with EMS to verify that they were in the targeted sample population for the study. This conversation also served to schedule the date, time, and location for the initial interview.

I conducted the semi-structured interviews. My goal was not to counsel them, but to hear their story and understand as fully as possible the experiences and views they were expressing. I took limited notes during these interviews. Transcribing the interviews and digitizing the notes was my responsibility, as well. I also transcribed the interviews and digitized the notes.

### **Ensuring Trustworthiness and Credibility**

In qualitative studies, ensuring trustworthiness and credibility is crucial. I was involved in peer reviews, reflective journaling, and member checks. I was responsible for scheduling these events and using them for triangulation and data analysis. I was responsible for appropriate levels of confidentiality throughout these processes. I sought consultation with faculty members of the research committee, participated in peer

reviews during data analysis and interpretation and had a supervisor's perspective available on any ambiguous material during the translation phase.

**Peer Reviews.** Throughout the research process peers (thesis chair and committee members) were consulted regarding steps taken, the agreement of raw data and emerging findings, and authenticity of provisional interpretations. During peer review, a faculty member was asked to view the raw data and “assess whether the [findings were] plausible based on that data” (Seidman, 1998, p. 220). The possibility of researcher bias was reduced through the peer review process, bringing trustworthiness and credibility to the study.

**Reflective Journaling.** While journaling, the researcher reflected on her experiences during the research process (Seidman, 1998). This activity helped to bring potential bias and/or assumptions to light. The researcher completed the reflective journaling process and had the opportunity to correct any biases prior to final interpretation, which added to the trustworthiness and credibility of the study. This process allowed the reader to better understand where the researcher was coming from in terms of worldview and how she arrived at the given interpretation.

**Member Checks.** Participants were asked to give feedback on emerging findings. During member checks, participants had the opportunity to clarify and/or expand on experiences. As participants and the researcher completed member checks, the clear expression of participants' meanings of their experiences was confirmed and/or fine-tuned and researcher bias was given another chance to be caught, therefore increasing the trustworthiness and credibility of the study.

## **Data Collection**

Interview questions were open-ended and allowed participants to answer in their unique way, sharing their experiences (Appendix B). Interview questions avoided technical jargon as encouraged by Seidman (1998). The time and location of the interviews was determined between the participant and the researcher based on the participant's location, professional space for confidentiality, and availability. Each participant's interviews were spaced approximately one to two weeks apart. Interviews included rich descriptions of artifacts shared with the researcher. The researcher recorded interviews, labeled them with pseudonyms, then transcribed them for the purposes of this study. Reflective journals were kept by the researcher throughout the research process, which allowed insight to the ongoing thought process and bias elimination/digestion of the researcher.

## **Data Analysis**

After interviews were conducted, transcripts were derived from the audio recordings in order to represent the true consciousness of participants and not that of the researcher (Seidman, 1998). Triangulation was used to find comparisons and contrasts in transcripts between a participant's interviews, participants' transcripts, and between transcripts and reflective journals. As data was being coded into tentative categories concerning the repetition of EMS, the researcher journaled about the sorting process explaining the connections between excerpts. Next, peer reviews took place to review categorization of excerpts.

These categories focusing on the repetition of EMS were then transformed into

themes. Peer reviewing took place again to review the analysis. Member checks were completed with participants to verify the accuracy of codes and themes identified from transcripts during analysis. The analysis is presented as the researcher's resulting discussion of the study.

## **Summary**

As we consider participants' motivations and restraints in repeated EMS, the researcher was working within the assumptions of our constructivist and interpretivist theoretical framework. This basic qualitative study included one to three semi structured interviews with four participants who have been engaged in EMS. These interviews were in private and professional settings after IRB approval, informed consent and reassurance of confidentiality and anonymity in order to maintain the highest ethical standards. The researcher, while aware of her potential bias, was an integral piece of the study, ensuring trustworthiness and credibility through frequent peer reviews, immediate and authentic reflective journaling, and member checks to clarify and expand data. Data was collected through interviews, journals, and member checks and then analyzed thoroughly for understandable, unimpeded results.

## RESULTS

While many studies have been done on extramarital sex (EMS), most of these studies focus on factors that may predict EMS or therapies that may repair a marriage following EMS. This study was focused on what motivates husbands to continue with EMS or restrain them from further involvement. I sought out participants who could share their experience to shed light on the things that affect their extramarital relationships. This chapter includes descriptions of our sample, how the sample participated in the study, why participants were included in the sample, and the categorized findings. Data regarding the motivations and restraints related to EMS was from the transcriptions of the in-depth interviews each participant took part in. Categories and descriptions of the themes that surfaced are displayed here.

### **Description of the Sample**

A purposeful, criterion sample of individuals who have participated in EMS gained from a snowballing referral process was used during this qualitative study. Participants met the following criteria, either have been engaged in EMS in the past as a married partner or are engaged in EMS presently as a married partner. Six prospective participants contacted the researcher for the researcher to determine interest in the study, availability, and fit for the purpose of the study. There was a prospective participant who did not qualify because she currently lives out of the state. There was a second prospective participant who qualified, but was unable to participate due to scheduling. The four prospective participants who became the sample came from referrals at a local

counseling clinic, and were all men. I held an initial semi-structured interview with each of them and two of them had a second. They each were given pseudonyms and the opportunity to review both, chapter four and chapter five to increase the validity of data. Table 1 presents the demographics of the sample based on self-report of the participants.

Four male participants made up the sample of individuals who had engaged in EMS at some point. They each went through semi-structured interviews to discuss their marriages and affairs in order to better identify the motivations and restraints involved in EMS. There were four categories of themes which could be further divided into two sub-categories with three parts. Together, these categories included 106 codes. Figure 1 relays this organization.

### **Description of Individual Participants**

**David.** At the time of the interview, David was 55, divorced, and dating a previous EMS partner seriously. David reported that he met his first wife while playing in a band with her father. They dated for three months and married in 1982. During their marriage, she often had affairs. David shared a couple of particularly hard memories, “When I would have a gig to play. I watched her. I stood on stage playing and watched her got on a bus with another musician... and I had two or three close friends that came to me and said that she had come onto them.” Their son was born in 1987. In 1991, they divorced after he discovered that she had become pregnant. He said, “The straw that broke the camel’s back, so to speak, was, uh, when I found out that she had got pregnant from a guy that worked at [a diner]. And so, I left. I said, ‘OK, I’m done. That’s it.’ And I left.”



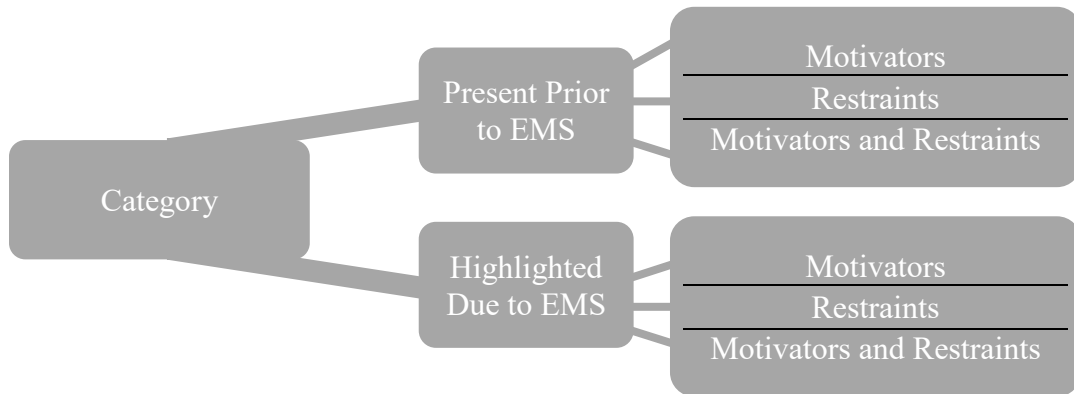
Table 1. Participants' Self-Reported Demographic Information

Pseudonym	David	James	Mike	Robert
Age	55	73	51	52
Race	Caucasian	Caucasian	Caucasian	Caucasian
Number of Marriages	2	2	2	1
Number of Divorces	2	1	1	0
Number of EMS Partners	2 +	1	2 +	4 +
Children First Marriage	1	2 (estranged)	0	0
Children Second Marriage	0	1 step-son	1 step-grandson	N/A
Occupation	Real Estate/ Construction	Social Security/ Self Employed "renaissance man"	Insurance Sales	Insurance Inspections & Training
Religion	Christian	Aboriginal Spirituality	Methodist	None

Note. Regarding the reported number of EMS partners in the table, all four participants considered these relationships "serious," "influential," or "important" and seemed to signify a relationship lasting more than a few weeks. The plus symbol indicates that there were additional people with whom the participants had EMS activities, but the participants were not able to or did not specify the actual number as they involved "one and done," "massage deals," and similar descriptions. In the case of James, for whom there is only one reported in the table, in actuality, there was one additional partner, but it did not fit the study's operational definition because his wife was aware of the relationship and therefore it was not secretive. This occurred during their separation.

He knew his second wife, Brenda, from work. Her ex-husband had also had

Figure 1. Organization of Categories and Subsequent Sub-Categories



multiple affairs. They married in 1992. She had 2 children who were older and living out of the house. David reported that he soon discovered her “multiple personalities”. He said, “Uh, I don’t know the best way to put it. She has...I found this out the longer we were married. I realized she had multiple personalities.” She got them into significant debt several times through credit card cash advances, credit card fraud, signature loans, and bounced check fees. David said,

She was doing the, um, oh, these credit card deals and she’d run them up and then she couldn’t tell me where she spent the money and what she did...She got my mom’s social security number, her mom’s, and her aunt’s and got credit cards off of them... She went and got signature loans again. She’d done this previously and we got them all paid off. Well, she did it again. This time she got fourteen signature loans.

In 2012, David had open-heart surgery which he says opened his eyes. He reported, “Let me tell you after, after all that I just finally, I’m like, ‘Wow! I can’t believe I’ve sat here for 20 years and let her do this to me.’ And so, that’s when my affairs started... I found out about Craigslist and so, you know, so, I’m on there looking...at first it was just something fun to do, just see if I could get any replies.”

He said each of his serious EMS partners were found online, either from Craigslist or chat rooms. David noted, “I’d never really thought about doing anything like

that, especially since my first wife had done that to me herself, but I was just fed up.”

From this time until he started seeing his last serious EMS partner, David said that he occasionally had “one of those massage deals”. Brenda discovered his infidelity in 2015.

He said,

Oh, it, it made a difference. Um, all it did for me was make me more cautious. As far as me stop doing what I was doing? Nah. I didn't, but, uh, I just tried to be more careful and with her, um, she, of course, you know, threatened me, threatened to leave everything...She bought me all kinds of stuff and tried to really suck up and stuff. But with her personalities she would do that and then, she would change, I mean just like that. Uh, and she would then start yelling and screaming at me and telling what a no-good SOB I was. And then she would switch to this, where she'd start crying and everything. And five minutes later, bam, she's back to, 'Oh, I love you so much!'

So, while he became more cautious, he didn't consider ending his EMS. David had four “serious” EMS partners before their divorce in 2017.

**James.** At the time of the interviews, James was 73. James had two interviews. During the first interview, he was living with an EMS partner. Before the second interview he was asked to leave her house, and was living out of his truck. Before it was time for his member check he had found housing. James reported that he only ever truly loved two women. One of those was his high school sweetheart Mary. His mother, who had psychological issues, talked him out of marrying her. He says, “I broke that off after high school and, uh, I've been sad ever since...”

James met his first wife, Betty, while attending college. During the two years that they dated he said that she had a fictional boyfriend, as well. They broke up once and their mothers set up a date for them to get back together. James and Betty had sex for the first time that night. She told him it resulted in pregnancy, they were married, and she revealed that she was not pregnant. They later had a daughter and a son. James reported

that while opportunities for affairs were presented to him and some were enticing, he never strayed. They divorced due to a change in his employment and an ugly custody battle followed. He is now estranged from his children.

James met his second wife, Leslie, while in their early 30s. During their courtship, he stated that Leslie had other sexual relationships. He recalled,

When we were first together she was going out with other guys, which was alright. I wasn't happy about it but that's the way it was...she chased any man that showed any interest in her whatsoever... got together at his apartment and made love on the floor. Then she wrote it all up, wrote about it and presented me with it.

They've been married approximately 40 years. Leslie had a young son who James helped raise. They worked their varying businesses together for many years. She had multiple affairs while they were married, according to James.

James had a virtual, non-sexual relationship with a woman from out of the country. He said,

She had a grown daughter. Her daughter had kids...we had a lot of similarities... She loved her grandkids. She loved her kids. And, I mean, we kinda commiserate about that. Uh, we talked about her visiting here... We continued talking on probably a daily or every couple, three-day basis. Sometimes for up to an hour at a time. Uh, but we never even sat and talked about going to bed together. We just liked being together... I wasn't trying to be secretive about it.

When Leslie discovered the relationship, James told her, "...come in and look at any of the emails that were on there...I wouldn't really call it an affair, but it's, we have a relationship. Uh, we enjoy talking together." She started talking about separation and upon the recommendation of therapists, they did just that.

James said that because of the suggestion from his therapist that he see if he is repulsive to all women, James started seeking out other relationships. James and Mercedes met online. They had many similarities and lived together for over a year. He

said, “We had a good arrangement... We went to a lot of festivals and things together. We had good times there...[she’s] cute as a button.” Mercedes met Leslie before there was a sexual component to her relationship with James. When they did start attempting sexual involvement, James reports that it was difficult and he later concluded that Mercedes was “asexual” and “has no positive thought of romance at all”. They separated because Mercedes wanted to rekindle her relationship with her ex-husband and had started seeing him again while James was still living with her.

James started seeing Julie shortly afterward. They met online, as well and had several similarities. He said, “Everything she said sounded great to me...she was a progressive...she said she had horses...she, uh, told me about having her horses and chickens and peacocks and so on... she had a place that I could put a pretty big large garden in...” James said that he helped Julie with several things around her farm while staying there. He said it is something he takes pride in, is being helpful. Julie, reportedly, quickly became volatile and controlling. James said this was put up with until recently when she filed for a restraining order against him.

Leslie and James had a few sexual encounters after their separation, which he reported to be mutually enjoyed. He said that they remain friendly and he helps her out when she needs it. For example, he took in one of her cats that she could no longer care for. While he is hopeful for their reuniting, he says it is very unlikely they would be able to live together again.

**Mike.** At the time of the interviews, Mike was 51 and married to his second wife, Cassandra. Mike was 16 when he started dating his first love, Tiffany. He said,

Tiffany, who was a first true love. ...like, you know, she was never replaced. Which is, I think, you know, I honestly think that is why I did what I did... It’s

never been the same. The intensity has never been the same. Uh, the do-anything-for-you has never been the same...but, looking back on it I think a lot of that ties to trying to replace what I lost back in high school.

He said she was outgoing, fun, and sexually intense. Mike reported, "...the reason I lost it back in high school was because her parents caught us." He was sexually involved with his next girlfriend, Debbi, but they were not serious.

Mike met Jodi while attending college. He said, "...we got married too young...we had a phenomenal sex life before we got married... about a month out she goes, 'I don't want to have sex until we're married.'" After they were married the sex was immediately different and not satisfactory to Mike who said, "...it was never the same after that. It became pressed. It became strained. It became restrained. Uh, a lot of the things we used to do she wouldn't want to do anymore...she went ultraconservative..."

Within six months, Mike had his first affair with Michelle, "somebody I knew when I was finishing up school". They rode the shuttle bus together to and from school every day. He immediately noticed her. Mike would then walk with her to her house on the way to his. After flirting and conversations, she invited him in for a drink and the EMS started.

Mike "fessed up to [the affair]" to Jodi, who left and then returned. They decided to try again. Mike reported no affairs until he started traveling for work. At that time, it was very easy to find EMS partners in hotel bars and many affairs started there. He said, "...it was easy to have affairs. And I had a bunch of them. I mean a bunch of them. And, you know, by then you just kinda realize, this thing's pretty much over with." In 1995, Mike decided he had had enough and he and Jodi divorced.

Three years later Mike married Cassandra, who he had been seeing while previously married. He said, “There was an intensity. There is an intensity when we do. Uh, we do the same thing every time but, there’s an intensity there that makes it just fine.” Cassandra’s son became sick and she moved to care for him. During that time, Mike had his first affair during their marriage. He met Amanda in a happy hour group led by mutual friends. She “...pretty much approached [Mike]. And so, [they] would get together from time to time.” Mike reports that with age the frequency of his sexual relations with Cassandra has dramatically decreased. He reported, “...she thinks it’s plenty and I’ll go, ‘No. It’s not.’ And it is a serious problem”.

Currently, Mike is seeing Stacey and Diana. Mike met Stacey on Craigslist. He reports that she is a mom and separated from her abusive husband. They meet at a friend’s apartment in a nearby town. He said,

I told her that I hate that it’s not fair to her. Because I told her, ‘you see me once a week for an hour.’...It’s just kinda one of those, the ball started rolling down hill and you don’t want to stop it, cuz it’s fun when we get together... She’s very receptive to doing whatever you wanna do. Again, nothing off the wall, but it’s just nice to know that there’s somebody that is receptive to doing those kinda things.

Mike met Diana at a continuing education class. She is married and lives about three hours away. He says, “It’s just, we get each other. We connect. She has a great life. I have a great life. But we only get together because it gives you a little extra.” They meet half way at a hotel and share several inside jokes about their “little something extra”.

**Robert.** At the time of the interview, Robert was 52 and married to his first wife, Rachel. They were introduced by a mutual friend and married in 1995. He shared, “in the last few years things have gotten progressively worse. Less, you know, physical contact which happens with time...It’s difficult to be, feel like you’re scrutinized all the time

when you're at home." In 2004 Robert had a severe injury and had to find work that was less physically taxing. He started working in a new industry as an inspector and traveled daily. Robert said, "...when things really started heading south was after my surgery. Um, I didn't realize at the time what I was going through emotionally, because that's quite a change, especially to a guy." His affairs started shortly after the injury. He joined chat rooms, some of them specifically focused on finding partners.

Robert said, "The first one was pretty clunky. (chuckles)... Well, it just, you know, especially at first, we were both really nervous and you know, not sure which of us was more nervous...", but their shared humor balanced it out. His second serious affair was the most intense and taught him quite a bit in several areas of life. He shared, "The emotional connection is also part of what makes it difficult. Because you know, you get close and then you know, bad, worse things could happen, you know. Um, women tend to be more emotional than men. So, they, you know, when they get a connection sometimes it's more serious to them than it is to you."

There was a third serious affair before he had a change in his position and he started staying home more often to train other employees online. Robert said, "...feeling wanted, that was a huge issue for her...and she's just kinda...a needy person in that kinda way. She needs to be constantly reaffirmed." His last serious affair is still ongoing. They don't see one another often due to distance.

Robert said that in 2013 he met someone who introduced him to what mental trauma can look like and the idea that he may have some things to talk about concerning his neck injury and the significant employment change. Robert is planning to divorce Rachel, but is waiting "for whatever opportunity there is." He isn't looking forward to the



“bad”, “nasty”, and dramatic family reactions that are sure to follow.

**Research Question: What Motivations and Restraints Can Be Identified That Are Involved In The Continuation and/or Ceasing of Participation in EMS?**

The participants described many experiences, both of motivation for and restraint from EMS with many experiences paradoxically being described as both. The following categories were found to be involved in the continuation and/or ceasing of participation in EMS: Employment Influences (6.6%), Physiological Elements (7.5%), Logistical Details (16%), and Social/Emotional Processing (69.8%). Each category can then be divided into themes of those that were present in the participants’ lives before EMS (37.7%) and those that were added once EMS was initiated (62.3%). The 106 codes utilized were the participants’ themes as they were shared as mainly a motivator (65%), restraint (17%), or both (17.9%). These 106 codes formed four categories and the percentages are based on the number of distinct codes identified in each theme. For example, having a flexible work schedule was mentioned seven times by the four participants and having family support as a motivation toward EMS was mentioned once by one participant. Figures 2-5 inventory those codes for each category.

Figure 2. Codes Inventoried for Employment Influences

Employment Influences
<ul style="list-style-type: none"><li>▪ Motivators present prior to EMS: travel for work, working alongside wife operating varying businesses, and employment changes/ feelings of inadequacy.</li><li>▪ Restraints present prior to EMS: none reported.</li><li>▪ Motivators and restraints present prior to EMS: flexible job.</li><li>▪ Motivators highlighted due to EMS: employment provides housing and EMS provided employment.</li><li>▪ Restraints highlighted due to EMS: none reported.</li><li>▪ Motivators and restraints highlighted due to EMS: none reported.</li></ul>

**Employment Influences.** Within this category there are examples from each participant on how their employment effected their marriage, their mental health, and their EMS. Before their EMS began, three of the four participants reported their career having had effected their marriage. James said, in reference to his second wife, “she worked side-by-side with me like that for several years. Together 24 hours a day, seven days a week.” While this brought them closer, gave them common memories and goals, it also limited her self-discovery and sense of individualism. He said, “She decided she wanted to go out, maybe get her master’s degree in counseling. Uh, she wanted to be more artsy and all of which, uh, so, I was willing for her to do. But, she somehow got into this...she wanted to be out on her own, explore on her own, and so on.”

Robert had a major career change, which effected his mental health. He became depressed after leaving his very physically demanding career, in which he was very knowledgeable, for a career that was new to him and led him to feeling inexperienced for a period of time. This affected his marriage in a way he could not fully understand and express yet. He said, “Three years ago...I finally realized what was going on in my head.”

Mike reported that having a career with flexibility allowed him to occasionally visit his wife throughout the day for sexual encounters. This became a problem when his wife would not engage in that activity during that time. He reported that she would say “Well, I need to take a shower.”. “Oh, my stomach’s bothering me.”, etc.

Employment details fostered Mike’s initiation of EMS. He traveled often for conferences and reported that the travel coupled with the hotel bar scene, which is one

that is ripe with EMS partners, led him to enjoy EMS more frequently. He said, “We traveled all over the country...And so it was easy to have affairs. And I had a bunch of them...we traveled well and, uh, we stayed in nice places and hotel bars were amazing. You know, we could just go down there and there’s all people with the same situations going on. It was amazing how easy it was to have an affair.”

James’ EMS relationship provided him side jobs to earn income, goods or services. He said, “Basically, I helped her, as I said, feed the animals, do all the repairs to the vehicles, bring in firewood in the winter time, and on the other hand she kept the house clean, uh, she paid the bills, uh if I did something extraordinary she would pay me for that.” He also shared, “I liked having, being able to do bush hogging and things for her and my gardening.”

David found his career in real estate useful when looking for a place to meet his EMS partners. They would visit local homes on the market to have a free secret location. One partner, in particular, liked a certain house, and they called it “theirs.”

Robert later had another change in his career resulting in traveling less. He said, “For various reasons, things ended. Sometimes it was just schedules changed. You know, mine did about a year and half ago. I, that’s when I started my at home job. Before that I was on the road five days a week. Then, I went down to two days a week. So, my schedule was much more limited.”

**Physiological Elements.** This category includes physiological changes, physical attractions, Figure and physiological ailments. David had a heart attack which effected his overall outlook on life. His wife once said, “They put somebody else’s heart in you,

Figure 3. Codes Inventoried for Physiological Elements

### PHYSIOLOGICAL ELEMENTS

- Motivators present prior to EMS: Age/lack of hormones, injury, heart attack, wife physically changes, and wife did not enjoy sex.
- Restraints present prior to EMS: none reported.
- Motivators and restraints present prior to EMS: none reported.
- Motivators highlighted due to EMS: physically attracted to potential partner.
- Restraints highlighted due to EMS: Erectile dysfunction.
- Motivators and restraints highlighted due to EMS: exchange of physical capabilities.

‘cuz you’re not the same person.” David said that he believed his heart attack was due to stress caused by his wife, and he was not going to let that threat to his life happen again.

David and Mike (with his first wife) reported that each of their wives “let herself go” physically. They were not as physically attracted to them as they were in the past.

Also with his first wife, Mike said that she ceased to enjoy sexual encounters. He recalled, “when we got married she wanted to...not look at ya, not register any expression...it was just like having somebody who just was, you just have the feeling of, get it over with.” The lack of enjoyment and participation led Mike to feel unneeded and unappreciated.

As Mike and his second wife aged together physiological changes to their bodies became issues. He reported that she often complained of having no desire due to a lack of hormones. He also shared that while he does not have as easy a time gaining an erection as he used to, he makes it a priority because he values their sexual health.

Robert suffered a neck injury after several years in a physically demanding career. His change in career and abilities left him feeling inadequate and uncertain about his capabilities and standing in other areas in life, including his marriage. He did not

understand for several years how his mental and emotional states were being affected by the trauma, which compounded the results.

Each participant shared that during EMS their partners sexually and physically stimulated them. Mike said that he had several partners who were physically attractive, and they caught his attention before there was a relational connection. He said, “My first true love was a red head and Michelle was a red head. And it’s just kinda funny. I guess there was that natural (hits fist in palm) thing like that...Michelle has very big boobs. I mean BIG. And so, it’s just kinda the things that you notice... So, I’m a guy, you’re gonna be attracted to those things.”

James said that while their age and physiological limitations did not affect his sexual interactions with his wife, it did effect sexual interactions with his first EMS partner. He said,

I sometimes have erectile dysfunction. I do not consider that to be a giant problem, uh, it happens to men my age. I am not going to pay 60 dollars a pill, uh, which is what it is. Uh, besides that, uh, part of the reason that we weren’t having good sex is because she does nothing to turn a guy on. I mean, you gotta have romantic feeling there. You know? Maybe some men don’t, but I do. And, uh, you know, .... but, uh, you know, um, sometimes the fiddle don’t bow. ...But... we couldn’t do that because she hates oral sex. She hates anything that has to do with mouth parts. Everything’s filthy. She’s an absolutely no germ person.... So, that’s good enough for me, but, anyway. She.... don’t go down below the belt in any way, shape, or form.

Because she wouldn’t compromise this physical issue got in the way of them connecting further.

James said that once with his EMS partners, working alongside them during farming activities/chores drew them closer together and fulfilled needs for them both. James’ partner Julie was unable to fulfill certain farm tasks that James completed for her. He was able to accomplish physical tasks that helped him feel capable and needed.

Figure 4. Codes Inventoried for Logistical Details

#### LOGISTICAL DETAILS

- Motivators present prior to EMS: distance from wife and the presence of children in the home.
- Restraints present prior to EMS: lack of children.
- Motivators and restraints present prior to EMS: none reported.
- Motivators highlighted due to EMS: ability to use others' phones, wife and partners are not connected, availability of friend's apartment, separate checking accounts, ease that technology gave EMS connections, prequalification of Craigslist and chatroom participants, online options, and ease that hotel bars gave EMS connections.
- Restraints highlighted due to EMS: distance from partner, finding a location to meet partner, planning to use cash, and safety of partners.
- Motivators and restraints highlighted due to EMS: time/schedules and housing.

**Logistical Details.** Before and after EMS has been initiated there are logistical details of a person's life that can get in the way of maintaining a healthy relationship. Likewise, managing the logistics of having an affair also fit in this category. Mike's second wife was absent from the home for six months while taking care of her sick son. Her physical distance from Mike was difficult for him to handle. He said, "...we were apart for six months and, um, that obviously plays...that obviously caused some problems."

When a child moved in with Mike and his second wife, they found that one of their "go to days" was now taken away from them. James and David had children in the home and it also created an atmosphere conducive for EMS. While one spouse was with the children, the other was with a partner.

Robert and Mike reported that the lack of children in the home which gave them more freedom to connect with their spouses how and when they could work out. Another logistical detail that motivated James toward EMS was that shortly after the trial

separation he found himself homeless and needed a place to stay. Finding and staying with a partner kept him out of his truck and gave him a home for a time.

Mike said that while traveling he found hotel bars to be a wonderful place to meet potential partners because most people there were in similar situations in their marriages. He later said, “Technology had made it incredibly easy. It’s the hotel bar. I mean, you can go on Craigslist right now and you can find whatever you want, which is amazing. And it’s scary, too, but it’s just technology that made this all so much easier than it used to be.” Each participant reported finding partners online. They each spoke of the ease with which a person can find a suitable partner from Craigslist. On this site and in certain chat rooms the potential partners are prequalified as interested parties simply because of their presence. Mike said, “...you know someone’s already prequalified. It’s not me hitting on you to know if she’s interested or not. That’s already determined.” Robert shared, “I mean, we both knew that was the reason we were doing that.” The conversations that follow whether via email, texting, or phone are enhanced due to current technology. Although he denies sexual content, James found that having conversations with someone in South Africa was akin to having one face-to-face.

To maintain secrecy, the participants would maintain varying strategies. Technology came to Mike’s aid as he would call from his office to hers “that way there’s no trail.” Also, to preserve secrecy, David, Mike, and Robert found that having partners who did not know their wives made keeping their relationships separated easier on both sides.

Mike had a partner who found a friend’s apartment they could meet at for free. He said the friend knew about the EMS but did not care. David and his wife had separate

checking accounts and that allowed him to spend an unlimited amount of money on partners. He was free to take them out for a meal, purchase gifts for them and their children, and he even gave one of them access to his account.

When meeting partners in person for the first time, Robert said that he sometimes would meet in a semi-public place for their security. He did not want them to feel unsafe meeting a stranger for the first time in private. Robert and Mike reported that they also had to think ahead and plan to pay for things in cash. Mike said that finding a hotel ahead of time that would take cash was something he had to think about. Mike and Robert had to compromise with partners on a location to meet, as well. The distance between Robert and his current partner keeps them from seeing each other as often as desired to deepen their relationship.

Robert reported that time and specifically scheduling has had a huge impact on his EMS relationships. While traveling five days a week, he found it easier to entertain the desires of partners. Now that he is traveling less and has a very tight work schedule, he has had to quit seeing a “needier” partner.

James said that while he was interested in his friend from South Africa, he could not pursue that relationship due to distance and safety concerns in that country. He said that he also was concerned that if she was to come here, she would be unhappy with his financial situation.

**Social/Emotional Processing.** Whether a marriage has been affected by EMS, or not, there are social and emotional parts of a person’s life and of the lives of those around them that affect their marriage. This category was the largest; it involved the largest amount of individual codes and amount of discussion of the themes. The themes that



Figure 5. Codes Inventoried for Social/Emotional Processing

### SOCIAL/EMOTIONAL PROCESSING

- Motivators present prior to EMS: friends were unsupportive of marital angst, wife became controlling, church difficulties with wife, trapped feeling, trial separation without definition of terms, struggle to be giving, grief, need for release, lack of perceived effort from wife, no trust with wife, optimism that was failed, financial strain, wife did not acknowledge problem, wife did not desire him, wife was less physically connecting, stress at home, lack of communication, wife's family history, family history, lack of wife's compliments, cannot replace first true love, and lack of perceived control.
- Restraints present prior to EMS: exciting intercourse and intensity with wife.
- Motivators and restraints present prior to EMS: lack of forgiveness, desire to make everyone happy, wives' affairs, and family acknowledged his stress.
- Motivators highlighted due to EMS: feeling desired by partner, partner's satisfaction, sexual feedback, being praised by partner, sexually desired, sexually needed, sexually appreciated, shared sense of humor, supportive friends, collecting memories with partner, commiserate with partner, spirituality compatibility with partner, fulfilling desires through partner's connections, partner had available personality, similar interests, similar history, similar way of life beliefs, relief from stress, excitement, change in routine, previous satisfying sexual experience with partner, need outweighed morals, fun outweighs awkwardness, spiritual justification, separation of EMR and EMS, and justified small steps.
- Restraints highlighted due to EMS: anxiety, secrecy, guilt, partner's guilt, fear of being trapped again, needy partner, verbal abuse from partner, sleazy feeling, and compromised morals.
- Motivators and restraints highlighted due to EMS: wife discovered affair, housework/farm chores, laughing about guilt, trusted to visit their homes, friends who do not care, sense of honor/ EMS was never at wife's home, fear of disappointing people, fear of being alone, emotional connections, epitome of partners, and fulfilling EMS relationships.

were most repeated were those of feeling as if needs were not being fulfilled by their spouses and they were by their partners.

James and Mike both shared about their high school sweethearts, their first loves, that were taken from them before they were ready. They felt as if these girls could never be replaced, as if there wasn't a woman who could live up to who they were to them and how they connected with them.

David had a close friend that knew of the problem between himself and his wife, but he was not supportive in the way David would have appreciated. He said this about his friend,

Me and him know everything about each other... I talked to him and he knew what was going on, and, uh, but, he also knew how she was... if I was gonna see somebody new or have a fling with somebody, I'd tell him. We talked about it. But, he really didn't influence me one way or another, to say, 'Nah, you don't do that.' or anything.

Family history can play a large part in a person's outlook and expectations of marriage. James' family history is one filled with mental health issues, trauma, and affairs. A wife's family history can also influence a marriage. James' wife came from a home where her father and uncle abused her. In his opinion, this ruined her capability to connect with men in a loving and healthy way. Robert also shared how his wife's family history taught her to be controlling and influenced their marriage and motivated him to pursue EMS. This history was, in part, what Robert blamed for the lack of communication between him and his wife.

David and his wife grew up in very different church atmospheres. While they both attended Christian churches, David grew up as a "comfortable Baptist" and his wife was a "diehard Pentecostal." They had difficulties finding a church which would suit them both. He said, "church was always a struggle because she never found a church that she liked...we would find a church that we liked and she would immediately find something wrong with it."

Mike said that he had been under the assumption that his first wife would continue being as active and motivated and satisfied with their sexual encounters after the wedding as she had been before. He reported that he found himself in a different scenario

than he had expected. She was not open to different positions, oral sex, or different locations and she limited the frequency. These things combined to lessen the “intensity” for Mike.

James and his second wife had a trial separation. At this time, they did not discuss the term of that separation, whether each spouse could live or have sexual encounters with others. The ambiguity led James to believe they had an open marriage, while his wife did not respond exactly in that manner. They had “several” sexual encounters while separated. He says that they were contemplating “working it out”. After meeting his partner, she let him know that they were no longer going to be having sexual encounters. He was in the area one night and asked to stay over instead of driving home. She told him yes, but he must sleep on the futon.

Mike also felt as if his relationship was unbalanced from his amount of effort toward improving their sexual health and her denying the problem. He felt as if he were struggling to not be selfish and the effort was not worth the outcome. While discussing his wishes for a more frequent sexual connection with his wife, he paused to say this,

Then again, that’s one of the things I struggle with, ‘cuz I’m pretty damn selfish...I can go, ‘OK, what do I need to do to quit being so selfish and make this a better situation?’ So, that’s a struggle on my part...And we have had the talk, ‘What do I need to do so that we do this more? What, what am I not doing for you?’... And I’m still the one who has to bring it up. So, you get jaded and cynical, whatever you want to call it...pissed off over time.

Grief is a natural part of family life. Mike’s second wife had a son who was sick for approximately 18 months with cancer. She cared for him on and off for most of that time, and it took a toll on their marriage. Mike recalled, “When she came back [our sex life] was not very good because she, then she’s getting over her son’s death. And so, it took a while to...so that was, it just didn’t happen. I mean the, it wasn’t conducive to

having sex.”

There were other factors, as well. Mike and Robert shared the need for a release, or a time for relaxation. Robert shared, “Most of my life at home is doing things to keep things calm...like [walking on] eggshells all the time...she’s always been a dramatic person...you should have fun, you know. Um, and, so, that, that was part of the whole issue as well on that.”

David said that his wife was not trying to help their financial situation. He took it as, she did not care for their marriage. David said that a major motivator for him to find someone who he could connect with was the fact that his wife had so often let him down and he could not trust her. In marriage, finances are, most likely, a point of contention. For David’s family, due to his wife’s spending and borrowing habits, it was.

Robert reported that his wife became less physically responsive and available to him. James felt as if his wife was not desiring him or the responsibilities that being a wife usually brings with it. Mike also felt the withdrawing of his wives. While neither would often, if at all, initiate sexual intimacy, usually his second wife would respond positively to his advances. However, she did not acknowledge this shortcoming, much like his first wife. Neither would acknowledge his desires as legitimate needs.

The stress at home caused significant strain on David’s marriage and gave him a need for a vice. Mike also felt stress at home from the lack of a sexual relationship with his wife. He said it affected their whole relationship.

James’ depression was something that negatively affected his marriage and was a motivation toward EMS. He said that during his marriage, “I had probably called the suicide hotline, I’d say 50 times, and never dialed the last number or hung up before they

answered because I knew I was in deep trouble. I was just about truly depressed, knowing after all, that this was the woman I loved...and I'm just getting edged out of the picture.”

He also felt as if there was a lack of compliments and appreciation from his spouse.

When Mike and his second wife would have intercourse, there was an “intensity” that never faded. James, likewise, remembered having exciting sexual relations with his wife. He found that even after they were separated, he and his wife had satisfying sexual encounters. They were kept him intrigued by these connections and memories.

David’s family acknowledged the stress at home caused by his wife. While they supported his divorce, either they did not know about or speak of his EMS. This was a motivator to proceed with EMS as it enabled him to justify himself and it was a restraint because he felt a small sense of support and of being understood. He said he believed most of them did not know but his son did. His son was an encouragement saying, “Life’s too short for you not to be happy and I support you in anything that you do.”

A few other influences that were both motivations and restraints were the following. David’s first wife was taken from him by affairs of her own. He said that was his “first taste of reality” and that started to open the possibility of EMS in his mind. At the same time, he found that the memory of how she hurt him turned him away from EMS. Robert reported that he had the desire to satisfy everyone involved to keep the complaints and drama to a minimum while satisfying his desires. In order to avoid dispute he kept his needs at bay at home and satisfied them through EMS.

From James’ belief system, he gathers that one cannot be forgiven. That has led him to attempt to be transparently open and honest with his wife and partners and expect the same from them. Throughout his interviews it sounded as if they struggled with this.

They were not sure what they needed or desired so they were incapable of communicating that information.

James unconsciously took small steps into EMS. He started with an online relationship. In his mind, he separated emotional EMRs and sexual EMRs as friendships and affairs respectively. He said, “I was faithful to Leslie the entire time except, I got into trouble because I had a virtual relationship with a woman in South Africa, which I told you about. And since we split up I lived with two women...technically, I’m having an affair...”

David gave himself spiritual justification as a motivator to proceed with EMS. His need outweighed his moral strength. He said, “Yeah, I knew that having an affair wasn’t right, and, but, I also, you know, I don’t think that God wants you to be miserable all your life either...so did it really bother me real bad? No, probably not as bad as it should’ve... but when I first started having an affair, no, that wasn’t the first thing on my mind.”

Each of the participants had motivations toward EMS that were connected to relational communication. Mike said that there were points of a woman’s personality which drew him to her as a potential partner,

They all had great personalities. Very outgoing, very funny, very friendly with people. Whereas, Cassandra doesn’t, I mean, she’s fine around people but she doesn’t go out and have a big network of friends. And then so these people that I’d meet were the opposite of that...always in social settings and there’d just be a spark...

If he had been with her previously and they had ended their positive, sexual encounters amiably, they were also potential partners in the future. He shared,

So, we just kinda reconnected and we were talking and... She reached out to me on Facebook and it's like, 'Holy crap!' And so I went down to see my folks...and we met...and one thing led to another and then we had intimacy...And just to throw a side note in,... I was telling you about my pubic hair fetish...best of all time was Debbie.

David especially appreciated that partners could commiserate with him about how hard they had it at home. He said, "I think it started out we just both wanted to connect with somebody because her situation at home was just kinda like mine and we just really hit it off and, you know, we'd talk, you know, I'd talk about [my wife] and she'd talk about [her husband] ..."

He felt a sense of comradery with them, as did Robert. Robert valued the similarities he found between himself and his partners sexually and relationally. He said,

There's a lot, ... of mismatched people and sexually mismatched especially... She was looking for something, not really sure what either...she had never had an orgasm with her husband...that was part of what kept her wanting to see me, also. It was mutual. It's not that it was just one sided...all of them were willing to try new things and they wanted, had their own ideas of things they wanted to try that they'd never done with their man. So, it went, it went both ways...like I mentioned about the sense of humor...that's how it was with all of them because they had enough of a sense of humor to, especially in those situations, it's like, 'OK, I'll try it once...and if it don't, that's ok, too.'

The relational connections that provided an equal give and take between partners, fulfilled what Mike was missing at home. James found that similarities between himself and his partners made the areas where they were less compatible more bearable, especially when those similarities occur in more tightly held beliefs. David also found that his beliefs were shared with a couple of his more "serious" partners and that was a topic that they either discussed in fantasy or practiced together following his divorce.

Mike had several friends who knew about his EMS and supported him. Either they were in a similar circumstance or they supported him in a more indirect way. For example, he had friends that would connect him with possible partners.

Several other motivations were highlighted by EMS. Robert shared that his EMS gave him a change in routine that lifted his spirits. In Mike's EMS relationships he found adventure, excitement, and intrigue. Mike was once asked by a partner, "Is [seeing one another all the time] weird to you?" and he replied, "Yeah, but still, it was fun." David found relief from the stress at home through EMS. And memories and shared experiences with partners was motivating for Mike.

The fact that partners were desiring the participants was a common motivator for them to continue with EMS. Robert, Mike, and David told me that this was something they found valuable. They said, "...she wanted to be with me and I thought, 'This is great.'", "[she] approached me if I remember right,", "...it's just nice to know that there's somebody that is receptive to doing those kinda things.", "The desire to be desired is very strong...", and "she had never had an orgasm with her husband...I'm a little bit more giving than that, and that was part of what kept her wanting to see me, also."

Robert found that although sex can be awkward, if a partner had a sense of humor they would have a fun time, and it was rewarding. He said,

I have a very sarcastic sense of humor! ...that's a quality that I look for, as well, in other people. If they can't take a joke, you know, I'm not, I joke with everybody. Even at work, you know, I'll crack a joke about something, even if they don't have a sense of humor. So, you know, that's, that's part of the connection is having somebody that you can laugh with. Um, even in intimate situations there are times when things happen that you know you just gotta laugh about... You should have fun...



James, Mike and Robert said that during their EMS they found it very rewarding to be sexually needed and appreciated and to feel as if they were providing important resources. They said, "...she was turned on...she hadn't had it for a long time...her husband had, um, he has some issues. They haven't had sex in like ten years.", "...she hadn't had sex for like eight years.", "...she did appreciate me being there and she did appreciate the things we did together.", "...for me it's more important to me that my partner have like the best orgasm that she's ever had...I'm highly motivated by the sounds that my partner makes...I feel loved and welcomed and so on during that...", and "I always like going down. So, there was always a lot of that. They enjoyed that. Um, it's amazing how many didn't get that very often. You know? So, that was awesome. [They were appreciating that] ... Stacey would tell you, 'I never liked that before.' Now she really likes that."

David, James, and Robert found that the trouble of secrecy made EMS more difficult whether the secrecy was for his benefit, hers, or both. They said, "...so it wasn't in my home town. You know, I tried to be careful.", "I'm gonna be stupid and mess up and somebody's gonna find out before I intend for it to happen...", "[none of them came to my house] ...I have nosey neighbors.", and "There are things that you don't exactly think of that come up." Robert said that leaving condoms at a house was a big "no no".

David was aware that he feared being trapped again in a situation similar to the one where he found himself with his wife. He had a partner who was more emotionally needy and he left the EMS relationship due to those circumstances. David also had a partner who spent a good portion of his savings without asking. He left that EMS relationship and is now much more cautious with relationships because of it.

James suffered verbal abuse from a partner. He recalled, "...she got out and started screaming at me... she cussed and swore at me...she came in and started raggin' on me, just saying, you know, terrible stuff to me...yeah, very domineering, and she also could say hurtful things." He did not leave, but considered it a powerful restraint, in the sense that he was scared to pursue EMS due to possible hits to his pride. Another restraint he shared regarding his EMS relationship was his anxiety. He said,

She told me she didn't watch much TV...but, uh, all she wanted to watch were, uh, action shows, of any genre. The more people get killed or blown up the better, the more sirens the better...I do have a characteristic...in the native American tribes...known as a guardian warrior...I am constantly on alert...I take alprazolam for, once a day, sometimes more. It's a low dosage...I can have a panic disorder, but I haven't had a panic attack for...three or four years now.

Robert was slightly restrained by the feeling he had when he lessened the relational connection before sexual activities. He said, "One of them, the first time was at a hotel, which makes you feel like a real sleeze." David shared a similar feeling and said, "...a encounter for, 'Hey, I don't want anything but sex.' You know, that's one thing and I'm, I'm not really into that, but it has happened a time or two..."

Robert recognized his compromised morals and briefly struggled with them as a restraint. Mike and Robert acknowledged their feelings of guilt which led them to either confess their actions or weigh what may be lost against what may be gained. James found that his partner's feelings of guilt were a barrier to EMS. He said, "she said to me, 'Well, you know, I, I don't like sleeping with a married man.' I said, 'You know, you don't have to.' I said, 'You know, I can buy a cot and set it up in my work room and you don't have to sleep with me.' She said, 'Well, that'd be OK.'"

There were several things brought up in the interviews that the participants admitted were both motivating toward EMS and restraints back toward marital fidelity.

Mike has a long-term partner with whom he has felt motivation and restraint originating in guilt as a restraint but turned into a motivation as a further connection through humor. He said, “And we both have feelings of guilt. We sit and talk about it and laugh about it and say, ‘We’re gonna burn one of these days.’ But we enjoy each other’s company.”

Robert found that the emotional connections made during EMS were stronger than expected and became both motivations and restraints. He said,

...it wasn’t just sex...There had to be a connection for me...it is about sex, but it’s not just about sex, you know. It’s, it’s an emotional connection. Um, like I said, feeling desired. When you don’t get that you want it. You know, um, and the emotional connection is also part of what makes it difficult because, you know, you get close and then you know, bad, worse things could happen you know. Um, women tend to be more emotional than men. So, they, you know, when they get a connection, sometimes it’s more serious to them than it is to you. I didn’t think about that at the start...The emotional part is kinda a two-edged sword. You know, it’s good and it’s not good. Um, I didn’t realize the not so good part.

When Robert was trusted to visit their homes, he was affected in a motivating and restraining way. In one sense, it was a motivation that they trusted him to get that close and have insight into their lives. In another way, it was simply easier than finding a hotel and remembering cash. He said, “Two of the four, I went to their houses a few times, too, which was, that, that surprised me because that’s a huge trust thing to have somebody come into your house and that, that was one of my big surprises was that they would trust me to go to their house...” On the other hand, it restrained him by reminding him of the strong emotional connections women were prone to make with him.

David, Mike, and Robert shared that they ceased having one night affairs when their EMRs were fulfilling. They had found the balance of what they desired. Robert said that finding a partner who was most likely the epitome of women for him was both motivating and restraining. He knew that having EMS could be very rewarding and great

women were out there, but he was afraid he would never find another woman who could live up to the memory of Stephanie. He said, “I don’t think I’ll ever find anybody like that again. Um, which is kind of good kind of not good. You know, cuz it’s kinda like you want it more but you don’t, you know you’re not gonna get it.”

A couple other things that Mike and David found both motivating and restraining were centered around others. Mike said that he chose to never have a partner over to his wife’s house because he wanted to keep the two relationships separate. This allowed him to maintain a sense of honor in his marriage and yet cost him the time and money to get a hotel room with cash. David feared disappointing people and found it a catch 22 during EMS. He did not want to disappoint family by revealing his true desires, but also, he did not want to disappoint his partners and just have them as the occasional fling.

David’s wife discovered his affair and it was both motivating toward EMS and a restraint. It was a restraint that he became more cautious afterward. Hearing her quickly go from angry to sad and pleading to loving and bribing was a motivation toward EMS for David. Mike revealed his and things did not change. He recalled “...she left and all the sudden, she came back. And I was like, ‘OK.’ You know, we decided we would give it a shot. And, uh, it just didn’t work. You know, same problems came back...”

James’ fear ending up alone had him holding on to his marriage and seeking out companionship, now. He said he didn’t want to be advancing through his 70’s and going into his 80’s without a partner. While considering housing options he chose one that would bring him closer to people, not necessarily his faith goals or his business goals. David reported that, very much like being alone, having a good friend who knew about his EMS but did not show approval or condemnation of his activities was like opening

the doors to both options. He shared, "...he didn't really influence me one way or another..."

**Reflective Journal.** At first, I found the experience of conversing with participants to be very different between each one. My second journal entry says, referencing the difference between James and Mike, "This morning's interview was definitely different. While, like James, Mike is currently involved in affairs, he is very different in his reasoning and justification."

After the first interview with Mike I also wrote, "After so long, it's like he lost hope." He had a tone to his voice that communicated defeat. After the second interview, I connected a note that said, "like how he answered the miracle question." When asked what life would look like if things could change instantly to how he wanted them, he replied, "You know, honestly, I kinda like the way things are now. You know...I've got a good life, ...a little excitement, and then of course Diana, we just connect. And it's not that I would be looking to add to that by the stretch of the imagination or look to end it." During his second interview he also said, "but, you know, it's just one of those...We've been talking about that for years, and it hasn't changed so I don't suspect it's gonna change...No." Because of these exchanges, I would conclude that while he desires for his relationship with his wife to get better, he also has enjoyed EMS long enough to know he would rather have both at this time, in lieu of a fulfilling marital relationship.

Also included in my reflective journal was an entry about James' past and how that may affect his behavior. I wrote, "what appears to be him protecting his pride" accompanied by a short summarizing list of his accomplishments and positive character traits and "I screwed up and let my crazy mother talk me into losing Mary." James also

had shared that his mother had mentally and emotionally impacted his life in a negative way by withholding interactions with his brother and often threatening suicide. It appears he was the protector and was expected to be and pushed to be successful. From self-reported accounts, it sounds as though he would try to make a relationship work with any woman who was available and willing. This would be the opposite of finding a woman who would weigh the pros and cons of a relationship beforehand and then they would both be able to enter in with confidence that the relationship was worth the struggle. There is a significant possibility that the events from his childhood influenced him in a way that would hinder his ability to maintain a marital relationship.

There were a couple journal entries in which I quickly jotted down a couple reoccurring things I was seeing while transcribing: “technology-Craigslist”, “jobs”, “expectations at home versus needs”, and “communication”. The first two clearly made it into the previous sections. The third and fourth are things I thought about for a while, but because they were implied and not stated they did not make it into the previous sections. I do believe that one could conclude that the participants were saying they did not get what they needed at home. But what I heard was that their expectations were not being met. This may mean that a need was not met, but I do not believe it was always the one that was stated. There was a deeper need not always being expressed. For example, Robert said that his wife was not as physically responsive, was controlling, and dramatic. Face value says that he wanted physical affection, freedom, and calm. What I heard through his interview was that he wanted his wife to respect him. His expectation is for a fulfilling sex life. He expected to feel comfortable and relaxed in his own home. I believe that if he communicated his need to feel respected to his wife and then felt respected by

his wife he would be satisfied with whatever sex life they worked out and would feel relaxed in his home.

This entry connected with the next in that they both mention communication. The next entry was a list of long term research questions that were coming to mind. One of them was, “communication and EMS: how does it work so much better than it did in marriage?” When I thought of how often the participants brought up their comradery or shared humor or sense of connection with their partner I wondered what made it different from their communication with their spouse. Richardson (1986, 1988) and Sattell (1983) found that men were more likely to have open and honest communication with their partners about needs and vulnerabilities because there was a lack of threat and they could leave the relationship if at any time they felt confined or attacked at their weakest point.

In my last journal entry, there were a couple ideas that made it into the discussion. The first was the thought of, “could David’s family support have given him unspoken support for EMS as a way out?” It begs the question; did they know about the EMS? During his member check he said he believed they did not. What this says to me is that he felt as if their support was directed toward divorce but the underlying support was for relief from stress induced by the marriage.

The second thought was that there was a lack of artifacts presented. Richardson (1988) noted that once an individual and his/her partner became a secret it held them together. This could be in place of societal reinforcers of relationships. James shared printed pictures of his partner and her farm. He also carried pictures of Leslie and his previous partner that she was aware of. The other participants shared that there were hotels, restaurants, and emojis that reminded them fondly of their partners or ex-partners,

but they had nothing tangible.



## DISCUSSION

This study sought to increase the knowledge on extramarital sex (EMS). The purpose is to identify key factors that affect the participant's decision regarding whether he remains engaged in EMS, or terminates his extramarital relationship (EMR). The stories and their analysis may assist others to better understand those who have shared their stories. The influences identified through qualitative data analysis could be influential for developing therapies and interventions that increase marital satisfaction, reestablish marital intimacy, decrease the rate of EMS in America, and decrease the U.S. divorce rate.

### **Interpretations and Conclusions**

For each category identified this section will discuss whether it aligns with previous research, how and why this category was important in the participants' lives, and what we can learn from the categories. The categories of employment influences, physiological elements, logistical details, and social/emotional processing were those most reported as motivations and restraints in EMS.

**Employment Influences.** In 2009, DeMaris reported that when opportunities for affairs increase, incidents of EMS do as well. We found this to be true, as well. When participants shared that they were given flexible work schedules or they were semi-retired, their number of EMS incidents increased. Each of the participants reported that they had schedules flexible enough to allow time off, or could incorporate their EMS time into their work schedule. Mike could pursue EMS while attending continued

education classes or after a day's work while traveling. David could say he was showing a house while he was pursuing EMS. Each of them could use their lunch time as an opportunity for EMS connections. This thesis also saw how the decrease in opportunities for EMS resulted in fewer incidents of EMS. For example, when Robert's schedule became more constricted, he started seeing his partner less and ended up having his selection of partners limited to those who could settle with seeing him less.

EMS has been found to be more likely in the following situations; when there is an increased amount of time spent away from a spouse, anonymity given to those living in large urban areas, willingness of a prospective partner, and certain workplace arrangements, such as working alone with others or an unbalanced sex ratio at work. There are few studies that isolate these factors, and in those studies the correlations vary (Atkins et al., 2001; Barta & Kiene, 2005; Burdette, Ellison, Sherkat, & Gore, 2007; Liu, 2000; South & Lloyd, 1995; Treas & Giesen, 2000). In this study, it was found that an increase in time away from spouse did increase the likelihood of EMS (traveling for work, wife was with son, trial separation) It was found that living in or in close proximity to a city such as Springfield gave participants the opportunity to pursue one-time sexual encounters. When participants were using Craigslist and various chatrooms, they shared that they easily found willing partners due to their prequalified status by attendance.

Certain workplace arrangements did affect the occurrence of EMS. Being in a hotel, the usual place for their EMS encounters, with others in his field and working alone without co-workers to hold him accountable for his whereabouts were motivations for Mike and David. Working from home with his wife present and working with his wife were restraints and motivations for Robert and James.

The employment influences do not appear to be the main motivations toward EMS nor the main restraints from it. It looks as if, when social/emotional processing impairment occurs it is more likely that employment influences become amplified. Employment influences do seem to open opportunities and provide connections for EMS.

**Physiological Elements.** Omarzu et al. (2012) and Glass and Wright (1992) found a considerable number of motivations fell into a category that they labeled physical motivations. They said that there were physical motivations inside and outside of the marriage. This study found that, similarly, there can be both motivations and restraints before and after EMS has been initiated. There were physiological elements that were motivations and restraints prior to EMS due to injury and ailment and those that were rooted in limited social/emotional processing. Somewhat similar to employment influences, physiological elements were amplified by poor social/emotional processing. The difference between employment influences and physiological elements is that participants used the later as a sign or proof of their social/emotional angst with their wives. Throughout the interviews language akin to, “She does not show me she loves me.” Or “She does not show me she respects me.” was not used by participants. Instead, they utilized language centered around physiological elements. For example,

We did a lot of the same things. And looking back, you know, she did a lot of the things I wanted to do... We would go over to creeks, to lakes, and just hang out all day on big floating rafts... She was agreeable to doing so many things sexually... She was open to anything... When we got married... it was just like having somebody who just was, you just have the feeling of, ‘Get it over with.’...oral sex used to be the big thing. She never had any problem doing it... and all the sudden she wasn’t gonna do that anymore... her world was perfectly round and mine was not. Cuz it’s like, I missed what I used to have and it was just never the same.

This participant did not say, “I felt as if she did not love or respect me anymore.”

Through his interview I heard, “I wanted her to show me love and respect. I wanted her to show that she could be selfless. She could have done that by investing in my sexual needs.”

**Logistical Details.** Studies that focus on the logistical details of EMS were not found. Allen and Baucom (2006) found that for many individuals who engage in EMS, secrecy is desired. Three of the four participants were concerned for secrecy to some degree.

These details provided a category in our study due to their importance in the participants’ experiences. How these details were taken care of was important in the maintaining EMS relationships and/or secrecy. Logistical details could be tied to their employment influences or physiological elements. They often were necessary due to the desire for secrecy and for keeping the participant’s life with his wife separate from those interactions with his partners. By controlling these details, participants could show control over their circumstances.

**Social/Emotional Processing.** In 2005, Allen et al. reported, “Generally speaking, people do not usually set out to have extramarital sex” (p.114). While this is supported by some of our sample, it was also clear that after some more conflicted or accidental exposure (online interactions, spouse having EMS first), each participant actively sought out an extramarital relationship with a sexual component and/or one-time sexual encounters.

Omarzu et al., (2012) and Glass and Wright (1992) found, there were several motivations that could be labeled as emotional or love motivators. This study, as well, found that many motivating factors before EMS was initiated and after were

social/emotional. Each participant reported feeling a lack of emotional connection with their spouse and having added that to their lives through their partners.

Goldmeier and Richardson, (2005) said that love is likened to an obsessional illness. Marazziti, Akiskal, Rossi, and Cassano (2000) likened falling in love to Obsessive-Compulsive Disorder. Marazziti and Canale (2004) also support the hormonal differences in those who are “in love”. In this study that can be seen in the reports of seeing partners every day, talking with them for hours, and how new EMS partners fulfill a need for excitement or adventure.

In a 2014 study by Jeanfreau, Jurich, and Mong, their participants reported having found comfort in the partners as they satisfied needs that the spouses did not. Likewise, in this study, it was found that participants had needs fulfilled by partners that their spouses either did not recognize, ignored, or could not fulfill. These were usually social/emotional in nature, although sometimes physiological, and expressed through physical requests or desires.

Jeanfreau, Herring, and Jurich (2016) reported that they found there were five steps to giving one’s self permission to engage in EMS; legitimizing evil, rationalization, guilt-free infidelity, depersonalization, and dehumanization. In this thesis, there were examples of each either direct, indirect, or assumed.

## **Implications**

In this section, the implications of this research will be discussed. The previous research compiled on EMS and the information gained from this qualitative study’s semi-structured interviews combines to be quite a powerful tool in the quest for lasting

marriages. It is a tool that we should not take for granted. With a growing number of individuals participating in more EMS, marriages are being effected at a growing rate (Atkins, Baucom, & Jacobson, 2001; Atkins & Kessel, 2008; Blumstein & Schwartz, 1983; Forste & Tanfer, 1996; Lauman, Gagnon, Michael, & Michaels, 1994; Omarzu, Miller, Schultz, & Timmerman, 2012; Treas & Giesen, 2000; Whisman, Gordon, & Chatav, 2007). In order to have a hope of decreasing these numbers researchers and clinicians must look toward the given knowledge and consider what it means for their field.

Chapter two discussed individuals' expectations of marital fidelity (Amato, Johnson, Booth, & Roger, 2003; Campbell, Wright & Flores, 2012; Huston & Houts, 1998). Apostu (2016) and Allen and Baucom (2006) researched expectations as well. The expectations of one's self and one's spouse were startlingly different. Research has provided numerous threats to monogamous marriages (Bodenmann, Ledermann, & Bradbury, 2007; Booth & Dabbs, 1993; Cooper, Putnam, Planchon, & Boies, 1999; DeMaris, 2009; Fisher, White, Byrne, & Kelley, 1988; Glass & Wright, 1992; Jeanfreau, Jurich, & Mong, 2014; Kalichman & Rompa, 1995; Omarzu, Miller, Schultz, & Timmerman, 2012). In the following sections I will build up a proposal to researchers, clinicians, and society to open up ongoing conversations about deromanticizing marriage, protecting and fostering healthy marriages with realistic expectations, and focusing on monogamy and trust.

**Employment Influences.** With each participant, work played an influential role in their EMS activities. Work is central to what we do, where we are, who we see, and how we feel daily. While this category can easily get labeled as a barrier, something that

causes problems that need to be gotten through, I propose that it be looked at as a source of marital reinforcement. The points from this category that were brought up as motivations and restrictions to EMS should be highlighted. These points also imply that not only should those in the fields of counseling or psychology be aware, but also those in business and those in society. Business owners, managers, and those who are self-employed might be well-advised to take note for themselves and their employees. Spouses, as well, might be aware of how their career and the career of their spouse impacts their marriage.

Many employees are asked to travel away from their families often and it may be fueling barriers to healthy marriages and ample opportunity for EMS. This may endanger any value the workplace has put on marriage. When work situations offer freedom, trust, and fun they may be devaluing accountability, comradery, understanding, and support and thus further endangering the value of marriage. When a spouse has a job that has flexible hours, is salaried, or provides for the logistical needs of EMS, spouses and companies could take preventative steps to lessen the likelihood of EMS.

Employment changes for anyone can be tough, especially for a man who is likely to very much identify with his career, and especially if the change was not wanted or expected. When an employment change happens either the couple's insurance through the company or the company it's self could provide adequate counseling for the employee. If the employee is given adequate counseling, he/she is more likely to be aware of their fears, insecurities, and issues that may arise at home following the employment change.

Work situations such as working alongside one's spouse or retirement may

motivate an individual toward EMS or restrain them from it. Therapists, spouses, and employers should be aware of these possibilities and compensate appropriately. We should remember that each couple is different and while 24/7 contact may be good for one couple it may be disastrous for another.

Retirement is a point which can be organized under employment influences due to the fact that many individuals are no longer retiring in the way their older counterparts used to. Retirement is now seen as a chance to start something new. Individuals are starting new careers, pursuing hobbies as careers, and following other income based adventures due to their need for supplemental funds. During this season of life, it may be seen as preventative for couples to reassess their marriage in a more timely manner with a neutral, third party.

If an individual needs something lower on Maslow's pyramid of needs, such as shelter or food, their morals are more at risk. For example, when James was in need of shelter and warm food, he sought out extramarital relationships. For those involved in fulfilling those needs, it could be beneficial to be aware that the fulfillment of those needs may lead toward more positive emotions typically reserved for spouses. This could be from the individual toward their spouse or a potential partner, whomever that person doing the fulfilling is.

Each of these points are key to deromanticizing marriage, protecting and fostering healthy marriages with realistic expectations, and focusing on monogamy and trust. By starting open conversations and having realistic expectations in the workplace individuals may be freer to focus on their marital monogamy and trust rather than their pride, image, or promotion.



**Physiological Elements.** Much like how business leaders could be more aware of the health of their employees' marriages, doctors could also be more aware of how their patients' marriages are impacted by their health, age, and/or body type. Doctors in all areas could better seek to prioritize communication about how physiological health impacts their patients. Physiological changes, especially those which are unexpected or undesired, can negatively impact relationships. There can be significant, life-threatening events which many individuals say are eye opening, such as a heart attack. Following these events, if doctors required follow up counseling, I believe, many significant, negative life decisions that are made following these events may be avoided. Both men and women's bodies change with age. With those changes can come difficulties in sexual, employment, and social/emotional arenas. Not all men and women experience the same changes. When couples maintain open, honest, non-judgmental communication about these changes they can limit the exposure to EMS risks.

When individuals find that they are physically aroused by someone other than their spouse, I believe that there are several good therapy techniques to help curb the desire. For example, reminding one's self of the many reasons they would not want to become involved with the other person and instead focusing on positive traits of their spouse. Another great practice is to talk openly with your spouse about your desire and together write down the goals that keep you from pursuing that desire.

There are individuals who have a physiological aversion to sex or a spouse's favorite recreational activity. It may be painful, uncomfortable, impossible, or unenjoyable for them to engage in those activities. In these cases, having open and honest conversations between spouses and their doctor can help those involved understand that

the aversion was not chosen and that there may be ways to eradicate the aversion. Doctors may suggest different sexual positions, physical therapy, surgery, or medication. These conversations and the potential following actions can decrease the likelihood of EMS and increase marital satisfaction.

For most individuals, there is a natural need for sexual release. It enhances bonding, relaxation, and overall health. When spouses are disconnected physically for a considerable amount of time, that need compounds. Depending on the reason for their separation, the couple might benefit from considering an investment in their reconnection. For further analysis and insight, they may consult a therapist or mentor. Elevating the priority of their marriage and the further investments of time, funds, and other resources may further protect their marital satisfaction and decrease the likelihood of EMS.

**Logistical Details.** In these interviews, it was found that if logistical details can be more easily taken care of, then there is an increased risk of EMS. For example, if an individual's work, family, or social situations lend a helping hand and/or a lack of barriers to EMS that individual is more at risk. This can include easy access to potential partners, safe meeting places, secret meeting places, continued communication, extra funds, and/or parental obligations among other things. As spouses, friends, and family we may find it beneficial to consider ourselves obligated to create barriers. Spouses may consider having joint accounts only, having access to one another's records, or having strict budgets. If an individual is often meeting with those of the opposite sex, spouses may consider requiring a third wheel or that the meeting take place in public. Considering that it is the twenty first century and most individuals have smart phones, spouses may

discuss pros and cons to apps that allow them to track one another or review their contacts. In terms of the pros and cons of parental obligations, spouses could discuss how their situation affects their motivations toward and restraints from EMS, including the ease with which they can take care of logistical details. If one spouse is expected to attend practices and another is not, are they asked to account for their time in some way? If the schedules or presence of children create barriers to healthy marriages, spouses may be encouraged to reach out to other couples, continue the open and honest conversation about fostering healthy marriages and ask for help. That could be scheduling tips, free childcare, play-dates, or double dates for accountability.

If an individual is a considerable distance away from many potential partners there is a decrease in the likelihood of EMS. Also, if an individual's schedule is too full they may not find time for EMS. Remember that on the flip side of that, the individual may have the same difficulties with their spouse.

**Social/Emotional Processing.** As this category was the largest, it is acceptable to say that these points were most influential on the participants in this study. If an individual is more at risk, it is easy to conclude that their spouse is as well due to the lack of connections and surplus of opportunity. Open and honest conversations between spouses and occasionally with a therapist about their insecurities in their relationship can decrease the likelihood of EMS.

Family and/or individual history was reported by all participants to have been influential on their engagement in EMS. That would imply that highlighting this info and its potential influence for couples during premarital or marital therapy would be preventative in nature. Whether a family has had an undesirable pattern, the family

history has left an individual with emotional scars, an individual is lacking closure or understanding for a previous relationship, or an individual's previous marriage went awry, thorough therapy as individuals and/or together could decrease the likelihood of EMS due to these factors. Again, the open communication brings spouses closer together in expectations and understanding.

When monogamy and trust are expectations of a marriage, healthy marriages could more likely result through positive sexual experiences together. Couples can build up a reserve to cushion them in the moments that sexual experiences are difficult, changing, or lacking in frequency. If they trust one another they could have new exciting experiences together without judgment or the need to recoil.

As stated in chapter four, many aspects that the participants' shared about their experiences with EMS were related to communication or, more precisely, the lack thereof. Naturally, marriages can go through times of financial strain and different seasons of stress. While participants shared the lack of constructive communication, therapists, family, friends, and clergy should encourage healthy communication. One way to encourage these practices at home is to practice them in public. When individuals are open and honest with one another in healthy constructive ways they may be modeling those skills for others. Another way to help spouses learn how to practice these skills may be to have them first practice in a safe and neutral environment, such as their therapist's office.

When communication is kept open in a non-hostile environment, there can be a decrease in likelihood that spouses find that they desire a release or way to relax outside of the time with their spouse. When there is an ongoing, two-way flow of forgiveness and

understanding, there can be a freedom to move on toward more positive experiences together to further outweigh the negative experiences instead of staying in an environment of negative emotions. When in a more positive environment with one's spouse it may become easier to share compliments and continue to build up a positive atmosphere. There is a sacred trust. As researchers and clinicians, it is our responsibility to share that information. It is not the same trust that friends have. It is different.

If a spouse starts to become unsupportive, an individual might find a friend to fill that role. If they turn to same sex friends or family and that role is fulfilled the spouse may more easily get that role back than if the individual turns to an opposite sex friend. If a spouse shares that sacred trust with someone else they may be more likely to become EMS partners. If other individuals outside the marriage become involved they may take sides and start a negative snowballing process. If a friend knows about the EMS and does not act in a restraining manner, if they act neutral or motivating, they may be increasing the chances of further EMS.

As said earlier, naturally, there are seasons in each marriage that are difficult and cannot be avoided. Grief, anxiety, apprehension, and anger may find its way into an individual's life or both spouses' lives. Also stated earlier, as positive memories are made in abundance these can give the relationship some extra space for these big, hard, unavoidable times. During these times, spouses could have plenty of positive memories of their relationship to remind them why they have a monogamous marriage.

These positive memories may be more powerful if they come from an equally balanced give and take from each spouse. If one spouse feels as if they are struggling with a certain giving aspect of their relationship, open communication might allow them

to hear from their spouse that their struggle is or is not in vain. If a relationship is lacking in positive experiences, I encourage spouses to seek an outside source of guidance so that they might start to repair what has been shaken and build up their reserve of positive experiences. When relationships are unbalanced or when an individual does not acknowledge their shortcomings, their spouses may feel as if they are left to bridge the gap, whether in reality they are or are not.

Positive experiences can come in many forms. They can come in recreational activities, sexual activities, social activities, employment activities, family activities and/or spiritual activities. When one partner strongly desires connection, the chance to make positive experiences in a certain area, if their spouse reciprocates they may be likely to take it as if the spouse has valued them and their experience not just the experience its self. If the spouse were to not engage or attempt to compromise, the individual could take that as the spouse does not care for them and their wellbeing. To know one's spouse and what activities they value is a gift that one can provide and deliver to possibly reduce the likelihood of EMS.

Also, to know their weaknesses and to support them in those and to avoid intentionally or unintentionally assaulting those areas is very personal. Providing the comfort, support, and constructive feedback needed for growth may help spouses avoid feeling trapped or simply unloved. Individuals can be afraid to grow and change. They may lose friends, connections, and even family support. Spouses can be that constant source of love and support that they need to take those steps toward a healthier them.

It can be a slippery slope toward EMS. While some may jump in with both feet others take baby steps, going from friendship, to soul mates, to emotional extramarital

relationship, and finally to EMS. To avoid that slippery slope couples may consider creating barriers however far away from the drop-off they desire. In my opinion, the further away the better. To be clear with expectations from the start of a marriage might be a deterrent if one starts to wander. The spouse may remember specifically telling the other spouse they did not believe that was acceptable before they become more invested in the extramarital relationship. In this instance, as individuals weigh the motivations and restraints for EMS, they will have had clear expectations and boundaries as they continue to justify their actions and compromise their morals. To have this written or symbolized in a very visual place could be a reminder of one's predetermined boundaries and agreement.

When there are individuals who a spouse has been intimate with before, open and honest communication about that experience can be beneficial if shared in an appropriate and sensitive way. If a spouse is unsure about what to share, they should seek guidance from a spiritual mentor or therapist.

Spouses may often seek an exciting change in routine through EMS as some of the participants in this study did. If this desire arises, or if an individual feels as if his/her relationship is stale, stuck, or fading, one might feel comfortable communicating this with his/her spouse. Together they might find a suitable solution. If that does not happen one could communicate this with a therapist or spiritual mentor. As the individual who is confided in it could be their responsibility to help them find a suitable solution.

Contrary to widespread belief, the men in this study, to a similar degree as one would guess women would have, valued their relational connections. When their marital relations were out of balance they sought to fulfill their need for comradery, shared

experiences, and relaxed fun times with others. This shows that it may be important for both sexes to remember that connecting in meaningful, relational ways may look different for the sexes, but friendship is valued by both spouses.

More along the lines of society's stereotypical man, our participants shared a need to feel desired and sexually appreciated. More than just having an orgasm, they wanted to hear that they were being useful in this particular way to women. The men in our study value their sexual abilities in that they were usually rewarded by a partner's obvious satisfaction, appreciation, and the desire to be with them again. As a woman, I would add that I believe women feel similar. If an open and honest communication was happening in marriages and in public about marriages I believe there would be more honest expectations, fulfilled spouses, and rewarding sexual experiences. As therapists, clergy, and those in health settings, I believe it is our responsibility to start those conversations and encourage them within marriages.

EMS partners themselves can become a motivation and/or a restraint. Earlier it was discussed how EMS partners can become a motivation in several different ways. They fill needs that spouses are not meeting, they or their friends take care of logistical details during EMS, and/or they are more physiologically suited for the individual. EMS partners become undesirable as they start to form unhealthy habits such as verbal abuse, emotional abuse, financial abuse, etc. What are the implications of that for therapists? Therapists can highlight the fact that to stay with that partner for any length of time, the individual would have had to look past their abuse/neglect. The purpose in highlighting that fact is to parallel it to how the individual behaves toward his/her spouse. If the spouse is present for couples' therapy, it could be used sensitively again to highlight the



fact that it can be done and that they should both be doing that for one another.

In the same way secrecy can be highlighted to show the individual, or a spouse in certain situations, to what lengths they would go to preserve a relationship. As a premarital/marital therapist, one might consider thorough trust exercises focusing on the lack of secrecy. Secrecy was found in this study, based on participants' language, to often be a restraint in EMS. Once an individual realizes how much effort it takes to keep the secret they may take their time to weigh the benefits and costs. On the other hand, sometimes the secrecy can build into the sense of adventure or the change of pace.

Secrecy may be fueled by fear; fear of discovery and of disappointing people. In this study, it was both by different participants. The first, the fear of discovery, is interesting. If a spouse discovers that the other has had EMS then the outcome could be one of four things; divorce, marriage which changes for the better, or marriage which remains the same, or marriage which gets worse. The first is somewhat what the participant in EMS may be seeking (a change of pace, relief, an outcome, the end of a cycle). The second could fulfill the participant's needs in a healthier, more convenient way. The third really may not have a consequence, just the lack of relief. The fourth could be further proof for the need of therapy or professional help of some sort. Discovery may truly bring about what the spouses need, the opportunity to truly face issues head on. Whether they take that challenge or not is their choice. What therapists, clergy, family, and friends can do to make that process possibly less threatening to each of them is to be supportive of them both and their marriage. Because society currently often says that an affair is the end of a marriage, this leads individuals who have engaged in EMS to believe that they cannot tell their spouses how bad their relationship truly

looks from their point of view in order to seek help.

No matter what reasons motivated each participant to engage in EMS, each of them felt a sense of guilt throughout the process in varying levels. For researchers and clinicians, it is important to recognize that. Guilt comes from believing you have committed a violation or a wrong. Each participant felt as if EMS was not the right answer to their need or desire, but they had not found a way to fulfill them previously. When individuals are given tools to deromanticize the idea of marriage, protect and foster a healthy marriage with realistic expectations, and focus on monogamy and trust, I believe the incidence of EMS will decrease.

### **Limitations**

While qualitative studies offer many benefits, there are also limitations. This study was qualitative so that a deeper understanding of the participants' experiences could be gathered. While allowing for thorough analysis of participants' experiences with EMS through interviews, there were only four participants. The sample does not adequately represent the larger populations of men from southwest Missouri, men from across the United States, or both men and women who have been engaged in EMS. The larger populations would have a greater degree of varied education, income, race, ethnicity, religious affiliations, and age. Likewise, this sample does not represent those who are co-habiting, homosexual, dating, or engaged.

Due to the exploratory qualitative nature of this study the findings cannot be used as confirmation. Further research could verify results. Semi-structured interviews also collected details of participants' artifacts if presented. Because of the secrecy involved in

many EMS situations, there were very few.

Participants in this study were not randomly chosen. They volunteered to be thoroughly interviewed for research purposes. Our participants may have provided different data than those who did not choose to volunteer and/or those who did not hear about the opportunity to volunteer. Having that information in mind, we did not have any participants who had been active in EMS and then had chosen to return to their marriage for good with success or who had been active in EMS during their first marriage and then not in their second.

Our average sample age was 57. This could have influenced data provided. Men who are older may have provided varying insights compared to men who were younger due to life experiences, maturity, length of marriage, etc. While the age range of participants was fairly limited (51-73), we did have participants whose EMS started somewhat recently (2014) and several years ago (~1985). The fact that those first EMS interactions and the interview had a large span of time between them may have affected the details of motivations and restraints recalled.

Our sample came from only slightly varying socio-economic backgrounds. David and Mike reported having positions which would usually put them in the middle-class range. Robert reported having worked in physical labor positions most of his life, but now having a training role and a “desk job”. This may, also, put him in the middle-class range. James inferred that he came from a family that was well-off, but after varying business endeavors, he has found himself around the lower-class range. A sample with more participants from a lower socio-economic status and/or a higher socio-economic status may yield varying results.

Participants' interviews were subjective. Their personal views, anxiety, embarrassment, and guilt most likely, had influence on their shared experience. Certain areas of their EMS history may be less easily communicated. The fact that participants were all male may have slightly affected data. Female counterparts may have had differing insight in several areas. Likewise, the participants' wives may have had varying outlooks on details of their relationships.

In qualitative studies an outside individual is often used for coding. This increases validity and reliability, but was not the case for this study. Instead member checks and peer reviews were conducted to decrease researcher bias.

Another limitation to note would be the possibility of decreased validity and reliability due to the researcher's involvement in each step of the study. I was thoroughly involved with the collection and analysis of data. Potential bias due to review of the previous research on the topic and past life experiences may have influenced the themes that were presented. Different themes could have been found with a different researcher.

Unexpected findings created a limitation for this study. As I was analyzing transcripts and this unexpected finding emerged. I had not planned for thorough discussion of communication issues in my interviews. Therefore, it may not have been as well discussed as what was appropriate.

### **Suggestions for Further Research**

With the availability of EMS opportunities being increased by many work situations and healthy marriages left to juggle the situation they have been given, I propose that companies start to invest in their employees' marriages and therefore

emotional, sexual, and social health. If a researcher or clinician was willing to invest their efforts toward developing an appropriate program or incentives package for companies to utilize, I trust that even insurance companies would support that effort.

Doctors, in a way similar to business leaders, should take a special interest in their patient's marital health. Physical, mental, and relational health go hand in hand. When one aspect of an individual's life goes awry the others are effected. Individuals do not always seek help for each area. For example, while a patient may not readily divulge information about their marriage, they may find it more within their comfort zone seek medication to relieve chest pain or frequent headaches. If doctors suggested mental checkups for individuals and couples every six months, much like dentists and optometrists, I believe therapists would be able to aid individuals and couples in a more preventative fashion. I suggest long term research on this idea and how to best implement it for the greatest level of participation.

I also suggest research in the areas concerning the effects of age on marriage and the effects of sudden physiological changes on marriage. In both of these situations it is usually the case that an individual is limited in some way physically and it changes the couple's financial, mental, and/or sexual outlook. It is important that researchers come to understand the depth and scope of these changes and ways for couples to adequately transition and flourish after these changes.

Personally, I have seen a trend in Christian circles that more open conversations about sex and marriage are happening. As further research, I would like to be a part of pursuing the topic of one's spiritual family regularly teaching sexual health, including monogamy and trust with in marriage. What are the advantages and disadvantages about

a church becoming more vocal about deromanticizing marriage, protecting and fostering healthy marriages with realistic expectations, and focusing on monogamy and trust.

A further area of research might be how the government could become involved in protecting and fostering healthy marriages. Similar to how hospitals used to require a simple parenting video to be shown before a baby was to leave with its parents, what would it look like if a class were to be required before a marriage license was given at the court house? I would take an educated guess and say one could argue that topics such as communication, finances, mental, physical, and sexual health would benefit marriages and the country.

## **Summary**

Research shows that EMS is a phenomenon occurring in several marriages across the nation even though it does not match their marital ideals, expectations, or values (Allen & Baucom, 2006; Apostu, 2016; Campbell, Wright, & Flores, 2012; Thompson & O’Sullivan, 2016). These actions have been found to follow and bring about varying motivators and restraints (Campbell, Wright, & Flores, 2012; DeMaris, 2009; Glass & Wright, 1992; Jeanfreau, Jurich, & Mong, 2014; Omarzu, Miller, Schultz, & Timmerman, 2012; Richardson, 1988). This study sought to gain further knowledge on EMS through in-depth interviews. Specifically, this study worked toward further bringing motivations and restraints in EMS to light.

Participants gave great insight into the motivations and restraints that were involved in their EMS experiences. Findings suggest that motivations and restraints come from many aspects of life. The four themes identified through this study were

employment influences, physiological elements, logistical details, and social/emotional processing. Those most influential motivations and restraints came from social/emotional processing or the lack thereof in the marriage before and during EMS. When participants felt as if their spouse was not as invested in their well-being as they desired, then they turned to others to meet that need.

By supporting and following through on suggested research and prioritizing healthy marriages, researchers and clinicians in many different fields can positively influence ongoing conversations about deromanticizing marriage, protecting and fostering healthy marriages with realistic expectations, and focusing on monogamy and trust.

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## APPENDICES

### Appendix A. Informed Consent

Consent to Participate in a Research Study  
Missouri State University  
College of Counseling, Leadership, and Special Education

#### **Exploring Participants' Motivations and Restraints in Repeated Extramarital Sex** **Dr. Jeffrey Cornelius-White** **Casey Stinley**

##### **Introduction**

You have been asked to participate in a research study. Before you agree to participate in this study, it is important that you read and understand the following explanation of the study and the procedures involved. The investigator will also explain the project to you in detail. If you have any questions about the study or your role in it, be sure to ask the investigator. If you have more questions later, Casey Stinley, the person mainly responsible for this study, will answer them for you. You may contact Casey Stinley at: (417)777-1088 or Dr. Jeffrey Cornelius-White, the supervising professor, at (417)836-6517 and 901 S. National Avenue, Springfield, MO 65897.

You will need to sign this form giving us your permission to be involved in the study. Taking part in this study is entirely your choice. If you decide to take part but later change your mind, you may stop at any time. If you decide to stop, you do not have to give a reason and there will be no negative consequences for ending your participation.

##### **Purpose of this Study**

The reason for this study is to find key influences on the participants' decisions related to their participation in extramarital sex. Interviews will be held in a private meeting room that is professional, appropriate, and approved by the participant being interviewed at that site, the thesis committee, and the researcher. The total number of participants is expected to be four-six.

##### **Description of Procedures**

If you agree to be part of this study, you will be asked to participate in two interviews in which you share your experience regarding extramarital sex. The interviews will be recorded for accuracy and you will be asked to sign a release detailing the future use of said recording. You will, also, be asked to provide any documents or souvenirs you may have from your experience. Each interview is expected to take between two to three hours. Interviews will be with Casey Stinley, a master's level counseling student. You may have contact with Dr. Cornelius-White, from Missouri State University, who is

overseeing the research. The total time commitment expected of you is between four to six hours over a period of six to twelve weeks.

**What are the risks?**

No physical or legal risks are foreseeable. Social risks could include initial and/or secondary discovery of the affair, shaming, rejection, distrust, or unjust discrimination. Psychological risks could include thoughts of reengagement in extramarital sex, flashbacks, marital strain due to anxiousness, depression, or thoughts of hurting yourself or others.

**What are the benefits?**

You may not benefit directly from this study. If you do, you may discover a new level of awareness concerning your experience with extramarital sex. However, the information from this study will help expand the understanding of factors and situations that influence spouses' decisions concerning engagement in extramarital sex. The information from this study may also contribute to future pre-marital and marital therapies.

**How will my privacy be protected?**

The results of this study are confidential and only the investigators will have access to the information, which will be kept in a locked facility at the University for a period of 3 years. Consent forms that identify the participants will be kept in a separate location from data. Aliases will be used in place of names in the data and final report. Your name or personal identifying information will not be used in any published reports of this research. All data gathered during this study will be stored in a locked file cabinet at Missouri State University. Consent forms and original data will be destroyed 3 years after the completion of the study.

**Consent to Participate**

If you want to participate in this study, Spouses' Influences Related to Participation in Extramarital Sex, you will be asked to sign below:

I have read and understand the information in this form. I have been encouraged to ask questions and all my questions have been answered to my satisfaction. By signing this form, I agree voluntarily to participate in this study. I know that I can withdraw from the study at any time. I have received a copy of this form for my own records.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date



## **Appendix B. Interview Questions**

1. Tell me about yourself.
2. Tell me about your (previous) marriage?
3. Tell me about your experience with EMS.
  1. In your opinion, what were the main influences on your interactions with him/her?
  2. What made interactions harder? ...better?
  3. Some people would say that these interactions were very valuable and some would say they were not. What would you say to them?
  4. Tell me about when you may have thought of ending the marriage or EMS? What was that like?
  5. Is there anything more about your partner or your interactions with him/her that we did not discuss that you might share?

**Appendix C-1. Site Authorizations, MAPS**

Authorization for Use of Site in a Research Study  
Missouri State University  
College of Counseling, Leadership, and Special Education

**Exploring Participants' Motivations and Restraints in Repeated Extramarital Sex**  
**Dr. Jeffrey Cornelius-White**  
**Casey Stinley**

Casey Stinley  
1013 W. Jackson St.  
Bolivar, MO 65613  
(417)777-1088

March 27, 2017

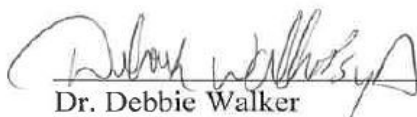
Debbie Walker  
Midwest Assessment and Psychotherapy Solutions (MAPS)  
3646 S. Campbell Ave.  
Springfield, MO 65807  
(417)597-4309

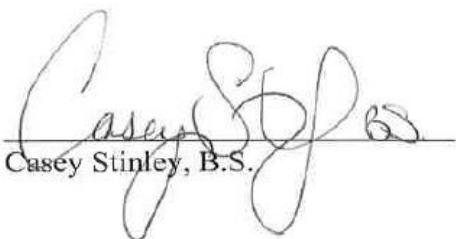
To Whom It May Concern,

I, Debbie Walker, on behalf of MAPS, grant Casey Stinley authorization to use our site in order to conduct interviews necessary for the completion of her master's thesis. This authorization will be effective from March 27, 2017 through June 30, 2017.

Each interview will be up to 2 hours in length on Saturdays that I am in the office. Casey and participants will determine which dates interviews are conducted. Casey will be greeting her participants. Interviews will be audio recorded once in a private and confidential space.

I will keep confidentiality of research participants. Casey will keep confidentiality of MAPS' clients. No money or services will be exchanged for the use of the site or referrals.

  
Dr. Debbie Walker

  
Casey Stinley, B.S.

**Appendix C-2. Site Authorizations, CMH**

Authorization for Use of Site in a Research Study  
Missouri State University  
College of Counseling, Leadership, and Special Education

**Exploring Participants' Motivations and Restraints in Repeated Extramarital Sex**  
**Dr. Jeffrey Cornelius-White**  
**Casey Stinley**

Casey Stinley  
1013 W. Jackson St.  
Bolivar, MO 65613  
(417)777-1088

March 27, 2017

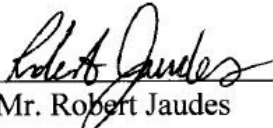
Robert Jaudes  
Citizens Memorial Healthcare (CMH)  
1500 N. Oakland  
Bolivar, MO 65613  
(417)326-6000

To Whom It May Concern,

I, Robert Jaudes, on behalf of CMH, grant Casey Stinley authorization to use office space at our sites/clinics in order to conduct interviews necessary for the completion of her master's thesis. This authorization will be effective from March 27, 2017 through June 30, 2017.

Each interview will be up to 2 hours in length. Dates will be determined by Casey, participants, and the availability of space at CMH. Casey will be greeting her participants. Interviews will be audio recorded once in a private and confidential space.

Staff of CMH will keep confidentiality of research participants. Casey will keep confidentiality of CMH clients. No money or services will be exchanged for the use of the site or referrals.

  
Mr. Robert Jaudes

  
Casey Stinley, B.S.

## **Appendix D. Resources for Participants**

### **Resources for Participants**

#### **Midwest Assessment and Psychotherapy Solutions**

3646 S. Campbell Ave.  
Springfield, MO 65807  
(417)597-4309

#### **Citizen's Memorial Healthcare Clinics**

500 N. Medical Dr.  
Ash Grove, MO 65604  
(417)751-2100

105 N. Grand Ave., Suite 2  
Greenfield, MO 65661  
(417)637-5133

1120 S. Springfield Ave.  
Bolivar, MO 65613  
(417)326-7814

855 Arduser Dr.  
Osceola, MO 64776  
(417)646-5075

201 S. Ash St.  
Buffalo, MO 65622  
(417)345-6100

209 S. Main St.  
Pleasant Hope, MO 65725  
(417)267-2001

322 E. Hospital Rd.  
El Dorado Springs, MO 64744  
(417)876-2118

1521 S. 3<sup>rd</sup> St.  
Stockton, MO 65785  
(417)276-5131

#### **Suicide Hotline**

(800)494-7355

#### **Drug Abuse Hotline**

(844)243-9770

#### **Child Abuse/Neglect Hotline**

(800)-392-3738

#### **Veteran Hotline**

(800)273-8255