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To cite this article: Stephen B. Levine (1998) Extramarital sexual affairs, Journal of Sex & Marital Therapy, 24:3, 207-216, DOI: [10.1080/00926239808404934](https://doi.org/10.1080/00926239808404934)

To link to this article: <https://doi.org/10.1080/00926239808404934>



Published online: 14 Jan 2008.



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# Extramarital Sexual Affairs

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*In this essay, sexual acting out is subdivided into four forms in order to better define their separate meanings to the unfaithful spouse, the partner, and the therapist: affairs, just-sex, making-do sex, imaginary partner sex. The conventional justifications for considering any sexual acting out a form of psychopathology are presented. These justifications are more compelling in some forms of acting out than others. Love affairs, the major subject of this paper, can also be understood as an existential choice that arises within a large array of social and psychological situations. The conscious experience of the betrayed and the betrayer is explored. Guidelines for the therapist's role in dealing with individuals and couples involved in these life-changing experiences are offered.*

## INTRODUCTION

By any reckoning, the subject of extramarital affairs is a rich, vastly complex one filled with dilemmas. It is a subject riddled with paradoxes for the patient and the mental health professional. The person having the affair, for instance, has to privately think about his or her behavior in such a way that minimizes awareness of the meaning of the behavior to the spouse, creating a new psychology of self- and partner deceit. The mental health professional, for example, may question why there is such a disparity between the (rare) frequency of articles on extramarital affairs in the literature and the (high) frequency of these dramas in the lives of their patients. In this article I provide some introductory orienting remarks about the subject in the hope that this contribution may stimulate others to continue the professional dialogue about how to think about and clinically deal with men and women who engage in these behaviors.

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### SEXUAL ACTING OUT

This phrase, *sexual acting out*, is the professional term for a range of extramarital sexual behaviors. I am not entirely at ease with it because it lumps diverse phenomena together and connotes an assumption of psychopathology. I find that there are important differences between the usual forms of sexual acting out and now offer a tentative classification of these differences. I hope that soon someone will be able to improve on this classification.

1. *Affair*. This term applies an evolving personal attachment between two clandestine lovers. The actual affair usually begins at some emotional point of psychological intimacy before sexual consummation, although the parties may only acknowledge their bond after sexual activity together. Consummation not only deepens the bond but gives birth to a set of un verbalized expectations for future talking, sharing time together, and sexual interaction. An affair involves intimate psychological knowledge of the other person, which along with the sexual intimacies implies some degree of internal bond to the lover. The end of an affair typically is at least privately painful.
2. *Just-sex*. Many surreptitious liaisons are sexual, and are quickly so, but carry no emotional, social, or sexual obligation beyond the original physical acts. These are "just sex." Liaisons with prostitutes, pickups at bars or parties, convention flings, or other one-night stands are heterosexual examples. Arrangements made at parks, book stores, or bath houses are male homosexual examples. The sexual acting out of just-sex, because it involves no intimate psychological knowledge of the sexual partner, does not generate an attachment bond. There generally is no pain of separation or loss when just-sex arrangements are over.
3. *Making-do sex*. I know of no single term to describe the abortive relationships that fall somewhere between just-sex and an affair. Sometimes described as *casual or convenient sex*, these relaxed-sounding terms belie the fact that the behavior is the product of varying degrees of deception of the new partner and gross ambivalence—filled with fits and starts, confusions, advantage-taking, and wavering. After a while, both partners come to realize that their future as a couple is quite limited. They realize eventually that were just making do until some better personal opportunity came along. The pain over termination of the relationship is primarily guilt or embarrassment. Endings of making-do sex are primarily characterized by relief.
4. *Imaginary partner sex*. Until recently, this category was largely a male form of extramarital sex that was of interest to clinicians because of its association with partner avoidance and intense dependence on masturbation. Explicit still pictures, videotapes, or strip shows have traditionally captivated heterosexual men's erotic imagination in this problematic way. Homosexual male counterparts have included explicit male-on-male videos and opportunities for voyeuristic excitement at movies, bath houses, and parks. But now, clinicians are seeing

men and women who discover imaginary sex while talking to strangers on either the phone or by typing conversations on the Internet. This is quasi-imaginary quasi-extramarital sex. People can become quite attached to these forms of sexual behaviors, and, paradoxically, they may be the most difficult to give up. Many people describe their ongoing need for these forms of sexual behavior and their failed attempts to stop the use of these props as *addiction*.

### IS SEXUAL ACTING OUT A PSYCHOPATHOLOGY?

Sexual acting out is often assumed to be a manifestation of either an individual's or a couple's psychopathology. I discern several sources for this assumption:

- Acting out can be self-destructively dangerous. The secret forbidden nature of the activity can readily become preoccupying or “addicting.” Even an affair with a real person can feel addicting: “I can’t get anything done. I’m obsessed with him day and night!”
- Considerable emotional distress appears in the couple when any of these activities is discovered by partners. When a partner’s affair is not just another problem caused by an obvious long-standing psychopathology, the discovery of an affair usually has a dramatic capacity to generate suffering in the spouse, children, extended family, friends, and, of course, in the people who are acting out together.
- Some extramarital sexual behaviors are strongly associated with major psychiatric illnesses, character disorders, or paraphilia.<sup>1</sup> Disorders such as hypomania, cocaine abuse, psychopathic personality, and exhibitionism strain the person’s capacity to remain faithful to the spouse and strain the spouse’s capacity for patience and commitment.
- There is a long psychodynamic tradition of explaining extramarital sexual behaviors in terms of developmental psychopathology, particularly of preoedipal and oedipal varieties.<sup>2</sup> In this tradition, it is assumed that people aspire to meet the publically acknowledged fidelity requirements of their marriage.

Much clinical experience has led mental health professionals to consider that some extramarital sex may helpfully be viewed as a manifestation of a prior maladaptive mental state. It is one of our responsibilities as mental health professionals to discern when this is clearly the situation. But I am not so certain that we are justified in reflexively thinking about sexual acting out in this way. I prefer to think of some of these behaviors as existential choices that are considered by many people who must then weigh the pros and cons according to their current sensibilities. These choices often carry an inherent risk for everyone in the family system, but this alone may be an insufficient basis for reflexively equating danger with psychopathology. When I do not perceive that sexual acting out is a manifestation of a more basic mental disturbance—such as sociopathic

personality—I think of it less diagnostically and more existentially: “To be faithful or to be unfaithful.”

*Affair Scenarios: A Long but Incomplete List*

Consider this seemingly redundant long list of possible affair scenarios:

1. A man has an affair.
2. A woman has an affair.
3. An engaged person has an affair.
4. A person has an affair soon after marriage, in the early phases of evolving a new sexual equilibrium.
5. A person in a long-established relationship has an affair.
6. A man has an affair when his spouse is showing physiological decline in the perimenopausal–menopausal era.
7. A woman has an affair when her spouse is showing physiological decline in his fifties.
8. A person has an affair after several years of the partner’s unexplained, unexplored unwillingness to have sex.
9. A person has an affair after years of an unsatisfying relationship lacking in psychological intimacy.
10. A man has an affair when his spouse is chronically seriously physically ill.
11. A woman has an affair when her spouse is chronically seriously physically ill.
12. A person has an affair when the spouse is chronically seriously mentally ill.
13. A single or divorced woman has an affair with a married man.
14. A single or divorced man has an affair with a married woman.
15. Two young married people have an affair.
16. Two middle-aged married people have an affair.
17. Two older married people have an affair.
18. A married man has a homosexual affair.
19. A married man has homosexual just-sex with a stranger.
20. A married man has sex with a male prostitute.
21. A married woman has a lesbian affair.
22. A married man has sex with a female prostitute.
23. A married man has just-sex with a woman, a stranger, while out of town.
24. A married man has imaginary masturbatory sex with a woman, a stranger, on the Internet.
25. A married woman has just-sex with a man, a stranger, while out of town.
26. A married woman has imaginary masturbatory sex with a man, a stranger, on a phone call arranged by a company whose business is bringing people together for sexual chats.
27. A making-do relationship is developed during a couple’s long vocational geographic separation.

28. A man in a committed gay relationship has an affair with a man.
29. A man in a committed gay relationship has just-sex with another man.
30. A man in a committed gay relationship has an affair with a woman.
31. A lesbian in a committed relationship has a homosexual affair.
32. A lesbian in a committed relationship has an affair with a man.
33. A person in the armed forces is stationed away from his or her spouse in a foreign land where significant danger exists and begins a just-sex arrangement with someone in the same situation.
34. A woman, who always has lived on the verge of poverty, discovers that her husband has been with another woman.
35. A woman of considerable independent financial means discovers her husband's infidelity.
36. A priest, committed to celibacy, has homosexual just-sex with a stranger.
37. A priest, committed to celibacy, has a long-standing homosexual affair.
38. A priest, committed to celibacy, has a heterosexual affair.
39. A clergyman whose religion does not require celibacy falls in love and has an affair with a congregant.
40. A married faithful 45-year-old man says he is addicted to heterosexual pornography and imagines controlling, dominating, and humiliating his attractive 20-year-old women partners.
41. An unhappily married woman with children has periodic brief sexual liaisons that she abruptly ends.
42. A person has a second affair during marriage.
43. A middle-aged psychotherapist has his fifth sexual relationship with a patient during the psychotherapy sessions.
44. A middle-aged psychotherapist has her first sexual relationship with a patient but ends the relationship first.

### *Meaning Makers*

To emphasize the fact that the meanings of affairs vary with each individual involved, I sometimes refer to people as *meaning makers*. In the typical previously clandestine affair that comes to psychiatric attention, for instance, the usual cast of meaning makers include the person having the affair, the person with whom the affair is conducted, the committed partner, the mental health professional, and possibly a confidant of one of the lovers. Therapists become immersed in the meanings of those that consult them. In conjoint therapy with a couple that is trying to recover from the aftermath of an affair, it is readily apparent, for example, that each involved person—even the person not in the room—attributes distinctly different meanings to the affair. The clinician's role is often to order these meanings in an understandable and useful fashion.

### *Unanswered Questions From the List*

The long list of extramarital situations suggests a number of questions. Do men and women tend to experience and view extramarital sex differently? Does extramarital sex evoke different meanings in different parts of the life cycle? Are just-sex experiences significantly easier for the committed partner to bear than affairs? Are just-sex experiences less guilt-provoking for the unfaithful person? Do gay men and lesbians have less expectation for partner fidelity than their heterosexual counterparts? Does lower expectation for fidelity for any reason (for instance, because of a long history of economic disadvantage) affect how infidelity is experienced? Does the meaning of an affair stem from a grasp of what the negative consequences may be? Are religious vows of celibacy comparable to marriage in terms of meanings of partner sexual experiences? Is extramarital sex in cyberspace less disruptive than physical contact sex? Is extramarital sex that occurs with a current or former therapist more dangerous than affairs? All of these questions ultimately refer back to the meaning-making function of the individuals involved.

### *THE BETRAYED AND THE BETRAYER*

#### *The Mind of the Betrayed*

I am often consulted by a person who has discovered her or his partner is having an affair. I then have the opportunity to observe the thoughts, feelings, defenses, modifying circumstances, and coping strategies of the betrayed.

In the midst of their crises, three matters confuse the betrayed:

1. the intensity of their emotions;
2. the expected time course of their feelings (“How long will I feel this way?”);
3. the uncertain answers to a surprisingly large number of recurring questions, many of which arise at the same time.

*The Questions of the Betrayed* The betrayed of either sex or orientation often struggle with some or most of the following matters:

1. Why did this happen?
2. Does this mean that something is wrong with me physically, sexually, interpersonally, or psychologically?
3. Does this mean that something is wrong with our relationship?
4. Does this mean that something is wrong with my partner?
5. Is this just the way most people of that sex or orientation are?
6. Why do I feel this array of emotions: sadness, anxiety, anger, guilt, embarrassment, desperation, sexual desire for my partner, aversion for my partner, love, vengefulness?

7. Should I tell anyone about this? My friends, my parents, our children?
8. What else do I not know about my partner's behaviors?
9. Will I—does anyone—ever get over this?
10. Will I ever be able to forgive my partner?
11. Will I ever be able to forget this?
12. Will I be able to trust my partner again?
13. Will I be able to trust any partner again?
14. How can I make my partner realize what I am going through?
15. How do I best manage this? What will be the consequences of:
  - Seeking counseling?
  - Consulting a divorce attorney?
  - Having a retaliatory affair?
  - Refusing to do anything for my partner for a while?
  - Reading some books about affairs?
  - Pretending that I intend to leave?
  - Letting this quietly blow over?
16. Shall I think of myself as a fool?
17. Shall I take this opportunity to end this relationship?
18. Does it now matter to me that I previously had an extramarital experience?

*The Coping Styles of the Betrayed* I recognize a range of coping styles among the betrayed. At one pole are those patient, understanding responses, heavy with personal responsibility and organized by the quick self-knowledge of "I want my partner back!" At the other extreme are the responses of indignant vengeful outrage, seeking immediate aggressive action and organized by the decision that "My partner is history!" Most initial responses alight between these extremes.

*The Therapist's Role* What the clinician has to say to the betrayed person depends a great deal on the coping styles being used at the moment. Therapists should pay attention to their patients' emotions and help them to succinctly express them. Therapists can helpfully distinguish those feelings that are likely to last a long time and those that are more transient. The emotions are tied to the questions; paying attention to either the emotion or the question helps with both. Therapists should generally understand that, although the questions are good ones, they do not actually know the answers to many of them. As long as one listens well with interest and appreciation of the pain and uncertainty, the betrayed seem to find relief in sharing his or her experience.

Clinicians may wonder what factors influence a person's reactions to an affair. Matters such as where people are in their personal maturation, private personal commitment to a partner, value systems, children, the financial situation, and whether it is a first or repeated affair experience seem relevant. There are five reasons that therapists should be careful



about such speculations, however, (a) reactions proceed over time as the person digests what the threat is and how he or she feels about it; (b) the influence of the modifying factors may be small when compared with the power of the betrayed alone; (c) after an affair, the relationship may be repaired in many important ways but remain forever changed by the experience of betrayal; (d) mental health professionals have never been much good at predicting; and most importantly, (e) the meanings of meaning makers are highly idiosyncratic.

### *The Mind of the Person Having the Affair*

It can be quite difficult to tell a therapist about an affair. Perhaps because of the patient's shame or because therapists are being interviewed to ascertain their attitudes, several sessions can go by without being told about the liaison. I have conducted marital and individual therapies only to discover later, sometimes quite a bit later, that a spouse (of either sex) had been having an affair during therapy. Even when people speak at their first session about having an affair, telling all about it usually is quite onerous. Three aspects are particularly difficult: (a) the knowledge of why they participated; (b) the direct and indirect promises made to a new partner (including personal hopes for an improved life); and (c) the lies told to the new partner.

Nonetheless, therapists learn from what people tell them and how people reveal it. These men and women teach therapists about the familiar thoughts, feelings, defenses, modifying circumstances, and coping strategies used by the person involved in an affair.

It is not generally useful to search for the type of individual who has an affair. American data from different eras—1940s to 1970—created the impression that approximately 50% of married men and about 20% of married women admitted to at least one extramarital experience. Divorced women have about 2.5 times the likelihood of having had an extramarital experience than currently married women.<sup>3</sup> Such data cannot be given a great deal of credence because of methodologic difficulties, the tendency not to reveal such information, and the numerous factors that modify prevalence figures. Earlier estimates range widely from study to study—for instance, 26% to 55% for men and 21 to 45% for women. In a more recent survey done as part of the HIV risk, individuals between 18 and 75 years old were asked by phone about their sex partners in the last 12 months.<sup>4</sup> Men were more likely than women to have had extramarital sex—2.9% vs. 1.5%. All studies have displayed the greater tendency of men than of women to have extramarital vaginal intercourse—whether measured within the last year or ever—but recent studies of younger women suggest that the differences are diminishing. For African Americans and Hispanics, but not Whites, church attendance was associated with lower extramarital sex rates. After considering many studies, Brown, a clinician, estimated that 70% of marriages experience an affair.<sup>5</sup> Two recent methodologically careful surveys have suggested that 24.5%<sup>6</sup> and 22.7%<sup>7</sup> of men and 15% and 11.6% of women have

ever had vaginal intercourse with someone other than their spouse while married. While the validity of all studies remains uncertain, some data suggest that today's married women have affairs about 10 years earlier than the previous generation.<sup>8</sup> Women's extramarital activity tends to increase between ages 30 and 50 and then decrease, whereas men's activity tends to be consistent until the 60s. The survey researcher's view of the phenomenon of extramarital sex is not only different from the clinician's in scientific care and acceptability, but also in what can be learned about the activity. Clinicians need information from the social scientists to help them not lose perspective. The clinician's perspective is a close-in one, filled with powerful emotion and meaning and plagued by the lack of sociologic perspective.

Two phenomena are common among those who seek help after initiating an affair: (a) In answer to many of the therapist's questions, they reply, "I did not think about that." (b) During the discussion of the current complex situation, the person deeply sighs and remarks, "If I only would have known what this would have brought." This is not to say that people invariably regret their affairs; some in fact cherish them and feel that the pleasures were worth the problems that ensued. Nonetheless, those initiating an affair want to discuss the affair because so much is cognitively and effectively swirling within them.

Here are some of the issues that seem to be inherent in the experience of having an evolving relationship with a person outside of the marriage:

1. Am I doing this because my partner is so unsatisfying?
2. Am I doing this because I have lost respect for my partner?
3. Am I doing this because I am angry, deeply resentful, of my partner?
4. Am I doing this because I want to have this? I deserve to have this? I need this?
5. Am I doing this because of serendipity, a chance I decided to take advantage of?
6. Am I doing this because it would be too ugly to stop it?
7. How am I to think of myself now? I have become such a liar, yet, I am generally an honest person.
8. Do I really want to stop this relationship?
9. If I devise a plan to stop, will I implement it?
10. Whom shall I hurt? Whether I stay, leave, or continue the affair, I will be deeply hurting somebody.
11. What am I to do now? Even if I implement the best plan I can think of, people, including me, will still be hurt.
12. If I return to my partner, will I be trusted?
13. If I stay with my lover, will I be trusted?
14. Why do I feel such an array of my emotions about my spouse: angry, guilty, pleased, embarrassed, nervous, irritated, disappointed, and afraid?
15. Does this grief that I feel when I decide or try to end the relationship mean that I love the person?

16. How can I tell the difference between loving and enjoying this person?
17. Would I be better off leaving my marriage?
18. Should I stay married just for my children?
19. What will my future be with my children if I leave their other parent?
20. What will be the future of my children if I leave?
21. I am a mess when I think about my betraying my partner. Should I try not to think about it?
22. I am just looking for love, another improved-variety relationship. I just want to be a happy person. Am I kidding myself that I could be happy?
23. Who might be of help to me? A friend? A clergy member? My physician? A therapist?
24. Are there any good books on the subject of having affairs?
25. Am I crazy?

Clinicians often see men and women after they have been discovered or after their affair has generated intense guilt, sexual dysfunction, or marital deterioration. But on occasion, a thoughtful person not in crisis finds the complexity of his or her life reason to consult a clinician. Therapist and patient then discuss these issues in detail over time, the patient weighs them in importance, and some decision is eventually made. This is, of course, exactly what the clinician attempts to do with those whose distress is more acute.

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