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Discovery of a Partner Affair and Major Depressive Episode In a Probability Sample of Married or Cohabiting Adults

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Abstract

Prior research has found that humiliating marital events are associated with depression. Building on this research, the current study investigated the association between one specific humiliating marital event – discovering that one's partner had an affair – and past-year major depressive episode (MDE) in a probability sample of married or cohabiting men and women who were at high-risk for depression based on the criterion that they scored below the mid-point on a measure of marital satisfaction ($N = 227$). Results indicate that (a) women were more likely than men to report discovering their partner had an affair in the prior 12 months; (b) discovering a partner affair was associated with past-year MDE and lower levels of marital adjustment; and (c) the association between discovering a partner affair and MDE remained statistically significant when holding constant demographic variables and marital adjustment. These results support continued investigation into the impact that finding out about an affair has on the mental health of the person discovering a partner affair.

Keywords

affair; infidelity; cheating; depression; major depressive episode; marital adjustment

There is a large body of literature linking stressful life events with the onset, severity, and course of depression (for a review, see Hammen, 2005). In evaluating the association between stressful life events and depression, researchers have developed various ways of classifying stressful events. Brown, Harris, and Hepworth (1995) developed a descriptive typology of life events, in which severely threatening life events were categorized in terms of their probability of eliciting certain kinds of feelings. Specifically, events were categorized into the three broad themes of humiliation, loss, or danger. The term humiliation was used to convey that events in this category result in the person being devalued with respect to self or others. Examples of humiliating events include discovery of infidelity and direct verbal or physical attack. Relative to events characterized by loss or danger, life events characterized by humiliation were associated with a greater risk of depression in both patient and nonpatient samples of women.

Brown et al. (1995) reported that humiliation events most often involved spouses or lovers. Since then, researchers have examined the association between depression and humiliating events specifically occurring in intimate relationships. One study focused on married women who had experienced a severe negative marital event (the most frequent of which were marital separation, infidelity, and physical aggression) in the month prior to the study, and found that the rate of a major depressive episode (MDE) was higher than rates based on community samples (Christian-Herman, O'Leary, & Avery-Leaf, 2001). Another study found that compared to women who did not report finding out that their partner had engaged in infidelity or threatened marital separation, those who had experienced one of these humiliating marital events were at elevated risk of MDE (Cano & O'Leary, 2000). Results from these studies suggest that life events involving humiliation in intimate relationships may be important correlates of depression in women.

The present study was designed to replicate and expand upon prior studies evaluating the association between humiliating marital events and depression. The focus of the present study was on one specific humiliating marital event – infidelity. The decision to focus on only one specific event is consistent with research that has examined the association between depression and other specific humiliating marital events such as separation or divorce (e.g., Cohen, Klein, & O'Leary, 2007). Approximately 22% to 25% of men and 11% to 15% of women report that they have engaged in extramarital sex sometime in their lifetime, with an estimated 1.5% to 4.0% of married individuals reporting that they engaged in extramarital sex in the past year (for a review, see Allen et al., 2005). Infidelity is the most common cause for relationship dissolution across societies (Betzig, 1989) and most people in the United States disapprove of extramarital sex (e.g., Treas & Giesen, 2000; Wiederman, 1997). For example, a 2013 Gallup Poll found that 91% of Americans reported that having an affair is morally wrong (Newport & Himelfarb, 2013).

To date, there is relatively little research specifically evaluating the association between discovery of infidelity and depression. One study found that discovery of a spouse or partner in a close relationship being unfaithful sometime during one's life was associated with lifetime prevalence of any assessed mental disorder (i.e., mood, anxiety, and substance use disorders) (Turner & Lloyd, 1995). However, this study examined lifetime prevalence of both infidelity and psychiatric disorder and did not evaluate the association between discovery of partner affair and specific disorders. Two studies evaluated the association between infidelity and depressive symptoms for couples in treatment, and both studies found that relative to non-infidelity couples, higher levels of depressive symptoms were reported at intake by couples who reported that previous or ongoing extramarital sexual activity was an active issue (Beach, Jouriles, & O'Leary, 1989) or couples in which at least one partner endorsed infidelity from a list of relationship problems (Atkins, Marin, Lo, Klann, & Hahlweg, 2010). When examined separately by partner, however, Beach et al. (1989) reported that it was the person who engaged in extramarital sex who displayed higher levels of depression but not the partner of the person. Because these two studies examined couples who were seeking couple therapy, it is possible that they were more remorseful than most perpetrators and/or were experiencing less humiliation and powerlessness than most partners, suggesting that these results may not parallel results based on community samples. Furthermore, both of these studies evaluated depressive symptoms rather than depressive

disorder and neither study specified the timing of discovery of partner affair. Psychiatric diagnoses provide more information than symptoms as, by definition, they represent clinically significant level of distress, impairment in psychosocial functioning, or both. Furthermore, symptom inventories perform only adequately in predicting psychiatric cases from controls, which is likely due to symptom measures not measuring impairment (e.g., Fechner-Bates, Coyne, & Schwenk, 1994).

The present study was conducted to evaluate the association between discovery of a partner affair during the past year and 12-month prevalence of MDE in a probability sample of married or cohabiting individuals who scored below the midpoint on a measure of marital satisfaction. Because prior research involving probability samples have found that lower marital satisfaction is associated with the prevalence (e.g., Whisman, 1999, 2007) and incidence of depressive disorders (e.g., Overbeek et al., 2006; Whisman & Bruce, 1999) and the prevalence (e.g., Atkins, Baucom, & Jacobson, 2001; Whisman, Gordon, & Chatav, 2007) and incidence (e.g., Previti & Amato, 2004) of infidelity, the study can be considered as evaluating the association between discovering of partner affair and MDE in a high-risk sample. It was hypothesized that compared to individuals who did not find out their partner was having an affair, those who did discover an affair would be more likely to meet criteria for MDE. A second aim of the study was to evaluate whether discovery of partner affair was uniquely associated with MDE after statistically controlling for marital adjustment.¹

Because marital adjustment is associated with both infidelity and depression, it is important to evaluate whether any observed association between discovery of a partner affair and depression is incremental to their potential shared association with marital adjustment. A final aim of the study was to examine the specificity of the association between discovering a partner affair and depression through testing whether discovery of a partner affair was associated with other psychiatric disorders. Based on prior findings that lower marital adjustment is concurrently (e.g., Whisman, 1999, 2007) and prospectively associated with incidence of social phobia (Overbeek et al., 2006) and alcohol use disorders (Overbeek et al., 2006; Whisman, Uebelacker, & Bruce, 2006), the association between discovery of a partner affair and 12-month prevalence of these disorders was evaluated.²

Methods

Participants

Data were taken from respondents who participated in the 2001–2003 follow-up re-interview (i.e., the NCS-2) of the National Comorbidity Survey (NCS), because the question about discovery of partner affair was included only in the NCS-2. The NCS (Kessler et al., 1994) is a nationally representative United States survey of 8,098 respondents aged 15–54 years carried out between 1990 and 1992. Interviews were conducted by professional survey

¹A distinction is being made between marital satisfaction and marital adjustment, which is in keeping with definitions made by other researchers (for a review, see Fincham & Rogge, 2010). Measures of *adjustment* combine objective characteristics of the relationship (e.g., processes believed to be necessary to achieve a functional relationship) and subjective evaluations of the partner and the relationship, whereas measures of *satisfaction* assess only subjective evaluations.

²Although discovery of a partner affair may result in emotional and behavioral symptoms that characterize post-traumatic stress reactions (e.g., Englehard, Arntz, & van den Hout, 2007; Gordon, Baucom, & Snyder, 2004), the association between discovery of a partner affair and PTSD was not examined because PTSD symptoms were assessed only for people who reported a DSM-IV trauma (e.g., events involving actual or threatened death or serious injury or other threat to physical integrity).

interviewers and administered in two parts. Part I, which included the core diagnostic interview, was administered to all respondents. Part II, which included additional disorders and risk factors, was administered to a probability subsample of 5,877 respondents including (a) all respondents aged 15–24 years, (b) all others with any lifetime DSM-III-R disorder assessed in Part I, and (c) a random subsample of remaining Part I respondents. The NCS-2 involved a re-interview of NCS Part II respondents between 2001–2002. Of the original 5,877 respondents, 5,463 were tracked down and a total of 5,001 were re-interviewed, yielding a conditional response rate of 87.6%. NCS-2 respondents were assessed using an expanded version of the baseline NCS interview. Relative to other baseline NCS respondents, NCS-2 respondents were significantly more likely to be female, well educated, and residents of rural areas. A propensity score adjustment weight (Rosenbaum & Rubin, 1983) corrected for these discrepancies; weighted data were used in all analyses.

The NCS-2 included 2,958 married and 419 cohabiting individuals (hereafter referred to as married individuals for ease of discussion), and 3,356 of these people (99.4% of the eligible sample) completed the marital satisfaction item described below. Of these people, 228 (6.8%; 6.4% after weighting) scored below the midpoint on the measure of marital satisfaction. The developers of the NCS-2 decided that only those people who scored below the midpoint were asked the question about discovery of a partner affair, and the present analyses included only those people. One person who did not complete the item asking about partner affair was excluded from the analyses, leaving a final sample of 227 people.

The final sample used in this study consisted of 129 women (56.8% of the sample) and 98 men; after weighting, women made up 54.5% of the sample. The weighted sample was 69% White, 15% Black, 13% Latino, and 3% other. After weighting, on average participants were 44.3 years old ($SD = 9.4$; range 26–66) and had 2.4 children ($SD = 1.6$).

Measures

Discovery of a partner affair—Participants who scored below the midpoint (i.e., 5) on the measure of marital satisfaction (described below) were asked several questions about events that may have occurred in their relationship, including the question “Did you find out about your spouse/partner having an affair in the past 12 months?”

Marital satisfaction—Marital satisfaction was measured with a single item, on which participants rated their marriage on an 11-point scale, anchored at 0 (*the worse possible marriage*) and 10 (*the best*). Single-item measures of marital satisfaction are commonly used in epidemiological survey research (e.g., Glenn & Weaver, 1981), are stable over time (e.g., Atkinson, 1982), and correlate highly with multi-item measures of marital satisfaction and other relationship constructs (e.g., Hunsley, Pinsent, Lefebvre, James-Tenner, & Vito, 1995; Huston & Chorost, 1994).

Marital adjustment—Marital adjustment was measured with 14 items from the widely used Dyadic Adjustment Scale (DAS; Spanier, 1976). The scaling and response options, however, were modified from the original DAS: 9 items rated on a 6-point scale in the original DAS were rated on a 5-point scale, 4 items rated on a 6-point scale in the original DAS were rated on a 4-point scale, and 1 item rated on a 5-point scale in the original DAS

was rated on a 4-point scale. Items were recoded as necessary so that higher scores indicated greater marital adjustment. Items were standardized based on all married participants in the NCS-2 and averaged to create a composite scale ($\alpha = .87$); a constant was added so that the minimum score was 0.

Major Depressive Episode—Psychiatric diagnoses were based on the World Health Organization's Composite International Diagnostic Interview (CIDI; Kessler & Ustun, 2004), a fully structured lay interview that generates diagnoses according to the DSM-IV. The current analyses were based on 12-month MDE diagnosis. Blinded clinical re-interviews assessed concordance of CIDI diagnoses with clinical diagnoses using the Structured Clinical Interview for DSM-IV (SCID; First, Spitzer, Gibbon, & Williams, 2002). Good concordance was found for MDE, with an area under the curve of 0.75 (Haro et al., 2006).

Results

There were 8 women and 5 men who reported discovering a partner affair, yielding a weighted 12-month prevalence of 7.3%. When examined by gender, the weighted percentage of women who reported that they discovered that their partner was having an affair during the prior 12 months was significantly greater than the weighed percentage of men who discovered a partner affair, $b = 2.07$, $p = .01$. The weighted 12-month prevalence for DSM-IV disorders was 17.1% for MDE, 13.6% for social phobia, and 7.4% for alcohol use disorder; the mean level of marital satisfaction was 4.0 ($SD = 1.6$, range: 0 – 5), and the mean level of marital adjustment was 2.4 ($SD = 0.7$; range: 0.0 – 4.1).

Multivariate logistic regression analysis was used to evaluate the association between discovery of a partner affair and MDE in this high-risk sample. Standard errors and significance tests were estimated using the Taylor series method implemented in SPSS Complex Samples to adjust for the weighting and clustering of the data. Past-year MDE status (0 = no, 1 = yes) was regressed on past-year discovery of a partner affair (0 = no, 1 = yes), statistically controlling for gender, age (26–35, 36–45, 46–55, 56–66), and race/ethnicity (White, Black, Latino, other). The exponent of the logistic regression was computed and reported as an odds ratio (OR), and the 95% confidence interval (95% CI) was computed for each OR.

Results suggest that holding demographics constant, discovery of a partner affair was associated with a higher prevalence of past-year MDE, $b = 2.30$, OR = 10.00, 95% CI = 2.76, 36.16, $p = .001$.³ In addition, holding demographics constant, marital adjustment was significantly and negatively associated with past-year MDE, $b = -1.08$, OR = 0.34, 95% CI = 0.18, 0.63, $p = .001$. To examine the association between discovery of a partner affair and marital adjustment, a linear regression analysis was conducted, in which marital adjustment was regressed on past-year discovery of a partner affair, holding demographics constant. Results indicated that discovery of a partner affair was significantly and negatively

³The bivariate association between discovery of a partner affair and MDE was also significant, $b = 1.63$, OR = 5.08, 95% CI = 1.12, 23.16, $p = .036$.

associated with marital adjustment, $b = -1.06$, $SE = .17$, $\beta = -.39$, $p < .001$. After statistically controlling for demographics, people who found out their partner was having an affair reported a lower level of marital adjustment than people who did not discover a partner affair, $d = -1.38$.

To evaluate the second aim of the study – whether the association between discovery of a partner affair and MDE remained statistically significant when holding constant level of marital adjustment – MDE status was simultaneously regressed on discovery of a partner affair and marital adjustment, as well as demographics. After statistically controlling for demographics, past-year MDE was uniquely associated with both discovery of a partner affair, $b = 1.58$, $OR = 4.85$, 95% $CI = 1.09, 21.66$, $p = .039$, and marital adjustment, $b = -0.85$, $OR = 0.43$, 95% $CI = 0.22, 0.84$, $p = .015$.

The third aim of the study was to examine the specificity of the association between discovery of a partner affair and depression, which was evaluated through testing whether discovery of a partner affair was associated with other psychiatric disorders assessed in the NCS-2 that have demonstrated cross-sectional and longitudinal associations with marital adjustment in prior research. Holding demographics constant, discovery of a partner affair was not significantly associated with either social phobia, $b = 0.79$, $OR = 2.21$, 95% $CI = 0.50, 9.85$, $p = .288$, or alcohol use disorder (i.e., alcohol abuse or alcohol dependence), $b = 0.84$, $OR = 2.31$, 95% $CI = 0.19, 27.94$, $p = .500$.

Discussion

The present study was conducted to examine the association between past-year discovery that one's partner was having an affair and 12-month prevalence of MDE in a probability sample of married or cohabiting adults who were at high-risk because they scored below the midpoint on a measure of marital satisfaction. Results suggest compared to people who did not discover a partner affair, those who did report that during the prior 12 months they found out that their partner was having an affair had a higher prevalence of past-year MDE and a lower level of marital adjustment. The association between discovery of a partner affair and MDE was large in magnitude (e.g., the odds of meeting criteria for MDE for people who discovered their partner was having an affair were more than 9 times the odds for people who did not find out about a partner affair) and remained significant after statistically controlling for demographics and level of marital adjustment. In addition, there was no significant association between discovery of a partner affair and either social phobia or alcohol use disorders, which supports the specificity of the association between discovery of a partner affair and depression. Brown et al. (1995) hypothesized that humiliation events such as infidelity may result in helplessness, powerlessness, defeat, and hopelessness, and these factors may be more strongly associated with depression than either social phobia or alcohol use disorder. Discovery of a partner affair may, however, be associated with mental health outcomes other than those examined in the current study (e.g., generalized anxiety disorder, trauma- and stressor-related disorders), and examining these potential associations would be an important topic for future research.

In interpreting the obtained associations between discovery of a partner affair, MDE, and marital adjustment, it is important to consider that the sample used in the study was selected because they scored below the midpoint on the single-item measure of marital satisfaction. As discussed elsewhere (e.g., Sackett & Yang, 2000), this type of sample selection process results in a restriction of range, and therefore the results likely underestimate the population correlations among these variables. Consequently, the effect sizes obtained in this study should be interpreted as estimates of the associations among these variables for a high-risk sample and not as estimates of the associations that might be obtained in the population of married and cohabiting adults. Only 6% of eligible participants scored below the midpoint on the measure of marital satisfaction, suggesting that this was a very distressed subgroup of married and cohabiting individuals. Future research is needed to examine the association between discovery of a partner affair and the prevalence and incidence of MDE in individuals who were not selected based on their low level of marital satisfaction.

Results suggest that in the prior year, the base rate of discovery of a partner affair was 7.3%. Because participants in the current study were selected because they scored below the midpoint on a measure of marital satisfaction, and because lower marital adjustment is associated with MDE in cross-sectional (e.g., Whisman, 1999, 2007) and longitudinal studies (e.g., Overbeek et al., 2006; Whisman & Bruce, 1999), and with infidelity in cross-sectional (e.g., Atkins et al., 2001; Whisman et al., 2007) and longitudinal studies (e.g., Previti & Amato, 2004), this sample can be seen as a high-risk sample. As such, the 12-month base rate of discovery of a partner affair in a sample of married individuals who were not specifically selected for scoring lower in marital satisfaction would likely be lower. Indirect support for this perspective comes from data on the 12-month prevalence of having an affair (versus finding out about an affair) in this sample. Approximately 15% of people in this high-risk sample reported that they had an extramarital affair in the past 12 months, which is higher than estimates of annual prevalence of infidelity obtained in prior research, which tend to fall in the 1.5% to 4.0% range (for a review, see Allen et al., 2005).

Furthermore, results suggest that in the 12 months preceding the interview, women were much more likely than men to find out that their partner was having an affair: the odds of discovery of a partner affair for women was nearly 8 times the odds for men ($OR = 7.92$). The gender difference in annual prevalence of finding out about a partner affair is consistent with the limited prior research on lifetime prevalence of discovery of a partner affair. For example, one study found that 23.4% of women and 13.4% of men reported that sometime in their lives they had discovered that their spouse or partner in a close relationship was unfaithful; this gender difference in prevalence was statistically significant (Turner & Lloyd, 1995). The current findings are also consistent with results from prior studies that have evaluated gender differences in engaging in infidelity, which have found that men are more likely than women to report having engaged in infidelity (e.g., Atkins et al., 2001; Treas & Giesen, 2000; Wiederman, 1997).

In the current study, discovery of a partner affair was treated as a categorical variable, such that all discoveries were treated the same. However, life stress researchers have emphasized the importance of contextual factors in quantifying the stressfulness of life events. For example, Brown and Harris (1978) examined the social circumstances surrounding an event

to assess its contextual threat, and contextual factors such as these may enhance our understanding of the conditions under which discovery of a partner affair may be more likely to be associated with depression. Similarly, circumstances around the discovery of a partner affair may influence the depth and range of reactions associated with the discovery. For example, the response of the partner may impact the mental health outcomes of the person discovering an affair. Furthermore, there are different ways that discovery of partner affair may occur, which may have implications for the mental health outcomes of the person discovering an affair. One study examined the relational consequences of four methods of discovery of infidelity – namely, unsolicited third party discovery, “red-handed” discovery, solicited discovery, and unsolicited partner discovery – that differed in terms of the public nature of the discovery and the degree to which the discovery produces threats to the person’s identity (Afifi, Falato, & Weiner, 2001). Discovery method was associated with relational quality, forgiveness, and relational dissolution. However, participants in the study were college students, and future research is needed to examine whether different methods of discovery of a partner affair differ in their associations with depression and relational outcomes such as marital adjustment and marital stability in married individuals. For example, it may be that relative to the other types of discovery, unsolicited third party discovery, such as being told by someone else about the affair, would be more strongly associated with depression because this type of discovery would involve more humiliation than other types of discovery.

As with all research, the study had several limitations. First, the width of the confidence interval for the association between discovery of a partner affair and depression was quite large. Although the fact that the interval did not include zero allows for the conclusion that the association is positive, the magnitude of this association could vary widely. As sample size directly affects the accuracy with which the population correlation is estimated (Maxwell, Kelley, & Rausch, 2008), the use of larger samples in future research would provide a more accurate estimate of the association between discovery of a partner affair and depression. Second, the study was cross-sectional in design, and longitudinal research is needed to evaluate whether discovery of a partner affair is a cause, correlate, or consequence of depression. Although discovery of a partner affair may increase the likelihood of developing depression, it is also possible that partners of depressed individuals may be at increased risk for engaging in infidelity. Partners of depressed individuals report experiencing disruptions in their personal and social life (e.g., Benazon & Coyne, 2000), which may increase their likelihood of engaging in infidelity. Third, the study focused on the direct association between discovery of a partner affair and depression. As such, the mechanisms responsible for this association remain unknown. Brown et al. (1995) hypothesized that humiliation events may result in helplessness, powerlessness, defeat, and hopelessness, and future research is needed to examine whether these or other constructs account for the association between discovery of a partner affair and depression. Fourth, the number of people who reported discovery of a partner affair was too small to examine potential moderators of the association between discovery and depression. It may be that the magnitude of the association differs as a function of characteristics such as gender, prior history of depression, history of parental infidelity, or whether the partner has a history of repeated affairs. Fifth, the obtained prevalence of discovery of a partner affair is likely to be

an underestimate of the true prevalence, because some individuals may refuse to disclose such sensitive information, particularly in an interview format like that used in the NCS-2 (Whisman & Snyder, 2007). Finally, although the focus of the current study was on the association between discovery of a partner affair and depression, research is also needed on the association between having an affair and depression, as the results from the Beach et al. (1989) study suggest that engaging in extramarital may be associated with elevated risk for depression.

Much of the research on intimate relationship functioning and depression has focused on relationship quality (for a review, see Beach & Whisman, 2013). One implication of the finding that the association between discovery of a partner affair and MDE was incremental to marital adjustment is that by generally focusing on relationship quality, researchers may be underestimating the magnitude of the association between intimate relationship functioning and depression. That is to say, a full understanding of the association between relationship functioning and depression requires the inclusion not only of relationship quality but also other aspects of relationship functioning, such as finding out about a partner affair, that are incrementally related to depression over and above any shared association with relationship quality.

Results from the study also have potential clinical implications. Clinicians report difficulty in treating infidelity in couple therapy (Whisman, Dixon, & Johnson, 1997), and results from the current study suggest that this may be due in part to the greater probability of depression in individuals who have discovered a partner affair. Research that has evaluated infidelity as a predictor of couple therapy outcome suggests that this association may vary depending upon the outcome and the timing of the assessment. For example, one community-based study of the effectiveness of couple therapy found that relative to couples who sought therapy for reasons other than infidelity, couples who reported infidelity as a problem in their relationship were significantly more distressed and reported more depressive symptoms at the beginning of therapy, but did not differ from non-infidelity couples at 6-months after therapy (Atkins et al., 2010). Another study examined the association between infidelity and treatment outcome in a randomized clinical trial evaluating the efficacy of two types of behavioral couple therapy and found that whereas infidelity couples reported significantly less marital satisfaction than non-infidelity couples at the beginning of therapy, the two types of couples were not significantly different in their level of marital satisfaction at the end of treatment (Atkins, Eldridge, Baucom, & Christensen, 2005). With respect to longer term outcome of these couples, there were no statistically significant differences in relationship satisfaction between infidelity and non-infidelity couples for couples who remained married at the 5-year follow-up; however, the odds of divorce by 5 years after therapy for infidelity couples was more than three times those of non-infidelity couples (Marin, Christensen, & Atkins, 2014). Taken together, these results suggest there may be two pathways for infidelity couples in treatment: improving their relationship to a degree similar to non-infidelity couples or ending their relationship at a rate higher than non-infidelity couples. Future research is needed to evaluate the long-term outcome associated with discovering a partner affair, including outcome for couples in treatment who discover their partner is having an affair before, during, or after therapy.

A second clinical implication of the finding that discovery of a partner affair was associated with the prevalence of MDE in the current study and in prior research is that couple therapists who are working with couples in which an affair has recently been discovered are advised to assess for depression in both partners and to adapt treatment accordingly to address depression if present. This recommendation is in keeping with an integrated treatment for infidelity developed by Gordon et al. (2004), in which the initial goal of therapy is to assess both individual and relationship functioning to identify immediate crises requiring intervention and to focus on ways in which partners can take care of themselves. Preliminary evidence suggests this treatment is effective in reducing depressive symptoms and improving marital discord and forgiveness in partners of people who engaged in infidelity.

In conclusion, results from this high-risk sample of married or cohabiting adults who were recruited through probability sampling suggest that relative to those who didn't find out about a partner affair, people who discovered that their partner was having an affair were more likely to meet criteria for MDE and report lower levels of marital adjustment. Furthermore, the association between discovery of a partner affair and MDE remained statistically significant when statistically controlling for demographics and marital adjustment, and discovery of partner affair was not significantly associated with social phobia or alcohol use disorders. This pattern of results supports the specificity of the observed association between discovery of a partner affair and MDE. These findings underscore the importance of considering factors in addition to relationship quality in understanding the association between intimate relationship functioning and depression and highlight the need for continued research in understanding the consequences of discovery of a partner affair on the mental health and well-being of the person who discovers their partner is having an affair.

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