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INFIDELITY AND THE BIOECOLOGICAL PROTECTIVE FACTORS FOR MENTAL HEALTH: A LONGITUDINAL INVESTIGATION

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by

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ABSTRACT

Infidelity is an important topic of research due to the profound effects on the individual experiencing the trauma. Through the lens of bioecological systems and betrayal trauma, the impact of infidelity on mental health is examined in relation to the most proximal systems to an individual which include personality traits such as agreeableness and neuroticism as well as support from friends, family, and community. This research explores the hypotheses that more support leads to more positive mental health outcomes after the experience of infidelity and the possibility that support from friends, family, and community may buffer specific personality traits and lead to more positive mental health outcomes.

After modeling men and women separately in relation to both positive and mental health outcomes, minimal support is provided for these hypotheses through descriptive statistics, ANOVA tests, and hierarchical models. However, there is some evidence of community support predicting more positive mental health outcomes for men and more research is necessary to further understand the possible link between neuroticism and mental health outcomes for women.

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DEDICATION

This degree began as a pursuit of passion for me at the beginning of the pandemic and it is entirely unrelated to any of my former studies. I would not have been brave enough to embark on this degree if it were not for the support of my husband, Colton Williams, who provided me with endless encouragement throughout the entire process. Without his unwavering belief in my abilities, genuine investment in my happiness, and true unconditional love, this work would only be a dream.

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LIST OF ABBREVIATIONS

BTT	Betrayal Trauma Theory
MIDUS	Study of Midlife Development in the United States

CHAPTER I – THESIS

Introduction

Infidelity is a devastating betrayal that profoundly changes the course of mental health for adults. Infidelity is defined by the breach of an implicit or explicit marital contract between two people and is emotional, physical, or financial in nature (Fife et al., 2007; Garbinsky et al., 2020; Haseli et al., 2019). Approximately 16-40% of married couples experience infidelity (Greeley, 1994, as cited in Atkins et al., 2001; Laumann et al., 1994; Marín et al., 2014; Wiederman, 1997; Labrecque & Whisman, 2017) and it is one of the leading causes for divorce (Amato & Previti, 2003; Gordon & Mitchell, 2020; Scott et al., 2013). Infidelity occurs across commitment level and marital status (Mahambrey, 2020; Roos et al., 2019), indicating that it is not unique to specific subgroups of relationships. Despite the commonality of infidelity across relationship types, the effects on married couples may differ from other relationship structures. Notably, married couples differ from non-married couples in that there are legal implications when separating or divorcing (Cabılar & Yılmaz, 2022; Marín et al., 2014). Another notable difference between married and unmarried couples is that married couples demonstrate greater commitment compared to couples in other relationship structures, such as those cohabitating (Perelli-Harris et al., 2014). Married adults are also more likely to be financially stable and have children compared to non-married adults. Together, these differences may impact the mental health of married adults who have experienced infidelity differently than other relationship structures.

The qualitative differences between married and unmarried adults may shape the consequences of infidelity. The interpersonal betrayal inherent in infidelity clearly

impacts interpersonal outcomes (e.g., marital quality, divorce), but it can also have a negative effect on adult mental health. Sweeney and Horwitz (2001) highlight that infidelity's effect on mental health is complex, suggesting that infidelity has a direct impact on mental health and other factors that may protect or exacerbate the relationship. Despite research noting the mental health impact of divorce (e.g., Atkins et al., 2001; Leopold, 2018), there are few longitudinal studies examining the prospective effects of infidelity on changes in mental health over time.

Numerous theoretical models can explain the relationship between infidelity and mental health. For example, linear models (e.g., attachment theory; Bowlby, 1988) suggest that the trauma of infidelity disrupts the safety and security that is a foundational component of the health of a marriage (Warach & Josephs, 2021). The shift from a once secure and faithful relationship to one of mistrust can create mental health problems (e.g., Shrout & Weigel, 2020). Other theories, such as family systems models (e.g., Bowen, 1966), suggest that the relationship is more complex and there are other crucial processes at play vital to understanding the impact of infidelity on mental health (e.g., Regas, 2019). While there are numerous theoretical perspectives, the integration of Betrayal Trauma Theory (BTT) and Bronfenbrenner's bioecological systems theory is a particularly effective way to conceptualize the mental health effects of infidelity.

BTT suggests that traumatic events and psychological survival mechanisms contribute to an individual's mental health problems (Freyd, 1994). While the theory's focus is on childhood betrayal trauma, it also provides a framework for other types of betrayal from which to understand both immediate and long-term mental health difficulties found in adults who have been cheated on (Gómez et al., 2016).

Complementing the largely individual conceptualization of BTT, Bronfenbrenner's theory emphasizes the importance of examining the social systems surrounding an individual throughout development that directly and indirectly influence mental health and wellbeing (Bronfenbrenner & Evans, 2000). Bioecological systems theory is a particularly beneficial theoretical addition to individually based conceptualizations because it overcomes limitations of prior research, which have largely focused on a linear conceptualization of infidelity and mental health outcomes (e.g., Parker & Campbell, 2017). This way of thinking fails to consider how an individual interacts with their larger context to predict mental health outcomes.

The context in which individuals are embedded has a profound influence on mental health and wellbeing (Snowshoe et al., 2017; Sweeney & Horwitz, 2001). The interaction between individuals with specific characteristics or traits (e.g., genetic and personality) and their larger social systems, including interpersonal relationships (e.g., family members) and external environments (e.g., work, school), produces mental health outcomes. Bronfenbrenner (2000) also recognized that the systems in which the individual is embedded interact with each other (e.g., work-family spillover; Grzywacz, 2000) and noted that larger systems such as media, communities, larger beliefs, traditions, policies, and sociocultural traditions can influence mental health. (Atkins & Kessel, 2008; Garssen et al., 2021; Snowshoe et al., 2017). Lastly, place in time and history are also influential factors for development. The way an individual is affected by specific events is based on where the individual is situated within individual development and greater historical context. Conceptualization of mental health outcomes from a bioecological systems perspective will allow the varying determinants of mental health to

be accounted for (Bronfenbrenner, 1994). Mental health problems stemming from infidelity may be shaped by both proximal (e.g., family support; Kachadourian et al., 2015) and more distal systems (e.g., cultural beliefs around infidelity and divorce; Adamczyk, 2013; Mohlatlole et al., 2018), yet few studies have considered an ecological systems approach in understanding the mental health outcomes of those who have been cheated on.

The current study considers the interaction between three systems of the bioecological model (biosystem, microsystem, and mesosystem). The biosystem factors include personality traits (neuroticism and agreeableness), the microsystem includes perceptions of support from friends, family, and community, and the mesosystem includes the interaction between varying sources of support. These chosen systems are most proximal to the individual and thus are likely to exert the greatest influence on an individual's mental health. Using all three waves of data from the Study of Midlife Development in the United States (MIDUS), the current study examines a sample of married adults who had been cheated on and considers the interaction between the biosystem, microsystem, and mesosystem in predicting changes in positive and negative affect over a nine year period.

Theoretical Background

BTT provides a theoretical framework from which to conceptualize the impact of betrayal on proximal and distal mental health problems. Betrayal trauma can be described as the process of an individual's coping following a significant breach in trust by a person upon which the individual depends or relies on highly (Freyd, 1994). The seminal work by Freyd (1994) applies BTT primarily to childhood abuse and trauma. Freyd (1994)

states that trauma is created through a power imbalance whereby the child is almost entirely dependent on caregivers for meeting their psychosocial needs and is victimized by that same adult (Freyd, 1994). Thus, the child who is being abused or neglected is also dependent on their caregiver for survival which creates powerlessness. Living in this state of powerlessness could lead to negative mental health outcomes due to unresolved distress, undermined sense of autonomy and self-worth, and a limited behavioral repertoire from which to effectively cope (Fredrickson, 2019; Berber Çelik & Odacı, 2020; Sheffler et al., 2020; VanMeter et al., 2021; Vonderlin et al., 2018).

While the original conceptualization and subsequent literature on BTT is mostly focused on childhood trauma (Wills et al, 2021), BTT also provides a conceptualization for other interpersonal traumas, such as infidelity (Gobin & Freyd, 2009; Gobin, 2012; Kawar, 2019). Many of the same characteristics of the parent-child relationship are also applicable to couples (e.g., interdependence, co-regulation, support). While childhood abuse is an interpersonal betrayal, a similar circumstance occurs when two adults get married because there is an implicit or explicit expectation of fidelity in most, if not all, marriages. The violation of emotional, physical, or financial fidelity is extraordinarily painful and goes against the commitment made to each other. An additional proposition of the original BTT conceptualization is that children may not consciously remember their experienced trauma and a similar process may be occurring in the couple relationship. In infidelity, it is not uncommon for victims to downplay, deny, or rationalize their partner's behavior (Huang et al., 2017). Much like children may forget their abuse to maintain a relationship with their caregivers, spouses may engage in a similar process to maintain the relationship and the stability the relationship may provide.

Complementing the intrapsychic and relational components of BTT, Bronfenbrenner (1994) places strong emphasis on larger systems that affect an individual's mental health. Bronfenbrenner's (1994) bioecological model has made a substantial contribution to family science as it recognizes that there are multiple levels of influence that contribute to mental health and wellbeing. Bronfenbrenner (1994) postulated that there are five external systems which directly and indirectly interact with the individual or what he calls the biosystem (e.g., personality traits, developmental process, genetics, age, and biological sex). These external systems include the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1994). Immediately impacting the biosystem are the microsystem and the mesosystem (Bronfenbrenner, 1994). The microsystem is a setting with which an individual has direct interaction. Examples of microsystems include relationships between an individual and a friend, family member, or colleague. Other microsystems include work, community, and other environments. The mesosystem is the interaction between two different microsystems that influences the individual (Bronfenbrenner, 1994); for example, a conflict between an individual's work and family schedules. If work and family schedules and demands are in alignment, and an individual is able to give them both adequate amounts of time, there is a sense of harmony. If, however, work-demands impede an individual's ability to attend important family events, this could cause additional stress (Rosa & Tudge, 2013).

While the microsystem and mesosystem directly shape the health and wellbeing of individuals, the exosystem and the macrosystem have an indirect influence (Bronfenbrenner, 1994). The exosystem can be described as informal social structures

that do not directly contain the individual or are settings that the individual does not actively participate in. Instead, the exosystem has an indirect influence on the primary individual with regards to program components, such as financial assistance and eligibility, or policies which impact the primary individual (Bronfenbrenner, 1994). The influence is indirect as it operates through proximal factors in the individual's life. For example, healthcare policy disproportionately favors married individuals compared to those who are unmarried (Pandey et al., 2019; Wood et al., 2009), which enables couples to be on each other's insurance plans and more easily seek out medical care (e.g., microsystem) without taking on extraordinary financial burden. The fourth system is the macrosystem, which is conceptualized as the overall beliefs and values of the larger society in which the primary individual exists. Regarding marriage, macrosystem examples would be values around commitment to relationships (Campbell & Wright, 2010), family role norms, as well as religious beliefs regarding divorce (Gibson, 2008; Mohlatlole et al., 2018). The last system postulated by Bronfenbrenner is the chronosystem. The chronosystem identifies significant events in the primary individual's life that contribute to an individual's mental health (Bronfenbrenner, 1994). The chronosystem highlights the passing of time and the events which may have occurred in an individual's life in the world or their community (Bronfenbrenner, 1994). For example, many notable events have had a rippling effect on individuals, communities, and society more generally, including the terrorist attacks of 9/11, the great recession in 2007-2009, and the COVID19 pandemic (Gordon & Mitchell, 2020).

Mental health following infidelity is argued to be influenced not only by the affair itself but also the contexts in which individuals are embedded and bioecological systems

theory addresses this. For example, if an individual responds to infidelity in a destructive way (e.g., self-blame), the support systems in place may reduce this reaction through reassurance that the perpetrator of the infidelity is fully responsible for their behavior, fostering self-esteem through supportive comments, and allowing the victim to grieve the pain. Regarding the individual, affairs undoubtedly foster psychological distress among most, if not all, individuals, but there is considerable variation. Some individuals may be at an enhanced risk for experiencing distress, such as those who are already prone to mental health problems (e.g., neuroticism) (Hicks & Mehta, 2018; Kalokerinos et al., 2020; Nouri et al., 2019; Widiger & Oltmanns, 2017). On the other hand, other personality traits may experience less distress following an affair (e.g., agreeableness) (Hicks & Mehta, 2018; Nouri et al., 2019). Likewise, other factors such as age, gender, income, and education may also be impactful (Raffaelli et al., 2013; Seal et al., 2016; Sweeney & Horwitz, 2001; Williamson & Brimhall, 2017).

Microsystems are most proximal to individuals who have had a spouse that was unfaithful, and they can offer positive interactions and resources (e.g., support) that influence mental health; however, the effects of social support may vary across personality traits (Kachadourian et al., 2015). For example, adults who are more neurotic are more vulnerable to mental health problems and social support does not buffer those effects (Park et al., 2013) which may actually be a consequence of less perceived support (Swickert & Owens, 2010). In other words, mental health problems may be a consequence of the interaction between the biosystems (e.g., personality traits such as neuroticism and agreeableness) and microsystems such that adults who are more neurotic experience higher levels of mental health problems over time because they perceive

others as more unavailable. The lack of support from the microsystems could lead to more negative mental health outcomes if the individual feels as though there is nobody to rely on, fostering further isolation. Conversely, the microsystem level of support could provide an atmosphere conducive to reducing the negative effects of infidelity on both positive and negative mental health via interactions with personality traits. If after experiencing infidelity an individual feels hopeless, isolated, or is struggling to trust other people, consistent support from family and friends could reduce the negative aspects of mental health (e.g., shame, guilt, anger) and enhance the positive aspects (e.g., joy, calm) (Seal et al., 2016; Secor et al., 2017).

One of the benefits of the bioecological systems theory is that there is a recognition that there may be an interaction between varying sources of support that can have an influence on an individual's mental health. While social support is a critical piece of reducing the negative consequences of infidelity (Snyder et al., 2008), social networks are broad and vary in terms of closeness, frequency of contact, and significance (Antonucci & Akiyama, 1987). The varying sources of support may have differential effects on mental health consequences (Fitzgerald & Gallus, 2020). For example, adults who have been cheated on and who feel supported by their family members, friends, and community members are likely to have fewer mental health problems compared to those where one or more of the sources are less supportive. It is possible though that those sources of support could ultimately have a reverse effect through their own opinions and thoughts. Infidelity may cause the social network to "take sides" (Sweeney & Horwitz, 2001; Vangelisti, 2009), resulting in either decreased support or the loss of additional relationships. The bifurcated perspectives provided by members of adult support

networks may create ambivalence leading to affective symptoms such as anxiety, anger, irritability. In addition, high levels of support received from friends may interact with less support from family and contribute to mental health problems over time. In the face of a betrayal, having those closest communicate love and support may prove to be valuable for overcoming internalized feelings of anger, confusion, guilt, and shame. If, however, they receive conflicting messages from different sources they may create confusion, anxiety, and hopelessness (Ray et al., 2021).

BTT and Bioecological Systems Theory: Conceptualizing Adjustment Following Infidelity

Together, BTT and bioecological systems theory provide a strong conceptual framework from which to understand mental health following an affair yet have been seldom considered by scholars together. BTT provides the linear link to mental health following infidelity (e.g., dissociation; Fryed, 1996). When thinking about the betrayal that inherently occurs in infidelity, there is a breach of trust that causes psychological distress (Gómez et al., 2016). Betrayal can cause the individual to feel isolated, take responsibility for the partner's infidelity, and foster anger and resentment. Despite BTT providing a strong, albeit more novel, perspective on infidelity, it is somewhat limited in its recognition of the varying ecological factors that may protect or exacerbate mental health problems associated with infidelity. The effects of the betrayal may be buffered by having responsive and supportive social networks such as family members, friends, and communal support. Adults who have experienced a severe attachment wound, but perceive others as supportive, are likely to experience fewer mental health problems. On the other hand, if individuals are cheated on and have fewer social resources, their mental health problems may be amplified due to increased sense of loneliness and lack of social

resources. Further, it should be noted that the beneficial effects of support may vary across individual differences (e.g., biosystem). In line with the theoretical propositions of BTT and bioecological systems theory, the current study will examine three sources of social support (friends, family, and community) as moderators of the relationship between neuroticism and agreeable and positive and negative affective symptoms over a nine year period among a sample of adults who were cheated on.

Literature Review

Infidelity is cited by Warach and Josephs (2021) to have a variety of mental health implications for the victim and is multifaceted due to the harm that it can do for both the individual's mental state as well as their relationships with others. For example, infidelity is associated with numerous mental health outcomes, such as post-traumatic stress (Hosseini Nik & Eslamzade, 2019) and anxiety (Gordon & Mitchell, 2020), as well as emotional, behavioral, and cognitive dysfunction (Atkins et al., 2010; Cano & O'Leary, 2000; Charny & Parnass, 1995; Gordon & Mitchell, 2020; Roos et al., 2019; Warach & Josephs, 2021). For example, Gordan and Mitchell (2020) studied the additional stress caused by COVID-19 on an individual's mental health outcomes following infidelity, and the compounding effect of stress created by both the experience of infidelity and the pandemic, highlighting the mental strain infidelity imposes on an individual.

Infidelity and the Biosystem

Research has identified that individual traits may differentiate the mental health outcomes and trajectories among those who have experienced infidelity. This body of research is underdeveloped as prior research has focused largely on how dispositional

factors (e.g., neuroticism) predict engaging in infidelity (e.g., Altgelt et al. 2018) or experiencing infidelity (e.g., Mahambrey, 2020) compared to predicting the mental health outcomes of being cheated on. Despite the lack of existing research considering personality factors as predictors of mental health outcomes after experiencing infidelity, there is a strong rationale for believing that personality factors may not only predict perpetration or victimization in the context of infidelity, but also how adults manage the distress following infidelity.

First, research has suggested that personality shapes how adults respond to stressors. The experience of infidelity causes both individual and relational stress due to a breach in trust, possibly leading to insecurities within the individual impacted by the indiscretion as well as fractures within the relationship, depending on a multitude of factors (e.g., gender; Miller & Maner, 2008). BTT also sheds light on the significance of betrayal trauma and how this may impact an individual. Therefore, agreeableness is particularly applicable to studying mental health well-being after infidelity because a high level of agreeableness may show a higher likelihood of positive mental health outcomes (Hicks & Mehta, 2018). Similarly, trait neuroticism may capture the possible instability which may follow an act of indiscretion (Hisler et al., 2020). A high level of neuroticism could negatively impact an individual's recovery process, with negative feelings resurfacing, and result in more negative mental health outcomes.

Second, it is well known that personality traits are associated with mental health (Stephan et al., 2018) as well as coping strategies that inform mental health (Sesker et al., 2016). For example, Lee-Baggley et al. (2005) examined the five-factor model of personality traits (Extraversion, Agreeableness, Neuroticism, Openness to Experience,

and Conscientiousness) (McCrae & John, 1992) as they relate to coping under stressful situations and found that all five personality traits independently predicted coping strategy use. For example, adults who are more neurotic, which is described as being anxious or sensitive (McCrae & John, 1992), employ less effective coping strategies which leaves them vulnerable to mental health problems (Meléndez et al., 2020; Su et al., 2018). On the other hand, adults who are more agreeable, which can be defined as being kind, understanding, and forgiving (McCrae & John, 1992), report fewer mental health problems and less emotional dysregulation because they engage in healthier coping strategies such as techniques focused on solving the problem (Meléndez et al., 2020). In a circumstance such as infidelity, the effective use of coping strategies is particularly important in not becoming psychologically overwhelmed and successfully navigating the affair.

Infidelity and the Microsystem

Infidelity can send shock waves not only through the individual, but also have systemic consequences including family members and friends of both parties (Aeby & van Hooff, 2019; Sweeney & Horwitz, 2001). This is critical to capture as social networks appear to be of great importance, particularly for support. Although perceptions of support vary across studies, the current study conceptualizes support consistent with Walen and Lachman's (2000) definition of an individual's perceptions of caring and understanding. Support, particularly in times of distress, is vital to understanding mental health outcomes. For example, Cohen and Willis' (1985) seminal work argued that support can attenuate the effects of a stressful event, or an event that is appraised to be stressful and exceeds existing coping strategies. Social support is theorized to shape both

appraisals of stressful events as well as emotional, behavioral, and physiological reactions (Cohen & Willis, 1985), and numerous studies have documented mental health to be a correlate of varying social networks (Gillard, 2019; Kendler et al. 2005; Li et al., 2021; Ogbe et al., 2020; Wang et al., 2018).

Partners are generally the closest source of support for most married adults, given both proximity and high levels of interdependence. However, given the transgressions, pain, and betrayal associated with infidelity, adults are likely to turn towards family members and friends for support. Studies have empirically supported these propositions in the context of stressful life events, but far less has been done in the way of examining infidelity as a specific stressor (Major et al., 1997; Ray et al., 2021). Antonucci and Akiyama (1987), Seal et al. (2016), and Secor et al. (2017) all found friendships to be influential when navigating stressful times. Friends can offer psychosocial resources (e.g., emotional support, advice, listening support) that may protect against the isolation that often accompanies infidelity. Perceptions of friend support, coupled with the support of other members of adults' social network may ameliorate negative sequelae associated with infidelity. Similar to friendships, family members can also provide support to individuals when handling stress during a critical life event, such as infidelity. Research conducted by Raffaelli et al. (2013) examined college-aged Latin American youth under stress and found family support to be particularly significant and protective against negative mental health outcomes, such as depression. There is, however, a lack of empirical inquiry into the potential protective effect of familial support in relation to infidelity, thus it remains unclear if infidelity is a specific social stressor whose sequelae can be protected against through support from family members.

Much attention has been given to specific providers of support (e.g., friends and family), but other sources of support are also vital. In congruence with Bronfenbrenner's propositions, community support is of significant interest following infidelity. The community could be a vital influence on an individual, protecting against mental health problems (Šedivy et al. 2017). Community support can offer many of the same resources as familial and friend support (e.g., listening, advice, encouragement), but may be uniquely beneficial. For example, if friends or family members have not experienced infidelity themselves, they may struggle to empathize with the victim. Community support are more diverse sets of individuals, some of whom may have experienced infidelity and be able to offer their perspective on how to proceed as well as talk about their own experience. However, in the circumstance of infidelity, there is a direct impact on the community level interactions as a microsystem influence, as an act of indiscretion is often polarizing. Gerstel (1988) found that divorce often splits social networks and communities, which could risk the protective nature of community support (Šedivy et al., 2017). Infidelity may threaten or strengthen the supportive nature of community and is important to include as a variable in the model as it may interact with the other microsystem social structure while also demonstrating a main effect on adult mental health. To resolve these competing ideas involving the role of community support, the current study examined community support as a moderator of personality and positive and negative affective symptoms.

According to Bronfenbrenner, there is a complex interplay between the biosystem and the varying microsystems influencing the individual. The interplay may not be inconsequential and is significant to trajectories of mental health over time. Not only do

microsystems provide support and a protective barrier for mental health outcomes (Peng et al., 2012), but, in an event such as infidelity, research has shown that personality traits interact with social support to predict mental health outcomes (Holahan & Moos, 1985). Lincoln (2008) found that personality traits, such as neuroticism, can lead to a decrease in feelings of social support, leaving an individual more vulnerable to negative mental health outcomes if the social support acts as a protective barrier against negative mental health outcomes.

While support from friend, family, and community may be important when undergoing significant changes (Snyder et al., 2008), research has also shown that there tends to be differences between men and women where support was more protective for women than men (Antonucci & Akiyama, 1987; Kachadourian et al., 2015; Kendler et al., 2005; Seal et al., 2016). Holahan and Moos (1985) analyzed familial support as a mental health buffer for life stress for men and women, finding that women were more protected than men by family support. Additionally, men and women may also differ in the interaction between biosystem and microsystem level interactions. When looking at resistance to stress, which can be related to negative health outcomes, Holahan and Moos (1985) found that personality traits and social support interact to understand the way men and women internalize stress. This body of research supports the idea that men and women need to be modeled separately.

Infidelity and the Mesosystem

While the direct relationships between an individual and their friends, family, and community are considered microsystem influences, the interactions of these microsystems form a mesosystem. In a circumstance such as infidelity, the support

system provided by a community, and the interaction between the other microsystems, could be highly influential in the mental health outcome of an individual. In this case, it is possible for the support systems of an individual to become involved and offer their own assessment of a situation (Vangelisti, 2009; Vangelisti & Gerstenberger, 2014). This can result in receiving high levels of support from one group of people (e.g., family), while receiving different, and often conflicting messages from other sources of supposed support (e.g., friends). These mixed messages can create ambivalence and function to maintain or increase mental health problems over time. Previous research has shown in similar stressful situations that high or low levels of support may also interact with the level of conflict present in interactions (Major et al., 1997; Ray et al., 2021). While this research will not account for the conflict present in the support systems, the results will determine if the social systems alone predict mental health outcomes. As one microsystem may vary in terms of support or existence for an individual, it is also possible that the combinations of various microsystems interacting is predictive of mental health outcomes, positive or negative. For example, three microsystems of support (family, friends, and community) may create a compounding effect leading to an individual feeling an overall sense of belonging and a positive health outcome. Whereas if levels of support vary across the networks, then mental health may be disparately influenced. However, it is also possible that all three microsystems could provide conflicting advice for the individual, leading to confusion, additional stress, and ultimately a more negative mental health outcome. In this case of conflicting advice, it is possible that having one or two microsystems with a high level of support could lead to more positive mental health outcomes if both support systems provide consistent advice.

Conversely, two significant microsystem levels of support with conflicting advice could, again, leave the individual feeling confused and at risk of a more negative health outcome.

Present Study

The current study will use a longitudinal design to examine familial, friend, and community support as moderators of the association between personality traits, and mental health over a nine-year period in addition to examining the additive effects of support alone for mental health outcomes in individuals who have experienced infidelity. I hypothesize, in congruence with Bronfenbrenner's theoretical framework, that varying levels of support from their microsystems will influence mental health. It is expected that the interaction terms between the microsystem levels of support will be significant when predicting positive mental health outcomes. Further, I hypothesize that interactive effects of microsystem support from family, friends, and communal support will buffer for the effects of neuroticism and agreeableness on negative affect and enhance positive affect.

There are also biosystem influences beyond the personality which may contribute to mental health following infidelity, such as marital status. Choi et al. (2020) found a correlation between depression and marital status, with marital status being one predictor of depression, which is considered a negative mental health outcome. Due to the possible relationship between marital status, infidelity, and mental health, as stated by both Sweeney and Horwitz (2001) as well as Choi et al. (2020), marital status will also be included in this model as a control variable. Aside from the biosystem influences of gender and marital status, control variables such as education and income will also be included as control variables.

For the microsystem, one protective influential variable which may mitigate the interaction of an individual's personality is the influence of therapy and professional settings of social support (Aliabadi & Shareh, 2022; Kazemi & Javid, 2015). Freyd additionally highlights that women likely seek professional help at a higher rate than men, which could affect the mental health outcome of the individual (Freyd, 1996). This not only supports the need to include professional therapy, but also provides additional support for separate models for men and women. Thus, whether participants have been involved in psychotherapy will also be included as a control in this research.

Williamson and Brimhall (2017) motivate the need to account for the chronosystem when proposing the difference in infidelity in individuals over the age of 60. Over 15 years from 1991 to 2006, the rate of infidelity increased in men over 60 from 20% to 28% and in women from 5% to 15% (Williamson & Brimhall, 2017). Similarly, Kazemi and Javid (2015) restricted their sample of 15 women to be between the ages of 20 and 35 years old. The chronosystem is addressed due to the possible difference in infidelity rates as it applies to the passing of time and the passing of certain developmental stages. For example, Ririhena and Sapulette (2021) describe the differences in social networks as a factor of age and how older couples generally have fewer friends. As Williamson and Brimhall (2017), Kazemi and Javid (2015), and Ririhena and Sapulette (2021) have found age to be a contributing factor to infidelity, the importance of age, or the differences in individual's social network with age, motivating the need to include age in the model as a control variable. While age is typically considered a biosystem influence, due to all the participants experiencing these

significant world events at the same time, it can be considered a chronosystem influence and it will be used as a control variable in this study.

Methods

The data used for this research was from the MIDUS study. The MIDUS data is comprised of a national sample of adults as well as oversamples of specific populations and has been continually funded by the John D and Catherine T MacArthur Foundation since the study's inception in 1995-1996. The first wave of data collection (MIDUS 1) consistent of four subsamples: a sample of 3,487 individuals from random digit dialing (RDD), oversamples of 757 individuals from major metropolitan areas, 950 siblings from the RDD sample, and 1,914 individuals from twin pairs totaling 7,108 participants. The individuals were non-institutionalized and between the ages of 25 and 74. For the data collection, there was one 30-minute phone interview as well as two self-administered questionnaires (SAQ). Following the success of MIDUS 1, the second wave of data collection (MIDUS 2) was endeavored on to collect follow-up data on the MIDUS 1 participants while adding a subsample of African Americans from Milwaukee (n = 592). Of the 7,108 individuals who participated in MIDUS 1, 4,963 were successfully recontacted. The data collection procedures (e.g., SAQ) of MIDUS 2 paralleled those of MIDUS 1. More recently, the MIDUS 3 survey conducted a second follow-up study to the MIDUS 1 and MIDUS 2 data and, again, utilized the same method and assessment tools from MIDUS 1 and 2.

The current study utilized the subsample of adults from MIDUS 2 who reported infidelity during their first or most recent marriage. In addition, the time since infidelity occurred was included as the time since an individual experienced infidelity could range

significantly. For example, a 70-year-old married individual could have been cheated on by a former partner when he was a young adult and has subsequently been married for thirty or more years, which is likely to have very little impact on their mental health. Given that the focal variables of interest are mental health and social support, participants need not be married at MIDUS 3 as infidelity often leads to divorce and marital status will be used as a covariate. All independent and control variables were extracted from the MIDUS 2 data and mental health outcomes were extracted from MIDUS 3.

Measures

Mental Health—Positive and Negative Affect. Mental health was measured using the Positive Negative Affect Schedule (PANAS; Watson et al., 1988) scale. The PANAS asks individuals how frequently the given feelings have occurred within the past 30 days. For negative affect, the adjectives in question were "afraid," "jittery," "irritable," "ashamed," and "upset." For positive affect, the adjectives individuals were asked about were "enthusiastic," "attentive," "proud," and "active." Each of these questions asked individuals to rate each of the adjectives on a Likert scale from (1) all of the time to (5) none of the time. The values were reverse-coded and the mean of the items were taken. A higher mean constructed value corresponds to higher levels of positive and negative affect, respectively. The Cronbach's alpha for the positive and negative affect for the entire sample were .80 and .86, respectively. The PANAS was used at both MIDUS 2 (covariate) and MIDUS 3 (outcome variable).

Personality Traits—Neuroticism and Agreeableness. The personality traits of agreeableness and neuroticism were asked in the self-administered questionnaire. For agreeableness, the participants were asked to determine how much the adjectives which

included “helpful,” “warm,” “caring,” “softhearted,” and “sympathetic” described them on a scale from (1) a lot to (4) not at all. Like agreeableness, the individuals were asked to rate themselves on a scale from (1) a lot to (4) not at all how much they felt the adjectives “moody,” “worry,” “nervous,” and “calm” described them. All of the variables except “calm” were reverse-coded so that a higher value equates to a higher level of agreeableness or neuroticism. The mean is then constructed for the adjectives relating to each personality trait. For the total sample, the Cronbach’s alpha was .80 for agreeableness and .74 for neuroticism.

Friend Support. Friend support was measured for the MIDUS study. The four items that comprise the scale were rated on a Likert-type scale ranging from (1) a lot to (4) not at all. Each response was reverse-coded and the average of the items were computed. Higher mean scores were indicative of higher levels of friend support. The friend support included the following questions: “How much do your friends really care about you?” “How much do they understand the way you feel about things?” “How much can you rely on them for help if you have a serious problem?” and “How much can you open up to them if you need to talk about your worries?” For the entire sample, Cronbach’s alpha for friend support is .88.

Family Support. The family support scale parallels the friend support scale and asks about how often their family members, not including their spouse, were supportive. The four items were assessed on a Likert-type scale and ranged from (1) a lot (4) not at all. The values were reverse-coded and averaged, so that a higher mean value from the questions relates to a higher feeling of familial support. Family support is a constructed variable that is created using the following questions: “Not including your spouse or

partner, how much do members of your family really care about you?" "How much do they understand the way you feel about things?" "How much can you rely on them for help if you have a serious problem?" and "How much can you open up to them if you need to talk about your worries?" The Cronbach's alpha for the total sample for family support is .84.

Community Support. Community support was measured using three items from the MIDUS study. The questions were asked on a Likert-type scale from (1) strongly agree to (7) strongly disagree with the constructed variable as a sum of the questions. The last two questions are reverse-coded, resulting in a higher value equating to a stronger feeling of community belonging. To measure community support, the social integration constructed variable will be used which is created through the answers to the following statements: "I don't feel I belong to anything I'd call a community." "I feel close to other people in my community." and "My community is a source of comfort." The Cronbach's alpha for this variable on social integration is .75.

Covariates. Additional variables are included in this research in order control for other variables which may affect the mental health outcome of an individual. Marital status, age, income, gender, education, and years since infidelity are all included. Individuals were also asked about marital status, including if they are never married, married, divorced, separated, or widowed. Individuals were asked their birthdate in MIDUS 1 and, when available, the answers were checked against social security records and adjusted accordingly. In the MIDUS 2 data, the household income values ranged from 0 to 300,000. Gender was also included as a dichotomous variable (Male / Female). For education, each participant was asked the highest level of education completed,

including varying levels of grade school (elementary school, middle school, some high school, high school diploma or GED) and college ranging from no college to various degree levels (no degree yet, associate's degree, bachelor's degree, master's degree, Ph.D. or other professional degree). The years since infidelity variable was constructed by using the year MIDUS 2 was collected, along with the individual's age, and the age the individual reported experiencing infidelity.

Statistical Analysis

In order to determine the relationships between infidelity, social support, and mental health over time, I first examined bivariate and descriptive statistics including correlations, means, and standard deviations. I also used ANOVA models to determine if there is a statistically significant difference between years since infidelity and the independent, moderating, or outcome variables for men and women combined. This will test if the years since infidelity and the subsequent events following the infidelity are statistically significant for the variables of interest. Next, I used hierarchical linear modeling to examine the possible interactive effects of the biosystem and microsystems. In the first step, I included the covariates. In the second step, I included the independent variables and moderating variables, each of which will be mean centered to reduce multicollinearity (Cohen et al., 2014). The examination of the independent and moderating variables in the second step provides a statistical test to determine whether the variables account for additional variables beyond what is accounted for by the covariates. In the third step, the interactions between the respective independent and moderating variables were entered, which again provide a test to determine if the interaction accounts for additional variance in adult mental health. In total four models

were run as men and women will be examined separately and I operationalized mental health as having both positive and negative dimensions (e.g., positive and negative affect).

Results

The demographics are shown in Table 1 and are split by men and women. The sample includes 102 men and 254 women. For this sample, 71.35% are women and 28.65% are men. For this sample, six percent of women indicate a marital status of widowed, while no men indicate a marital status of widowed. The ages of the men and women in this sample are similar, while the mean years since infidelity are a few years higher for women than men with approximately equal standard deviations. It is also worth noting that the number of times an individual saw a mental health professional in the last twelve months for women is 18.01 and 1.85 for men with a standard deviation of 124.42 and 5.37, respectively. The mean of the family support variable is 3.58 for women and 3.43 for men, which is a statistically significant difference. The mean of the friend support variable is 3.45 for women and 3.18 for men, which is also statistically significant.

For the correlations, they have also been split up by men and women in Table 2. The women's correlations are shown below the diagonal. For the support variables, family support and marital status was significantly negatively correlated as well as family support and negative affect from MIDUS 2. Family support and positive affect from MIDUS 2 were significantly positively correlated. Friend support was significantly positively correlated with years since infidelity, positive affect from MIDUS 2, and family support. Friend support was also significantly negatively correlated with negative

affect from MIDUS 2. For community support, it was significantly positively correlated with income, positive affect from MIDUS 2, family support, and friend support, and it was significantly negatively correlated with negative affect (MIDUS 2). Neuroticism was significantly negatively correlated with age, education, positive affect (MIDUS 2), friend support, family support, and community support. Neuroticism was only found to be significantly positively correlated with negative affect (MIDUS 2). Similarly, agreeableness was statistically significantly negatively correlated to negative affect (MIDUS 2) and neuroticism. Agreeableness was also found to be statistically significantly positively correlated with positive affect (MIDUS 2), friend support, family support, and community support. Negative affect from MIDUS 3 had a significant negative correlation with education and positive affect (MIDUS 2) and a significant positive correlation with negative affect (MIDUS 2) and neuroticism. Negative affect (MIDUS 3) did not have significant negative correlations with family, friend, or community support. It also did not have a significant positive correlation with agreeableness. Finally, positive affect (MIDUS 3) was found to be positively correlated with years since infidelity, positive affect (MIDUS 2), negative affect (MIDUS 2), family support, community support, and negative affect from MIDUS 3, but it was significantly negatively correlated to neuroticism. Positive affect (MIDUS 3) was not statistically significantly positively correlated with friend support or agreeableness.

For the correlations for men, refer to values above the diagonal. The positive correlations between family support and friend support were statistically significant, but the positive correlations between family support and community support, agreeableness, and positive affect (MIDUS 3) were not. The negative correlations between family

support and neuroticism as well as negative affect (MIDUS 3) were not statistically significant either. The positive correlations between friend support and community support, agreeableness, and positive affect (MIDUS 3) were statistically significant, but the negative correlations between friend support and neuroticism as well as friend support and negative affect (MIDUS 3) were not statistically significant. Community support and neuroticism as well as community support and positive affect (MIDUS 3) had positive statistically significant correlations, but community support and agreeableness and negative affect (MIDUS 3) did not have statistically significant positive correlations. Neuroticism was negatively significantly correlated with positive affect (MIDUS 3), but it was not statistically significantly positively correlated with agreeableness or statistically significantly negatively correlated with negative affect (MIDUS 3). Agreeableness was not statistically significantly negatively correlated with positive or negative affect from MIDUS 3, but positive affect (MIDUS 3) and negative affect (MIDUS 3) were positively statistically significantly correlated.

Table 3 presents the one-way ANOVA results for years since infidelity with the outcome and the independent variables. The years since infidelity variable was split into proximal and distal categories using a median split of 21 years since infidelity occurred. This achieved enough statistical power to test the significance of years since infidelity and positive affect, negative affect, family support, friend support, and community support. For the one-way ANOVA results, the negative affect ($F = .33$, $p = .57$), positive affect ($F = 1.50$, $p = .22$), friend support ($F = 1.27$, $p = .26$), family support ($F = 2.67$, $p = .10$), community support ($F = .34$, $p = .56$), and agreeableness ($F = 2.66$, $p = .10$) were not significant indicating that there were no differences in support, mental health, or

agreeable in more recent or more distal experiences of infidelity. Neuroticism was statistically significant ($F = 4.09$, $p = .04$), suggesting that the categories of neuroticism and years since infidelity have a statistically significant difference. The conclusion from these findings is that years since infidelity, split at the 21 years since the occurrence of infidelity, is not found to be statistically significant for the support variables as well as positive and negative affect and agreeableness, but is significant for neuroticism.

Positive Affect in Women. The three-way interaction between friends, family, and community support was removed for all models because the variation inflation factor was above three, indicating multicollinearity. The model results for women are presented in Table 4. First, positive affect was examined among women. For women, for the first step of the regression, widowed women ($b = -.76$, $p = .02$) and positive affect were significant ($b = .39$, $p < .001$). The widowed marital status was related to positive affect, indicating that widowed women had lower levels of positive affect. Positive affect and years since infidelity were both directly related to positive affect. An increase in either of these variables resulted in higher levels of positive affect approximately nine years later. Age ($b = -.01$, $p = .56$), income ($b = -.001$, $p = .77$), education ($b = -.04$, $p = .28$), separated marital status ($b = .07$, $p = .85$), divorced marital status ($b = -.02$, $p = .92$) and the number of years since infidelity ($b = .01$, $p = .07$) were not statistically significant. In step 2, neuroticism ($b = -.11$, $p = .41$) and agreeableness ($b = .21$, $p = .29$) were not found to be significant. Likewise, family support ($b = .06$, $p = .14$), friend support ($b = -.07$, $p = .62$), and community support ($b = .01$, $p = .40$) were all not significant. There was also not a statistically significant finding for any of the interaction terms which include family and friend support ($b = .02$, $p = .93$), family and community support ($b = -.04$, $p = .33$), friend

and community support (b = .01, p = .76), neuroticism and family support (b = -.14, p = .56), agreeableness and family support (b = -.24, p = .57), neuroticism and friend support (b = .06, p = .75), agreeableness and friend support (b = .34, p = .25), neuroticism and community support (b = 0.04, p = .18), and agreeableness (b = .21, p = .20) and community support (b = .04, p = .28).

Negative Affect in Women. For negative affect, being widowed, negative affect, and neuroticism were all significant. For step 1 of the regression, the covariates of age (b = .01, p = .24), income (b = .01, p = .24), education (b = .002, p = .41), education (b = -.04, p = .22), separated marital status (b = .33, p = .32), divorced marital status (b = .12, p = .42), and years since infidelity (b = .01, p = .19) were not statistically significant. Adults who were widowed were negatively associated with negative affect indicating that widowed adults reported more negative affect (b = -.54, p = .08). Prior levels of negative affect (b = .35, p = 0.05) were positively associated with negative affect indicating, that individuals who reported higher levels of negative affective approximately nine years later. For the second step, agreeableness (b = .21, p = .24) was not found to be statistically significant and neither was family support (b = -.03, p = .82), friend support (b = .01, p = .95), nor community support (b = -.003, p = .84). On the other hand, and neuroticism (b = .38, p = .008) was positively associated with negative affect such that women who reported higher levels of neuroticism reported greater negative affect. For the third step, the interaction terms of family and friend support (b = .23, p = .19), family and community support (b = -.06, p = .17), friend and community support (b = .01, p = .17), neuroticism and family support (b = -.03, p = .88), agreeableness and family support (b = .14, p = .72), neuroticism and friend support (b = -.03, p = .86), agreeableness and

friend support (b = -.16, p = .55), neuroticism and community support (b = .03, p = .37), and agreeableness and community support (b = 0.05, p = .19) were not statistically significant.

Positive Affect in Men. The modeling results for men are also presented in Table 4. For men, for the first step income and positive affect were predictors of positive affect nine-years later. The two variables, positive affect (b = .55, p = .001) and income (b = .02, p = .001), were directly related with positive affect. The covariates of age (b = .02, p = .15), education (b = .03, p = .55), separated marital status (b = .33, p = .55), divorced marital status (b = -.08, p = .77), and years since infidelity (b = -.01, p = .37) were not statistically significant. The variables of interest within the second step of the regression, including neuroticism (b = .23, p = .34), agreeableness (b = -.34, p = .17), family support (b = .11, p = .63), and friend support (b = .16, p = .51), were not found to be statistically significant while community support was associated with greater positive affect (b = .09, p = .003) over time. The interaction terms which included family and friend support (b = .12, p = .77), family and community support (b = -.09, p = .2), friend and community support (b = -.02, p = .68), neuroticism and family support (b = .26, p = .58), agreeableness and family support (b = .31, p = .57), neuroticism and friend support (b = -.71, p = .11), agreeableness and friend support (b = .44, p = .36), neuroticism and community support (b = .03, p = .54), and agreeableness and community support (b = .05, p = .49) were also found to not be statistically significant.

Negative Affect in Men. For the first step of the regression examining negative affect among men men, the covariates of age (b = .02, p = .11), education (b = -.02, p = .59), separated marital status (b = 1.18, p = .12), divorced marital status (b = -.12, p =

.63), negative affect (b = .25, p = .36), years since infidelity (b = -.01, p = .35) were all not statistically significant. On the other hand, higher levels of income were associated with less negative affect (b = .02, p = .003). For the second step, there were not significant effects detected. The biosystem variables of neuroticism (b = .33, p = .17) and agreeableness (b = -.14, p = .54) were also not statistically significant. Support from family support (b = .002, p = .99), friend support (b = -.28, p = .19) and community (b = .05, p = .07) were non-significant. For the third step, and the interaction of friends and community (b = -.07, p = .10), family and friend support (b = .13, p = .74), family and community support (b = -.08, p = .21), neuroticism and family support (b = -.19, p = .65), agreeableness and family support (b = -.32, p = .51), neuroticism and friend support (b = -.60, p = .15), agreeableness and friend support (b = .63, p = .15), neuroticism and community support (b = .05, p = .29), as well as agreeableness and community support (b = .08, p = .19) were not found to be statistically significant.

Discussion

Infidelity is a devastating betrayal of trust; thus, it is important to understand specific factors that protect against the mental health problems that may ensue. The current study, conceptualized through BTT and bioecological systems theory, examined sources of social support as moderators of the relationship between personality traits and affective symptoms over a nine-year period. Men and women were analyzed separately to discern whether there were gender-specific effects. Results of the study provided only limited support for the study's hypothesis. More specifically, no significant interactions were found, and minimal support was found for main effects. For men, the main effect of community support was significant and had a direct relationship predicting both positive

and negative affect whereas the same was not found for women. Among women, only neuroticism predicted negative affect. For both men and women. the interactive effects of social support did not interact with personality traits to predict mental health over a nine-year period for either men or women.

When further interpreting the results for men, the community support's main effect was positively related to both positive and negative affect for men, which was unexpected. One theoretical rationalization is that discussing the experience of infidelity could force the individual to relieve the experience, possibly contributing to negative affect (Bonnan-White et al., 2015; Edwards & Dardis, 2020). Through disclosing the affair and its impact on the victim, the individual who was cheated on will recount their affective experiences. It is possible that sharing the experience with a supportive individual in their life may not have an exclusively positive effect as there is the possibility that the trusted individual's response may not be ultimately supportive (Bonnan-White et al., 2015; Edwards & Dardis, 2020). However, the ability to process emotions with the support of community could also positively relate to positive affect because there is a healing effect from discussing the experience with supportive individuals (Cohen & Willis, 1985; Extremera & Rey, 2016; Feeney & Collins, 2015) and it may allow others to empathize and offer support.

For women, the support variables (community, family, and friends) were not statistically significant for predicting negative or positive affect, but community support was statistically significant for men for positive affect. These results could also be evidence of the different way men and women perceive social support and how it, therefore, impacts mental health (Antonucci & Akiyama, 1987; Kachadourian et al.,

2015; Kendler et al., 2005; Seal et al., 2016) and these results further confirm the need to model men and women separately. However, literature did suggest that the social support systems would be more protective for women than men and these results suggest the opposite effect (Antonucci & Akiyama, 1987; Kachadourian et al., 2015; Kendler et al., 2005; Seal et al., 2016). It is possible that women are more influenced by the type of support and the level of conflict present, while men are less so (Major et al., 1997; Ray et al., 2021). Major et al. (1997) found that conflict may be needed to explain the relationship between support and mental health for women. It is possible that following infidelity, an individual could experience high support from multiple support systems, but also high conflict, that may neutralize the effect of support (Major et al., 1997; Ray et al., 2021). This may be able to account for the support level variables alone being enough to contribute to positive and negative affect outcomes for men, but not for women. This may also be further evidence that not only do men and women need to be modeled separately, but they also may need to include different variables, such as conflict or strain with possibly a narrower scope of support systems being explored due to statistical power. Another possible explanation is that because several sources of support were assessed, they may account for overlapping variance yielding non-significant results.

Additionally, for women, neuroticism was associated with greater negative affect and support from friends, family, and community support did not protect against the association. Consistent with prior research, individuals with higher levels of neuroticism are prone to more mental health problems (Hisler et al., 2020). Social support, however, may only have a limited impact on mental health over time because those higher in neuroticism (e.g., worry, fear) support from others may be of limited help in reducing the

affective symptoms. Support may temporarily reduce the association between neuroticism as found in cross-sectional research (McHugh & Lawlor, 2012); however, because of the temporal stability of the neurotic traits, the attenuation of negative affect may only exist when support is given. Due to the lack of moderation between neuroticism and support, it is possible that instead of neuroticism directly predicting positive or negative affect, perceived support would be a mediator between neuroticism and mental health outcomes. Individuals with higher levels of neuroticism may be less able to perceive support, which potentially nullifies the protective aspect of social networks (Park et al., 2013; Swickert & Owens, 2010), indicating a direct effect between personality and perceptions of support.

Alternatively, BTT may provide additional insight into the experience of infidelity and mental health outcomes with relation to time. There could be a more complex relationship between the experience of infidelity and the trauma associated with the experience that is not buffered by support systems. When analyzing the results of this study with BTT, it is possible that the trauma caused by the betrayal was not processed right away. The years since infidelity variable was only significant when predicting positive affect for women with the number of years since infidelity being positively related to positive affect, indicating that the greater distance women got from the infidelity the better their mental health. This relationship could be due to the individual moving on with her life and having the opportunity to process the experience of infidelity either individually, having corrective experiences with a new, trusting partner, or attending psychotherapy to cope with the betrayal.

There could also be additional factors which could contribute to the understanding of infidelity and mental health, particularly when examining the results through BTT. Individuals may not be able to fully process the traumatic experience of infidelity, particularly if the individual is reliant on their partner. While the time since infidelity is accounted for, this may not ultimately be a linear process which could determine mental health outcomes, such as positive and negative affect, particularly if the individual continues to rely on the partner that betrayed them.

Limitations. There are several noteworthy limitations present in this study. The first limitation exists in the MIDUS data which is that the sample is predominantly white, middle-class adults. This study is therefore limited in the ability to be generalized due to the lack of diversity. Another limitation related to the data is the sample size for men. The sample size was large enough for women to achieve statistical power, but the sample size for men was not quite large enough. There was also a wide range for the years since infidelity that was reported by the individuals included in this sample and this is another limitation for this research. It is possible that focusing on a period of time directly following infidelity could yield different results due to the discovery of infidelity and the mental processing which may occur. An individual may utilize support (community, family, and friends) differently in the time directly following the experience of infidelity versus a decade or more following infidelity. Another limitation is the lack of differentiation between emotional, physical, and financial infidelity. Thus, there was the inability to compare different types of infidelity on mental health. Additionally, an individual may have experienced multiple types of infidelity which may have a dose-response relationship with mental health over time.

Conclusion. Generally, the hypothesis that support from family, friends, and community act as protective buffers for biosystem level variables, leading to more positive mental health outcomes, was not supported. There was partial support for higher levels of support predicting more positive mental health outcomes as the positive and negative models for men did find community to be statistically significant, but the results did not hold for the models for women. Future research should explore fewer support groups and focus on perceived support as a mediator between neuroticism and mental health outcomes.

APPENDIX A Tables

Table A1. *Descriptive Statistics for Men and Women*

Variables	M (SD) / N (%)		t/chi-squared	*p*-value
	Men	Women		
	102(28.65%)	254(71.35%)		
Covariates				
Age	52.72(9.39)	55.76(9.70)	-2.74	0.007
Income	23.20(17.29)	22.00(27.92)	0.49	0.63
Education	7.59(2.77)	7.15(2.39)	1.39	0.17
Marital Status	1.45(0.83)	1.86(1.06)	14.29	0.003
Mental Health Professional	1.85(5.37)	18.01(124.42)	-2.07	0.04
Years since Infidelity	17.80(11.02)	21.81(12.44)	-2.99	0.003
Positive Affect	3.61(-0.79)	3.57(0.81)	0.44	0.66
Negative Affect	1.55(-0.44)	1.57(0.52)	-0.48	0.63
Study Variables				
Family Support	3.43(0.53)	3.58(0.64)	-2.33	0.02
Friends Support	3.18(0.62)	3.45(0.66)	-3.73	0.0003
Community Support	14.20(4.36)	14.72(6.82)	-0.87	0.39
Agreeableness	3.27(0.51)	3.60(0.42)	-5.81	3E-08
Neuroticism	2.05(0.56)	2.11(0.64)	-0.81	0.42
Outcome Variables				
Positive Affect	3.32(1.28)	3.35(1.22)	-0.21	0.83
Negative Affect	1.47(0.99)	1.55(1.10)	-0.66	0.51

Table A2. *Intercorrelations for Men and Women*

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Age	-	-.02	.11	-.05	-.01	.63***	-.09	.14	.07	-.04*	.23*	-.11	.06	.12	.21*
2. Income	.03	-	.11	.07	.01	-.02	-.02	-.14	-.12	.04	-.04	.14	-.01	.26**	.21*
3. Education	-.01	.09	-	.03	.11	.01	-.02	.01	-.03	.14	.22*	-.2*	-.07	-.02	.18
4. Marital Status	.18**	.08	.05	-	-.11	-.15	.02	.14	-.05	0	0	-.05	.06	.01	.13
5. Mental Health Professional	.02	.14.	-.08	0	-	-.12	.1	-.02	-.08	.11	.04	.05	.08	.12	.11
6. Years since Infidelity	.62***	.01	-.17**	-.02	.02	-	0	.04	.14	-.07	.06	-.03	.15	.02	-.03

Table A2 (continued).

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
7. Negative Affect (MIDUS 2)	-.12	-.04	-.21**	-.05	.04	-.04	-	-.29**	-.16	-.31**	-.39***	.44***	-.14	.14	-.29**
8. Positive Affect (MIDUS 2)	.17**	.09	.23**	-.02	.06	.06	-.5***	-	.07	.32***	.29**	-.32**	.17	0	.38**
9. Family Support	.11	.05	.11	-.16*	-.05	.09	-.18**	.24***	-	.34***	.25	-.13	.19	-.07	.07
10. Friend Support	.09	.04	.11	-.06	.01	.13*	-.18**	.28***	.29***	-	.45***	-.13	.26**	-.10	.28**

Table A2 (continued).

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
11. Community Support	.05	.19**	.1	-.06	-.01	0	-.16***	.32***	.17**	.14*	-	-.44***	.17	.08	.46***
12. Neuroticism	-.16**	-.04	-.12*	-.05	-.03	-.1	.64***	-.38***	-.17**	-.15*	-.13*	-	-.17	.14	-.21*
13. Agreeableness	.02	-.02	-.04	.02	.02	.03	-.13***	.21***	.18**	.23***	.14*	-.16**	-	-.16	-.05
14. Negative Affect (MIDUS 3)	.09	.01	-.14*	0	-.04	.12*	.29***	-.13*	-.05	-.03	-.08	.28***	.02	-	.58***
15. Positive Affect (MIDUS 3)	.09	-.03	-.01	-.09	-.06	.13*	-.22***	.33***	.18***	.12	.16*	-.21**	.13	.38***	-

Table A2 (continued).

Note. Men on upper diagonal and women are on the lower diagonal.

****p* < .001. ***p* < .01. **p* < .05.

Table A3. *ANOVA Test Results for Years Since Infidelity*

Measures	Negative Affect	Positive Affect	Family Support	Friend Support	Community Support	Neuroticism	Agreeableness
F(df)	0.33(1)	1.50(1)	2.67(1)	1.27(1)	0.34(1)	4.09(1)	2.66(1)
p	0.57	0.22	0.1	0.26	0.56	0.04	0.1

Table A4. *Model Results for Men and Women*

	Men				Women			
	Positive Affect		Negative Affect		Positive Affect		Negative Affect	
	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig
Intercept	-0.14 (0.83)	0.86	0.10 (0.74)	0.89	2.32 (0.60)	p < 0.001	0.39 (0.58)	0.5
Age	0.02 (0.02)	0.15	0.02 (0.01)	0.11	-0.01 (0.01)	0.56	0.01 (0.01)	0.24
Income	0.02 (0.01)	p < 0.01	0.02 (0.01)	p < 0.01	-0.001 (0.002)	0.77	0.002 (0.002)	0.41
Education	0.03 (0.04)	0.55	-0.02 (0.04)	0.59	-0.04 (0.03)	0.28	-0.04 (0.03)	0.22
Marital Status:								
Separated	0.33 (0.82)	0.68	1.18 (0.75)	0.12	0.07 (0.36)	0.85	0.33 (0.33)	0.32
Marital Status:								
Divorced	-0.08 (0.28)	0.77	-0.12 (0.25)	0.63	-0.02 (0.17)	0.92	0.12 (0.15)	0.42

Table A4 (continued).

	Men				Women			
	Positive Affect		Negative Affect		Positive Affect		Negative Affect	
	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig
Marital Status:								
Widowed	-	-	-	-	-0.76 (0.33)	0.02	-0.54 (0.31)	0.08
Positive/ Negative Affect	0.55 (0.16)	p < 0.01	0.25 (0.28)	0.36	0.39 (0.11)	p < 0.001	0.35 (0.18)	p < 0.05
Years since Infidelity	-0.01 (0.01)	0.37	-0.01 (0.01)	0.35	0.01 (0.01)	0.07	0.01 (0.01)	0.19
Neuroticism	0.23 (0.24)	0.34	0.33 (0.24)	0.17	-0.11 (0.13)	0.41	0.38 (0.14)	p < 0.01
Agreeableness	-0.34 (0.25)	0.17	-0.14 (0.22)	0.54	0.21 (0.20)	0.29	0.21 (0.18)	0.24
Family Support	0.11 (0.22)	0.63	0.002 (0.20)	0.99	0.06 (0.14)	0.66	-0.03 (0.13)	0.82

Table A4 (continued).

	Men				Women			
	Positive Affect		Negative Affect		Positive Affect		Negative Affect	
	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig
Friend Support	0.16 (0.24)	0.51	-0.28 (0.21)	0.19	-0.07 (0.14)	0.62	0.01 (0.13)	0.95
Community Support	0.09 (0.03)	$p < 0.01$	0.05 (0.03)	0.07	0.01 (0.02)	0.4	-0.003 (0.01)	0.84
Family* Friends	0.12 (0.41)	0.77	0.13 (0.38)	0.74	0.02 (0.19)	0.93	0.23 (0.18)	0.19
Family* Community	-0.09 (0.07)	0.2	-0.08 (0.06)	0.21	-0.04 (0.04)	0.33	-0.06 (0.04)	0.17
Friend* Community	-0.02 (0.04)	0.68	-0.07 (0.04)	0.1	0.01 (0.02)	0.76	0.01 (0.02)	0.61

Table A4 (continued).

	Men				Women			
	Positive Affect		Negative Affect		Positive Affect		Negative Affect	
	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig
Neuroticism*								
Family	0.26 (0.48)	0.58	-0.19 (0.43)	0.65	-0.14 (0.24)	0.56	-0.03 (0.22)	0.88
Agreeableness*								
Family	0.31 (0.54)	0.57	-0.32 (0.49)	0.51	-0.24 (0.42)	0.57	0.14 (0.39)	0.72
Neuroticism*								
Friend	-0.71 (0.44)	0.11	-0.60 (0.41)	0.15	0.06 (0.19)	0.75	-0.03 (0.17)	0.86
Agreeableness*								
Friend	0.44 (0.48)	0.36	0.63 (0.43)	0.15	0.34 (0.29)	0.25	-0.16 (0.27)	0.55
Neuroticism*								
Community	0.03 (0.06)	0.54	0.05 (0.05)	0.29	0.04 (0.03)	0.18	0.03 (0.03)	0.37

Table A4 (continued).

	Men				Women			
	Positive Affect		Negative Affect		Positive Affect		Negative Affect	
	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig	b (SE)	Sig
Agreeableness*								
Community	0.05 (0.07)	0.49	0.08 (0.06)	0.19	0.04 (0.04)	0.28	0.05 (0.04)	0.19

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