



Psychological, Emotional and Social Hindrances to Self-Disclosure of Extra-Dyadic Involvement (EDI) By Men: An African Study

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ABSTRACT: Disclosure of extra dyadic involvement (EDI) by men occurs under unprecedented circumstances resulting in serious distress to the couple. A literature search shows a paucity of data in the area of disclosure of EDI by men. The present study investigated disclosure of EDI by men, focusing on the psychological, emotional and social hindrances to disclosure that may be useful in planning intervention in couple therapy. One hundred and sixty eight men participated in the study, where 152 completed questionnaires and 16 were involved in focus group discussions. Results showed that two-thirds (65%) of respondents had physical EDI. Only 10% disclosed their EDI to their spouses while a further 43.4% had their spouses discovering the indiscretions in other ways. Distress over the potential of hurting a spouse, fear of abandonment and disapproval by the society rated highly as hindrances to disclosure. The participants also reported experiencing feelings of regret, guilt and anxiety over their behavior. In cases where the EDI was disclosed whether forcibly, accidentally or voluntarily, the respondents reported that their spouses expressed intense negative emotions such as anger, bitterness and rage causing hostility at home and serious strain in the couple relationship.

Keywords: extra-dyadic involvement, disclosure, attachment, men

I. INTRODUCTION

Extradyadic Involvement (EDI) refers to a wide range of behaviors that occur outside a committed dyadic relationship such as a marriage. EDI behaviors can be classified as either sexual, emotional or relational involvement (Maddox Shaw, Rhoades, Allen, Stanley & Markman, 2013 [1]). Addressing its impact on relationships is an extremely difficult process that is often compounded by the challenges of disclosing the behavior. Fear of potential emotional, psychological, physical and social consequences of EDI often act as a hindrance to disclosure.

Most studies on EDI disclosure have focused on the role of the therapist in facilitating disclosure and treating couples after the disclosure (Seedall, Houghtaling, & Wilkins, 2013[2]). In addition, most studies on the characteristics of people who disclose EDI have been done among self-identified sexual addicts (Corley, Pollard, Hook, & Schneider, 2013[3]). Emotional involvement occurs when a partner devotes emotional resources such as love, time and attention to another individual; sexual involvement or physical infidelity refers to sexual activity with another individual other than the primary dyadic partner; and the combined type encompasses the two (Fish, Pavkov, Wetchler, & Bercik, 2012[4]). Regardless of the type of EDI, its serious ramifications on individuals, couples and families, has been observed in many cultures across the world.

Some of the effects of EDI reported by various authors include psychological consequences such as trauma, anxiety, obsessive rumination, depression, suicidal ideation and violent thoughts (Balderrama-Durbin, Allen, & Rhoades, 2012[5]). Thorson, (2015[6]) observes that EDI causes deleterious interpersonal and intrapersonal distresses among affected individuals, the couple and the children such as divorce, anger, disappointment, self-doubt and depression in the betrayed spouse. According to Allen and Atkins (2012)[7], EDI raises the likelihood of divorce in both Western and non-western countries and causes a host of social problems such as battering, spousal homicide and suicide attempts. Other documented consequences are decreased self-esteem, decreased personal and sexual confidence, diminished health and well-being, and functional impairment in work and parenting role. To deal with these consequences, some individuals may

engage in negative coping mechanisms such as alcohol use, which is known to increase sexual risk behaviors (Saggurti et al., 2010[8]; WHO, 2014[9]) thereby escalating the EDI.

Studies on EDI disclosure have been on the role of the therapist in facilitating disclosure and treating couples after disclosure (Seedall et al., 2013[2]; Wilkinson, Littlebear, & Reed, 2012[10]). Other studies on disclosure are on self-identified sexual addicts as participants (Corley et al., 2013[3]).

In Kenya, disclosure of EDI by individuals rarely occurs. The signs of EDI are picked from various couple and individual issues. The most common of these issues being HIV infection, often discovered upon medical testing during illness or for insurance purposes by organizations that require their employees to undergo HIV testing. These forms of forced disclosure and accidental discovery of EDI can cause conflict in relationships and serious distress to individuals and families as communication may be halted as the involved partner stonewalls. In most cases, when the EDI by the men is accidentally discovered, they get defensive and stonewall to avoid any discussion about the affair. This in turn causes the women to get critical and contemptuous. These, according to Gottman (2014[11]), are the four negative communication styles or the four horsemen that he posited highly predict divorce if not resolved. Further, the suffering might result in clinical issues such as trauma like symptoms, anxiety and depression. Both the involved and injured partner may adopt negative coping mechanisms such as the use of alcohol and other substances, which may interfere with effective decision making. This may in turn, exacerbate psychological distress that could intensify the EDI, as the injured spouses seek revenge or as the EDI men settle more with the EDI partners since they are denied conjugal rights by their spouses'. The eventual social effects could be separation and divorce which can have serious ramifications on the whole family.

However, self-disclosure of EDI according to Corley et al. (2013[3]) was reported to have positive results as participants reported a sense of relief. This was also confirmed by a study conducted in Germany and Austria by Atkins et al. (2010[7]) that examined 145 clinical couples affected by EDI, which showed that couples were distressed after disclosure of EDI but improved greatly to dyadic adjustment similar to other couples. This paper expands the scope of study on EDI by focusing on disclosure of EDI among men in general regardless of whether they self-identified as sex addicts or not. It identifies the main psychological, emotional and social factors that act as hindrances to EDI disclosure by men.

Finally, this paper offers clinicians an outline of the impact of EDI on involved men and a guideline of how to develop intervention plans that would alleviate the distress associated with EDI and bring healing to both the individuals and relationships.

II. METHODS

2.1 Participants

Participants were men aged between 25 to 60 years, in a heterosexual marriage for at least two years or more. The men also had to meet the inclusion criteria of being literate with basic proficiency in the English language and be undergoing therapy, in either a formal setting such as a counseling center or an informal setting, such as church or school. Men in polygamous relationships, homosexual relationships and a marriage of less than two years were excluded from the study. The study considered a marriage relationship to be either cohabitation, a legal marriage or a recognized traditional union. Written informed consent was required of all participants.

2.2 Procedure

After thorough explanation of the nature of the study, participants were asked to give their consent to being involved in the study by signing the consent form. The consent explanation given to the participants covered confidentiality, voluntary participation and potential harm and benefits of participation. Confidentiality included ensuring their anonymity by removing any identifying features of the participants from the questionnaires and replacing these with numbers. No names appeared on the questionnaires. Voluntary participation gave participants the right to withdraw from the study at any point without loss of benefits.

Potential harm from the study could result from the psychologically invasive nature of the study. However, caution was taken to avoid or reduce any emotional or psychological harm by proper briefing before the study and debriefing after the study where there was a face-to-face meeting. No monetary payments or incentives for participation were offered to participants. The researcher's contacts, both email address and phone number were included in the questionnaire to allow participants to freely contact the researcher for any additional questions and clarifications.

The researcher organized for meetings with the sites' leaders to agree on the most appropriate method of getting volunteers for the study. The pastors agreed to talk to men who had disclosed EDI, but assured them of confidentiality. Due to the sensitivity of the study, the method used was mainly meeting the participants at the sites convenient for them. Face to face meetings with the researcher seemed to reassure them and give them

confidence. The purposive method, considered the sensitivity of the study by referring to the group meetings at the churches as men's seminar and ensured participants were available for the study until saturation.

2.3 Research Design and Instrument

The study used a cross-sectional descriptive design and the use of self-administered questionnaires, was well suited for large sample sizes and contributed to an efficient study. The questionnaires also offered anonymity, as no names were required for one to complete the questionnaire. The purposive criteria also ensured participants were available for the study until saturation for each site. All the materials were bound together and every participant besides the FGD participants were given a copy. The average time taken to complete the questionnaire was 30 minutes. Some participants felt the questions on the Extradysadic Experiences Questionnaire (EEQ) were repetitive. The EEQ tool lacked the cultural aspect of EDI, but this was addressed in the FGD.

Over 300 questionnaires were distributed over a period of four months but only 152 were completed and used in the data analysis. The feedback given by the Pastors and Counselors from the sites was that the questionnaire was too long, while some people thought that it was invasive. The EEQ by Allen and Baucom, (2004[12]) is a self-report measure developed to assess patterns of EDI as well as the extent of participants' engagement in EDI. The questions that have been used to objectively measure EDI are on a 7-point Likert scale, usually from "not at all true" to "very true." Subscale scores are the average of the items on the subscale.

Experiences in Close Relationships Scale-Revised (ECR-R) is a 36 item questionnaire developed by Chris, Waller, and Brennan, (2000[13]) to assess individual differences with respect to attachment related anxiety and attachment related avoidance. In attachment related anxiety, it indicates the degree to which people get insecure as opposed to secure about the availability and responsiveness of romantic partners. In attachment related avoidance, ECR-R examines the extent to which people are uncomfortable being close to others versus secure depending on others. Chris et al., (2000[13]) established excellent internal consistency for both scales, $\alpha=.94$ for avoidance and $\alpha=.91$ for anxiety. Focus Group Guide (FGG) prepared by the researcher aimed at exploring what the men would want their spouses to know after the EDI is discovered. The discussions included the cultural perspective of EDI.

Alcohol Use Disorders Identification Test (AUDIT) was developed by Babor et al. (1992[14]) for the World Health Organization (WHO[9]) as a simple method of screening for excessive drinking and to assist in brief assessment. It is a 10-item questionnaire that assesses; the amount and frequency of alcohol intake items 1-3, alcohol dependence items 4-6, and problems related to alcohol consumption items 7-10. Scores range from 0 to 40, and the generally accepted cut-off point of the scale to identify potentially hazardous alcohol intake is 8. AUDIT has good psychometric properties and shows high test-retest reliability of $r=.86$. At a cut-off point of nine, the AUDIT yielded sensitivity of .76 and specificity of .79.

Demographic information age was continuous. Education levels were measured in terms of no education at all, primary, secondary, college level and university level. Marital status was measured in terms of recognition as church wedding, traditional marriage, Attorney General (AG) union and cohabitation, all for a period of two years and above.

2.4 Data Analysis

Quantitative data was analyzed by applying descriptive statistics (univariate and bivariate) using the Statistical Package for Social Sciences (SPSS) version 21 for Windows. Qualitative analysis utilized Grounded Theory which allows developing themes from participants' discussions.

III. RESULTS

Participant demographic information presented in Fig. 1, shows mode age set of 35-44 years at 40.8% while Fig. 2 shows majority of the respondents (90.3%) had attained high school education and above. Concerning discovery of the affair, 43.4% indicated that their spouse found out the EDI from other ways and nearly half of the spouses (47.4%) were not aware that their husbands were involved in EDI. In this study population therefore, one can postulate that men experience communication challenges in trying to self-disclose EDI.

The results revealed that close to three quarters (73%) of the respondents were worried their spouse would get hurt if they found out about their EDI (TABLE 1). Two thirds of the respondents (67%) were concerned that their EDI would cause shame to their spouses. Another two thirds (66%) of respondents expressed that their worst fear was hurting their spouse and 65% felt bad that their sexual contact with someone else might cause their spouse pain. The results demonstrate that respondents involved in EDI understood their behavior would hurt their spouses and actually suffered distress as they pondered the possibility. The findings indicate that over two thirds, 68% of the respondents felt the EDI was inconsistent with their values (TABLE 2). Sixty-

three percent felt confused by their actions, claiming they did not describe them and 64% reported that they never thought they would engage in EDI. These results demonstrate that men involved in EDI understand that it is inconsistent with accepted behavioral norms and this causes them distress.

The findings show that two-thirds (66%) of respondents did not want to get caught (TABLE 3). Another two thirds (70%) did not want to go through a scene with their spouse or the affair partner. Sixty-five percent did not want to go through a hard time with their spouse if discovered. This reveals that men involved in EDI fear discovery especially by their partners, and dread the negative consequences to self if caught. Close to three quarters (72%) of the respondents were actually worried how they may be perceived by others if found out (TABLE 4). Sixty four percent of the respondents were specifically worried that family and friends would think less of them if they knew about their EDI. The results illustrate that men involved in EDI know that other people disapprove EDI behavior and will disapprove of them as well.

EDI had several emotional and psychological impacts on the men involved. One was remorse with findings indicating that 54% felt guilty about the EDI. This confirms that men involved in EDI outside their marital union often feel remorseful and regret their actions. Second was the distress caused by the potential of hurting their spouses. Seventy-three percent were worried their spouse would get hurt if they found out about the EDI and two-thirds (67%) were concerned about their EDI causing shame to their spouses. The results thus demonstrate that respondents involved in EDI understood they would hurt their spouses and actually suffered distress as they pondered the possibility. Another concern was the fear of abandonment by their spouse if EDI was discovered. Sixty two percent were actually scared of being single again and 55% were scared that their EDI would result in them losing both the spouse and affair partner. These findings suggest that men who engage in EDI experience anticipatory loss and fear of being left alone by their spouses and even the other person, if their EDI is discovered.

A correlation between anxiety and avoidance with alcohol use showed that the proportion of respondents who had alcohol use disorder combined with anxiety was 56.5% (TABLE 5). This is a much higher proportion than that of respondents with alcohol use disorder who had no anxiety at 16.9%, giving a statistically significant difference of $p < 0.001$. Similarly, the proportion of respondents with both alcohol use and avoidance disorder was 55.9%, a much higher proportion than that of respondents with alcohol use disorder who had no avoidance at 21.5%, giving a statistical significant difference of $p < 0.001$. These results indicate that respondents who presented with alcohol use disorder had both avoidance and anxious attachment, and used alcohol as a coping mechanism.

IV. DISCUSSION

Consistent with other studies, the findings of the current study suggest that disclosure of EDI is complicated by the fear of negative consequences that follow EDI disclosure. The majority, were distressed by the potential of hurting their spouses if EDI was discovered. Similarly many feared abandonment and disapproval by others in the society. It was reported that spouses expressed more intense negative emotions such as anger, bitterness and rage resulting in hostility at home and serious strain in the couple relationship. These findings are comparable to past reports by (Heintzelman, Murdock, Krycak, & Seay, 2014[15]; Spring, 2012[16]) who suggested that offended partners experienced varied intense negative emotions. As indicated by Spring (2012[16]), the men involved in EDI also experience feelings of withdrawal, anxiety, guilt and shame. Others feared physical consequences such as HIV and STI infections, which made them regret the EDI even more. During one FGD, one man confessed the impact an infection obtained through EDI had on him as he tried to fake fatigue and illness to avoid having sex with his spouse. Besides regret and shame, he was angry that he was lying to his wife. All these consequences would hinder men from disclosing their EDI.

Other negative consequences included unwanted pregnancies with the EDI partner, use of resources-time and money, violence at home and more EDI in the marriages. The group discussion narrated how desperate EDI partners purposely planned to get pregnant during the affair in order to continue getting material support disguised as child support after the child is born. Other men experienced mistreatment from their spouses, denial of conjugal rights, cold war, and disapproval and shame from their extended family and the close community. The separation and divorce negatively affected the entire family, especially the children as most men eventually withdrew material support. These consequences caused moderate to severe anxiety for most men.

To cope with the negative consequences especially where an individual has anxious attachment and avoidant attachment, most of the men increased their alcohol intake and the findings showed moderate to severe risk levels of alcohol dependence. A significant finding was that men who had strong physical and emotional EDI had more alcohol use problems compared to men who had less intense EDI. The breakdown in communication in the marriage would make men not only regret their EDI but also the disclosure or the discovery of their EDI by their spouse. Another major finding was that the defensiveness and stonewalling by the

men was a way of protecting themselves. This is consistent with previous research by Gottman (2014[11]) who showed that the feelings of guilt caused men to stonewall. In cases where a man had the higher economic power and the spouse was totally dependent, the men would withdraw material support or privileges as a way of power control. This obviously resulted in a breakdown of communication in the marriage resulting in separation and/or more conflict. Since EDI causes no peace at home, men end up spending more time away from home, in bars drinking alcohol or with friends, predisposing themselves to more EDI. The stone walling and the defensiveness depicted the insecure attachment issues the men in EDI had. The results showed high levels of anxious attachment, followed by avoidant attachment, dismissive attachment and preoccupied attachment among the men with EDI.

The findings indicate that men involved in EDI remain avoidant and defensive causing the spouse to get critical and contemptuous, therefore acting as the parent to the man who feels demeaned and controlled, opting to stonewall. The spouse's habits however, as the men reported, end up making the men seek comfort outside their marriage, making the EDI emotional. As Gottman (2014[11]) concluded, these four horsemen easily result in a total communication breakdown, leading to separation and divorce.

On the other hand, this study also revealed that some of the men felt relieved after the discovery of their EDI for a number of reasons. First was that they now had an opportunity to talk about the issues that affected them negatively in their marriage, making them vulnerable to EDI. Second was that the shame and guilt of discovery and the societal disapproval of the habit acted as a deterrent with the potential of helping them stop the EDI behavior.

V. CONCLUSION

The study results suggest that the disclosure of EDI causes more distress to both the men and their spouses making the men choose not to disclose. The distress due to a number of consequences such as hurting one's spouse, fear of abandonment, and guilt and shame due to societal disapproval appear to be major hindrances to disclosure of EDI. For clinicians working with couples, an important area to address without invalidating the impact of EDI would be the possibility of facilitating disclosure of EDI by the men in ways that are less distressing to allow responsible behavior by the men as well as healing for the individuals and the couple relationship. Further, understanding the attachment style of men engaging in EDI would help in creating awareness to them about how this contributes to their EDI and their negative coping mechanisms when they are discovered.

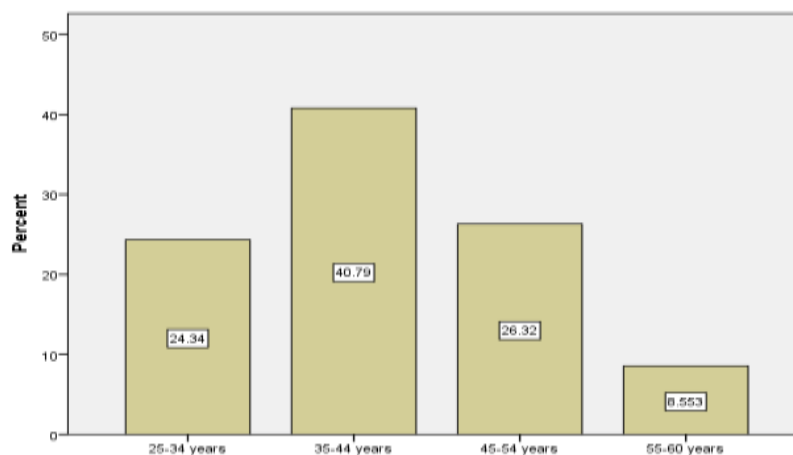


Figure 1: Age Categories in Years

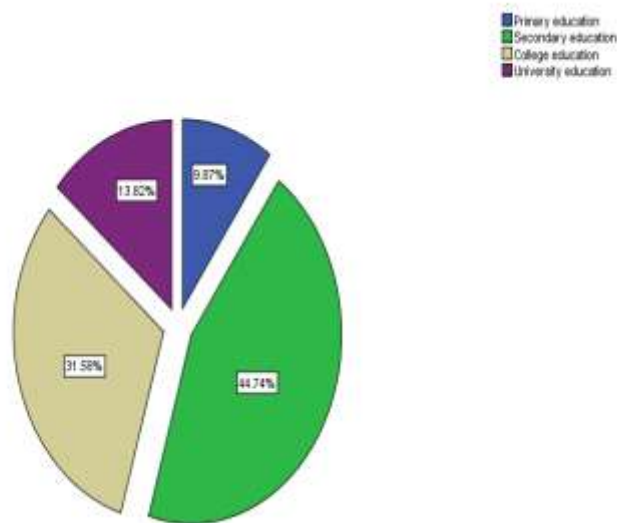


Figure 2: Education Level Attained

Table 1: Distress Due to the Potential of Hurting Primary Partner

Covariate	Response	Frequency	Percent
I felt bad that my sexual contact with someone else might cause my spouse pain.	Not at all true	44	28.9
	True	98	64.5
My worse fear was of hurting my spouse	Not at all true	51	33.6
	True	101	66.4
I was concerned that my actions might cause my spouse to feel ashamed	Not at all true	50	32.9
	True	102	67.1
I was worried that my spouse might feel hurt if she found out	Not at all true	41	27.0
	True	111	73

Table 2: Distress due to Behaving in a Manner Inconsistent with General Patterns of Behavior

Covariate	Response	Frequency	Percent
I felt confused by my actions; it just didn't seem like me	Not at all true	56	36.8
	True	96	63.2
I never thought I would do anything like that	Not at all true	55	36.2
	True	97	63.8
It was inconsistent with my values	Not at all true	49	32.3
	True	103	67.7

Table 3: Distress due to Negative Consequences for Self

Covariate	Response	Frequency	Percent
I didn't want my spouse or the other person to make a big deal out of it.	Not at all true	50	32.9
	True	97	63.8
I didn't want my spouse to give me a hard time about it.	Not at all true	53	34.9
	True	99	65.1
I didn't want to go through a scene with my spouse or other person.	Not at all true	46	30.3
	True	104	69.7
I didn't want the other person to keep bothering me when it was time to stop the relationship	Not at all true	53	34.8
	True	99	65.2
I didn't want to get caught	Not at all true	52	34.2
	True	100	65.8

Table 4: Distress due to Potential Disapproval from Others

Covariate	Response	Frequency	Percent
I was worried how it might look if others found out.	Not at all true	42	27.6
	True	110	72.4
I worried that my family and friends would think less of me.	Not at all true	55	36.2
	True	97	63.8
I worried about what other people would think about me	Not at all true	52	34.2
	True	100	65.8

Table 5: Association between avoidance and anxiety with alcohol use

Covariate	Alcohol use disorder		Chi square Test	
	No	Yes	χ^2 statistics	p-value
Anxiety				
No anxiety	83.1% (69/83)	16.9% (14/83)	26.088	P<0.001
Anxiety	43.5% (30/69)	56.5% (39/69)		
Avoidance				
No Avoidance	78.5% (73/93)	21.5% (20/93)	18.839	P<0.001
Avoidance	44.1% (26/59)	55.9% (33/59)		

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