EFFECTS OF RATIONAL EMOTIVE BEHAVIOUR, FAMILY THERAPY AND COGNITIVE BEHAVIOUR ON PRONENESS TO EXTRAMARITAL AFFAIRS AMONG CHRISTIAN GROUPS IN ABEOKUTA METROPOLIS, OGUN STATE, NIGERIA

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ABSTRACT

Extra-marital affairs are emotional or sexual relationships outside marriage. Engaging in extra-marital affairs present both legal and moral problems for the society. Universally, people get married to provide relatively preferred, secured and stable context in which they can meet their sexual needs, have reciprocal sexual pleasure, have children and train them properly. The study examined the effectiveness of two counselling strategies on proneness to extramarital affairs among selected Christian groups in Abeokuta metropolis. Quasi-experimental pre and post-test control group design was used. The first group was exposed to Cognitive Behaviour Family Therapy (CBFT) while another treatment group was exposed to Rational Emotive Behaviour Therapy (REBT), as the Control group. The sample size consisted of 120 married persons. Multistage sampling technique was used for this study. Marital Comparison Level Index (MCLI) r= [0.93] which was used for the baseline assessment, Justification for Extramarital Involvement Questionnaire (JEIQ) r= [0.71], Index of Marital Satisfaction (IMS) r= [0.85], and Personal Report of Spouse Communication Apprehension (PRSCA) r= [0.86] were used for the study. A research hypothesis was formulated to guide the study. The hypothesis was tested using the Analysis of Covariance (ANCOVA) at 0.05 level of significance. The finding shows that both CBFT and REBT were effective in counselling participants on proneness to engage in extramarital affairs. However,

it showed that participants exposed to CBFT were less prone to engage in extramarital affairs than participants exposed to REBT and control group. It was recommended that marital sexual frustrations should also be discussed with one's spouse; otherwise a search for reality may expose a frustrated spouse to an outsider of the opposite sex, thereby making the rate of proneness to extramarital affairs high.

Key words: *REBT, CBFT, Proneness to Extramarital affairs, Christian group , sexual frustrations*

Introduction

Sexual behaviours are activities that produce sexual excitation. This excitation includes sexual fantasies, masturbation, interpersonal activities such as kissing and touching (foreplay), sexual intercourse, oral-genital stimulation or oral sex. A healthy relationship is one that makes you feel good about yourself and your partner. Thus, not only do you enjoy being together, you can also express your true self and allow your partner to do the same.

Extramarital affairs are emotional or sexual relationships outside marriage that present both legal and moral problems for the society. Universally, people get married to provide relatively preferred, secured and stable context in which they can meet their sexual needs, have reciprocal sexual pleasure, have children and train them properly, relieve tension and anxiety. Marriage is also intended to sustain marital familial bonds through reciprocal love and emotional attachment that are the base of social relationship. It is also intended to acquire healthy personality that helps adapt to changing environment (Uddin, 2007). When a person is married, she/he faces challenging roles which must be addressed. Among these challenging roles is one's most intimate and personal relationship with one's partner including his/her sexual interchanges with one's spouse. During these sexual interchanges, behaviours are manifested by the couple and such behaviours in their most intimate encounter are the couple's sexual behaviours (Cadorna, 2009). Often, married persons, owing to exhibited sexual behaviours do not derive these benefits as one partner may default in fulfilling the expected conjugal responsibilities.

Relationships are based on shared perceptions of a couple's experiences. Interpersonal perceptions, that is, partners' perceptions of each other are important to compatibility and relationship maintenance (Simms & Byers, 2009). According to Simms and Byers, within interpersonal perception research, three comparisons are of particular interest: similarity - the agreement of partners' self-ratings; perceived similarity - the agreement between an individual's perceptions of self and partner; and understanding the extent to which an individual's perceptions of his or her partner corresponds to the partner's self-perceptions. Investigations of interpersonal perceptions may include not only participants' actual behaviours but also their ideal or desired behaviours.

The perception of sexual behaviours by married persons may make them prone to engage in extramarital affairs. These perceptions are in four major categories namely: psychological, physical, religious and social perceptions. A fall out of differences in any of these perceptions

among couples may prompt a married person to gratify his/her sexual desires outside the marriage. Apart from sexual behaviours, people usually get married when they would like to make a lifetime commitment to their partner. Unfortunately, many people are unable to fulfil this commitment. Some of these people end up cheating on their spouses and having extra marital affairs because they are unhappy in their marriages due to lack of emotional intimacy but would prefer to remain in such marriages to have stable homes for their children. Other factors include: change in physical attraction of spouse; showing more commitment to work than spouse; waning sex life; idiosyncratic characteristics like tastes, values, and difficulty to commit to one person; and break down of lines of communications (Marvin, 2008).

The rate of infidelity among married persons is quite high across board, 45-55% of married women and 50-60% of married men engage in extramarital sex at some time during their marriage (Solomon &Teagno, 2011). In Nigeria, according to Smith (2002), many Igbo men will say plainly that it is a man's right to have many women. About 54 percent of Nigerian men and 39 percent of women have had extramarital relations (Isiugo-Abanihe, 1994). The result of a study on sexual networking among women in Benin City, Nigeria showed that 26% of the women surveyed claimed that they have had intercourse with strangers and 70% of the women have had extramarital sexual relationship (Omorodion, 1993). In Ile-Ife, the cradle of the Yoruba race, according to Bamiwuye, Asa, Fadeyibi and Bisiriyu (2004), levels of extramarital sex is higher among females than males. In the study, attitude to money or material compensation for sex correlates significantly with high level of extramarital sex. The majority of women who had extramarital relations had it because of economic considerations.

Sexual infidelity not only threatens the marital relationship, it also affects the mental health of both partners. The spouse who learns of his/her partner's affair manifests elevated depression and anxiety (Gordon, Baucom& Snyder, 2004). The fall out of an affair is known to have immediate and far-reaching negative effects on long-term love relationships, as well as on the children in the family and at times, the extended family and friends. This calls for a question on why some people are sexually exclusive while others have sex with someone besides their spouse. The ability of married individuals or couples to pursue a fulfilling and safe sex life is central to achievement of sexual and marital health. Creation of supportive environments in which safe sexual behaviour can take place is vital, and comprehensive behavioural intervention is germane for a sexual relationship and marital concord among couples to exist.

Research on infidelity in heterosexual relationships suggests that around one-third of men and one-quarter of women may engage in extramarital sexual relationships at least once in their life time (Johnson, 1997). People's control over their sexual lives and choices is shaped by gender-related cultural values and norms defining masculinity and femininity. These culturally-defined gender values and norms evolve through a process of socialisation starting from an early stage of infancy. They determine and reinforce themselves through traditional practices such as wife sharing, widowhood related rituals, early marriage, wife kidnapping, female genital mutilation and the condoning of gender-based violence. These cultural practices, values, norms, and

traditions have strong influence on the visible aspects of individual's behaviours and are important determinants of men's and women's vulnerability to having extramarital affairs.

The involvement in extramarital affairs by a married individual may be linked to one's perception of sexual behaviours of oneself and that of the spouse which makes him/her prone to engage in such practices. Sexual behaviours such as: sexual arousal, sexual satisfaction, sexual communication, fore play, enjoyment and vaginal penetration, sexual frequency, demand for spousal attention, spousal filthiness, increased or persistent thought about sex, feel of love and pleasure rather than procreation, desire for sex during periods of work-related stress can bring extramarital affairs. Moreover, diminution and early ejaculation as well as erectile dysfunctioning may have different gender and generational perceptions or dimensions. These may be as determined by socio-cultural environment as well as religious inclinations, psychological perceptions and physical perceptions among other variables.

Attitude to money or material compensation for sex has made some married persons to get involved in extramarital affairs. Most women who get involved in extramarital affairs do so for instrumental and utilitarian considerations as the economic hardships have forced them to resort to promiscuous sexual behaviour to make a living. Some married persons also get involved in extramarital affairs as acting out to resolve unconscious marital conflicts (Bamiwuye, Asa, Fadeyibi, & Bisiriyu, 2004).

Findings (Ogwokhademhe & Ishola, 2013) revealed that married men in Lagos metropolis perceived "sex-related factor" to be highest factor responsible for extramarital affairs, while "infertility factor" was reported to be the least factor. It was also revealed that gender, age, religion and educational qualification of the respondents influenced their perception positively on the factors responsible for extramarital affairs.

Involvement or abstinence from extramarital affairs in a society by a married person may be a function of control or regulations prevalent in the environment and how the individual reacts to it. Cultural practices, societal values and extant mores of the people play significant roles in shaping the sexual behaviour of the people. According to Ebisi (2012), there is a significant nexus between human culture and human health because culture is responsible for shaping the patterns of social organisations designed to regulate a particular society. Hence, beliefs and cultural practices predominantly play significant roles in influencing extramarital practices among a people.

It is rather a disturbing trend that despite the fact that married persons experience sexual dissatisfaction in their marital life which may make them prone to extramarital affairs, not much research studies in psychological field have paid attention to this issue. In Nigeria and indeed in Africa as a whole, issues relating to marital matters and indeed such relating to sexuality are regarded as being private. Therefore, responding to research instruments dealing with such issue may make research frustrating. Such research items may be seen as prying into their privacy, especially, where sex is a taboo as discussion and even spousal communication around it is concealed in the use of polite language, euphemisms, gestures, metaphors and colloquialisms (Ndinda, Uzodike, Chimbwete and Mgeyane, 2011). This inhibition could be traced to cultural beliefs

and practices which are yet to be fully exposed to the western culture where disturbing marital issues are discussed, addressed and resolved outside the matrimony.

An enquiry into the study of perception of sexual behaviour with regards to proneness to engage in extramarital affairs is relevant, and it represents a highly significant problem area because of the researcher's observation of prevalence of sexual infidelity in the society and his interaction with those involved in the act. Today, married individuals appear more exposed indulging in extramarital affairs than before. If such individuals or their spouses have unhealthy perception of sexual behaviours and thought processes that maybe irrational, it may become easy to engage in extramarital affairs. Such individuals need to be counselled so that the problems arising from such behaviour would be averted. It is against this background that this study is aimed to determine the effectiveness of two counselling strategies on proneness to extramarital affairs among married persons.These situations are important to an individual's mental or sexual health and therefore, require intervention and treatment such as applying Cognitive Behaviour Family Therapy (CBFT) and Rational Emotive Behaviour Therapy (REBT) to address the situations.

Rational Emotive Behaviour Therapy (REBT) is a consistent attempt to introduce logical reasoning and cognitive processes into counselling. Albert Ellis (1957, 1962), proposes that each of us hold a unique set of assumptions about ourselves and our world that serve to guide us through life and determine our reactions to the various situations we encounter. Unfortunately, some people's assumptions are largely irrational, guiding them to act and react in ways that are inappropriate and that prejudice their chances of happiness and marital success. Albert Ellis calls these basic irrational assumptions. The combination of rational emotive behaviour therapy (REBT) and cognitive behavioural family therapy (CBFT) is hoped to bringing about a change in thought, behaviour and "open the eyes" of participants to the untapped natural resources they are endowed with to bring about chastity and concord in marriage. The difference between CBFT and REBT is, whereas, CBFT addresses abnormal marital behaviour which stems from faulty thinking due to cognitive deficiencies; REBT identifies and addresses the irrational and inappropriate behaviours that may be consequent upon the faulty thinking.

Hypothesis

There is no significant difference in the post-test mean on perceptions of sexual behaviour among participants exposed to Cognitive Behaviour Family Therapy (CBFT), Rational Emotive Behaviour Therapy (REBT) and those in control group.

Methodology

The design for this study was quasi-experimental pre/post-test control group design. The study comprised of three groups, two treatment groups and one control group. One treatment group was exposed to Cognitive Behaviour Family Therapy (CBFT) while the second treatment group was exposed to Rational Emotive Behaviour Therapy (REBT). The control group did not receive any treatment. Also, survey was used for the purpose of obtaining baseline data.

The target population comprised of all married persons in the five church groups of Nigeria in Abeokuta metropolis. The population consisted of all married persons in Pentecostal Fellowship of Nigeria (PFN)

in Abeokuta metropolis. The participants were married persons in monogamous marriage between two and twenty-five years in marriage.

Marital Comparison Level Index (MCLI) questionnaire was used for the baseline assessment of the study and participants who scored 40% and below identified as having marital sexual problems were used for the study. Justification for Extramarital Involvement Questionnaire (JEIQ), Index of Marital Satisfaction (IMS), and Marital Communication Apprehension (MCA) questionnaires were used to elicit responses from participants in the pre and post counselling sessions.

Table 1: Distribution of Sample According to Church denominations

Groups	Denomination	Number of Participants
REBT	1	40
CBFT	2	40
Control	3	40
Total		**120**

Table 2: Gender distribution of participants

Groups	Denomination	Male	Female	Total
REBT	1	20	20	40
CBFT	2	20	20	40
Control	3	20	20	40
Total		**60**	**60**	**120**

Results

Hypothesis Testing

There is no significant difference in the post-test mean on perceptions of sexual behaviour among participants exposed to Cognitive Behaviour Family Therapy (CBFT), Rational Emotive Behaviour Therapy (REBT) and those in control group. One way analysis of covariance was used to test this hypothesis.

Table 3: Descriptive Data on Pre and Post-test mean scores on perceptions of sexual behaviour of participants in the three experimental groups

Experimental Group	Pre-test			Post-test			Mean Difference
	N	Mean	SD	N	Mean	SD	
CBFT	40	30.10	3.62	40	69.30	4.97	39.20
REBT	40	32.85	9.82	40	66.23	9.87	33.38
Control Group	40	30.50	3.48	40	30.35	5.14	-0.15
Total	120	31.15	6.43	120	55.29	19.08	24.14

The result in table 3 shows that at pre-test, the mean scores of the participants in the three experimental groups ranged from 30.10 for Cognitive Behaviour Therapy, 32.85 for REBT and 30.50 for the Control Group. It also shows that at post-test, the CBFT group recorded the greatest improvement on their perceptions of sexual behaviour with a mean difference of 39.20 followed by REBT with a mean difference of 33.38, while the Control Group recorded the lowest mean score of -0.15. To determine if these differences are statistically significant, the ANCOVA results in table 4 are displayed.

Table 4: One Way Analysis of Covariance (ANCOVA) of difference in post-test mean scores or perception of sexual behaviour of the participants in the three experimental groups

Source of Variation	Sum of Squares	Df	Mean Squares	F_{cal}	Sig. of F
Model	37734.39[a]	3	12578.13	261.93	*
Intercept	18060.72	1	18060.72	376.10	*
Covariance	220.07	1	220.07	4.58	*
Experimental Group	37724.71	2	18862.36	392.80	*
Error	5570.40	116	48.02		
Total	43304.79	119			

*** Significant, P < 0.05; f_{cal}at 0.05 (2,116) = 3.09 < 392.80**

The result in table 4 shows that a calculated F-value of 392.80 resulted as the difference in perception of sexual behaviour across experimental groups. This F-value is statistically significant since it is greater than the critical F-value of 3.09 given 2 and 116 degrees of freedom at 0.05 level of significance.

Therefore, the hypothesis was rejected. This implies that the alternative hypothesis that there is significant difference in the post-test mean on perceptions of sexual behaviour among participants exposed to Cognitive Behaviour Family Therapy (CBFT), Rational Emotive Behaviour Therapy (REBT) and those in control group is upheld since F-value for the experimental group was statistically significant. To determine where the significance between group difference lies, post-hoc analysis was performed, using Fisher's protected t-test procedure and the outcome of the statistical analysis is shown in table 5.

Table 5: Post-hoc Comparison of Significance between Group Difference Using Fisher's Protected t-test.

Groups	CBFT n=40	REBT n=40	Control n=40
CBFT	69.3	0.73	9.21
REBT	3.07	66.23	8.48
Control Group	38.95	35.88	30.35

*** Significant at 0.05, a = group means are in diagonal, difference in group means are below the diagonal while protected t-values are above the diagonal.**

The table above indicates that participants exposed to CBFT intervention do not statistically differ in the improvement on perception of sexual behaviour when compared with those in REBT (t_{cal}= 0.73, df = 78, t critical = 3.11). Thus, there exists significant difference on the perception of sexual behaviour of participants that received REBT intervention when compared to those in control group (t_{cal}= 8.48, df 78, critical t = 3.11). Similarly, significant difference exists on the perception of sexual behaviour of participants that received CBFT intervention when compared to those in control group. Therefore, participants that received CBFT improved on their perceptions of sexual behaviour than those REBT.

Discussions

Findings reveal that there is difference in the post-test mean scores on perception of sexual behaviour across experimental groups exposed to treatment and control. The reasons for the difference could be attributed to the intervention of CBFT and REBT. This is in congruence with Olaosebikan (2015) where a similar study

carried out in Ifo Local Government revealed a rejection of the null hypothesis. Within interpersonal perception research, according to Simms and Byers (2013), the more individuals perceived that prominent people would approve of them initiating sexual activities with their partners, the more positive their evaluations were for the outcomes of initiating, and the more confident they were in their ability to initiate, the stronger their initiation intentions. In turn, stronger sexual initiation intentions were associated with more frequent initiation behaviours. Compared to women, according to Simms and Byers, men who initiated more frequently, had stronger sexual initiation intentions, and perceived more positive social norms regarding initiation. However, men and women did not differ in their attitudes toward sexual initiation or in their perceived behavioural control. Both men and women who reported initiating more frequently and perceived their partners as initiating more frequently reported greater sexual satisfaction.

This is in congruence with Acitelli, Douvan & Veroff, (1993); Purnine & Carey (1997) where they said that three comparisons were of particular interest: similarity which is the agreement of partners' self-ratings; perceived similarity which is the agreement between an individual's perceptions of self and partner; and understanding which is the extent to which an individual's perceptions of his or her partner corresponds to the partner's self-perceptions. Cognitive Behavioural Family Therapy (CBFT) is an approach designed for families to help them manage ongoing issues (Sarah, 2011). It settles the atmosphere and keeps families working together to sustain the family without going against each other. The aim of cognitive therapy is to create a realistic evaluation and modification of thinking, which should produce improvement in mood and behaviour. Cognitive therapy is unique through a unified theory of personality and psychopathology supported by empirical evidence (Beck, 1995). Rational Emotive Behaviour Therapy (REBT) is a consistent attempt of introducing logical reasoning and cognitive processes into counselling. Some people's assumptions are largely irrational, guiding them to act and react in ways that are inappropriate and that prejudice their chances of happiness and marital success. Albert Ellis (1957, 1962) calls these basic irrational assumptions.

Whereas, CBFT addresses abnormal marital behaviour which stems from faulty thinking due to cognitive deficiencies; REBT identifies and addresses the irrational and inappropriate behaviours that may be consequent upon the faulty thinking.Therefore, the exposure of participants to Rational Emotive Behaviour Therapy (REBT) and Cognitive Behaviour Family Therapy (CBFT) where intrapersonal, interpersonal, and contextual factors which predispose a person to engaging in extramarital affairs were addressed may have influenced the participants' perception and rationality. This also correlates with Allen, Atkins, Baucom, Snyder, Gordon, & Glass, (2005) findings that the emotional feeling a person has when he/she discovers that his/her partner is involved in extramarital affairs which is a reflection of the partner's sexual behaviour may influence or alter the disposition towards extramarital affairs, and such may be prone to exhibiting retaliatory tendencies which may be his/her way of equalling the game by engaging in extramarital affairs. Besides, the personal idiosyncratic disposition of an individual may predispose him/her to believing that extramarital affairs

is healthy as long as extramarital sex is not involved. Therefore, the result in hypothesis three might be due to the difference in the reshaping core beliefs of the two therapies (Olaosebikan, 2015).

Conclusion

From the discussion of findings based on the data collected, it was observed that proneness to extramarital affairs among married persons is phenomenal. Most married persons who exhibited proneness to extramarital affairs have issues that are personal and/or interrelational which predispose them to such. Some of the exhibited behaviours that suggest proneness to extramarital affairs and the involvement in extramarital affairs are as a result of social sexual scripts which the society has streotyped in the minds of the people. Counsellors are, therefore, encouraged to design programmes that will address these issues with the aim of achieving a total family health and marital harmony.

Recommendations

Based on the findings of this study, it is recommended that:

Counsellors should organize programmes such as marriage clinics with the aim of using Rational Emotive Behaviour Therapy (REBT) to address behaviours among couples that may have or are being exhibited which may be considered irrational as a result of faulty cognition, which may make them or their spouse prone to extramarital affairs.Coping mechanisms in handling sexual incompatibility should also be addressed as sexual compatibility is about the most important ingredient in marriage stability.

Marital sexual frustrations should also be discussed with one's spouse; otherwise a search for reality may make a frustrated spouse to an outsider of the opposite sex thereby making proneness to extramarital affairs high.

There should be proper premarital counselling in all religious institutions. Trained counsellors should be engaged to handle such, as otherwise, what the religious organisations may be doing is indoctrination and not counselling.

Counsellors should be aware of the effectiveness of Cognitive Behaviour Family Therapy (CBFT) and Rational Emotive Behaviour Therapy (REBT) in reducing proneness to extramarital affairs among married persons.

Since it was revealed that both male and female married persons are prone to extramarital affairs, Counsellors should organise seminars that will bring couples together in order to discuss and make known solutions to behavioural issues that may make them prone to extramarital affairs.

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