

The Communication Barriers in a Ukrainian Family: Adultery and Socio-Psychological Aspects

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Abstract: A common cause of disruption of family communication is adultery, which creates a traumatic situation and even leads to family destruction. *The purpose of the article* is to investigate sexual and psychosocial disorders in family communication under adultery—*research methods*. The study used validity methods «Eysenck Inventory of Attitudes to Sex» and «Diagnostics of the inferiority complex». *Statistical methods*. For the non-parametric data correlation variables, the Spearman coefficient was used, Kendall's, Pearson's.

Results: The present study found the destructive effect of the psychological characteristics of sexuality on family functioning in CGA. The connection between disappointment with existing sexual relations and desire for sexual satisfaction was established ($p < 0.05$). Conflicts between beliefs and internal impulses were detected ($p < 0.05$). It was found that treating a partner as a sexual object without finding sensual pleasure correlated with intolerance to a verbal description of bed scenes ($p < 0.05$). Sexual shyness is a characteristic of couples with sexual inactivity and aversion to sexual manifestations ($p < 0.05$). In turn, the difficulty of acquiring sexual excitement correlated with a fascination with only physical sex without its spiritual component ($p < 0.05$).

Conclusion: Features of the psychological response of men and women in CGA and CG in the genesis and development of impaired family life are connected to the following: a great number of complexes and constant struggle with personal weaknesses, drawbacks, mistakes; fear of analyzing oneself and one's own actions by "hiding" and "postponing" the resolution; inflated self-esteem, self-deception, living in the so-called "imaginary world", low communication ($p < 0.05$).

Keywords: Psychological features, sexuality, adultery, inferiority complex, psycho-emotional issues, family interaction.

1. INTRODUCTION

Disruption of family communication is an important and pressing issue and can be the result of various events. An important place is the adultery situation, as an additional psycho-emotional and psychological load that destroys the relationship between spouses. The study's essence is to explore the influence of male or female infidelity on their relationships in Ukrainian families. This study's importance is attributed to adultery becoming a factor that provokes family aggression, irritability, apathy, substance abuse, destroying the functioning of the family [1].

Adultery (French – *adultère*) – betrayal, infidelity, adulterous intercourse, which pre-condemns the concept of an illegal love affair. The adultery reduces the expression of additional empathic abilities, sympathy, and compassion, which depletes the mental resource of spouses. A family with adultery tries to resist it to some extent and to prevent negative consequences. However, there are clear differences in how different families respond to difficulties [2, 3]. In some cases, the adultery-induced challenge has a

mobilizing and integrating effect. In others, on the contrary, it weakens the family and leads to increased contradictions.

Moreover, the second option is most characteristic of young families, which are poorly prepared and not experienced in family problems. According to V. Krishtal, G. Andrukh [4], the reaction's difference is particularly clear in the case of "normative stress", that is, a family encounters difficulties that are common for a particular stage of the family development. A crisis-stricken family cannot remain unchanged, unable to adequately perform the necessary functions in a changed situation, operating with familiar, patterned attitudes and behaviors [5].

Previous research the earlier unresolved parts of the problem of family interaction спрямовані на вивчення can be attributed to the insufficient study of psychological features of sexuality and features of psychological response of men and women to adultery. The following is studied within the issue of family communication disorders: the etiological and pathogenetic factors of family destruction, changes in family relationships, individual psychological characteristics of men and women, family interaction S. Kratochvil [1, 6]. Psychological connection and compatibility in marital relations, differences of causes,

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and mechanisms of family development disorders, the effectiveness of psychodiagnostic and psychocorrectional methods of family counseling and psychotherapy are investigated [7, 8].

Researchers are studying the individual psychological features, and mental states of families [9], sexual and psychosocial aspects are studied. It is noted by N. Olifrovich [10] that the factors of the well-being of family relationships, the stability of marital relations, marital compatibility, the problem of similarity – differences between spouses in terms of personal characteristics correlate with factors of role and value orientations, family functions and family duty division and in combination affect marriage satisfaction. The issues of influence of psychological resistance in youth and their manifestations, where their personal importance in the family and work spheres are investigated T. Andréeva [11], G. Prib, and Z. Gromova [12].

In their study V. Krishtal and G. Andruk [4] provided the analysis and classification of conflicts based on unmet needs of spouses:

1. Conflicts arising out of an unmet need of one's self to be valued and appreciated, a violation of the sense of respect by the other partner.
2. Conflicts, mental tension are based on the unmet sexual needs of one or both spouses.
3. Mental stress, depression, conflicts, quarrels because of unmet needs of one or both spouses in positive emotions: lack of affection, care, attentiveness, understanding of humor, gifts.
4. Conflicts and quarrels related to one of the spouse's propensities for alcohol, gambling, and other hypertrophied needs that lead to frivolous and inefficient, and sometimes wasteful family expenses.
5. Financial differences are arising from the exaggerated needs of one of the spouses in the allocation of the budget, family composition, the contribution of each partner to the financial support of the family.
6. Conflicts, quarrels, and disagreements over the unmet needs of spouses in food, clothing, housing, etc.
7. Conflicts over the need for mutual help, support, cooperation in sharing household duties, and childcare.
8. Conflicts, quarrels based on different needs and interests in recreation and leisure, hobbies. The use of the category "need" in the theory of marital conflict allows us to move to motives and interests, negative and positive emotions, to the analysis of various types of depressive and other pathological conditions, neuroses, the source of which may be family disorders. The categories of stability–instability of marriage, its proneness to conflict – not proneness to conflict also depends on the satisfaction of the needs of the spouses, especially emotional and psychological ones.

Researchers study crisis families and marital infidelity, where the confrontation between the interests and needs of spouses is particularly harsh and extends to important spheres of family life. Family members take recalcitrant and even hostile positions towards each other without agreeing to any concessions or compromise decisions. Crisis marriages break up or find themselves on the verge of a breakup [13-15].

It can be noted that marital betrayal and sexual life in marriage reflect the contradictions between the spouses; it results from various psychological factors. Disappointment in the married life, disharmony of sexual relations lead to infidelity. In contrast to betrayal or infidelity, fidelity is a system of obligations to the spouse, governed by moral norms and standards. It is a conviction of the value, the significance of the commitments made. Fidelity is often associated with commitment and the desire of partners to strengthen their own marriage and relationships.

A sexual need can only be truly satisfied on the ground of positive feelings and emotions possible if emotional and psychological needs are met (love, support, maintaining one's dignity, psychological support, protection, mutual help, and understanding). If the emotional and psychological needs of an individual are not satisfied in the marriage, alienation increases, negative feelings and emotions accumulate, infidelity becomes more likely. The spouses do not understand each other; they quarrel and commit adultery.

S. Kratochvil's [14] study identifies four periods of crisis in family life. The first period is the first year of married life and is characterized by conflicts of adaptation to each other when the two "I" turn into one "We". The second period is related to children's appearance: the opportunities for professional growth are decreasing; less time is left for hobbies, conflicts between parents may arise due to the issues of raising

a child. The third crisis is the middle age, characterized by conflicts of monotony. The fourth period of conflict in the marital relationship comes after 18–24 years of living together and is related to the separation of children from the family. A large range of family communication disorder studies under adultery looks into a large number of spouses seeking to maintain family relationships and turn to family counseling specialists [16, 17].

Despite the considerable dissemination of scientific research, the issue of sexual and psychosocial aspects of family communication disorders under adultery remains underexplored.

The purpose of the article is to investigate sexual and psychosocial disorders in family communication under adultery. To achieve the purpose of the article, the following tasks are set: to identify the psychological features of sexuality under the adultery; to evaluate the peculiarities of the psychological response of men and women to the adultery.

MATERIALS AND METHODS

The study of 180 married couples was conducted in Kyiv, Ukraine, during the period 2019–2021. The study was based in «Family clinics» in Kyiv, Ukraine. The study design is presented in Figure 1. A comparative analysis (stage 3 in Figure 1) was conducted among the group of couples in marital crisis with adultery in the family history (Crisis Group and Adultery, men and women CGA (M + F)) and the group of couples in marital crisis with no adultery in the family history

(Crisis Group no Adultery, men and women – CG (M + F)). Both groups of the study were divided into three subgroups: the first – the crisis marriage age of 4 years (3–5 years) (CGA1, n = 30, CG1 n = 30); the second – the crisis marriage age of 7 years (6–8 years) (CGA2, n = 30, CG2, n = 30); the third – the crisis marriage age of 12 years (11–13 years) (CGA3, n = 30, CG3, n = 30).

The criteria for inclusion of participants in the study:

- obtained the informed consent for the study;
- diagnosis of in a marital crisis;
- family history of adultery (CGA (M + F));
- no adultery in the family history (CG (M + F)).

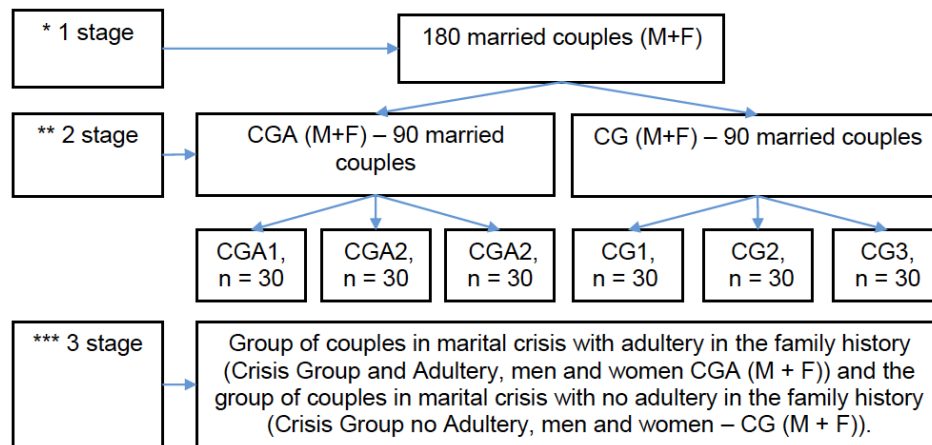
The criteria for exclusion of participants from the study:

- mental disorder;
- personality disorder;
- sexual disorders;
- civil marriage.

Ethical Consideration

Ethical clearance:

- the study was conducted with the observance of the principles of ethics of the American Psychological Association [18];



Note. * – 1 stage – having obtained the informed consent for the study
 ** – 2 stage – the study in family clinics in Kiev, Ukraine
 *** – 3 stage – comparative analysis

Figure 1: Study design.

- all respondents gave informed consent to participate in the study;
- «Code of Ethics» Ukrainian State Employment Service Training Institute, protocol № 1, 02.16.2018 [19].

Ethical Consenting

Convention for the Protection of Human Rights and Dignity of the Human Being in the Application of Biology and Medicine (1997), Chapter V “Scientific Research” - Articles 15, 16, 17, and Article 28 “Public Discussion” - Protocol for Approval of Research Design 10, 11.30.2018; Declaration of Helsinki: Recommendations for Physicians to Conduct Biomedical Research with Human Involvement (1964); WHO recommendations to the Ethics Committees examining biomedical research; Good Clinical Practice (GCP) requirements; ethical and moral and legal aspects (paragraph 2.1.) of the Regulations on the Commission on Ethics (Order of the Ministry of Health of Ukraine № 66 02.13.2006.

Research Methods

General theoretical: interdisciplinary analysis and synthesis of the literature on the research issue; comparison, systematization, generalization, interpretation of existing theoretical approaches and empirical results.

Instruments. In the study used validity methods «Eysenck Inventory of Attitudes to Sex» [20] and «Diagnostics of the inferiority complex» [21]. Author's methods were not used.

Procedures. All 180 couples were examined by the validity of the methods, which evaluated:

1. The state of sexual communication was measured by «*Eysenck Inventory of Attitudes to Sex*» [20] and «*Diagnostics of the inferiority complex*» [21]. H. Eysenck developed the method based on his own concept of personality and diagnoses the psychological features of human sexuality and [20]. Along with the study of attitudes to sex, the questionnaire provides an opportunity to assess marriage satisfaction, deviations in sexual behavior, and to diagnose femininity - masculinity.
2. Features of individual psychological responses were investigated with the method «Diagnostics

of the inferiority complex» [21]. The method measures the inferiority complex in the following way: 0 – 40 points – acute problems, compensation for feelings of inferiority; 41 – 80 points – signs of inferiority that can be compensated; 81 – 130 points – adequate self-esteem and the compensatory mechanisms of inferiority; 131 – 150 points – misconception about the absence of complexes.

The data that support the findings of this study are available on request from the corresponding author, Hlib A. Prib. The data are not publicly available due to restrictions, e.g., they contain information that could compromise research participants' privacy.

Statistical methods of material processing. Data processing was performed using MS Access v.8 for Windows 9x database management system. The generation of consolidated tables was done using the MS Excel v.16.0 program. For the non-parametric data correlation variables, the Spearman coefficient was used. Kendall's and Pearson's coefficients used for non-parametric data were applied to check the received correlation relationships. Also, the probability of the research results was established with the sign-rank double T-test (Wilcoxon criterion) used by the IBM SPSS Statistics 22 program for non-parametric data.

RESULTS AND DISCUSSION

Sexual Communication between Men and Women with the History of Adultery

H. Eysenck's [20] concept of personality laid the basis for his inventory. The methodology evaluates attitude to sex, marriage satisfaction, sexual behavior deviations, masculinity-femininity ratio. In general, it was found that the respondents demonstrate psychological features of sexuality and the ratio of high and low percentage points reflected in CGA (M + F) and CG (M + F), which were not evenly distributed. H. Eysenck's study [22] confirms the negative dynamics of the impact of marriage age on the family crisis. The CGA (M + F) revealed the leading family-destroying psychological features of sexuality on the following scales: permissiveness – acceptance of the existing forms of sexual relations, attitude to sex as a form of pleasure and absence of concern about premarital and extramarital affairs (35,0%, $p < 0.05$); satisfaction with sex life (35,0%, $p < 0.05$) depended on a combination of personal factors in the couple, in turn, (65,0%, $p < 0.05$) there is blaming partners for the feelings of

disappointmen and discontent; neurotic sex – conflict between inner beliefs and trains with difficulty controlling or suppressing internal impulses (64.0%, $p < 0.05$); neurotic sex – the conflict between inner convictions and impulses with the difficulty of controlling or suppressing internal impulses (64,0 %, $p < 0.05$); *impersonal sex* – treating a partner as a sexual object and seeking only sensual pleasure (65.0%, $p < 0.05$); pornography – intolerance of verbal description of bed scenes (60.0%, $p < 0.05$); sexual shyness – nervousness in the presence of persons of the opposite sex (62.0%, $p < 0.05$); prudishness – sexual passivity (59.0%, $p < 0.05$); sexual disgust – aversion to sexual manifestations and sexual relations with one's regular partner (55.0%, $p < 0.05$); sexual excitement – difficulty in acquiring the state of sexual arousal (58.0%, $p < 0.05$); physical sex – fascination with only the physical aspect of sex without its spiritual component (65.0%, $p < 0.05$); aggressive sex – hostility

and aggression in sexual relations, sometimes without the consent of the partner (57.0%, $p < 0.05$).

The revealed psychological features of sexuality on the scales responsible for the destruction of family coincide with the results of the studies on interpersonal relationships by R. Sternberg (1970). R. Sternberg points to the disturbance of the triads of love under adultery - intimacy (a sense of belonging, unity, and connection); passion (love and sexual attraction); commitment (decision to stay with a partner and plan for the future) [23].

Comparative analysis of the structure of psychological characteristics of sexuality in respondents on the unifying scales "Sexual libido", "Sexual satisfaction", "Masculinity–femininity" revealed differences in the respondents CGA (M + F), which is presented in Table 1. The data presented in Table 1 shows that the CGA (M + F) group was dominated by

Table 1: Psychological Features of Sexuality in Respondents CGA (M+F) (Eysenk Inventory of Attitudes to Sex, Eysenk, 1972)

Scale	Gender (M=30, F=30)	Points					
		High			Low		
		N	%	±m	N	%	±m
CGA1*							
Sexual libido	M	16	53.3	5.0	14	46.7	5.0
	F	15	50.0	5.0	15	50.0	5.0
Sexual satisfaction	M	13	43.3	5.0	17	56.7	5.0
	F	12	40.0	4.9	18	60.0	4.9
Masculinity–Femininity	M	14	46.7	5.0	16	53.3	5.0
	F	15	50.0	5.0	15	50.0	5.0
CGA2*							
Sexual libido	M	13	43.3	5.0	17	56.7	5.0
	F	12	40.0	4.9	18	60.0	4.9
Sexual satisfaction	M	10	33.3	4.7	20	66.7	4.7
	F	9	30.0	4.6	21	70.0	4.6
Masculinity–Femininity	M	15	50.0	5.0	15	50.0	5.0
	F	14	46.7	5.0	16	53.3	5.0
CGA3*							
Sexual libido	M	13	43.3	5.0	17	56.7	5.0
	F	12	40.0	4.9	18	60.0	4.9
Sexual satisfaction	M	10	33.3	4.7	20	66.7	4.7
	F	9	30.0	4.6	21	70.0	4.6
Masculinity–Femininity	M	15	50.0	5.0	15	50.0	5.0
	F	14	46.7	5.0	16	53.3	5.0

Note. * – the probability of a first-order error, the level of statistical significance between the indicators $p < 0.05$ (significant differences).

high-scoring respondents. Such distribution indicates a strong libido, sexual satisfaction, and differentiation of masculinity-femininity qualities in the respondents' ordinary sense. Our findings are confirmed by the research of O. Shevchyshena (2009) - in a family with adultery there is a discrepancy between the sexual attraction of married partners and their real behavior, caused by the disregard for the individual characteristics of the opposite sex, their sexual inclinations and capabilities [24].

1. The "Sexual Libido" scale measured the power of sexual desire. The scale "generalizes" the conclusion about permissiveness, sexual satisfaction, pornography, impersonal sex, and physical sex (Eysenck, 1972). On the "Sexual Libido" scale, 53.3% of CGA1 showed a high score, 46.7% – a low score. In CGA2 a high score – 43.3%, a low score – 56.7%, CGA3 – a high score – 33.3%, a low score – 67.6% ($p < 0.05$). Among women: CGA1, a high score is found in 50.0%, a low score of 50.0%. In CGA2 a high score – 40.0%, a low score – 60.0%, CGA3 – a high score – 30.0%, a low score – 70.0% ($p < 0.05$). Respondents who had high scores had a strong libido and a strong sex drive. Conversely, in both men and women, a low score indicated weak libido and low sex drive. According to Eidemiller's (2008) study, the inconsistency of "Sexual libido" in the situation of adultery creates a traumatic situation for the family leading to marital maladaptation. By disrupting the family's functioning, the adultery reduces the demonstration of empathy and compassion, which depletes the mental resources of husband and wife [1].
2. Sexual Satisfaction Scale summarizes the scales of "neurotic sex", "sexual shyness", "prudishness", and "sexual disgust" H. Eysenck [22]. On the "Sexual Satisfaction" scale, 43.3% of men in CGA1 showed a high score, 56.7% – a low score. In CGA2 33.3% – a high score, 66.7% – a low score, in CGA3 30.0% – a high score, 70.0% – a low score ($p < 0.05$). Among women: CGA1 40.0% demonstrated a high score, 60.0% – a low score. In CGA2 30.0% – a high score, 70.0% – a low score, CGA3 a high score – 26.7%, a low score – 77.3% ($p < 0.05$). Respondents' satisfaction with their personal sex life did not depend on their sexual "appetite". In V Krishtal's study (1996), men and women claimed they had a completely satisfactory sex

life, without concern for its activity level, vigor, and frequency of sexual intercourse [25]. Our findings revealed the opposite; respondents found sex life satisfactory with its high activity, vigor, and frequent sexual intercourse, which often became the main, if not the only, purpose of life.

3. "Masculinity–Femininity" Scale. Masculinity is understood to mean that respondents responded with a high score in sexual matters and that it corresponds to the image of a man typical in society and does not correspond to a typical female image. Accordingly, "femininity" is understood to mean that respondents on sexual behaviors agreed with women rather than men and scored low H. Eysenck [22]. In men, CGA1 46.7% showed a high score, 53.4% – a low score. In CGA2, a high score – 50.0%, a low score – 50.0%, in CGA3 a high score – 53.3%, a low score – 46.7% ($p < 0.05$). Among women: in CGA1 50.0% demonstrated a high score, 50.0% – a low score. In CGA2 a high score – 46.7%, a low score – 53.3%, in CGA3 a high score – 50.0%, a low score – 50.0% ($p < 0.05$). It should be noted that in the structure of the answers of the scale, women could receive «masculinity» points and men «femininity» ones. According to V Krishtal (1996), this was not indicative of the respondents' masculinity or femininity in the ordinary sense of these qualities and certainly was not related to homosexuality or lesbianism [25].

Analysis of differences in the structure of psychological characteristics of sexuality in CG (M + F) respondents on the scales "Sexual libido", "Sexual satisfaction", "Masculinity–femininity" (Eysenck Inventory of Attitudes to Sex) found that high scores dominated among the respondents of CG (M + F):

1. "Sexual Libido" Scale. In CG1 50.0% of men show a high score, and 50.0% – a low score. In CG2 66.7% – a high score, 33.3% – a low score, in CG3 60.0% – a high score, 40.0% – a low score ($p < 0.05$). Among women: in CGA1 46.7% – a high score, 53.3% – a low score. In CGA2 67.3% – a high score, 33.3% – a low score, in CGA3 56.7% – a high score, 43.3% – a low score ($p < 0.05$).
2. The "Sexual Satisfaction" Scale. In CG1 73.3% of men showed a high score, a low score – 36.7%.

In CG2 a high score – 60.0%, a low score – 40.0%, in CG3 a high score – 53.3%, a low score – 46.0% (p <0.05). Among women: in CG1 66.7% revealed a high score, a low score – 33.3%. In CG2 a high score – 63.3%, a low score – 36.7%, in CG3 a high score – 50.0%, a low score – 50.0% (p<0.05).

- The "Masculinity–Femininity" Scale. In CG1 53.3% of men showed a high score, a low score – 46.7%. In CG2 a high score – 50.0%, a low score – 50.0%, in CG3 a high score – 46.7%, a low score – 53.3% (p <0.05). Among women: in CG1 50.0%, have a high score, a low score – 50.0%. In CG2 a high score – 46.7%, a low score – 53.3%, in CG3 a high score – 46.7%, a low score – 53.3% (p <0.05).

The results obtained for the scales "Sexual libido", "Sexual satisfaction", "Masculinity-femininity" generally

coincide with the studies of O. Kadenko (2006), which indicates that the psychological features of sexuality in extramarital relationships lead to the development of neurotic and personality disorders. (neurasthenia, adaptive disorders, depressive reactions), disruption of interpersonal relationships (loss of love), and undermine the strength of marriage, as evidenced by the fact that 72.0% of men and 70.0% of women thought about divorce or tried to divorce [26].

Features of the Psychological Response of Men and Women to the Adultery and their Role in the Genesis and Development of Impaired Family Life

The peculiarities of the individual psychological response were studied using the "Diagnostics of the inferiority complex" [21]. This test instrument contains 30 questions, which are summarized as follows: 0–40 points – the presence of expressed problems, decompensation of inferiority; 41–80 points – signs of

Table 2: Structure of the Inferiority Complex among Respondents CGA (M+F) та CG (M+F) (Method «Diagnostics of the Inferiority Complex», Fetiskin et al., 2020)

Points	Gender	CGA*											
		CGA1			CGA2			CGA3					
		N	%	±m	N	%	±m	N	%	±m			
0–40	M	6.0	16.7	3.7	7.0	12.9	3.4	10.0	10.0	3.0			
	F	6.0	13.3	3.4	8.0	13.3	3.4	11.0	13.3	3.4			
41–80	M	13.0	40.0	4.9	13.0	35.5	4.8	10.0	23.3	4.2			
	F	12.0	40.0	4.9	13.0	36.7	4.8	9.0	20.0	4.0			
81–130	M	7.0	26.7	4.4	6.0	29.0	4.5	5.0	40.0	4.9			
	F	7.0	23.3	4.2	5.0	25.8	4.4	4.0	36.7	4.8			
131–150	M	4.0	16.7	3.7	4.0	22.6	4.2	5.0	26.7	4.4			
	F	5.0	23.3	4.2	4.0	23.3	4.2	6.0	30.0	4.6			
Total	M	30	100.0			30	100.0			30	100.0		
Total	F	30	100.0			30	100.0			30	100.0		

Ball	Gender	CG*											
		CG1			CG2			CG3					
		N	%	±m	N	%	±m	N	%	±m			
0–40	M	4.0	16.7	3.7	5.0	12.9	3.4	6.0	10.0	3.0			
	F	4.0	13.3	3.4	6.0	13.3	3.4	7.0	13.3	3.4			
41–80	M	11.0	40.0	4.9	10.0	35.5	4.8	5.0	23.3	4.2			
	F	11.0	40.0	4.9	10.0	36.7	4.8	4.0	20.0	4.0			
81–130	M	8.0	26.7	4.4	8.0	29.0	4.5	12.0	40.0	4.9			
	F	8.0	23.3	4.2	7.0	25.8	4.4	11.0	36.7	4.8			
131–150	M	7.0	16.7	3.7	7.0	22.6	4.2	7.0	26.7	4.4			
	F	7.0	23.3	4.2	7.0	23.3	4.2	8.0	30.0	4.6			
Total	M	30	100.0			30	100.0			30	100.0		
Total	F	30	100.0			30	100.0			30	100.0		

Note: * – the probability of a first-order error, the level of statistical significance between indicators – p <0.05 (significant differences).

inferiority that can be offset; 81–130 – adequate self-esteem and the existence of compensatory mechanisms for inferiority; 131–150 points – misconception about the absence of complexes. The structure of the inferiority complex among respondents CGA (M+F) та CG (M+F) is presented in Table 2.

The data presented in Table 2 shows that the respondents in CGA1, CGA2, CGA3 had significant differences in terms of the inferiority complex with the prevalence of this complex among the CGA1. The distribution of the inferiority complex has the following structure:

- 0–40 points (having a great number of complexes, negative self-assessment, "fixated" on their own weaknesses, disadvantages, mistakes) in men CGA1 – 16.7%, CGA2 – 12.9%, CGA3 – 10.0% ($p < 0.05$). Among women: CGA1 – 13.3%, CGA2 – 13.3%, CGA3 – 13.3% ($p < 0.05$).
- 41–80 points (able to cope with complexes) in men CGA1 – 40.0%, CGA2 – 35.5%, CGA3 – 23.3% ($p < 0.05$). Among women: CGA1 – 40.0%, CGA2 – 36.7%, CGA3 – 20.0% ($p < 0.05$).
- 81–130 points (the number of complexes typical for a regular person, with the ability to deal with them independently) in men CGA1 – 26.7%, CGA2 – 29.0%, CGA3 – 40.0% ($p < 0.05$). Among women: CGA1 – 23.3%, CGA2 – 25.8%, CGA3 – 36.7% ($p < 0.05$).
- 131–150 points (misconception of the absence of complexes) in men CGA1 – 16.7%, CGA2 – 22.6%, CGA3 – 26.7% ($p < 0.05$). Among women: CGA1 – 23.3%, CGA2 – 23.3%, CGA3 – 30.0% ($p < 0.05$).

This distribution of the structure of the inferiority complex is confirmed by studies of marital maladaptation O Mieshkovska (2005), where it is indicated that extramarital relationships lead to the development of a depressive reaction in women - short-term 40.0%, prolonged 22.0%. In men, in addition to depressive reactions, 23.0% and 27.0%, respectively, in 19.0% neurasthenia, in 13.0% somatization disorder [27].

Respondents of CG1, CG2, CG3 (Table 2) have also been found to have significant differences in terms of the inferiority complex with the prevalence of this

complex among CG1 respondents. The distribution of the inferiority complex has the following structure:

- 0–40 points (having a great number of complexes, negative self-assessment, "fixated" on their own weaknesses, disadvantages, mistakes) in men CG1 – 16.7%, CG2 – 12.9%, CG3 – 10.0% ($p < 0.05$). Among women: CG1 – 13.3%, CG2 – 13.3%, CG3 – 13.3% ($p < 0.05$).
- 41–80 points (able to cope with complexes) in men CG1 – 40.0%, CG2 – 35.5%, CG3 – 23.3% ($p < 0.05$). Among women: CG1 – 40.0%, CG2 – 36.7%, CG3 – 20.0% ($p < 0.05$).
- 81–130 points (the number of complexes typical for a regular person, with the ability to deal with them independently) in men CG1 – 26.7%, CG2 – 29.0%, CG3 – 40.0% ($p < 0.05$). Among women: CG1 – 23.3%, CG2 – 25.8%, CG3 – 36.7% ($p < 0.05$).
- 131–150 points (misconception of the absence of complexes) in men CG1 – 16.7%, CG2 – 22.6%, CG3 – 26.7% ($p < 0.05$). Among women: CG1 – 23.3%, CG2 – 23.3%, CG3 – 30.0% ($p < 0.05$).

This distribution of the structure of the inferiority complex in CG1, CG2, CG3 confirms that men and women in families without adultery have less complexes, assess themselves adequately, are not "obsessed" with their own weaknesses, shortcomings, and mistakes. Men and women have the ability to cope with the complexes without the development of a family crisis [23, 25, 27].

In the CGA (M + F) and CG (M + F), the average points of the inferiority complex were not evenly distributed. Hence, it was possible to perform the analysis of the respondents according to their common traits and behavioral patterns.

1. Men and women with an average score of up to 40 were classified as possessing complexes. Most of these individuals viewed themselves negatively. Their relationships with people were complicated; their lives, in most cases, were a "constant struggle" with their own weaknesses, shortcomings, and mistakes. Such a life-modus does not facilitate, but on the contrary, hinders the acceptance of oneself, which leads to the strengthening of complexes. They find it extremely difficult to concentrate on personal

strengths and to think positively about themselves.

2. Respondents with an average score of 41–80 had the internal capacity to cope with their own complexes. Men and women recognized that existing complexes generally bothered them, affecting family functioning. However, they are "afraid" to analyze themselves and their actions by "hiding" and "postponing" the resolution.
3. Respondents with an average score of 81–130 had commonplace problems. The ability to fully cope with personal problems has also been established in them. Thus, both men and women objectively evaluated their own motives and behavior, as well as other people's motives, behaviors, and actions. Such personalities are communicative, "easy and free", other people feel comfortable communicating with them.

The respondents with an average score of 31–150 points believed they had no complexes. Occasionally such women and men existed in a so-called "imaginary world" where the self-concept did not correspond to reality. Inflated self-esteem and self-deception prevented them from developing effective communication schemes for everyday life. In turn, self-indulgence grew into sciolism; the hostility of loved ones was caused by constant arrogance, which generally pushed people away from them and significantly damaged their lives.

This distribution of the structure of the inferiority complex is confirmed by the research of T. Voronina (2015) on the structure of readiness for betrayal where he separates the cognitive (cognitive-motivational), emotional and personal components of betrayal associated with awareness of its causes, conditions and consequences [28]. Our study by H. Prib, S. Bondar (2019) confirms the opinion of T. Voronina (2015) on the presence of personal qualities that are meaningfully correlated with the psychological essence of betrayal, the presence of feelings, emotions, and feelings of a husband, which determines the possibility of betrayal [12, 28].

CONCLUSION

According to the purpose of the article, the study revealed the presence of sexual and psychosocial barriers to communication in Ukrainian families with adultery. In the CGA group, the connection between

disappointment with existing sexual relations and desire for sexual satisfaction was established ($p < 0.05$). Conflicts between beliefs and internal impulses were detected ($p < 0.05$). It was found that treating a partner as a sexual object without finding sensual pleasure correlated with intolerance to a verbal description of bed scenes ($p < 0.05$). Sexual shyness is a characteristic of couples with sexual inactivity and aversion to sexual manifestations ($p < 0.05$). In turn, the difficulty of acquiring sexual excitement correlated with a fascination with only physical sex without its spiritual component ($p < 0.05$).

The presence of sexual barriers is indicated in CGA on the unified scales of "Sexual libido" – the respondents possessed a strong libido and a strong sex drive ($p < 0.05$); "Sexual satisfaction" – the respondents stated that they had a satisfactory sex life with no concern for the activity and frequency of sexual intercourse, noting partner's dissatisfaction ($p < 0.05$); "Masculinity – Femininity" – respondents corresponded to the image of a man and a woman typical for society ($p < 0.05$).

The presence of psychological barriers is indicated by the features of the psychological response of men and women in CGA. The genesis and development of impaired family life are connected to the following: a great number of complexes and constant struggle with personal weaknesses, drawbacks, mistakes (average score < 40 , $p < 0.05$); fear of analyzing oneself and one's own actions by "hiding" and "postponing" the resolution (ser. score 40–80, $p < 0.05$); ability to fully cope with personal problems (average score 81–130, $p < 0.05$), specific to respondents of CG; inflated self-esteem, self-deception, living in the so-called "imaginary world", low communication (average score 131–150, $p < 0.05$).

The established specific indicators of sexual communication and the peculiarities of the psychological response of men and women to the adultery and their role in the genesis and the development of family life disorders in terms of their influence on the ability to perceive measures of psycho-correction are integrated into the formation of psychotherapeutic groups.

Recommendations for Future Directions Related to the Conclusion

The prospect of further research in this direction is to study the relationship and synergistic effect of the

influence of psychological, macro- and micro-social factors on the state of marital interaction between spouses with the adultery. An interesting comparative analysis of family functioning components during crisis periods of marriage, with and without adultery, according to the structure and destructive factors. The study conclusion indicates the necessity to develop and substantiate the content of a comprehensive system of family counseling (psychocorrection) of family life disorders under adultery and evaluate its effectiveness.

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