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## Contextual Factors Surrounding Extradynamic High-Risk Sexual Decision-Making in Men: A Case-Oriented Perspective

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### Abstract

Many models have been developed to explain the decision-making process of high-risk sexual behavior (HRSB). Juhasz and Sonnenshein-Schneider (1980) proposed a model for sexual decision-making with three distinct factors (socialization influences, factors germane to the situation, and cognitive factors). While this model makes sense from a theoretical standpoint, it has not been empirically validated and they have focused exclusively on adolescent sexual decision-making processes. The purpose of this study was to identify the key points in decision-making toward engagement in extradysadic high-risk sexual behavior. Using qualitative interviews in a case-oriented study, key components surrounding the context, decision-making, and management processes of engagement in high-risk sexual behavior were analyzed. We found that chemical impairment, sensation-seeking and impulsivity, quality of the relationship, and self-esteem were all key contributors to the context of engaging in HRSB. On the other hand, the decision-making process of HRSB contained compartmentalization, rationalization, and experiencing a point of no return. Finally, the management process of engaging in HRSB included dissociation, self-esteem, and control

### Keywords

High Risk Sexual Behavior, Risky Sex, Case-Oriented, Decision-Making

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## Contextual Factors Surrounding Extradysadic High-Risk Sexual Decision-Making in Men: A Case-Oriented Perspective

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Individuals who engage in high-risk sexual behavior (HRSB) have an increased risk of being exposed to HIV/AIDS and other devastating sexually transmitted diseases, as well as an increased risk of experiencing various other potentially dangerous mental and physical repercussions (Birthrong & Latzman, 2014; World Health Organization, 2002). Men aged 20-24 years consistently have the highest rate of chlamydia and gonorrhea among all age groups in the United States (CDC, 2012). A total of 1,422,976 individuals were reported to have contracted chlamydia in 2012 alone, a 41% increase from 2002 (CDC, 2012). The increased prevalence of STIs in the male population is related to decrease contraceptive use and an increased tendency to be under chemical influence while engaging in sexual acts (Atkins, Yi, Baucom, & Christensen, 2005). Consequently, identifying a functional theoretical understanding of the context, decision-making, and management of HRSB is elemental in order to develop empirically valid prevention strategies that will decrease the likelihood of individuals contracting preventable sexually-transmitted infections. Therefore, the purpose of the current study is to provide a basis for theorizing about sexual-decision making, as well as laying the groundwork for developing effective prevention strategies for reducing incidents of HRSB.

Previous research defines high-risk sexual behavior as a low regularity of condom use while engaging in sexual acts (Birthrong & Latzman, 2014; Caballero-Hoyos & Gil, 2005; Villaseñor-Sierra, Millán-Guerrero, Trujillo-Hernández, & Monárrez-Espino, 2013). Essentially, HRSB is defined as behaviors that have relatively high propensities to lead to sexually transmitted diseases (Birthrong & Latzman, 2014; Caballero-Hoyos et al., 2013; Gil, 2005). Additionally, engaging in sexual acts with 3 or more sexual partners in a 12-month time span is considered HRSB (Caballero-Hoyos et al., 2013). The use of drugs and alcohol while performing sexual acts has also been linked to HRSB (Caballero-Hoyos et al., 2013; Cook &

Clark, 2005). For the purposes of our research, HRSB was defined by the participants themselves; that is to say, we invited individuals to participate in our study who were actively practicing sexual encounters with unfamiliar individuals while in a primary relationship and who defined their own behavior as high-risk.

### **Decision-Making Models of High Risk Sexual Behavior**

Many models have been developed to explain the decision-making process of (HRSB). Juhasz and Sonnenshein-Schneider (1980) proposed a model for sexual decision-making with three distinct factors (socialization influences, factors germane to the situation, and cognitive factors). In discussing the cognitive factors of sexual decision-making, Juhasz and Sonnenshein-Schneider (1980) focused on the sexual education that individuals have concerning the consequences of engaging in risky sexual behavior and how this information is received. When important sexual education is withheld from an individual, through educational limitations of the nature of sexual behavior, or if an individual does not have the analytic power to comprehend and internalize the information as it is given, there are many misconceptions about the consequences of engaging in HRSB (Juhasz & Sonnenshein-Schneider, 1980). Juhasz and Sonnenshein-Schneider (1980) also proposed that socialization influences mediate how an individual responds to the factors germane to the situation while in accordance to the sexual ideologies of the people around them. While this model is theoretically sound, it has not been empirically validated and focuses exclusively on adolescent sexual decision-making processes. Consequently, empirically validated sexual decision-making models that focus on adult populations are necessary.

In this vein, Lock and Vincent (1995) use the Interaction Model of Client Health Behavior to provide evidence that variables such as age, social and family influence, sexual beliefs, peer influence, attitudes toward sex, and how committed one is to their partner are found affects one's decision-making process in engaging in sexual behavior. Furthermore, McCabe and Killackey (2004) used the Theory of Planned behavior to stipulate that control and moral development play an important part in sexual decision-making. McCabe and Killackey (2004) considered that the degree to which an individual believed that they had control over engaging in sexual behavior was the strongest predictor of whether they engaged in that behavior. McCabe and Killackey (2004) also provided evidence for the Jurich and Jurich (1974) model of sexual behavior which stipulates that moral beliefs about whether engaging in sexual acts are appropriate influence the decision-making process of engaging in such behaviors. McCabe and Killackey (2004) also found empirically validated evidence that supports the model created by Lock and Vincent (1995) that concluded that family and peer influence impact the sexual decision-making process. Although the sexual decision-making models of both Lock and Vincent (1995) and McCabe and Killackey (2004) are empirically validated, they focus their sexual decision-making models on the attitudes of women, therefore, the determinants of factors that contribute to men's sexual decision making are not well understood.

### **Context Surrounding Engagement in High Risk Sexual Behavior**

#### **Chemical Impairment**

Chemical impairment, characterized by drug and alcohol use, has been shown to increase the likelihood of risky sexual encounters (Atkins, Yi, Baucom, & Christensen, 2005). Sexual arousal and alcohol intake increases the probability of HRSB (Strong, Bancroft, Carnes, Davis, & Kennedy, 2005). These findings are consistent with findings from other researchers

that alcohol and drug-related inhibition is correlated with an increased propensity for engagement in HRSB (Cooper, 2006; Timpson, Ross, Williams, & Atkinson, 2007). The causal relationship between alcohol usage and HRSB incidents can be explained by the Alcohol-Myopia Theory which suggests that disinhibited, wanton behavior can result from an interaction between a lessening in cognitive capabilities and influential social and contextual cues (Steele & Josephs, 1990). Relatedly, inebriated men perceive that the benefits outweigh the risks when engaging in HRSB with an individual that they previously encountered only once before (Cooper, 2006). Interestingly, alcohol-related inhibition is seen predominately with individuals who have a distinct view about the relationship between alcohol and sex (Cooper, 2006). Individuals who feel that alcohol will disinhibit them to potential sexual acts are more likely to drink alcohol while preparing to engage in sexual activities (Cooper, 2006). Similarly, individuals who use drugs before and during sex have a higher probability to also engage in one-time sexual encounters with numerous individuals (Timpson et al., 2007). Drug use is also a contributing factor in irregular condom use (Timpson et al., 2007) as well as in extradyadic relationships, which may be considered risky in nature because of the potential introduction of STDs into the primary relationship (Schensul et al., 2006; Snyder & Doss, 2005).

### **Personality Factors: Impulsivity and Sensation Seeking**

Impulsivity and high levels of sensation seeking both contribute to the likelihood of engagement in HRSB (Deckman & DeWall, 2011; Donohew et al., 2000). Sensation seeking is defined as a multidimensional personality trait that involves seeking new and intense sensations combined with the willingness to take significant risks to experience such sensations. Impulsivity, for the purposes of this study, is an unwillingness to disengage in sexual acts while sexually aroused (Cyders & Smith, 2008). Both personality factors have been significantly and consistently correlated with HRSB (Charnigo et al., 2013).

Individuals identified as high sensation-seekers have tendencies to devalue the possible negative consequences that can stem from engaging in HRSB, while having a disproportionate confidence that they will avoid the negative consequences associated with their sexual encounters (Horvath & Zuckerman, 1993). Sensation seeking motives for engaging in HRSB can also be seen as a propensity to seek novel sexual experiences with new people. Men have a strong propensity to desire novelty in sexual encounters, especially if they are fueled by a novel sexual fantasy (Diamond, 2003; Gil, 2005). High novelty-seeking among men is also correlated with avoidance coping strategies after the sexual act has been committed (Gil, 2005). Relatedly, high sensation seeking is correlated with an increase in casual sexual partners and an increased probability of being chemically impaired while engaging in sexual acts (Teva, Bermudez, & Buela-Casal, 2010).

Impulsivity and a sense of urgency are major components of risky sexual acts (Cooper, Agocha, & Sheldon, 2000; Deckman & DeWall, 2011; Miller et al., 2003). Expectedly, poor impulse control is significantly correlated with a higher propensity for HRSB (Cooper et al., 2000). However, little research has investigated the relationship between impulsivity and specific types of HRSB (Birthrong & Latzman, 2014).

### **Peer Influences/Social Norms**

While a host of literature has been devoted to uncovering the influence of peers on an adolescent's decision to engage in risky sexual behavior, far less of the research has been devoted to exploring the impact of peer influences on an adult population. Trinh, Ward, Day, Thomas, and Levin (2014) discovered in a sample of Asian American college students that

more sexual partners and experiences were correlated with exposure to messages from peers that causal sex was acceptable. Likewise, colleges students who perceived their peers as having greater sexual knowledge is related to more frequent sexual activity, but not necessarily to participation in riskier sexual activity (Brandhorst, Ferguson, Sebbly, & Weeks, 2012). In addition, African American women who adopt a positive beliefs of themselves report having more sexual partners (Duvall et al., 2013).

### **Quality of Primary Relationship**

Research has consistently found that lack of satisfaction in the sexual relationship was a corroborating factor to HRSB (Atkins, Yi, Baucom, & Christensen, 2005). Relationship dissatisfaction is also positively correlated with infidelity (McAlister, Pachana, & Jackson, 2005; Treas, 2000) while relationship dissatisfaction is influenced by high levels of sensation-seeking in partners (Dabrowski, 2010). Similarly, high levels of relationship satisfaction produces higher sexual desire (Breznyak & Whisman, 2004; Gehring, 2003).

### **Point of No Return: Disinhibition Associated with Sexual Arousal**

Ariely and Loewenstein (2006) found that sexual arousal is linked to disinhibition concerning sexual decision making. In fact, situations that would not normally be identified as sexual may become so when one is sexually aroused (Ariely & Loewenstein, 2006). Expectedly, encounters that would not lead an individual to engage in sex suddenly become sexual when an individual is aroused and, similarly, sexual acts seem more appealing to an individual when they are in an aroused state (Ariely & Loewenstein, 2006). Loss of control has also been reported as a byproduct of sexual arousal; individuals' sexual arousal disinhibits and they fail to turn away from sexual encounters they would typically find unappealing (Ariely & Loewenstein, 2006).

The aims of this study were to understand the decision making process of engagement in HRSB outside of their primary relationship from the point of view of the participants. It was designed to test the theories presented by the current literature from a qualitative perspective, as well as to determine if there were other factors operating in one's decision-making process that had not yet been investigated. The innovation in this study is the interviewing component. Other research projects in this same topic area rely heavily on survey research. The primary problem with survey research in this topic area is that it seeks to understand demographic trends rather than the decision-making processes. While demographic information is a solid starting point, combating HRSB and developing strategies for addressing the decision-making processes rests heavily on our ability to understand from people engaging in this behavior and describing "what makes them tick." Further, in conducting this study, our goals are consistent with those of the CDC in obtaining more information about individuals who engage in high-risk sexual behavior.

## **Method**

### **Recruitment and Procedures**

Participants were recruited nationally from internet chat rooms, sexual addiction groups, and media advertisements. An announcement detailing the study was posted in Internet groups devoted to infidelity, sexual addiction, and high-risk sexual behavior. Sex addiction groups in the Las Vegas region were approached with flyers. Because participants from such groups would likely be sexually compulsive (versus impulsive), efforts were made to recruit

participants via other avenues, as well as to obtain a sample from the general population. Participants were invited to sign up anonymously for an interview time slot on an Internet website. We ended recruitment after believing we had saturation in the data. At the time of their appointment, participants called a phone number and were interviewed by the first author. Participant anonymity was emphasized. No names were taken, no caller ID was used, and no phone call was returned. Participants who were 18 or older needed to meet two criteria:

1. Having been in a committed relationship for at least one year
2. Having engaged in high-risk sexual activity with someone outside of their current relationship during the time period they were in the current relationship

This project was approved by the university's institutional review board. Participants contacted the researcher at the time scheduled. The interviewer (first author) was a faculty member in a family therapy program with previous experience in qualitative interviewing strategies. Interviews lasted between 45 minutes and 2 hours, with most of them lasting 1.5 hours. During the interview, each participant was asked a series of questions from a semi-structured interview guide, though it is possible that some participants were asked some additional follow-up questions if it was necessary. Sample items from the interview guide included acquiring demographic information (age, gender, duration of relationship, sexual orientation, medications, substance use, etc.), information assessing the health of the primary relationship, sexual history, description of high-risk behavior and why the participant defined it as high-risk, the partner's role and knowledge in the high-risk behavior, if any, and thought processes about engagement in the behavior (i.e., thoughts about stopping, weighing risks and benefits, etc.). At the termination of the interview, participants received a code for a \$25 gift card to Amazon.com.

This study was informed by a case-oriented understanding perspective (Schutt, 2011). We had 5 total participants (see table 1 for participants' information). This perspective offers researchers a way to understand a phenomenon without explicitly exploring causes. It is characterized by a recognition of the complexity of social phenomenon within a small set of cases (Porta, 2008; Ragin, 1997). It is designed to accurately reflect the experiences of the participants and seeks to understand the world from their perspective. In the present study, we were interested in understanding the decision-making processes for engagement in sexual encounters outside of one's relationship.

**Table 1.** Participant Information

Participant #	age	Length of primary relationship	Sex of extradyadic partner
1	27	2 years	M
2	29	2 years	M
3	33	5 years	F
4	38	8 years	M
5	45	1 year	M

## **Analysis**

A constant comparative method of analysis was used to develop theoretical ideas related to decision-making in high-risk sexual behavior. The analysis occurred in step with accepted grounded theory practice, which allows for a recursive process within the analysis procedure by comparing the results of early analysis to the new data collected. The interviews were conducted by the first author (principal investigator). Interviews were transcribed by an assistant trained on the transcription equipment and read by both the first and second author. Independently, each author read the interviews and looked for themes across the questions as well as in each question. Both then compared the themes that emerged and compared them with other themes (Merriam, 2002). The procedure used was consistent with open, thematic coding (Emerson et al., 1995; Merriam, 2002). Once transcribed, the data was analyzed using a cross comparative analysis until the point of “theoretical saturation” in which incoming data no longer contributed to developing new ideas.

The authors then collected each of their themes and identified areas of agreement about the themes. The themes were agreed upon except in two cases, where the themes provided by one coder were combined together to create a theme consistent with the other coders themes. The authors also identified quotes associated with each of the identified themes and brought them to a meeting where they reviewed the commonalities, if any, in the generation of themes. Using a process of constant comparison, themes from both authors were compared and labeled. The authors discussed where quotes might fall with regard to particular themes. Agreement was reached on what themes would be included in the final report.

## **Reliability and Validity**

We achieved rigor in the current study through a variety of methods (Anfara, Brown, & Mangione, 2002). First, credibility was established through data triangulation inasmuch as we corroborated our findings with extant literature in addition to employing an outside investigator to audit and peer reviewer corroborate the themes found. To our satisfaction, the peer reviewer identified common themes to the ones we (authors) identified. Transferability was achieved through the depth of participant responses as a result of the semi-structured interview and the ability to probe, as well as the depth and detail provided in our findings. In addition, we were purposive in our sampling in that we were only interested in people who were engaging in sexual behavior with others outside of their committed relationship. Dependability was achieved through our corroboration of findings from previous literature as well as each of the authors coding, recoding, and seeing the same themes emerge. Confirmability was addressed through comparing our findings with findings of previous studies as well as through the authors practicing reflexivity.

## **Findings**

### **Participants**

While the study was advertised to both men and women, only men responded to the call for participants. The participants in this study were 5 men, with ages of 27, 29, 33, 38, and 45. Each of them volunteered to participate in the interview of their own accord and, consistent with our reimbursement schedule, received a \$25 gift card to Amazon.com. Each of the men indicated they were in a committed relationship. While each identified themselves as heterosexual, three of the five indicated that their involvement with another outside of their primary relationship was with another man. In addition, four of the five men noted that they



had a pattern of engaging in sex outside of their primary relationship with another person. Each of the men lived in a major metropolitan city in the Southwest region of the U.S. The men who participated were in relationships of 6 months to 5 year duration.

### Context Surrounding Engagement of HRSB

In forming an empirically valid theory about sexual-decision making, this study explored the context, decision-making process, and management process of the participants when they engaged in HRSB. Each of the three variables was broken down into components that were validated by the participants' data. In this study, the context, or necessary circumstances, of precipitating HRSB among men was explored. The emergent categories of contributing factors for engagement in HRSB were:

1. Chemical impairment
2. Sensation-seeking and impulsivity
3. Quality of the relationship
4. Self-esteem

**Chemical impairment.** Chemical impairment referred to instances of drug or alcohol use while engaging in sexual activity. Four of the five participants reported that chemical impairment was a prerequisite for engaging in HRSB. For example, when participants were asked if they were under the influence of drugs or alcohol, one participant responded "there's definitely a connection" while also stating that drug use makes him think "a little more outside the box" and makes him less "anxious" when he is "stoned." Similarly, participants described alcohol as "liquid guts" and stated that "there's always alcohol involved that always plays a part in [sex]." A participant also described alcohol as a substance that "plays with your mind a little bit... probably made me do thing(s) that I, maybe or maybe not would have done, just being totally sober."

**Sensation-seeking and impulsivity.** Sensation-seeking, the desire to seek out novel and exciting experiences, was consistently reported as a prerequisite for HRSB. For example, participants described their sexual escapades as "a sense of excitement" and a drug; "for me [sex] acts almost like a drug because it lasts for so long... you're achieving that feeling or that high." Similarly, a participant described that when he engages in HRSB it is mostly because he is seeking out exciting experiences that make him feel "wanted or desired or rebellious." Another participant stated that while he is preparing to engage in HRSB there are "no feelings involved except for sexual gratification." Additionally, a participant regarded his sexual escapades as a temporary "fantasy." Seemingly, participants who identified high in sensation-seeking were actively searching for novel extradyadic sexual experiences that provided a sense of rush and excitement. Consequently, participants' sensation-seeking attitudes encouraged them to enter situations that promoted spontaneity, substance intoxication, and low condom usage.

Impulsivity, the multidimensional personality trait that includes having the inability to discontinue sexual activity once in a state of arousal, was also reported as a contributing factor. One participant noted he suffers from impulsivity and that such impulsivity leads him to make unhealthy sexual decisions, "I battle with my impulsive nature all the time... I just feel like throwing everything away." This participant continued to say:

I was smoking a cigarette, and just, and decided to call the chat line...and then the...other sex partners that I've that I retained their numbers...I eventually contacted one of them and...had oral sex performed on me. It's kinda puzzling

‘cause I was really content, really happy and then I just felt like...that switch flipped.

Another participant stated to engage in sex outside the relationship feels “less of a human emotion and more of a, just a, kind of a...you know, basic, you know sexual instinct or something.”

**Quality of the relationship.** The quality of the relationship, when related to the context of engaging in HRSB, was both a contributing factor, as well as a completely irrelevant factor, depending on the participant. The variable of sexual satisfaction as indicative of the quality of the primarily relationship was a completely irrelevant factor to the engagement of HRSB while the variable of distance was considered a relevant factor. For example, when asked to describe the strengths of his primary relationship, a participant answered “we have a great, a really great, comfortable, intimate sex life.” Similarly, one participant stated that the sexual relationship with his primary partner was “over the moon. It’s always good... it almost feels like two pieces of a puzzle that fit,” while another participant described sex with his partner as “great sex... we are really attracted to each other...the sexual energy is so high.” Another participant connected this quality to deescalating interest in HRSB by saying: “You know there’s been times when I’ve been on the edge or on the verge and then...my current girlfriend will call or you know text me out of the blue and it’ll totally, you know veer me in the other direction.” On the other hand, two participants discussed distance as a negative factor; “weakness is that it is a long distance relationship.” As it connects to HRSB one participant stated: “...sometimes...if she and I do have an argument or something...I want to feel desired or rebellious or something.”

1. Having been in a committed relationship for at least one year
2. Having engaged in high-risk sexual activity with someone outside of their current relationship during the time period they were in the current relationship

**Self-esteem.** The variable of self-esteem was certainly described as a contributing factor to the engagement of HRSB. For example, a participant described himself as “an attention whore” whose need for positive reinforcement about himself leads him to go on the internet and ultimately find individuals to have romantic encounters with, “I love attention. So, I’ll go online and I’ll talk to people. And then when they push it I’ll try to meet them... because I like attention and I go online.” In addition, participants reported that when they experienced low levels of self-esteem, they would engage in HRSB in order to punish themselves. In this vein, a participant reported, “I was feeling really bad and decided to... take steps to make myself feel worse.” Similarly, a participant described, “Sometimes the motivation is to feel worse than I did before. And then I have to claw my way out to recover.”

### **Decision-Making Process of HRSB**

In this study, the second variable that was examined was the decision-making process of HRSB among men. The decision-making process of HRSB was defined as the steps that individuals take in order to decide whether or not they will engage in HRSB in a given situation. The three contributing factors that were examined in terms of the decision-making process of HRSB were:

1. Compartmentalization
2. Rationalization practices

### 3. Reaching a “point of no return”

**Compartmentalization.** Compartmentalization is defined as the reasoning that engaging in HRSB is permissible because the instance of HRSB is far removed from the typical lifestyle of the individual; therefore the instance of HRSB will have little to no impact in the everyday life of the individual. Compartmentalization was demonstrated when a participant stated that his instances of HRSB were completely separate from his daily life, “In other areas of my life ... there’s a kind of complete split from reality... the opposite end of the spectrum from reality.” This participant also stated that it is easier to separate his daily life from his instances of HRSB because “once it is over... its kind like out of sight, out of mind.” Similarly, another participant stated her chose to engage in HRSB with individuals whom he knew would not be able to interfere with his typical life, “the word wasn't going to get out and luckily enough it wasn't because she doesn't even live in the city.”

Compartmentalization was also seen in participants as a practical method of assuring that their instances of HRSB would not interfere with their daily life. In this way, participants noted that short-lived HRSB relationships were more acceptable than long, intricate HRSB relationships that were prone to exposure, “I know that if I was going to continue somewhere along the line I was going to get caught.” One participant in particular described that “the quicker the better” and “if nobody else knows” the better. Another participant stated, “If it is drawn out mistakes are made right along the way... it was kind of thinking of the practically of it.”

**Rationalization.** The next variable associated with the decision-making process of HRSB is rationalization, the thought process that engaging in HRSB is acceptable for essentially faulty reasoning about the nature of HRSB. One participant admitted that he “rationalizes [sex outside of his primary relationship] as being safe behavior because the likelihood of it being anything more than just a sexual encounter is slim to none.” This participant also stated that while he is engaging in HRSB, his main goal is “to gratify myself, to feel better through that.” Similarly, another participant described his rationalization process as such, “It all comes down to a disconnect. I'll just rig my reasoning to where it's okay... I'm probably not going to see this person again so; probably nothing is going to, come back or any jealous, weirdo stalking thing.”

Additionally, rationalizations can also take the form of assuming that the instance of HRSB is permissible because there will be few repercussions as a result. One participant explains, “It just happened and I probably just figured alright, her being [someone who works with me]... I can just see her here [at work]... and [I] can go about my duties... things won't get out of hand.” Clearly, this rationalization also has an overlapping theme of compartmentalization; both factors determined the decision-making process of the individual.

**Point of no return.** The third variable that makes up the decision-making process of HRSB is the point of no return. This phenomenon occurs when an individual's state of arousal supersedes their judgment concerning their sexual health and they feel compelled to engage in sexual activity that they would otherwise disengage from. Participants described that a “switch gets flipped” when they are “on the edge or the verge” of making the decision of engaging in sexual activity. A participant described that sexual arousal “veer[s] me in the other direction”, the direction of engaging in potentially dangerous sexual behavior. This same participant described the circumstance of arousal superseding moral judgment as follows, “[It is] like a switch... a point of no return... I feel like, this is what I want, regardless of my morals or character or barometer that kind of allows me to stay normal.” Similarly, another participant described that during the decision-making process of engaging in HRSB “something flips and, unless you're really vigilant about the self-talk, then it just goes.”

## Management Process of HRSB

The third and final variable that was examined in this study was the management process of HRSB among men. The management process of HRSB is defined as the residual consequences that occur in the individual after instances of HRSB occur. The three contributing factors that were examined in terms of the management process of HRSB were:

1. Dissociation
2. Self-esteem
3. Control

**Dissociation.** Dissociation occurs when an individual copes with the aftermath of HRSB by believing that the instance of HRSB is far removed from their identity as an individual. Dissociation was demonstrated by participants quite blatantly. A participant noted “it’s a dissociation for me” while stating that such a dissociation is “a façade and the charade that I’ve developed.” Another participant described that after the instance of HRSB occurs you “kinda remove yourself” from the entire situation.

**Self-esteem.** The second factor that is included in the management process of HRSB is self-esteem, or the lingering effects on the ego that occurs after an individual has engaged in HRSB. One participant described that he has “negative feelings afterwards” from the “residual effects of going outside the relationship.” He described his instances of HRSB as “destructive and irresponsible behavior” that “makes [me] feel so abnormal at times because, in this area of my life I’m such a flux.” Similarly, participants described that after engaging in HRSB they felt “despicable” and an “asshole.” A participant stated, “[I] leave the situation with negative self-talk [and] end up walking away feeling even worse.” Participants also stated to feeling “guilt” after an instance of HRSB because of potential STD exposure that they could ultimately pass on to their uninformed primary partner. The bidirectional implications for this might be:

1. Suppression of future engagement in HRSB, or, more problematic
2. The existence of a negative psychological state, which may fuel further instances of HRSB

One unexpected finding was a concept we define as “sex punishment.” As mentioned by our participants, there were times where their self-esteem was impaired and the desire to punish themselves contributed to initiating a risky sexual encounter. This could then become a self-perpetuating cycle, where self-esteem takes a dip, leads to a sexual encounter, which results in a further loss of self-esteem, etc. More research is needed to determine the mechanism by which individuals use sex to punish themselves.

**Control.** The third and final factor that is included in the management process of engaging in HRSB is control, the satisfaction of having power over the primary relationship by engaging in sexual activity with another. This satisfaction was seen in participants when they admitted that they needed their primary partner to be monogamous, “I need that from her... I need her to be monogamous.” Similarly, a participant also stated that he engaged in HRSB in order to “validate that [our relationship] didn’t matter to me... I kind of wanted to go and act out, to separate the whole mind, body, and spirit from her.” Another participant indicated engaging in HRSB actually protected him from feeling vulnerable if his primary relationship did not work, “If something happens to my partner and she decided that no, it’s over I’m going to move out and everything, I’ve still got a backup.” Participants also stated there was “a sense of entitlement” associated with engaging in HRSB that “kind of overrides the rational self-talk.”

## Discussion

The findings both corroborate what was found in previous literature as well as add to our existing knowledge through the introduction of new themes. First, the participants in our study noted the contribution of alcohol and/or drugs as a factor in their engagement of HRSB. These findings are consistent with the findings that alcohol and drug-related inhibition is correlated with an increased propensity for HRSB (Atkins, Yi, Baucom, & Christensen, 2005; Cooper, 2006; Strong, Bancroft, Carnes, Davis, & Kennedy, 2005; Timpson, Ross, Williams, & Atkinson, 2007). At the same time, it is unclear from the present study how much alcohol and/or drugs would contribute to engagement in HRSB as there is a difference between being under the influence and impairment from alcohol and/or drugs. Likewise, sensation seeking was also noted by our participants as a critical component, consistent with the work of Deckman and DeWall (2011) and Donohew et al. (2000). We did, however, uncover that self-esteem also plays a part in the engagement of HRSB. Many of the actions participants took to pursue a sexual encounter pertained to fulfilling their ego. This could support the literature discussing the overlap of personality and risky sexual behavior, but also raises the question as to whether personality dynamics such as narcissism play a role in addition to self-esteem. It is also worthy to consider that quality of the criteria for the study – those were 18 and older, in committed relationships for at least one year, and have stepped out of the relationship. Three of our five participants had been in the relationship for two years or less. It is possible that the level of self-esteem in the relationship might be compromised, especially considering that there has been extradyadic involvement during this relatively brief time period.

Finally, research has consistently found that lack of satisfaction in the sexual relationship was a corroborating factor to HRSB (Atkins, Yi, Baucom, & Christensen, 2005). In our study, however, we found the opposite. Sexual satisfaction was not a factor at all – in fact, the participants we interviewed all said that their sex life with their primary partner was great. There are no articles that have found sexual satisfaction not to be a factor. In addition to the specific findings in the study related to HRSB, the participants had one more thing in common: the fact that their primary relationships were characterized as long distance. Consistent with research on infidelity, opportunity seems to be a factor in engagement in extradyadic relationships (Treas & Gieson, 2000), and long-distance primary relationships would certainly provide that opportunity.

The participants in our study also offered the cognitive strategies of dissociation, compartmentalization, and rationalization as key strategies in contributing to and, in some ways, supported the decision-making around the behavior and allowed it to continue. In many ways, the dissociation of the event seemed to precede or, in some cases, emerge during the event. Once the event occurred, however, the individuals compartmentalized their behavior and then rationalized it. In some cases, it appeared as if the rationalization was characterized by compartmentalization. In other cases, once one compartmentalizes and separates the behavior, then explanations (rationalizations) enter the picture. In many ways, these cognitive strategies seemed to serve as a protective factor (i.e., defense mechanisms) for the individual in how they assessed and judged their own experience. Age may also play a factor in the maintenance of the rationalizations. For those around 18 years old, rationalizations may seem developmentally appropriate. Our sample, however, was significantly older than 18. Therefore, therapists may need different strategies for addressing present rationalizations depending on the age of the client.

Another divergence from the literature was the information pertaining to the background of those who engaged in HRSB with regard to sexual abuse. Though extant literature has well-documented the prevalence of history of sexual abuse in those engaging in HRSB, this was not the experience of our participants when asked about their previous sexual

experiences. While it might be possible to explain this finding from the perspective that participants may not have been willing to disclose a history of abuse in the interview, during the interview process, the participants described specific sexual behaviors with others outside of the their relationship, which in some ways might be less socially acceptable than reporting abuse. Finally, the concept of control emerged, which is a concept that was not discussed in previous research in HRSB decision making. In this case, the participants noted that engaging in HRSB could be a way to prove something to oneself, to experience the upper hand in their primary relationship, or feel a sense of security against a possible break-up.

### **Implications for Treatment**

Counselors and therapists who work with individuals engaging in risky behavior outside of a committed relationship should have each of these elements represented somewhere in their treatment. For example, in addition to the assessment and plans to managing one's sensation-seeking behavior, health professionals should seek out the personality issues (i.e., self-esteem, personality disorders, etc.) that contribute to this decision-making. Therapists and counselors could also evaluate the utility of compartmentalization in one's life and identify times in which the compartmentalization is useful and other times when it interferes with one's goals. In many cases, such defense mechanisms have been used previously and reinforced in both adaptive and maladaptive ways. In such cases, it may take time to break the pattern and learn adaptive behaviors can be just as reinforcing.

Another key issue to be addressed in treatment is the issue of control. This theme emerged in our participants' statements with regard to their own behavior. Theoretically, this can be a double-edged sword. According to control-mastery theory, once someone has mastered behavior, they are more likely to repeat it since they feel in control (Silberschatz, 2005). For participants in our study, this could mean that they engage in the same high-risk behaviors repeatedly because they are under the impression they have some mastery over such behaviors. At the same time, the extant research supports the notion that men who are sexually compulsive lose control in ways that expose them to significant negative outcomes (Grov, Parsons, & Bimbi, 2010). Clinically, counselors and therapists want to address the perception of control in these men and point out the lack of control often associated with sexually compulsive behavior despite the perception of feeling that way in the moment. In addition, there may be a feeling of lack of control in the primary relationship which may warrant assessment and discussion in treatment. Shifting the relationship toward a more egalitarian one may inadvertently create a context by which one partner will try to re-gain the upper hand through engagement in HRSB outside of the relationship. Therapists need to be aware of the risk for making the relationship more equalitarian with consideration of the operation of the defense mechanisms that correspond with HRSB engagement.

### **Limitations**

There are several limitations in the current project. Most notable is the sample size. While the sample size is relatively small, we still reached saturation in that we heard the same comments from the participants regarding their decision-making experiences. Another consideration in the sample was the individuals with whom they engaged in sexual encounters. As mentioned, several of the participants indicated that they were engaging in sex outside of their relationship with a same sex partner. This may be a function of the way in which the study was advertised. As a study asking about engaging in "high-risk sexual behavior", potential participants may view heterosexual behavior as inherently having less risk than same sex behavior, thus causing a disproportionate amount of participants with same sex encounters.

## Future Research

This study adds to the literature by providing more areas for consideration and assessment for high-risk sexual behavior in men. Thus far, the tools for assessment have relied most heavily on sensation-seeking, impulsivity, and information about one's relationship. The findings of this study suggest that cognitive strategies such as compartmentalization, rationalization, and dissociation are key factors in one's decision-making. Future research can be conducted to understand the context in which these specific cognitive strategies emerge. For example, are they characteristics that are associated with one's personality or do they emerge in response to a trigger, or something else? Other research could focus on how to manage these strategies in such a way as to interfere with one's processes and potentially reduce their risky behavior. Also, this study did not ask about childhood or adolescent experiences or familial experiences that could have influenced HRSB in adulthood, future research should aim to find connections between childhood/adolescent and/or familial experiences and incidences of HRSB in adulthood. Finally, future research may also focus on the relational quality and incidence of HRSB in relationships in order to determine the context in which relational satisfaction affects the incidence of HRSB and when it does not have an impact. Seemingly, extant research breaks "quality of the relationship" down into sexual satisfaction, relationship satisfaction, and intimacy.

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## Appendix

### RECRUITMENT POSTING DECISION-MAKING PROCESSES IN HIGH-RISK SEXUAL BEHAVIOR

We are conducting a study to learn more about people in committed relationships who engage in high-risk sexual behaviors outside of their relationship. High-risk sexual behaviors can be considered involvement in sexual activity with another individual, including behaviors



such as genital contact (with or without protection) or the sharing of body fluids.

This study will contribute to the understanding of high-risk sexual behavior and can possibly help reduce the spread of HIV/AIDS and other sexual transmitted diseases.

Your participation in this study will be kept confidential. You will be asked to participate in a one-hour telephone interview with an experienced researcher in this topic area. For your participation, you will receive an access code to a \$25 Amazon.com gift card.

To participate, sign up for an interview time on: UNLVMFTRESEARCH.ClickBook.net. Signing up via this website will in no way compromise your identity; the website is designed in such a way that we will not have any access to any identifying information about you and you are encouraged to provide an alias upon signing up. At the time of your scheduled interview, please call 1-702-895-3210. Again, in order to ensure the anonymity of participants in this research, we will not return any phone calls, use phones with caller ID, or ask for any names or other identifying information.

The principal investigator is Dr. Katherine M. Hertlein (Katherine.hertlein@unlv.edu; 702-913-9959).

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