ABSTRACT

This research investigated the relationship between physical spousal abuse and emotional homeostatic disequilibrium among married secondary school teachers in Bayelsa State of Nigeria. The moderating impact of gender in the relationship between physical spousal abuse and emotional homeostatic disequilibrium was also investigated. The study’s population was all married secondary school teachers in Bayelsa State of Nigeria, about 7,851, out of which 720 (10.9%) were selected through a stratified random sampling technique for the investigation. Two instruments namely the Physical Spousal Abuse Scale (PSAS) and Emotional Homeostatic Disequilibrium Scale (EHDS) were used for data collection. Cronbach Alpha was utilized to test the reliability coefficients of both instruments which yielded α =.75 and α = .99 respectively for PSAS and EHDS. Two research questions, as well as two null hypotheses, guided the research. Correlation and regression statistics were utilized to answer the research questions and to test all the hypotheses at a 0.05 level of significance. The study results revealed that physical spousal abuse has a significant relationship with emotional homeostatic disequilibrium, and that gender has a significant moderating impact on the relationship between physical spousal abuse and emotional homeostatic disequilibrium among married secondary school teachers in Bayelsa State of Nigeria. Following the results of the research, it was recommended that counselling psychologists and people in other helping professions should work concertedly to eliminate the EHD phenomenon from the marriages of secondary school teachers in Bayelsa State of Nigeria.

Keywords: disequilibrium, emotion, gender, homeostasis, physical spousal abuse

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INTRODUCTION

Emotional homeostatic disequilibrium (EHD) is a phenomenon that threatens the marriage institution in our society. It involves the depletion of a spouse’s ability to control their emotions appropriately to be in harmony with both self and others around them. When said differently, EHD is a condition whereby a spouse has lost their ability to manage their emotions properly to achieve their life goals and desires. EHD is about a spouse’s state of emotional imbalance characterized by their inability to maintain a state of the emotional well-being of soundness of heart and mind. In a condition of emotional homeostatic disequilibrium (EHD), a spouse’s negative emotions like fear, anger or disgust are aroused and disorganize their brain and body out of balance. At that point, it is no longer possible for the spouse to ably utilize their everyday life emotional competencies such as the abilities to perceive, appraise and express emotions accurately; to access and evoke emotions when they facilitate cognition; to understand psycho-emotional messages and to utilize emotional information; and to control their emotions to facilitate growth and well-being (Goleman, 2007).

The consequences of emotional homeostatic disequilibrium are quite disheartening. Spouses in a state of EHD tend to show manners that suggest mental instability. In other words, such spouses behave in maladaptive ways. Why it is so is because victims of EHD no longer have control over their behaviours. Many of their behavioural reactions are therefore unconsciously or involuntarily expressed. When the expression of such maladaptive behaviours is over, they realize the consequences of their actions. As a consequence of EHD, some spouses have inadvertently violated societal laws and received commensurate punishments like serving prison terms or death sentences. Okorodudu (2016) explains that spouses that are in the throes of EHD hardly consider the consequences of their actions. He further stated that they are probably at the stage of emotional vengeance against self, someone, an institution, society or government. This stage is where their rational minds are overwhelmed by their emotional minds, leading to a loss of integrity and emission of inappropriate conduct as an ego defence mechanism to attain emotional equilibrium or homeostasis. Many spouses under EHD conditions do not vent their harmful behaviours on others but themselves. That is why they are depressed, anxious or fearful most of the time. In extreme cases, spouses become schizophrenic and roam the streets as destitute. Some of them murder other human beings or commit suicide while some are caught attempting to kill their selves. The opinion of George and Ukpong (2013) is that EHD can be attributed to internal and external factors within the family structure over time. Going by this assertion, it can be presumed that physical spousal abuse may be a factor for EHD in marital relationships.

Physical spousal abuse refers to the use of force or violence that often results in pain or injury to the victim. It involves the deliberate application of physical power that can inflict injury, harm or disability or death on a partner. Behaviours that constitute physical partner abuse are either verbal or non-verbal such as shouting, yelling, cursing, insulting, name-calling and physical actions like man-handling, grabbing, slapping, pushing, punching and throwing objects at each other; the worst form being referred to as battering – violence which include physical assault or risk of serious injury. Other forms are always quarrelling, fighting, oppressing, nagging and overbearing character (Domestic Abuse Intervention Project, 2019). Okobia (2008) states that actions that constitute physical partner abuse all cause discomfort, hurt, humiliation, debasement and injuries to victims. It also causes loss of pride, shame and embarrassment. This may be the reason why victims are often withdrawn, depressed, fearful or anxious after a
physical abuse experience. Saayol (2022) writes that 50% of women and 25% of men in Nigeria suffer physical abuse from their partners. Several studies have suggested that physical abuse of a spouse may cause EHD symptoms in victims. For instance, Poleshuck et al (2010) and Ditcher et al (2014), in their separate studies revealed that there is ample evidence to the effect that physical spousal abuse could be associated with important problems of physical and mental health of victims. Similarly, Maru et al (2018), Counselling Directory (2016), Karakurt et al (2014) and Devries and Seguin (2013), in their different studies reported that a history of physical partner abuse had the most robust association with lifetime suicidal ideation/intent. Okuda et al (2011) also revealed that victims who suffer physical abuse were more likely to have mood disorders. Depression symptoms were equally discovered among victims who had been physically abused (Habib et al, 2011; Meekers et al, 2013). It was also discovered that physical spousal abuse may trigger post-traumatic stress disorder (PTSD) in victims (Peltzer et al, 2013).

Gender is also considered in this research. It is the societal meaning assigned to males and females. Colman (2003) states that gender non-technically is a word used in place of sex. The term is socially constructed and embedded in the social context and process through a system of boundaries that help to define what is appropriate for each gender and through self-concepts, beliefs and expectations for this investigation behaviour. World Health Organization (2022) refers to gender as the distinction a culture makes in what it considers masculine or feminine. It has been speculated that gender differences exist in emotional expression. However, the research is mixed regarding the emotional expression of both genders. Powerful study results reveal that differences exist in the manner males and females recognize, treat and display emotions. Other research findings reveal that both genders have more similar emotionality than dissimilarities. Schmitt (2016) stated that recent research has shown important ways in which men and women react emotionally and perceive emotion in others, such as (a) A worldwide investigation of 55 cultures discovered that females were more agreeable, conscientious, extroverted and more emotional compared to men. (b) Females interpret other person’s emotional responses better than males, despite whether they obtained such emotional signals orally or by sight. (c) Females indicated experiencing love and anger a little deeper than males did in a different investigation of sex discrepancies in emotional reaction. These women also smiled more when recalling memories of happiness or love. (d) Males and females respond to stress in different ways. Females exhibit more sadness or anxiety compared to males, whereas males display an elevation in the pressure of their blood while inclined toward alcohol consumption. (e) Females have a greater proclivity for experiencing disgust compared to males when faced with a stimulus that can elicit an emotional response. A study by Deng et al (2016) investigated gender discrepancies both in emotional experiences and expressivity and discovered that gender dissimilarities were dependent on specific kinds of emotion and not the valence. Chaplin and Aldao (2016) also undertook a complete meta-analytic survey of differences in gender plus moderators of disparities in emotional expression from early childhood to late childhood and revealed very minor, although significant differences altogether, with girls exhibiting more pleasant emotions and interiorizing emotions over males, while males exhibited greater overt emotions over females. Gomez et al (2013) also investigated gender differences in reaction to acceptable and unacceptable pictures and realized that females responded highly negatively to negative slides, a gender difference which was consistent in size from ages 20-81.
STATEMENT OF THE PROBLEM
In recent times, the marriage institution in Nigeria has been inundated with many problems, amongst which the EHD phenomenon appears to be the most devastating. Moreover, the increasing cases of EHD among couples have caused so many marriage failures, spousal mortality, abandonment of children and apathy for marriage by eligible bachelors and spinsters. Physical spousal abuse may have a relationship with the occurrence of EHD in marriages and consequently corrodes the bonds among family members. Hence, the problem that this study intends to investigate is: Does physical spousal abuse have any relationship with EHD among married secondary school teachers in Bayelsa State of Nigeria?

RESEARCH QUESTIONS
The following research questions guided the study:

1. Is there any relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria?
2. What is the moderating impact of gender in the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria?

HYPOTHESES
Ho1: There is no significant relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.
Ho2: There is no significant moderating impact of gender on the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.

PURPOSE OF THE RESEARCH
This research seeks to find out if there is a relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria and make recommendations where necessary.

THEORETICAL FRAMEWORK
This study is guided by eclectic theories of psychoanalytic, psychosocial and the needs theory (Freud, 1917; Erikson, 1968; Maslow, 1954). Freud, Erikson and Maslow posit in their theories that every individual requires the satisfaction of life’s basic needs of food and love to experience normal growth and development. Deprivation of these basic needs would amount to frustration and exhibition of maladaptive and/or aggressive behaviours. Maslow believes that individuals, including married persons, would desire to satisfy the basic needs of food, love and shelter before they can move higher in the hierarchy of human needs. Therefore, exposure to physical spousal abuse may account for EHD in marital relationships and family life among married secondary school teachers in Bayelsa State of Nigeria.
METHODOLOGY

This study adopted the ex-post facto correlation design. The study’s population comprises all married secondary school teachers in Bayelsa State, Nigeria; about 7,851 at the time of this study. Out of 7,851, a sample of 720 (10.9%) (259 males and 461 females in 31 schools) was selected through a stratified random sampling procedure from the 3 senatorial districts based on LGA, gender and number of schools. A 7-item Physical Spousal Abuse Scale (PSAS) and a 15-item Emotional Homeostatic Disequilibrium Scale (EHDS) were developed by the researcher to collect data on physical spousal behaviours and EHD indicators. The instruments were validated by specialists in Tests and Measurement while Cronbach Alpha was used to establish the reliability coefficients of $\alpha = .75$ and $\alpha = .99$ for PSAS and EHDS respectively. The instruments were scored on a 4-point Likert scale of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). The hypotheses were tested at a 0.05 level of significance. The Statistical Package for Social Sciences (SPSS) version 23 was used for correlation and regression analysis of data.

RESULTS

Research question 1: Is there any relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria?

Table 1: Simple Correlation Analysis of relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.

| N  | Mean | SD   | r   | r²  | r²adj |
|----|------|------|-----|-----|-------|
| 720| 15.42| 4.87 | .60 | .36 | .36   |

Independent variable: Physical spousal abuse; Dependent variable: EHD

Table 1 shows a correlation coefficient of the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria as .60. This provides an answer to the first research question. It means that there is a positive relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State, Nigeria.

Hypothesis 1: There is no significant relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.

Table 2: Regression Analysis of relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.

| Source       | SS          | Df | MS   | F    | B   | $\beta$ | SE  | T    | P   |
|--------------|-------------|----|------|------|-----|---------|-----|------|-----|
| Regression   | 8560.485    | 1  | 2140.121 | 100.707 | .31 | .27     | .08 | 3.81 | .000|
| Residual     | 15194.43    | 714| 21.251 |      |     |         |     |      |     |
| Total        | 23754.91    | 715|       |      |     |         |     |      |     |

P ≤ 0.05 level of significance; N = 720
Table 2 shows the calculated $F = 100.707; P \leq 0.05$ level of significance. The meaning of this is that there is a significant relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State, Nigeria.

**Research question 2:** What is the moderating impact of gender in the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria?

Table 3: Correlation Analysis of the moderating impact of gender on the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.

| N   | Variables                      | Mean | SD  | r   | $r^2$ | $r^2$ adjusted |
|-----|--------------------------------|------|-----|-----|-------|----------------|
| 720 | Gender                         | 1.61 | .49 | .57 | .33   | .33            |
|     | Physical spousal abuse         | 15.4 | 4.87|     |       |                |
|     | EHD                            | 32.85| 5.75|     |       |                |

**Moderating variable:** Gender; **Independent variable:** Physical spousal abuse; **Dependent variable:** EHD

The result in the above table is that there is a positive correlation between gender, physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria ($r = .57$). What this means is that there is a moderating impact of gender in the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State. The adjusted $r^2$ of .33 shows that 33% amount of the variance in EHD among married secondary school teachers in Bayelsa State was accounted for by the impact of gender and physical spousal abuse.

**Hypothesis 2:** There is no significant moderating impact of gender in the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.

Table 4: Regression Analysis of the moderating impact of gender in the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State.

| Source     | SS      | Df | MS      | F       | B   | $\beta$ | SE | T   | P     |
|------------|---------|----|---------|---------|-----|---------|----|-----|-------|
| Regression | 7518.636| 1  | 1879.659| 82.775  | -   | -       | -  | -   | .000  |
| Residual   | 16236.28| 716| 22.708  |         |     |         |    |     |       |
| Total      | 23754.91| 717|         |         |     |         |    |     |       |

$P \leq 0.05$ level of significance; $N = 717$

The result shown in table 4 indicates that there is a positive relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria. The calculated $F = 82.775, P \leq 0.05$ level of significance. This result shows that a significant moderating impact of gender exists in the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.
DISCUSSION

The study results reveal that a positive relationship exists between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State, Nigeria. The implication of this is that physical spousal abuse is related significantly to EHD among the participants in this research. This result shows that when a wife or husband is physically abused by their partner over time, it breeds a tendency that they would exhibit symptoms of EHD. The finding of this investigation agrees with those of other authors. For instance, Edwards (2015) discovered that physical spousal abuse causes a high level of depression in victims. Bajargan-Hejazi et al (2013) equally discovered, in line with this study result, that physically abused spouses were highly depressed, which is a dangerous EHD symptom. The reason for the similarity of these results may be because the consequences of physical partner abuse are the same all over the world.

Concerning the moderating impact that gender exerts on the relationship between physical spousal abuse and EHD among secondary school teachers in Bayelsa State, the revelation is that gender has a significant moderating impact on the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria. Men are by nature, physically stronger than women, so they tend to use that edge to control their spouses by way of physical attacks and beatings. This result agrees with Campbell (2010) who revealed that 2 in 5 of all victims of physical partner violence are men, but it is almost always women who are left battered and bruised. Also, Weaver et al (2015) suggested that women report more negative emotionality, while Schmitt (2016) discovered that women display greater sadness and anxiety than men.

CONCLUSION

Going by the results of this investigation, the following conclusions are made:

✓ There is a significant relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State of Nigeria.
✓ There is a significant moderating impact of gender on the relationship between physical spousal abuse and EHD among married secondary school teachers in Bayelsa State.

IMPLICATION/RECOMMENDATIONS

Results of this research imply that spouses who are victims of physical abuse tend to be more susceptible to exhibit EHD symptoms than those who are not and that women suffer more physical abuse in marriages being that husbands are physically stronger. This could cause women to display more negative emotions and EHD symptoms than men. It is therefore recommended that there should be concerted efforts of people in the helping professions like counselling psychologists, social workers, psychiatrists and even the clergy towards curbing or reducing to the barest minimum, the menace of the EHD phenomenon among married secondary school teachers in Bayelsa State of Nigeria. It is also recommended that married secondary school teachers in Bayelsa State of Nigeria should be made aware of the adverse psychological effects of physical spousal abuse to enable them to avoid marital discord especially physical violence. They also have to be educated on the necessity of accessing marital counselling services whenever the need arises.
REFERENCES

Bajargan-Hejazi, S., Medeiros, S., Mohammadi, R., Lin, J. & Dalal, K. (2013). Patterns of intimate partner violence: A study of female victims in Malawi. *Journal of Intimate Partner Violence Research, 5* (1), 38-50.

Campbell, D. (2010). Domestic violence: The observer. *The Guardian*, Sunday 5th September.

Chaplin, T. M. & Aldao, A. (2013). Gender differences in emotional expression in children: A meta-analytic review. *Psychology Bulletin, 39*, 735-765.

Colman, A. M. (2003). *Oxford dictionary of psychology*. Oxford University Press.

Counselling Directory. (2016). Domestic violence. Retrieved from www.counsellingdirectory.org.uk/ph

Deng, Y., Chang, L., Yang, M., Huo, M. & Zhou, R. (2016). Gender differences in emotional response: Inconsistency between experience and expressivity. *PLoS ONE, 11*(6), 10-18.

Devries, K. M. & Seguin, M. (2013). Violence against women and suicidality: Does violence cause suicidal behaviour? In C. Garcia-Moreno & A. Kiercher-Rossler (eds). *Violence against women and mental health, 178*, 148-157.

Ditcher, M. E., Sorrentino, A., Bellamy, S., Medvedeva, E., Roberts, C. B. & Iverson, K. M. (2014). Disproportionate mental health burden associated with past-year intimate partner violence among women receiving care in the veteran’s health administration. *Journal of Traumatic Stress, 30* (6), 555-563.

Domestic Abuse Intervention Project. (2019). Types of domestic and family violence. Retrieved from www.theduluthmodel.org

Edwards, K. M. (2015). Intimate partner violence and the rural-urban-suburban divide: Myth or reality? A critical review of the literature. *Trauma Violence Abuse, 16* (3), 359-373.

Erikson, E. H. (1968). *Identity: Youth and crisis*. W.W. Newton.

Freud, S. (1917). *A general introduction to psychoanalysis*. Washington Square Press.

George, I. N. & Ukpong, D. E. (2013). Contemporary social problems and its impact on national development: Implications for guidance and counseling. *Journal of Educational and Social Research, 3* (2), 17-21.

Goleman, D. (2007). *Social intelligence*. Bantam.

Gomez, P., Gunten, A. & Danuser, B. (2013). Content specific gender differences in emotion ratings from early to late adulthood. *Scandinavian Journal of Psychology, 54* (6), 451-458.

Habib, S. R., Abdel-Azim, E. K., Irene, A., Fawzy, I. A. & Kamal, N. N. (2011). Prevalence and effects of violence against women in a rural community in Mima governorate. *Egypt Journal of Forensic Science, 56, 1521-1527.*

Karakurt, G., Smith, G. & Whiting, J. (2014). Intimate partner violence on women’s mental health. *Journal of Family Violence, 29* (7), 693-706.

Maru, M., Saraiya, T., Lee, C. S., Meghani, O., Hien, D. A. & Hah, H. C. (2018). The relationship between intimate partner violence and suicidal ideation among young Chinese, Korean and Vietnamese American women. *Journal of Women and Therapy (Online publication), 1*-17.

Maslow, A. H. (1954). *Motivation and personality*. Harper & Row.
Meekers, D., Pallin, S. C. & Hutchinson, P. (2013). Intimate partner violence and mental health in Bolivia. *BMC Women’s Health, 13*, 28-43.

Okobiah, O.C. (2008). The family and spouse abuse: A challenge to Nigerian counselors. 15th in the series of inaugural lectures of the Delta State University, Abraka. June 15th.

Okorodudu, R. I. (2016). Emotional homeostatic disequilibrium: Counselling for long life. 48th in the series of inaugural lectures in the Delta State University, Abraka. January 28th.

Okuda, M., Olson, M., Hasin, D., Bridget, F. & Grant, B. F. (2011). Mental health of victims of intimate partner violence: Results from a national epidemiological survey. *Psychiatric Services, 62*, 959-962.

Peltzer, K., Pengpid, S., McFarlane, J. & Banyini, M. (2013). Mental health consequences of intimate partner violence in Vhembe district, South Africa. *General Hospital Psychiatry, 35*, 345-350.

Poleshuck, E. L., Bair, M. J., Kurt, K., Watts, A., Tu, X. & Giles, D. E. (2010). Pain and depression in gynecology patients. *Psychomatics, 50* (3), 270-278.

Saayol, T. (2022). *Domestic violence in Nigeria*. The Purple Lifeline Connection.

Schmitt, D. P. (2016). Are women more emotional than men? Retrieved from [www.psychologytoday.com](http://www.psychologytoday.com)

Weaver, A., Himle, J. A., Taylor, R. J., Matusko, N. N. & Abelson, J. M. (2015). Urban vs. rural residence and the prevalence of depression and mood disorder among African American women and non-Hispanic white women. *JAMA Psychiatry, 72* (6), 576-583.

World Health Organization (WHO). (2022). Gender and health. Retrieved from [www.who.int](http://www.who.int) health-topics