



Predicting sexual diversity based on Islamic mental health

Marzieh Gholami Barzaki ¹, Khadijeh Abolmaali*², Majid Momivand ³

1. Graduate of Clinical Psychology, Islamic Azad University, Roodehen Branch, Roodehen, Iran.
2. Department of Psychology, Islamic Azad University, Roodehen Branch, Roodehen, Iran.
3. Graduate of Clinical Psychology, Islamic Azad University, Roodehen Branch, Roodehen, Iran.

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The aim of this study was to predict sexual diversity based on Islamic mental health. The method of the present study was descriptive-correlation. The statistical population included married men and women studying at the Islamic Azad University - Roodehen in 2014. The sample was selected by cluster random sampling. 200 participants completed two questionnaires on Islamic mental health and sexual diversity. Simple regression test was used to analyze the data. The results showed that Islamic mental health negatively predicts the overall score of sexual diversity and its behavioral dimension. The other two components of sexual diversity (moral orientation and intimacy) were not predicted based on Islamic mental health.

* Corresponding author Email: sama.abolmaali@gmail.com

Introduction

Sexual desire and its satisfaction represent one of the basic needs in human beings. Satisfaction of these needs within the rules and norms of a society has been considered by all cultures, and people who exhibit their sexual behavior outside of these norms and laws are likely to impose costs on society. In the meantime, sexual diversity and subsequent sexual infidelity will have heavy costs for a society that is moving towards growth and development (Kajbaf, 2012, Beck, 1921, translation: Qarajeh Daghi, 2007).

Researchers found that an important factor in the tendency to extramarital affairs or the tendency to sexual diversity is the quality of the relationship and love between couples and the degree of destruction of its various dimensions (Modarresi et al., 2014). They explained sexual diversity in three dimensions: behavioral, moral, and intimacy. Behavioral sexual diversity reflects a person's attitude toward having sex with someone other than his or her spouse or sexual partner. Ethical sexual diversity represents a person's moral standards for having sex with another person and answers the question of whether or not individuals have organized principles for their own sexual behavior. Of course, it should be noted that sometimes these principles can express multiple sexual behaviors; and sincere sexual diversity means finding a secure basis for attachment in the individual (Aref Nazari et al., 2011; Hasankhani and Abolmaali, 2015).

Diversity is a personality trait in people, when it becomes a visible behavior, it occurs in two ways, infidelity and infidelity, but there are many reasons that these two are the same, for example, both are done secretly and without the knowledge of the spouse. In both thoughts, the mind and time are spent with someone other than the spouse, generally in both, it is impossible to avoid lies and the love between both spouses is greatly reduced (Kaveh, 2007; Ouhadi, 2006). There is diversity in both sexes, but according to research, men were more prone to diversity than women, several factors can be involved in more men (Shirdel,

2006). According to another study, men are more unfaithful in jobs that are more related to the opposite sex, also this unfaithfulness is more in the first ten years of life and is more common in people with a history of psychological and physical violence against their spouses (Fathi et al., 2013).

Religious norms and Islamic teachings play a decisive role in controlling sexual behavior. Mahdavian, Sanagoui and Jan Bozorgi (2011) examined religious adherence to couples' communication patterns and found that there is a significant relationship between religious adherence and the type of couples' communication patterns. There is also a significant difference between couples' communication patterns (constructive reciprocal relationship, expectation / withdrawal relationship, female expectation / withdrawal relationship and reciprocal avoidance relationship) in religious people compared to non-religious people. Couples' communication patterns can be predicted through religious affiliation, and possibly by changing it, communication patterns can also be changed. Sudani, Manjezi and Shafiabadi (2011) studied the effect of Islamic relationship and religious attitudes on improving marital satisfaction and concluded that the effect of Islamic relationship and religious attitudes on marital satisfaction of couples was effective in post-test and follow-up.

Paragument argues that people with mental health use a positive religious coping pattern and do not use negative religious coping patterns. It seems that the pattern of religious confrontation defines the boundaries of behavioral boundaries for the individual and causes him to adjust his lifestyle based on religious orientation, and therefore sexual diversity is less seen in these individuals (Seyed Mousavi et al., 2009). Given the above and the needs of today's society, which considers the source of many differences in counseling and psychotherapy sessions to be sexual diversity, it begs the question: Is Islamic mental health related to sexual diversity?

One of the characteristics of a healthy family is its longevity, and the longevity of married life is also associated with marital satisfaction. Hosseini and Fathi (2009) showed that there is a relationship between marital satisfaction and increasing the duration of marriage. In a society where the duration of marriage is high, marital satisfaction also increases and thus the divorce rate decreases, in such societies sexual diversity is at its lowest level, and the health of families is at a high level, which in turn leads to It will be the general health of society, in contrast to a society in which diversity shows high statistics, marital satisfaction also decreases and divorce rates increase. According to Sharifian (2013) research, diversity and marital satisfaction are inversely related, the loss of satisfaction Marriage represents the collapse of the warm hearth of families, which means that the desire for diversity and the consequent decline in marital satisfaction is very serious, serious problems within the family, the formation of children with serious moral and behavioral problems, etc., even in relation With raising children, researchers found that there is a significant relationship between parental marital satisfaction and understanding in parenting and behavioral disorders in girls (Aghaei, Kajbaf and Kaviani, 2004).

Given the important role of religious teachings in controlling behavior and emotions and choices of individuals in different situations in life, which can be choices for sexual behavior, sexual thoughts or sexual emotions, the main question of the present study is whether Islamic mental health can predict sexual diversity?

Methodology

The method of the present study is descriptive-correlational in which sexual diversity was predicted based on Islamic mental health and emotional information processing. The statistical population is: All students of Islamic Azad University, Roodehen Branch, who were studying in the first semester of 2014-2015. In this study, multi-stage random sampling method was used. In

this way, first a list of faculties in the Islamic Azad University of Roodehen Branch is prepared and then, from among them, 5 faculties were randomly selected, then several classes were randomly selected from each faculty and all married students who consciously agreed to Participated in the study, were examined. In this study, 200 married students were examined.

Sexual diversity test: The sexual diversity questionnaire was designed by Aref Nazari et al. (2011). This questionnaire has 45 questions and is scored in the Likert scale with five options from strongly agree to strongly disagree and has 3 subscales: sexual diversity (26 questions), moral orientation (examining a person's moral standards in their sexual relations) with 10 Question, intimacy (measuring a type of sexual desire in which the goal is to have a romantic relationship) with 9 questions. Factor analysis for structural validity showed that the intimacy subscale accounted for 13.19% of the total variance, the moral orientation subscale accounted for 23.47% of the total variance, and the sexual diversity behavior subscale (a combination of sexual behaviors and sexual partners) accounted for 11.15% of the total variance. includes. Also, the total reliability of the test by internal consistency method was 0.94, and for the three subscales of moral orientation, sexual diversity behavior and intimacy, 0.83, 0.84 and 0.70, respectively.

Islamic Mental Health Test: The Mental Health Scale is a self-assessment scale based on Islamic teachings developed and standardized by Abolmaali and Musazadeh (2005). The test has 57 questions and is scored on a Likert scale (zero to 4). This test was performed on 490 undergraduate students of public universities who were selected by cluster random sampling method. Based on the results of exploratory factor analysis with the method of finding the main axis and varimax rotation, three coherent and significant factors were identified for mental health based on Islamic teachings. The first factor with 24 questions was named as mental health, the second factor with 18 questions as heart health and the third factor with

15 questions as behavioral health. The criterion validity of this test was obtained by determining its correlation coefficient with SCL90 and GHQ tests, which was negative and significant. There was a significant difference between the scores of people with poor mental health and normal people confirmed its segregated validity. Using the retest method, the total reliability of the test was equal to 0.936. Internal consistency for the whole test and the first, second and third factors were obtained by

Cronbach's alpha method of 0.936, 0.94, 0.82 and 0.80, respectively. This test can be used to measure mental health based on Islamic teachings and its dimensions, and based on the results, intervention programs can be designed (Abolmaali and Musazadeh, 2005).

Findings

Table 1. Index of descriptive variables studied

| Sexual diversity | Islamic mental health | Index of |
|------------------|-----------------------|--------------------|
| 93.37 | 77.53 | Average |
| 26.18 | 17.13 | Standard deviation |
| 685.3 | 293.21 | Variance |
| 0.72 | -0.65 | obliquity |
| 0.13 | 0.55 | Elongation |

Table 1 shows the data obtained from the measurement of Islamic mental health and sexual diversity variables. Based on this, the distribution indices show that the data have a normal distribution and are in the range of +1 and -1 in terms of their skewness and elongation. Multiple

regression was used to analyze the data, ANOVA test showed that at a significance level of 0.01 with a value of F, 2.91 showed that it is possible to predict the dependent variable based on the independent variable.

Table 2. The nose gender diversity on the basis of Islamic mental health

| Sig | t | Standard coefficients | Non-standard coefficients | | Model |
|-------|---------------|-----------------------|---------------------------|---------------|---|
| | | Beta | Measurement error | B | |
| 0.044 | 9.45 -2.01 | -0.19 | 10.12 0.1 | 96.37 -0.2 | Constant Mental health based on the teachings of Islam |

* Criteria variable: sexual diversity

** Predictor variable: Islamic mental health,

As shown in Table 2, mental health based on Islamic teachings are at the level ($P < 0.50$) and significant. This means that mental health based on Islamic teachings (Beta = 0.19) can negatively predict sexual diversity

Conclusion

Findings showed that mental health based on Islamic teachings negatively predict the overall score of sexual diversity.

Findings of the present study regarding the prediction of sexual diversity based on Islamic mental health with the findings of Beheshti, Farahbakhsh and Fatehizadeh (2012) on the relationship between marital commitment and

religious restrictions; Tabatabai et al. (2011) on the subject of marital satisfaction based on religiously stable emotional criteria; Mahdavian et al. (2011) on the relationship between religious adherence and couples' communication patterns; Sudani et al. (2011) on the effect of Islamic relationship and religious attitudes on improving marital satisfaction; Nainian et al. (2012) and Hatami et al. (2009) are consistent with the degree of religiosity and marital satisfaction. And is consistent with the findings of Aghili (2011) research which states that there is a significant difference between high-risk behaviors among control / self-sacrificing students and other students.

Today, in order to survive, man needs the food of the body more than the food of the soul. If there is no food for the body, the body will not grow and will die. If the food of the soul is not provided, the human soul will be lost and no body will be left of the body. The soulless body is also not worth living. Religion values a body that is alive and well and has reached perfection. Basically, religious teachings are to bring the human soul and psyche to spiritual perfection (Shojaei, 2009). Imam Ali (AS) says in Nahj al-Balaghah: Faith is a cure for mental illness and healing of physical ailments. He has learned well, which means that he has a confident spirit, calm nerves and a healthy heart, and is far from disturbances (Motahari, 2009). From the Islamic point of view, such a human being goes beyond the realm of an animal in which he pays attention only to himself and his needs, and examines the world only through the external senses, to consciousness, insights, cognitions and concepts in life (Motahari, 2009).

According to Adler, a person with mental health has intimate and desirable family relationships and knows his place in the family and social groups. Glasser believes that a healthy person has a successful identity, that is, he loves and receives love and accepts responsibility for his life and behavior (Shafiabadi and Naseri, 2011). Therefore, it can be said that a person who adheres to Islamic teachings and ethics has mental health and due to

his adherence to Islamic teachings, he avoids sexual diversity.

Paragument argues that people with mental health have a pattern of positive religious coping (social support / re-evaluation of religious philanthropy, participatory religious coping / low self-reliance, active religious surrender, religious focus, religious forgiveness and purification, spiritual connection, defining religious boundaries). , Seek the support of clergy and religious brethren, religious help, religious conversion and orientation) and use negative religious coping patterns (re-evaluation as God's punishment, re-evaluation as Satan's action, re-evaluation as God's power, evasion). They do not use religious passivity, direct intercession, spiritual dissatisfaction, and interpersonal religious dissatisfaction. It is less seen in these people (Seyed Mousavi et al., 2009).

Considering that the findings of the present study indicate that Islamic mental health predicts sexual diversity, it is recommended to the psychiatrists in the treatment of sexual diversity to strengthen the (religious) -religious-spiritual-faith dimension of therapists.

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