

Comparison of Sexual Behavioral Patterns and Mental Health in male and female Victims of Betrayal in Family courts of Tehran city

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Received: April 19, 2018; Accepted: June 1, 2018; Published: July 1, 2018

Citation: Negar Razeghi, Nasrollah Ansarinejad, Masoud Navidi Moghadam. Comparison of Sexual Behavioral Patterns and Mental Health in male and female Victims of Betrayal in Family courts of Tehran city. *World Family Medicine*. 2018; 16(7): 55-61. DOI: 10.5742MEWFM.2018.93471

Abstract

In this paper, we compared the sexual behavioral patterns and mental health in female and male victims of identity in the family courts of Tehran. In order to achieve this purpose, 100 cases of women and men (50 males and 50 females) who were referred to courts and cluster couples who were referred to the court or to family counseling centers through ministry of justice were studied. Targeted achievement sampling was selected, and SCL-90 questionnaires and sexual performance of Farajnia and Shahidi were evaluated for assessing mental health and sexual function. Finally, the data obtained from the questionnaires were analyzed by using independent t-test and multiple variance analysis variables. Data of findings showed that the difference between mean obsessive-compulsive disorder, interpersonal sensitivity, depression, and anxiety was significant in both male and female victims. According to the men's mean in obsessive-compulsive indices, anxiety was significantly higher than women, and in depression, aggression and interpersonal sensitivity in women, was more than men, and also the difference in mean sexual function in the two groups of women and men who were not victims of betrayal.

Key words: Sexual behavior patterns, mental health, betrayal, sexual performance

Introduction

From the point of view of the biological, psychological, social, health model, it is something that a person takes through the consideration of biological, psychological and social needs. Pegler et al. (2013) [1] studied the differences in the patterns of high-risk sexual behavior among young girls. The results of this study categorized different patterns of sexual behavior based on race / ethnicity in black and Spanish, and young women, and concluded that risky sexual behavior patterns have a direct relationship with infectious diseases. And in this case, it has given serious warning to youth and teenagers. Braver and Abel (2015) examine the relationship between machoism and sexual behavior: motivation, deception and betrayal. The results showed that those with high levels of Machismoavellianism were more likely to interact in sexual behavior for physical reasons, achievement, and insecurity. In particular, stress reduction, the search for experience, resources, social status, revenge, practical reasons, increased self-esteem, duty / pressure and motivation for the sexual behavior of the spouse were confirmed in Machiavellianism of male and female. Marital infidelity can cause severe emotional outcomes in couples. Psychotherapists report that spouses who have been betrayed themselves often experience feelings such as anger, low self-esteem, tiredness, depression and inability. The traitor spouse also deals with feelings like shame, guilt, hesitation, fatigue and despair (Glass and Wright, 2001, quoted by Fathi et al., 2013). Extreme emotional distress is often associated with cognitive disturbance after the disclosure of marital infidelity. One

of the important disturbances experienced by a spouse who is a victim is a severe obsession with the event, which can be so severe and uncontrollable as to disturb the daily performance and concentration of the person (Glass and Wright, 1997). In this study, the comparison of sexual behavior patterns and mental health in male and female victims of betrayal in family courts of Tehran is studied and investigated. Researchers believe that satisfactory sexual behavior patterns play a significant role in obtaining a sustainable culture. Therefore, any disorder that results in inconsistent sexual dissatisfaction may result in sexual disorder. A healthy sexual behavior and proper marital relationship are the basic elements of a stable and intimate relationship, and are one of the important factors in the physical and mental health of couples, and the continuity of the family depends on these relationships.

Statement of the problem

The three factors, marital, social and familial, are factors that cause men to be disloyal. In this study, some of the underlying cause of men's disloyalty are: sexual and emotional problems in marital relationships, diversity and excitement, proof of masculinity and youthful feelings, harmlessness of knowing marital relationships for marital relationships, experiences provides relationships with the opposite gender, abusing of the possibility of multiple wives and temporary marriages for men, community attention and attitudes about men's insecurity, the influence of friends and the satellite and pornographic films, and the role of facilitating the use of the internet and mobile phones to create opportunities for engagement with the opposite gender. Modarresi, Zahedian and Hashemi Mohammad Abad (2014) also introduced the issue of marital infidelity as a growing concern. By studying the degree of marital adjustment and the quality of love, divorce applicants with a history of marital infidelity and lack of marital infidelity found that between divorced applicants with and without marital infidelity, in terms of intimacy, passion, commitment and decision were in relation with each other. Investigating the quality of love in individuals with a history of marital infidelity revealed the difference in all of Sternberg's love triangle in relation to the husband and marital relationship. Bravow and Lepkin (2010) in a model for explaining marital betrayals, state one of the most important factors in the occurrence of this phenomenon is the lack of securement of needs and deficiencies in response and fatigue. Here, the possible factors of betrayal in marital affairs will be investigated. One of the variables that is related to betrayal is patterns of sexual behavior. In fact, it has now become apparent that the cause of many mental disorders, moral slurs, betrayals, failures of marital life, incompatibilities, insults, offenses, and even crimes, is due to the lack of attention to sexual affairs, or factors which are related to it. Many families whose warm and sincere conditions and atmosphere have become a distant environment due to the lack of familiarity with sexual affairs, and romantic expression is replaced with **unpleasant** words and maybe marriage leads to divorce. As a result, aside from the diversion of many men and women, innocent infants have also been neglected and thus indirectly contributed to the corruption of society. Failure to have appropriate sexual

behavior patterns can be a factor in affecting the mental health of victimized women and men. The lack of attention to sexual issues affects people's lives to a large extent, according to the experience of betraying the spouse, mental health of these people can also be under scrutiny and investigation. According to the World Health Organization, health is a complete physical, mental, social state of affairs, and does not refer to the absence of a disease or disability. The condition of human health is fundamental to the achievement of peace and security, which depends on the highest level of cooperation between people and governments.

Research method

Statistical population

A group of individuals or subjects that have at least a common feature, is a statistical society. Usually in each research, the community under investigation is a statistical society that the researcher wants to study regarding the adjectives or variables of their units (Saeed Abbas Zadeh, 1380). The statistical population includes male and female victims of betrayal referring to the family courts in Tehran city.

Estimation of sample size and sampling method

A targeted sampling method was used (because betrayal in our country is taboo and there is no specific reference for classified access to traitors). Sample size according to the research method, which is comparative, for each group, of 50 people was considered, and a total of 100 completed questionnaires were entered into statistical analysis. Measurement tools were characteristics of questionnaires. The present research in the first stage related to gathering related scientific materials, a type of library research and the stage of distribution and completion of questionnaires was the field study.

Questionnaire of sexual behavior

This scale has 60 items which are categorized into seven components of sexual participation, sexual expression, emotional and sexual feelings, sexual orientation, sexual fulfillment, and sexual awareness. The answering method in this questionnaire was Likert scoring, and the score for the responses were as well a 5-point-Likert scale ranging from completely agree, to totally disagree. Questions 47, 46, 45, 44, 43, 42, 40, 39, 38, 31, 28, 26, 25, 22, 21, 18, 17, 13, 10, 2, 1 are scored in reverse order. In this scale, in addition to the 7 component-related scores, a total score of at least 60 and a maximum of 300 for each subject was calculated. Since the components and questions related to each of them were already identified and reviewed by the experts, a confirmatory factor analysis was used to determine the validity of the components. In doing this kind of analysis, the basic assumption of the researcher is that each factor is associated with a certain subset of the variables, and at least the necessary condition is that the researcher has a certain default on the number of model factors before the research (Human, 2009). The results of this analysis showed that all components are well fitted and each of them is considered appropriate for the purpose, thus they are capable of proper measurement.

SCL-90 Psychological Disorders Checklist

Introducing of questionnaire

This short answer personality test, in addition to the diagnosis of mental illness among alcohol and drug addicts, sexual disorder, patients with cancer, patients with severe physical illnesses, and those who need counseling or screening (especially in recruitment) has been successfully used. The initial and preliminary form of this questionnaire (SCL-90) was designed by Draughts, Lipmann and Curie (1973) to illustrate the psychological aspects of physical and mental patients. In 1984, Dragothis et al. revised the questionnaire and published the final form of the Psychosocial Reinstated List (SCL-90-R). This short answer list contains 90 five-choice questions (no = 0, little = 1, partially = 2, high = 3, very high = 4). The content of this test measures nine different dimensions as follows:

- 1. Physical Complaint (So):** A person experiencing and understanding the function of his body.
- 2. Compulsory obsession:** The individual focuses on thoughts, impulses, and actions that are unwanted.
- 3. Sensitivity to interpersonal relationships (Is):** A person feels inadequate, self-conscious, and uncomfortable with others.
- 4. Depression (DP):** A person feels helpless and frustrated, is disinterested in the pleasure of life and has a depressed mood.
- 5. Anxiety (An):** An individual has a lot of anxiety.
- 6. Aggression:** An individual with thoughts, actions and feelings of anger.
- 7. Phobia (PH):** A person with acute fear is irrational to a particular stimulus.
- 8. Paranoid Thoughts (Pa):** One is suspicious of others.
- 9. Psychosis (PS):** A person with psychotic disabilities (weak to severe).

In addition, 7 questions were scattered to shield the subject's knowledge from the nature of the test to the questionnaire, which is given as other dimensions of the score.

Scoring and commentary method

The 90-item questionnaire is a 5-point Likert scale (0 = no, 1 = partially, 2 = somewhat, 3 = high, 4 = very high). In scoring, the first step is to provide a key to calculating the total scores of each dimension. For this purpose, ten keys are provided to calculate 9 after the symptoms and additional questions of the questionnaire. In the second stage, the volunteer scores were transmitted to the table for recording the scores of subjects in a questionnaire. In order to get the total scores for each dimension, all numbers other than those for each dimension were aggregated. In the third step, in order to obtain the mean of symptoms in each dimension, the scores of subjects in the dimensions of the questionnaire (with the exception of additional questions) were divided into the number of questions in each dimension and the mean of the symptoms of each dimension in the summary table of each subject, is determined. In the next step, the GSI was calculated. In other words, the total score that each subject received after symptoms of anxiety and extra questions were combined was divided by 90 (the total number of test questions) in order to calculate the overall symptom score. In the next step, the number of questions that the subject had scored zero was determined, and we deduced from the total number of questions, i.e., the number 90, to calculate the (PST). In the next step, to obtain the PSID, we divided the total GSI by the total PSI to obtain the PSDI index.

Reliability and Validity

Salzmann, and Shedder used the SCL-90-R questionnaire as a tool for studying the relationship between marijuana and aggression. According to them, this questionnaire

Table 1 shows SCL-90-R test dimensions and questions for each dimension

| Number of related questions in test | Related questions | Dimension | Row |
|-------------------------------------|-------------------|-----------------------------------|-----|
| 58-56-53-52-49-48-42-40-27-12-4-1 | 12 | Physical complaints | 1 |
| 3-9-10-28-38-45-46-51-55-65 | 10 | Physically and mentally obsessive | 2 |
| 73-69-61-41-37-34-21-6 | 9 | Interpersonal sensitivity | 3 |
| 79-71-54-32-31-30-29-26-22-20-14-5 | 13 | Depression | 4 |
| 86-80-78-72-57-39-33-23-17-2 | 10 | Anxiety | 5 |
| 81-74-67-63-24-11 | 6 | Aggression | 6 |
| 82-75-70-50-47-25-13 | 7 | Phobia anxiety | 7 |
| 83-76-68-43-18-8 | 6 | Paranoia | 8 |
| 90-88-87-85-84-77-62-35-16-7 | 10 | Psychosis | 9 |
| 89-66-64-60-59-44-19 | 7 | Other questions | 10 |

was able to show the difference between addicted and non-addicted drug groups and aggressive groups for which they had been prescribed medication (Mohammad 2001, quoted by Cloche et al, 2010). To determine the internal consistency of the questionnaire, which was conducted on 219 volunteers in the United States, they used Alpha coefficients and Richardson coefficients 20 and the results of the number of coefficients obtained for 9 dimensions were completely satisfactory. The test-retest reliability, which measures the stability of the questionnaire over time, was calculated on 94 mentally ill- patients and one week after the initial evaluation. The results showed that in most cases, most of the correlation coefficients were (from 0.78 to 0.91) (Sharif, 1997, quoted by Cloche et al., 2010).

Method of Data analysis

Statistical analysis was done in two sections. In the descriptive section, frequency, percentage, mean, and standard deviation were investigated and inferential analysis was used for analyzing the method (t) for independent groups and multivariate analysis of variance (MANOVA).

Results

Descriptive statistics

Table 2: Demographic report

| Frequency | Gender |
|-----------|--------|
| 50 | male |
| 50 | female |
| 100 | total |

Frequency

Diagram 1: Population demographic report in terms of gender variable

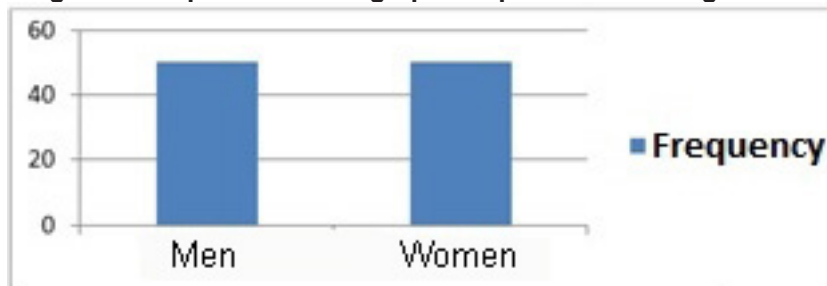


Table 3 describes the indexes of the research. The average, standard deviation, skewness, elongation, minimum and maximum amounts of mental health indicators are reported. Also, the table above shows that the indexes of skewness and elongation of any of the agents did not pass the 2-foot boundary. It is necessary to explain that skidding should be at least between -2 and +2 in order to distribute data at a level of 0/05 (Klein, 2005). Therefore, it can be said that the distribution of data for each of the variables is normal. Table 4 describes sample individuals in terms of sexual performance indicators.

Table 4 describes the research indicators. mean, standard deviation, skewness, elongation, lowest value and maximum value of 7 factors and the overall score of sexual function are reported. Also, the table above shows that the indexes of slip and elongation of any of the agents did not pass over the ± 2 boundary. Therefore, it can be said that the distribution of data for each of the variables is normal.

Inferential statistics

Question 1: Is mental health different in the male and female victim of betrayal in the family court of Tehran city? In order to test the first question, multivariate analysis of variance (MANOVA) was used. The evaluation of the homogeneity assumption of variance of covariance by the "M box" statistics showed that the equivalence assumption of the observed variance-covariance matrices does not depend on the data of the two groups (Box's M, = 0 > P, 017/2 = F). Despite the lack of homogeneity assumptions for variance of covariance, it is not expected that this issue will invalidate the results of the study, because Tabachinck and Fidel (2007) believe that if the sample size is comparable in the groups, the analysis of variance and analysis of covariance will be resistant to non-delivery of assumptions. The results of the Bartlett St test with a degree of freedom of 36 were obtained at a significant level of 0.001 and equal to 150.819. This result shows

Table 3: Describes sample individuals in terms of mental health indicators

| Maximum value | Minimum value | Elongation | skewed | Standard deviation | Mean | Gender | Indicator |
|---------------|---------------|------------|--------|--------------------|-------|--------|-----------------------------------|
| 17 | 4 | -0.231 | 0.296 | 2.31 | 11.76 | female | Physical complaint |
| | | | | 2.71 | 11.56 | male | |
| 39 | 8 | 2.461 | 0.585 | 3.81 | 20.60 | female | Physically and mentally obsessive |
| | | | | 4.67 | 24.44 | male | |
| 30 | 4 | -0.845 | -0.107 | 5.66 | 18.42 | female | Interpersonal sensitivity |
| | | | | 6.39 | 15.08 | male | |
| 48 | 1 | -0.493 | 0.180 | 11.21 | 27.58 | female | Depression |
| | | | | 11.63 | 19.44 | male | |
| 33 | 4 | -0.437 | -0.019 | 61.15 | 16.88 | female | Anxiety |
| | | | | 5.33 | 21.22 | male | |
| 22 | 15 | -0.506 | -0.006 | 1.64 | 18.90 | female | Aggression |
| | | | | 1.66 | 18.18 | male | |
| 28 | 15 | 0.489 | -0.061 | 2.50 | 21.36 | female | Phobia |
| | | | | 2.80 | 21.78 | male | |
| 24 | 2 | 0.108 | 0.325 | 4.36 | 11.52 | female | Paranoia |
| | | | | 4.28 | 12.68 | male | |
| 36 | 8 | 1.473 | 0.253 | 3.94 | 21.72 | female | Psychosis |
| | | | | 4.90 | 22.94 | male | |

Table 4

| Maximum value | Minimum value | Elongation | Skewness | Standard deviation | Mean | Gender | Indicator |
|---------------|---------------|------------|----------|--------------------|--------|--------|--------------------|
| 189 | 156 | -0.770 | 0.069 | 7.63 | 170.52 | female | Sexual performance |

Table 5: Analysis of One-Way Variances in Comparison of Mental Illness among Men and Women

| η^2 | Significance level | F | Squares of error | Squares of mean | Variables |
|----------|--------------------|--------|------------------|-----------------|-------------------------------|
| 0/040 | 0/693 | 0/157 | 6/362 | 623/44 | Physical complaints |
| 0/414 | 0/001 | 20/269 | 18/187 | 1782/32 | Physical and mental obsession |
| 0/269 | 0/007 | 7/643 | 36/488 | 3575/86 | Interpersonal sensitivity |
| 0/339 | 0/001 | 12/692 | 130/515 | 12790/50 | Depression |
| 0/356 | 0/001 | 14/209 | 141/33 | 3247/860 | Anxiety |
| 0/215 | 0/032 | 4/741 | 2/733 | 167/880 | Aggression |
| 0/061 | 0/549 | 0/362 | 7/065 | 692/40 | Phobia |
| 0/134 | 0/183 | 1/800 | 18/687 | 1831/36 | Paranoia |
| 0/137 | 0/174 | 1/875 | 19/846 | 1944/90 | Psychosis |

with a degree of freedom of 36 were obtained at a significant level of 0.001 and equal to 150.819. This result shows that an acceptable level of correlation exists between dependent variables. Therefore, multivariate analysis of variance is a suitable method for comparing mental disorders in men and women. Analysis of variance of multi-variable was performed and the results showed that F value (0.003 = 0) = Wilkes Lambda, $2 = 438 = 2$ partial η^2 , $P = 0.001$, $0.89189 = (90 \text{ and } 9) F$) at the significance level of 0.05. For this purpose, one-way analysis of variance was performed to determine which psychiatric disorders were statistically different between the two sample groups. Tables 4-5 show the results of one-way ANOVA in comparing mental illness among men and women.

Tip 1: In the analysis of variance, there was one line between degrees of freedom between groups 1 and degree of error 98. It should be explained that Table 3 shows the eta squared (2η) for each variable. The eta squared means that several percent of the variance of the variable depends on the variable of the group. For example, the number of physical complaints is 0.040, which means that approximately 4% of the variance in physical complaints is explained by being in the group. Further, considering that the group variable in the present study consists of two classes, therefore, in order to evaluate the difference, a follow-up test is not required. According to the significance level and the means, it can be determined that the difference belongs to which group. Thus, the first question of the research test is as follows (Is the mental health in the victim of betrayal women and men different in Tehran family courts?), It was concluded that men with obsessive disorder are significantly more anxious than women. And depression, aggression and interpersonal sensitivity in women is seen more than in men. There was no difference in physical complaints, phobic anxiety, paranoid thoughts, and psychosis in the two groups of male and female. The regnant equations were solved by the Simplified algorithm. Reynolds number, Hartmann's number, Baffle length, Baffle height, Richardson number and volume fraction of nanoparticles were changed.

Conclusion

In this paper, the comparison of sexual behavior patterns and mental health in male and female victims of betrayal in family courts in Tehran was investigated. The first hypothesis examined the difference between the mental health of male and female victims of betrayal referred to family courts. Findings show that physical and mental obsession, anxiety in men is more than women and depression, aggression and interpersonal sensitivity in women is more than in men. There was no difference in the indicators of physical complaints, paranoid thoughts and psychosis among men and women. There is no difference in the context of comparing mental health of male and female victims of betrayal research. But Peelers et al. (2013), and Brewer and Abel (2015) also found increased levels of psychiatric illness in betrayal women and men. Glass and Wright (1997) also pointed out that woman have more mental disturbances than men. This obsession is so acute, intensive and uncontrollable that it interferes with daily performance and concentration of the individual. And this is confirmed by the findings of the present study, which showed depression in women more than men. Karimi et al. (1393) also referred to disturbances such as anxiety and depression in women. In explaining the findings of this study, it can be said that since women are more likely to be depressed than men, and behave more socially than men, Therefore, it seems logical that emotional failure would show symptoms of more interpersonal sensitivity. Also, the appearance of psychological stress caused by treason in men is in the form of anxiety and it seems to be normal. But that these stresses go beyond the bounds of physical and mental obsession thought, perhaps because of the culture of our country and the people's view about the betrayal

of women and man who face a lot of challenges, and it emerges in the form of obsessive disorder. The second hypothesis of the study examines the differences between sexual behavior patterns in male and female victims of betrayal, which revealed no difference between men and women. Also, there was no research about patterns of sexual performance in males and females of Iran. And this issue shows need for innovation of research. But research findings suggest that the overall difference between women and men in sexual behavior is largely determined by the role of gender and the cultural variables (Bam, 1983). For example, women in our culture have accepted that they talk less about their sexual performance in marriage and express their dissatisfaction less. They face this stereotype that "a good woman never talks about her sexual behavior." Therefore, by considering that sexual behavior is always in a state of ambiguity, there is not enough awareness in this regard before serious disturbances in sexual performance. In the whole of the same research for comparing male and female sexual responses, it has been shown that all women and men show similar responses to movies when they watch film with sexual subject. Hayman's study also showed that women and men are similar in their responses to sexual stimuli, but women are sometimes unaware of their sexual arousal (Hayman, 2011). In terms of the information processing theory, any sexual stimulation can lead to arousal, and thus result in pleasant feelings, but the meanings of the stimulus are acquired through positive experiences (love) and negative experiences (betrayal) and gender role schemas of the strengths provided in the brain. Whenever sexual attention is given, sexual response takes place. This answer is initially at the unconscious level. But retaining attention to sexual stimulus leads to higher levels of sexual arousal. And when this state is above the perceptual threshold, arousal is also experienced at the conscious level. The processing of sexual stimuli leads to the preparation of sexual activity. It seems that women in this area face many difficulties because of the mental schemas and cultural stereotypes which are intrusive in this area. Excitement is an indication and reaction to an external event which can be measured with a number of indices of central nervous system activity, such as protuberance of reproductive organs. The motor preparation experience is probably related to the expectations of reinforcements and can be felt as something pleasant. Here, cultural stereotypes based on mental scheme form negative expectations. At the same time, during life and in the context of the relationship between the partners, the power of sexual stimuli can be reduced.

Resources

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