



## Comparison of the level of deprivation of sexual tension in "Iranian" and "American-European" society and its relationship with anxiety, depression and motivation to progress.

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### ABSTRACT

**Background and aim:** One of the important aspects of the concept of health is mental health, and sexual health is not only a sign of mental health, but its disorder also strongly affects physical health. The purpose of this research was to compare the level of sexual tension deprivation in two Iranian and European-American societies and its relationship with the level of anxiety, depression and motivation to progress. **Methods:** This research was applied in a causal-comparative way after the event. For this purpose, 219 subjects aged 25 to 55, with secondary education levels and above, including 61 Iranian men and 51 women, and 50 men and 57 women from European-American countries, voluntarily answered the questionnaire. In this research, a researcher-made questionnaire to measure the severity of sexual deprivation factors, the motivation questionnaire for academic achievement by Hermans (1970), the depression questionnaire (Beck, 1978) and the social interaction anxiety scale (Matik et al., 1998) were used. Data were analyzed using multivariate analysis of variance (MANOVA) test. **Results:** Comparing the mean and standard deviation of the intensity of the factors that create sexual deprivation in the two research groups showed that the severity of these factors and as a result the level of said deprivation in the Iranian society is higher than the American-European society ( $p < 0.01$ ). Also, the results of multivariate variance analysis showed that Iranian samples had higher scores in all components ( $P < 0.01$ ). **Conclusion:** This type of deprivation is a product of ancient patterns and as a result of the unique Iranian culture, it has consequences in the insights and behaviors of the Iranian society and has no relation with the orders and values of the Islamic religion. The application of the findings of this research means the concepts obtained in long-term educational and cultural planning.



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## Introduction

One of the most important aspects of the concept of health is mental health, and sexual health is not only a sign of mental health, but its disorder also strongly affects physical health (Parry & Light, 2014). Sexual desires are the innermost feelings and the deepest desires of human hearts in giving meaning to a relationship. Sexual activity disorder is common in women and occurs at any age, culture, and social and economic status, and it widely affects the quality of life, self-confidence, mood, and relationship with the spouse (Bay-cheng, 2015). Several factors cause sexual dysfunction in women. These factors include a person's general health status, psychological disorders, chronic diseases, interpersonal factors, and social issues (Pereira, Nardi, and Silva, 2013).

Depression is one of the most common psychological factors affecting sexual dysfunction. Women are more at risk of depression than men (Keucharska, 2017). Depression affects gender due to biology. Both men and women can have trouble initiating and enjoying sex due to depression. There are still differences in the impact of depression on men and women (Nascimento, Maia, Nardi, & Silva, 2015). Such a change is realized due to environmental factors and psychological defense mechanisms. The most basic and common mechanism for changing psychological realities is repression. For example, if thinking about sex makes you feel guilty, you will instead think about things that make you feel good. Nevertheless, recently, since people report the "return" of their repressed memories, and based on these memories, they engage in dysfunctional behaviors, the possibility of complete suppression has been questioned (Siqueira-Campos, Da Luz, De Deus, Martinez, & Conde, 2019).

Achievement motivation is the tendency to choose activities to achieve success or avoid failure (Kodate, Kodate, & Kodate, 2014). Many of the restrictions that influence and shape people's feelings and their motivations and behaviors in different societies are caused by the restrictions that taboos create in the minds of

people in society and establish over time. Sometimes these restrictions are mistakenly attributed to religious orders, even if those restrictions do not exist in the religious orders of that society. In fact, the attribution to religion occurs automatically by the society's subconscious in order to preserve archaic values. For us, "taboo" means two opposite meanings. On the one hand, it conveys the concept of "sacred", "appropriate" and on the other hand, the concept of "disturbing", "dangerous", "forbidden" and "filthy". "Taboo restrictions are separate from religious and moral restrictions. The importance and necessity of this research can be described from the fact that by creating acceptance, first among the educated and university stratum, as well as philosophers and religious missionaries, and then other sections of the Iranian society, unconscious impulses caused by incorrect and inhibiting archetypes transferring to the conscious area of the society's mind. This is making society aware of the impulses that, over thousands of years, have led to the production of traditions and restrictions in the society that have caused a lack of motivation and hindered the growth of creativity and are still strong, which can change the culture of the society. From repressive and restrictive values, it has led to a culture with scientific and religious values, and in this way, it has caused the reduction of anxiety, the flourishing of creativity, and the return of the motivation for progress in society. As mentioned, the history and description of the creation and survival of archetypal taboos, but the connection between the above two issues is that archetypal values are the source and origin of the formation of taboos. The mentioned taboos in the mind of society create a platform, the result of which will be the impossibility of access to the opposite sex before marriage. These conditions, in turn, lead to the prevalence of sexual tension deprivation and specific psychological and social consequences for individuals and society. Therefore, the present study aimed to compare the extent of sexual tension deprivation in "Iranian" and "American-European" societies and its

relationship with anxiety, depression, and motivation to progress.

### Method

The research design was of the comparative causal type after the event. The statistical population included Iranian and European-American men and women. The sample consisted of 219 subjects aged 25 to 55 with a secondary education level and above. Of this population, 112 were Iranian men and women, and 117 were American-European men and women who voluntarily participated in this study. The link of the questionnaires was sent to people who lived in Iran, America, Canada, Germany, France, and England and worked in various academic, administrative, and medical staff jobs. This link was sent to people through WhatsApp, Telegram, and Email. In the guide at the beginning of the questionnaire in both Farsi and English versions, complete explanations were explained about the criteria for entering the research and how to answer the questions. People were asked to answer the questionnaires if they had the research criteria and if they wanted to participate in the research. Then, the data obtained from the implementation of the research, which was collected in Google, was analyzed.

### Tools

**1. Hermens Academic Achievement Motivation Questionnaire:** The Academic Achievement Motivation Questionnaire was designed by Hermans in 1970 and has been used until now. It was translated into Farsi by Tamnai Far et al. This questionnaire contains 29 incomplete sentences and four options follow each sentence. These options are graded according to whether the intensity of the motivation to progress is from high to low or low to high. Some questions are positive and some are negative, and the range of choice for each question is 1 to 4, and the range of changes in the total score of the questions is 29 to 116. The interpretation of the test is also based on the total score. This means that all the questions were aimed at determining the motivation for progress and

its standard was calculated from 116. To estimate the validity of the test, Hermans estimated the correlation coefficient of its two questions with progressive behaviors ( $r=0.88$ ). To estimate the reliability, two methods of Cronbach's alpha and retest after three weeks were used, the results of which were 0.82 and 0.85, respectively (Temanei Far & Gandami, 2011).

**2. Depression Questionnaire:** The Beck depression scale was developed by Beck in 1978 to measure the severity of depression. This questionnaire was revised in 1996 by Beck, Steer, and Brown. This scale includes 21 items, and each item is scored between 0 and 3. Each item of this questionnaire measures one of the symptoms of depression. Fata, Birshak, Atef Vahid, and Dobson (2012) have reported the psychometric characteristics of this questionnaire in Iran as follows; The one-week interval coefficient was 0.91, the correlation coefficient between the two halves was 0.89, the retest coefficient was 0.94 after a one-week interval, and its correlation with the first edition Beck Depression Inventory (Beck et al., 1996) was 0.93.

**3. Questionnaire to measure the severity of the factors of deprivation from sexual tension in Iranian society:** The measuring tool in this research was a researcher-made questionnaire to measure the severity of factors that cause deprivation from sexual tension in Iranian society. At first, 6 cases of taboos were conducted, including all parts of the society, despite lifestyle, sub-cultural differences, ideological differences, and differences in religious attitudes, adhere to in a fanatical and completely similar manner, identification and questions to measure each one. The number of these questions was initially 43 items, and by performing factor analysis, seven items were removed from the questionnaire, and the validity and reliability of the 36-item questionnaire were obtained as a long form. Then, to facilitate the participant's responses, the number of questions was reduced to 19 items, and statistical calculations were performed again.

At this stage, questions 3 and 14 were removed from the model in the second stage because they had a lower correlation than 0.3 with the overall score. After removing the two mentioned questions, Cronbach's alpha was estimated as 0.823 on the remaining 17 items.

**4. Social interaction anxiety scale:** Social interaction anxiety is anxiety and worries when interacting with others (Matic et al., 1998). This scale was created in 1998 by Matic and Clark and had 19 statements, and its purpose is to investigate and evaluate the social interaction anxiety variable. This scale is based on the Likert scale, graded from 0 to 4 (0 = not at all, moderate = 3, high = 3, very high = 4). Items 8 and 10 are scored in reverse (not at all = 4, little = 3, moderate = 2, high = 1, very high = 0). The sum of the scores of the statements of each subscale shows the individual's score, and the sum of the individual's scores shows the level of social interaction anxiety. The reliability of this scale was found to be 0.88 in Matic and Clark's research (1998).

### Results

The sample size in this research was 219 subjects aged 25 to 55 years with medium to high education levels, 112 were Iranian men and women, and 107 were American-European men and women. Descriptive tables indicating the gender of the participants: 112 Iranian women and men, 61 (54.46%) men and 51 (45.54%) women, and 107 American-European women and men, 50 men (46.73%) and 57 people (53.27 percent) women, the age of the participants, the average age of the Iranian participants are 35.9, the minimum age is 21, and the maximum age is 55, the average age of the American-European participants is 36.3, the minimum age is 22, and the maximum age is 57.

The findings of table (2) showed that between the deprivation component of sexual tension (the taboo of monogamy throughout life, the taboo of the obligation to maintain virginity until permanent marriage, the taboo of the necessity of separating the two sexes throughout life, the necessity of sexual competition and possession

of the opposite sex, the taboo of women appearing There is a significant relationship with depression in society, considering sexual topics impure. Because the observed significance level (sig=0.0001) is smaller than the predicted error value (0.01). Therefore, it can be judged with 99% confidence that the research hypothesis confirms the desired relationship. Also, considering the positive value of the correlation, it can be concluded that between the deprivation of sexual tension (the taboo of monogamy throughout life, the taboo of the obligation to preserve virginity until permanent marriage, the taboo of the necessity of separating the two sexes throughout life, the necessity of sexual competition and possession of the opposite sex, There is a positive and significant relationship between the taboo of women appearing in gatherings, considering sexual topics impure) with depression and anxiety in social interaction. The findings showed that between the component of deprivation of sexual tension (the taboo of monogamy throughout life, the taboo of the obligation to maintain virginity until permanent marriage, the taboo of the necessity of separating the two sexes throughout life, the necessity of sexual competition and possession of the opposite sex, the taboo of women appearing in gatherings, impure knowing about sexual issues) has a significant relationship with motivation to progress; because the observed significance level (sig=0.0001) is smaller than the predicted error value (0.01). Therefore, it can be judged with 99% confidence that the desired relationship is confirmed in the research hypothesis. Also, considering the negative correlation value, it can be concluded that between the deprivation of sexual tension (the taboo of monogamy throughout life, the taboo of the obligation to preserve virginity until permanent marriage, the taboo of the necessity of separating the two sexes throughout life, the necessity of sexual competition and possession of the opposite sex, taboo; there is a negative and significant relationship between the appearance of women in public gatherings, considering



sexual topics impure) with motivation to progress.

The results of table (3) show that between the average scores of the components of sexual tension deprivation (the taboo of monogamy throughout life, the taboo of the obligation to maintain virginity until permanent marriage, the taboo of the necessity of separating the two sexes throughout life, the necessity of sexual competition and possession of the opposite sex, the taboo of appearing There is a statistically significant difference ( $p < 0.01$ ) in the group of American-European women and men, Iranian women and men, and with the comparison of the averages of the components of sexual tension deprivation (monogamy taboo throughout life), the taboo of the obligation to maintain virginity until permanent marriage, the taboo of the need to separate the two sexes throughout life, the necessity of sexual competition and possession of the opposite sex, the taboo of women appearing in public, considering sexual matters impure) American-European women and men, Iranian women and men who All components The average scores of all components of sexual tension deprivation of Iranian women and men are higher than American-European women and men.

To examine the relationship between the deprivation of sexual tension (the taboo of monogamy throughout life, the taboo of the obligation to maintain virginity until permanent marriage, the taboo of the necessity of separating the two sexes throughout life, the necessity of sexual competition and possession of the opposite sex, the taboo of women appearing in congregations, considering sexual matters impure ) American-European women and men, Iranian women and men with depression and progress motivation, multiple regression test (step by step) was used.

The regression analysis has progressed to 2 stages. In the first step, the variable of the taboo of women appearing in public is entered into the model, and its correlation coefficient with depression is equal to (0.368). At this stage, an equal (0.135) and adjusted determination

coefficient (0.131) has been obtained. In the second step, with the introduction of the second variable, that is, seeing sexual topics as impure, the multiple correlation has increased to (0.398) and the coefficient of determination has increased to (0.158) and the adjusted coefficient of determination has increased to (0.151). In other words, based on the adjusted coefficient of determination (15.1), the percentage of changes in the dependent variable (depression) and anxiety in social interaction is explained by the two taboo variables of women's appearance in gatherings, considering sexual topics impure.

### Conclusion

This research aimed to compare the level of sexual tension deprivation in two Iranian and European-American societies and its relationship with the level of depression, anxiety, and motivation to progress. The findings of the present study show that findings of the present study show that the mean and standard deviation of the severity of the factors that create the basis of sexual tension deprivation and its components, which respectively include the taboo of "lifelong monogamy", the taboo of "obligation to maintain virginity until permanent marriage", The taboo of "the necessity of separating the two sexes", the taboo of "the necessity of sexual competition", the taboo of "the appearance of women in public gatherings" and the taboo of "considering sexual matters impure", for Iranian samples in all cases are higher than these values in foreign samples, and this means that the people of Iranian society live in more sexual tension deprivation compared to the measured society. On the other hand, concerning the deprivation of sexual tension in both Iranian and European-American societies and its relationship with the level of depression, it can be said that the components (taboo for women to appear in public, considering sexual topics impure) are suitable predictors for depression and (the taboo of the obligation to maintain virginity until permanent marriage, the taboo of women appearing in gatherings, the taboo of lifelong monogamy) is a good predictor for the motivation to progress.

In explaining this finding, it can be said that since in this research, the amount of sexual deprivation has been measured by measuring the intensity of six important taboos in Iranian society, we once again pay attention to a point about taboos from Freud's language: "Taboo restrictions, It is separate from religious and moral absolutes.

The application of the results of this research is that we can transfer the unconscious impulses caused by incorrect and inhibiting archetypes to the conscious area. Raising awareness of the society's mind to the existence of impulses that, over thousands of years, have led to the production of traditions and the creation of restrictions in society that cause a lack of motivation and hinder the growth of creativity. It seems that the recognition and separation of such impulses arising from archetypes and their differentiation from religious and moral orders should happen in the first place in the educated and academic classes because these people can take the first steps in the transmission of thousands-year-old root concepts by understanding the subject. The archetypes that are the source of destructive tendencies and inhibitions in Iranian society and are wrongly attributed to the Islamic religion in the society are to be gradually transferred to the conscious area of the society's mind with cultural backgrounding and educational planning.

### Conflict of Interest

The authors declare that there is no conflict of interest regarding this article.

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