

The Study of Material Conflict and Controlling Behavior as Predictors of Sexual Disorder in Married Men

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ABSTRACT: The aim of this research is to study material conflict and controlling behavior as a predictors of sexual disorder in married men have referred to infertility therapy centers in Tehran. This study is correlation research and descriptive according to way of data gathering. Statistical universe of this study include all of married men with sexual problems referring to infertility therapy centers in Tehran in 2015-2016. 100 persons among married men were selected as samples through purposive sampling method. It was used material conflicts, sexual disorder and self-control questionnaires for data gathering. According to person correlation coefficient and manifold regression analysis, there is significant linear relationship between predictor variable (marital conflicts) and criterion variable (sexual disorder). The variables cooperation declining their relationship increasing with family and emotional reactions increasing are predictors of sexual disorder. According to results, there is significant linear relationship between predictor variable (controlling behavior) and criterion by fear, emotional control, controlling by withdrawal and controlling by children are predictors of sexual disorder. Discussion of conclusion: There is significant linear relationship between predictor variable (material of controlling behavior) and material conflicts and controlling behavior are predictors of sexual disorder.

Keywords: Marital Conflicts, Controlling Behavior, Predictors of Sexual Disorder.

INTRODUCTION

Sex subjects has been very important for people and has had undeniable effect upon person and his sexual partner life quality. According to this importance, sexual performances have become as a classified disorder upon DSM-I. (Sadock et al., 2007). According to SDM-IV description, sexual performance disorder is known as a disorder in sex response cycle or ache in sex contact (Purafqari, 2007). Physiologic, Anatomic, psychological and social – cultural factors affect upon sexual performance and behavior (Sadock et al., 2009). Sexual problems with physical cause have been known that physiological factors may affect upon them and result in sexual functional disorders (Mahrabi et al., 2001). According to Spenc (2006), there is mutual relationship between marital conflicts and sexual disorders. Therefore, we may say persons with more sexual satisfaction have more satisfaction from their marital life (Froton & Milani, 2008). Material conflicts are very prevalent nowadays (Sayers et al., 2001). According to Glasser (2000) unconformity of needs men & women, ego- centricism, difference in behavioral schemas and

irresponsible behavior may result in marital conflict. This conflict has destructive effect upon body, mental health & family (Fincham, 2003). Marital disorders and sexual problems are interrelated with each other; i.e. there isn't a definite limit between them.

There is mutual relationship between behavioral problems and sexual disorders in spouses. Physical and mental factors are interrelated with each other and affect upon sexual contact. Physical factors may result in mental disorders and vice versa.

According to Bradbury, Fincham & Bich (2004) there are relationships among sexual satisfaction and self-esteem, sex experiences, sexual disorders, intimacy, sexual self-disclosure and also sexual dysfunction. Interpersonal communication model reveals that quality of spouse's communications affect their sexual satisfaction (Byers & Macneil, 2006). According to this attitude, marital conflicts may result in low sexual satisfaction (Schenk et al., 2004). There is a mutual relationship between communication satisfaction and sexual satisfaction (MacNeil & Byers, 2009). Self-control and controlling behavior are also predictors of sexual disorders. Much control may result in better confronting mechanisms, low stress, physical & mental health, persistence, high self-esteem, low anxiety and more skills. Self-control is different for different persons. According to Boutwell and Boisvert (2014) there is a negative relationship between abnormalities and sexual deflection with controlling behavior. According to stated subjects, the main aim of present study is to respond to this question: Are marital conflicts and controlling behavior predictors of sexual disorder for married men?

MATERIALS AND METHODS

This study is descriptive research and has been done by correlation method. Statistical universe of this study include all married men referring to infertility therapy centers in Tehran in 2015-2016m with sexual disorder. 100 persons among married men were selected by purposive sampling method. It was used marital conflicts, sexual disorder & self-control questionnaires for gathering data. Admission & issue criteria: Admission criteria.

Sexual disorder diagnosis, high marital conflicts and low controlling behavior by standard tests. 1. Informed satisfaction to participate in study. 2. Sex married men. Issue criteria: 1. having fellowship disorders. 2. Noncooperation in completing questionnaires. Data gathering were used by referring to library and using different books & Internet (studying books & thesis, Iranian and foreign articles). Field method was used in this study.

Data measuring Tools

Marital conflicts questionnaire includes 54 questions about spouse's conflicts and has been created by Sanaee clinical experiences (2000). This questionnaire measures some items like cooperation declining, sexual contact declining, emotional reactions increasing, attracting children, enforcing communications with their own family (nepotism), family communication declining with spouse family & friends, separating fiscal affairs and effective communication declining.

Kronbach- α coefficient of the whole questionnaire is .96 and sub-scales & include: cooperation declining, 0.81; sexual communication declining, .61; emotional reactions increasing, .70; attracting children 33%; enforcing communication with their family (nepotism), .86, declining family communication with spouse family and friends, .89, separating fiscal affairs .71 and effective communication declining, .79 (Sanaee, 2000).

Sexual disorder questionnaire is an international known tool of erection performance includes 5 fields to evaluate effective drugs upon sexual disability in clinical testing's. 5 sessions are erection performance, orgasmic performance, sex desire, sexual intercourse satisfaction and total satisfaction. This questionnaire is valid psychometrically and culturally. This questionnaire is usable for clinical doctors and researchers (Mehraban, 2006). Controlling behaviors scale: This questionnaire was created by Graham – Kooan and Archer (2005) to measure controlling behaviors. It includes 24 items to study spouses controlling behaviors. The other items (5 items) have been listed to spouses with children (the last items).

This scale just includes behavioral limits (fields) not physical aggression. Subject the rate of behaviors in Likert scale (from 0 to 4). This questionnaire includes 5 subscales, with regarding items related to children, and 6 sub-scales: economic control (1 to 4 items), treating control (5 to 8 items), controlling by fearing (9 to 13 items), emotional control (14 to 18 items) and controlling by withdrawal (19 to 24 items). The high score is an indicator of more using controlling behaviors. Total internal consistency of this scale is high. Total α -coefficient of test are 90% for women and 89% men samples. Internal consistency of economic control subscale for is low (48%-66%). Internal consistency of emotional control and controlling by withdrawal subscales is high (80%- 87%). This scale has

differential validity. The significant correlation of controlling behaviors scale with fear and aggression scale is indicator simultaneous validity.

RESULTS

Table 1. Pearson correlation coefficient between marital conflicts and sexual disorder.

Variables	1	2	3	4	5	6	7	8	9	
Marital Conflict	1									
Dimensions	cooperative declining	0.49**	1							
	sexual contact declining	0.59**	0.50**	1						
	attracting children support	0.51**	0.34**	0.45**	1					
	enforcing communication with own family (nepotism)	0.40**	0.12*	0.18**	0.25**	1				
	declining communication with spouse family	0.49**	0.29**	0.32**	0.36**	0.13*	1			
	separating fiscal affaires	0.46**	0.15**	0.22**	0.11*	0.26**	0.17**	1		
	declining effective communication	0.65**	0.18**	0.18**	0.15**	0.25**	0.19**	0.30**	1	
	increasing emotional reactions	0.60**	0.43**	0.35**	0.14**	0.23**	0.36**	0.13**	0.12*	1
	sexual disorder	0.14*	0.05	0.11*	0.07	0.04	0.15**	0.06	0.03	0.20**

According to table 1, there are positive significant correlation among marital conflicts ($p < 5\%$, $r = 0.14$) and declining sexual contact ($p < 5\%$, $r = 0.11$), declining communication with spouse family ($p < 1\%$; $r = 0.15$) and increasing emotional reactions ($p < 1\%$; $r = 0.20$) with men sexual disorder.

Table 2. Pearson correlation coefficient between controlling behavior and sexual disorder.

Variables	1	2	3	4	5	6	7	
Controlling Behavior	1							
Dimensions	threatening control	0.76**	1					
	Economic control	0.68**	0.52**	1				
	control by frighten	0.79**	0.47**	0.44**	1			
	emotional control	0.65**	0.44**	0.29**	0.37**	1		
	control by withdrawal (sequestration)	0.82**	0.55**	0.57**	0.60**	0.34**	1	
	control by children	0.83**	0.59**	0.38**	0.63**	0.52**	0.58**	1
	sexual performance	0.14*	0.15**	0.02	0.22**	0.09	0.23**	0.07

According to table 2, there are positive significant among controlling behavior ($p < 5\%$, $r = 0.14$) threatening control ($p < 1\%$; $r = 0.15$), control by frighten ($p < 1\%$, $r = 0.22$) and control by sequestration ($p < 1\%$; $r = 0.23$) with men sexual disorder.

Hypothesis 1: marital conflict may predict sexual disorder in married men.

It was used multiple regression analysis by simultaneous method to test this hypothesis.

Table 3. Regression analysis findings for sexual disorder on the basis marital conflicts.

Predictor Variable	Criterion Variable	F	P	R	R ²	Beta	t	P
cooperative declining	Sexual Disorder	3.22	0.001	0.27	0.08	0.14	2.11	0.03
sexual contact declining						0.10	1.4	0.16
attracting children support						0.05	0.71	0.47
enforcing communication with own family (nepotism)						0.12	2.04	0.04
declining communication with spouse family						0.07	1.1	0.26
separating fiscal affaires						0.08	1.29	0.19
declining effective communication						0.79	0.26	0.01
increasing emotional reactions						0.01	2.41	0.15

According to table 3, [$p < 0.01$; $F(8.92) = 3.22$], there is a significant linear relationship between predictor variable (marital conflicts) and criterion variable (sexual disorder). Cooperation declining with β - coefficient 0.14, enforcing communications with own family with β - coefficient 0.12 and increasing emotional reactions with β - coefficient 15 may predict sexual disorder.

The square of multiple correlational coefficient is 0.08, i.e, about %8 of sexual disorder variance is predictable by marital conflicts.

Hypothesis 2: controlling behavior may predict sexual disorder in married men. It was used multiple regression analysis by simultaneous to test this hypothesis.

Table 4. Regression analysis findings of sexual disorder on the basis of controlling behavior.

Predictor Variable	Criterion Variable	F	P	R	R ²	Beta	t	P
threatening control	Sexual Disorder	9.52	0.001	0.39	0.15	0.19	2.68	0.001
Economic control						0.21	3.2	0.002
control by frighten						0.24	3.27	0.001
emotional control						0.22	3.59	0.001
sequestration						0.27	3.7	0.001
control by children						0.16	2.08	0.03

According to table 4, [$p, 0.01$; $F(94.61) = 9.52$], there is significant linear relationship between predictor variable (controlling behaviors) and criterion variable (sexual disorder). Threatening control with β - coefficient 0.19, economic control with β -coefficient 0.21, control by frighten with β - coefficient 0.24, emotional control with β -coefficient 0.22, control by withdrawal (sequestration) with β - coefficient 0.27 and control by children with β -coefficient 0.16 may predict sexual disorder. The square of multiple correlational coefficient is 0.15, i.e. about 15% sexual disorder variance is predictable by controlling behavior.

Main Hypothesis: Marital conflicts and controlling behavior may predict sexual disorder in married men. It was used multiple regression analysis by simultaneous method.

Table 5. Regression analysis findings of sexual disorder on the basis of marital conflicts and controlling behavior.

Predictor Variable	Criterion Variable	F	P	R	R ²	Beta	t	P
marital conflicts	Sexual Disorder	8.15	0.01	0.39	0.15	0.22	3.56	0.001
control behavior						0.16	2.18	0.002

According to table 5, [$p < 0.01$, $F(98.2) = 8.15$], there is a significant linear relationship between predictor variable (marital conflicts and controlling behavior) and criterion variable (sexual disorder). Marital conflicts with β -coefficient 0.22 and controlling behavior with β -coefficient 0.16 may predict sexual disorder. The square of multiple correlational coefficients is 0.15, i.e. about 0.15 of sexual disorder variance is predictable by marital conflicts and controlling behavior.

DISCUSSION AND CONCLUSION

Hypothesis 1: marital conflicts may predict sexual disorder in married men. It was used multiple regression analysis by simultaneous method to test this hypothesis. There is significant linear relationship between predictor variable (marital conflicts) and criterion variable (sexual disorder). The variables like cooperation declining, negotism and increasing emotional reactions may predict sexual disorder. Movahed & Azizi (2011) indicated that there is significant and inverse between women sexual satisfaction and spouses conflicts. Ahmadi (2014) indicated that there is significant and negative between total score of spouses controlling behaviors and total score of family function. Among controlling behaviors, emotional control, control by withdrawal (sequestration) and control by children have had more mean respectively. Kinzy (1993) indicated that accessing to sexual orgasm for women depends on sexual compatibility and satisfaction from marital life. Also orgasm frequency or sexual contact rate declines in conflict between spouses.

Conflict is disagreement and objection of two persons with each other, and also struggle between people because of unfavorable interests and different goals and various perceptions (Ahmadi, 2014). According to studies, more conflict is because of disagreement, dissonance between spouses. A weak marital life results in sexual problems. These problems are related with imperialism, envy, punishment, disloyalty and different conflicts. Systematic medicinal attitude indicates continuous touch of marital system in two levels, sexual & communicational and it refers to "periodic causality" concept importance. Actions of one member are known as a cause of the other member actions. Aggression between spouses is a main reason for not having sexual contact. Hidden anger and unstated disgust results in sexual problems. The rate of spouses confidence toward each other affects upon sexual contacts. Finally, marital conflicts affect sexual performance and then spouses don't know each other as affective harbor, but refer to their family. Therefore, impulsive emotional reactions are natural between spouses and result in sexual problems.

Hypothesis 2: Controlling behavior may predict sexual disorder for married men. It was used multiple regression analysis by simultaneous method. According to findings, there is significant and linear relationship between predictor variable (controlling behaviors) and criterion variable (sexual disorder). Threatening control, economic control, control by frighten, emotional control, control by withdrawal (sequestration) and control by children may predict sexual disorder.

Botol & Boyzord (2014) indicated that there is negative relationship between abnormalities and sexual problems with controlling behavior.

According to Bradbori, Finchman & Bich (2004) there is relationship among sexual satisfaction with self-esteem, sexual extended experiences, satisfactory communication, sexual problems, intimacy, sexual self-disclosing and sexual dysfunction. Conflict affects body, psyche and family health (Fincham, 2003).

Temperamental and anxious signs are strong predictors for men inclination. Man feelings toward him, his perception form spouse sexual desire toward him, and situational variables may affect upon sexual desire positively and negatively (Mehrabi & Collageous, 2001).

Therefore sexual disorder is created by psychological and physical problems. It can stated that controlling behavior may predict aggression and behavior controlling in spouses. Controller person controls the other behavior strongly and also opinions, affections & feelings. He/She enforces his/her life style to the other and tries to control his/her spouse in different ways that this control is not a physical control. Spouses controlling behaviors include economic control, threatening control, control by frighten, emotional control, control by withdrawal (sequestration) and control by children. Control is a form of affective annoyance. Affective annoyance devours person's worth

feeling. According to studies, not allowing to exit from home, quarreling and downgrading are the most reported subjects of mental annoyance. Finally, controlling behavior devours person mental energy to have a marital relationship and results in sexual disorder. Main Hypothesis: Marital conflicts and controlling behavior may predict sexual disorder for married men. It was used multiple regression analysis by simultaneous method to test this hypothesis. According to findings, there is significant and linear relationship between predictor variable (marital conflicts and controlling behavior) and criterion variable (sexual disorder). Marital conflicts and controlling behavior may predict sexual disorder.

Mortazavi & collageous (2013) indicated that there is significant relationship between women sexual frigidity and marital conflict. There is also a significant & inverse relationship between marriage time and marital conflict. Rajabi and collageous (2013) indicated that there are significant difference among cognitive – behavioral therapy, drug therapy and control group in latency time, internal ejaculation and premature ejaculation.

Conflict of interest

The authors declare no conflict of interest.

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