

Jurnal Konseling Religi

ISSN : 1907-7238

E-ISSN : 2477-2100

DOI : <http://dx.doi.org/10.21043/kr.v10i1.5501>

Vol. 10 No. 1, 2019

<http://journal.stainkudus.ac.id/index.php/konseling>



Islamic Psychospiritual Counseling in Preventing Deviant Sexual Behavior

Nurjannah

UIN Sunan Kalijaga, Yogyakarta, Indonesia

nurjannah.uinsuka@gmail.com

Abstract

Guidelines for Islamic Psychospiritual Counseling on Prevention of Deviant Sexual Behavior. Despite existence of religious inscriptions and warnings about the dangers and consequences of sexual irregularities, the practice of deviant sexual behavior such as pedophilia, rape, sexual harassment, and LGBT (lesbian, gay, bisexual, transgender) remains rampant. Not to mention, cases of sexual deviations in adolescents have led to unwanted circumstances like premarital pregnancy. This study's question relates to what kind of sexuality counseling guidance techniques that a Muslim counselor can develop to prevent the occurrence of sexual deviations specifically. In order to answer this question, there is a need for an in-depth study of Islamic teachings originating from the Qur'an, sunnah, Jurisprudence or fiqh, guidance on Islamic counseling, psychology, and counseling and psychotherapy psychology, supplemented by positive legal regulations and the research journals' results related to the problem of sexuality deviation. This study was carried out in-depth using content analysis, with a psychospiritual approach to Islamic counseling. This study concludes that the subject of deviant sex is due to lack of knowledge about its dangers, lack of religion, and lack of control skills for lust. Islamic psychospiritual counseling with bibliotherapy techniques followed by creating cognitive maps confirms anti-sex deviant intentions, ended with cognitive therapy using techniques of cognitive restructuring, though stopping and letting go relaxation. It is predicted to be effective in helping subjects manage lust so that they avoid deviant sexual behavior. This conclusion is still hypothetical which needs to be followed by experiments to be reliable and this can eventually be used as an Islamic psychospiritual counseling guidance technique to overcome sexual deviation.

Keywords: Counseling, Deviant Sex, Islamic Psychospiritual

Introduction

There at least are two historical inscriptions on the destruction of morals when referring to sexual deviation as the punishment imposed due to the deviance can be considered a reminder for those believing in God and His rules. The two events as an aforementioned phenomenon are what happened to the people of the Prophet Lut and the people of Pompeii. Being so urgent, this warning is explicitly stated in the Qur'an.

“So the shriek seized them at sunrise. And We made the highest part [of the city] its lowest and rained upon them stones of hard clay. Indeed in that are signs for those who discern. And indeed, those cities are [situated] on an established road” (QS. Al-Hijr: 73-76).

Through this verse, Allah warns the people of Prophet Muhammad that they are forbidden to commit sexual deviations as what the Sodomites did during the time of the Prophet Lut. Some historical research articles suggest that the Dead Sea located in the Jordan Valley be the scene of the punishment imposed on the people of the Prophet Lut who practiced homosexuality. This sea, which has a salinity level of 28-35% (which is normally only 3-6%) and is the driest beach in the world, is evidenced by archaeologists that in the Bronze Age (1800-2350 BC) humans dwelled there. However, a great earthquake ravaged the city, so that the area turned into the Dead Sea. The same thing happened in the city of Pompeii, Italy, that in turn it became a symbol of moral decline in the form of adultery and homosexuality during the Roman Emperor. On August 24, 79 AD, Mount Vesuvius erupted, lasting for 24 hours accompanied by rain of dust, hot clouds and incandescent lava which later buried alive its inhabitants. Surprise was clearly seen in the expression of petrified corpses found in Pompeii (Sulistiani, 2016, p. 12-14).

Although religious inscriptions and warnings on the dangers and consequences of sexual deviations have frequently mentioned, the practice continues to flourish. Cases such as pedophilia, rape and sexual harassment,

including deaths due to HIV/AIDS, are much frequently spread on TV. LGBT (*Lesbian, Gay, Bisexual, and Transgender*) practices are still being propagated by its supporters, both openly and covertly. In addition, cases of premarital pregnancies and others take place as a result of such deviations among teens.

Susanti & Handoyo (2015) revealed that behavioral deviations are classified as severe and violating the law, including free sex, prostitution, alcohol and drugs abuse, and gambling. Teens tend to engage in sexual activities as they are influenced by peer social lifestyle, weak social control and the existence of community labeling while the motives of sex deviations are economic factors and satisfaction. Dewi & Wirakusuma(2017)said that, out of 108 respondents, there were 98 children (90.7%) having engaged in romance relationship (*dating*) with the most sexual behavior, i.e., hugging and kissing (81%) and having intercourse (10.2%). Another study showed that 61.6% of high school students had committed premarital sexual behavior (Saputri & Handayani, 2016).

In general, parents have the responsibility on sex education for their children. However, based on a study result, the role of parents in relation to information provided about sex is not optimal (Saputri & Handayani, 2016). Likewise, Nurhidayah (2011) found that parental communication with adolescents regarding reproductive health tended to be low. This is caused by several factors, for example many parents low knowledge about reproductive health, low awareness to promote reproductive health, and the culture that views discussion on sex to adolescents as a taboo. In addition, a wrong assumption is believed by the community that, if reproductive issues are given to adolescents, they will be engaged in more free sex activities.

According to Hasanah, in her study concluded that many adolescents still did not have accurate knowledge about reproductive health. Hence, adolescents need special guidance to prevent deviant sexual behavior. Therefore, reproductive health education is important to prevent adolescents in risky sexual behavior, while functioning as a strategy to avoid sexual violence (Hasanah, 2016). Based on these studies, sexuality guidance to prevent deviant sexual behavior is very important, so that this responsibility cannot be charged solely to parents. Therefore, the role of counseling professionals who master a comprehensive set of material given with the right method is highly expected.

This present study proposed a question, “what kind of sexuality counseling techniques that can be developed by Muslim counselors to prevent the occurrence of deviant sexual behavior in adolescents?” To answer this question, an in-depth study of Islamic teachings originating from the Qur’an, Sunnah, *fiqh*, Islamic counseling guidance and psychology literature especially related to deviant or abnormal sex behavior, counseling psychology and psychotherapy, positive legal regulations and journals related to issues of sexual deviation was conducted by using content analysis with the psychospiritual approach of Islamic counseling.

Discussion

Deviant Sexual Behavior

Deviant sexual behavior takes all forms of sexual direction, interest, or orientation. The forms are varied from feelings of attraction to dating, flirting, and intercourse behaviors. The sexual objects can be other people, one’s self, or objects of fantasy, including sexual behavior that ignores the values and norms and rules of law (Sulistiani, 2016, p. 6–7).

Abnormal sex as a form of sexual deviation can also be used as a definition. Normal sex is defined as intercourse that does not cause adverse effects, both for self and the partners. It also does not cause psychological conflicts, and is not a kind of forced sex resulting in rape. In contrast, abnormal sexual is the relationship of irresponsible sexual, driven by compulsions and abnormal drives (Kartono, 1989, p. 226). Furthermore, according to Kartono sorts sexual abnormalities into three groups, which are caused by abnormal sexual drive, abnormal sexual partners, and abnormal ways in satisfying sexual drive (Kartono, 1989, p. 232–266).

Sexual abnormalities caused by abnormal sexual drive include prostitution, promiscuity or free sex, adultery, seduction and rape, frigidity, impotence, premature ejaculation, copulatory impotency, nymphomania, satyriasis, vaginismus, dyspareunia, and difficulty of first coitus. Sexual abnormalities caused by abnormal sexual partners consist of homosexuality, lesbianism, bestiality, zoophilia, necrophilia, pornography, pedophilia, fetishism, frottage, geronto-sexuality, incest, saliromania, partner-exchange, and misophilia. Lastly, sexual abnormalities in the form of abnormal ways in satisfying sexual

drives include masturbation, sadism, masochism and sadomasochism, voyeurism, sexual exhibitionism, scopophilia, transvestism, transsexualism, androlicism or triolism.

It therefore appears that the types of sexuality deviations are of a very wide variety. Some forms of sexual deviations commonly known to the public are as follows:

Prostitution as the trade or commercialization of sex, in the form of exchanging sexual pleasure with material or money, generally in the form of sexual indulgence with multiple partners. (1) Promiscuity as sexual intercourse with many partners; (2) Adultery as a sexual relationship with a partner without marriage ties; (3) Seduction and rape as sexual relations to someone who is not a legitimate partner by persuading (seduction) or coercion (rape); (4) Cheating as sexual fulfillment carried out with loved ones without marriage ties; (5) Homosexuality as sexual relationship with the same sex (men); (6) Lesbianism as sexual relationship with the same sex (women); (7) Pornography as immoral reading containing immoral images and writings specifically made to stimulate sexual drive.

Pedophilia as an adult who has interest and sexual satisfaction by making intercourse with children, for example by showing genitals, caressing, kissing, petting, and doing coitus.

Fetishism as sexual abnormalities with sexual drive directed at one object that is considered a substitute for a lover. Frottage as someone who reaches orgasm by rubbing or wringing clothes or limbs of the opposite sex. Masturbation as the satisfaction of sexual desires carried out by hand, which is swiping the genitals to reach orgasm or using other assistive devices. Sadism as the fulfillment of sexual desires which is done by hurting the opposite sex, not even to death. Masochism as the satisfaction of sexual desires which is done by hurting oneself. Voyeurism as fulfillments of sexual desires done by peeping at people taking a bath, changing clothes and being naked. Sexual exhibitionism as gaining sexual satisfaction by showing the genitals, for example, on a bus, highway or others. Transvestism as sexual satisfaction obtained by wearing clothes from other sexes, men wearing women's clothing, women wearing men's clothing.

Preventing Deviant Sex Behavior

Hapipa, Alhidayati, & Ayunda, (2017) in their study found that there was an influence between religious knowledge, self-control, peers, and the role of parents in sexual behavior. According to Saputra & Hidayani added that premarital sexual behavior is associated with the lack of knowledge, parents' role, and information about sex (Saputri & Handayani, 2016). Meanwhile, Nurhidayah mentioned that there was an influence of parental communication about reproductive health and religion on sexual behavior, in which religious knowledge has more influence on sexual behavior than communication about reproductive health (Nurhidayah, 2011). Moreover, Aisyah stated that the causes of sexual deviations carried out by the subjects in her study, are due to the lack of the subjects' ability to control libido in addition to the bad environment (Aisyah, 2017). In addition, Rinta showed that sexual education plays a major role in adolescent psychological resilience, i.e., (1) answering adolescent curiosity through the provision of correct information relating to sexuality, (2) forming positive teen attitudes in dealing with premarital sexual behavior, and (3) creating psychological resilience of adolescents in terms of sexual behavior (Rinta, 2015). Kumboyono, Hanafi, & Lestari (2004) also stressed out that simulation provides the highest level of attitude score change than discussion in changing teenagers' attitudes in a more positive direction on efforts to avoid deviant sexual behavior.

Some of these studies show that (deviant or not) sexual behavior is influenced by knowledge, religion and self-control, in addition to environmental factors, especially the role of parents. These studies also prove that sex education can help prevent deviant sexual behavior, in which simulation is more effective than discussion.

Therefore, the results of these studies are used as a basis in drafting the concept of counseling to prevent deviant sexual behavior. Based on the results of these studies, it is assumed that in order for a person to be able to manage and control themselves from deviant sexual behavior, one needs to be given a counseling process through three stages, namely providing information/knowledge about deviant sexual, internalizing knowledge to become an attitude and intention to be implemented automatically, and managing desires. The three-stage implementation is explained below:

Bibliotherapy Techniques for Deviant Sexual Hazard Information

The results of the studies proved that sexual behavior is related to knowledge about reproductive health. If the knowledge is adequate, sexual behavior will be good and vice versa (Istiqomah & Notobroto, 2016; Nuraldila & Yuhandini, 2017; Nurhidayah, 2011; Saputri & Handayani, 2016). Sexual behavior is also related to religious knowledge. If religious knowledge is adequate, sexual behavior will tend to be good (Handayani, 2016; Hapipa et al., 2017; Nurhidayah, 2011). Nurhidayah (2011) specifically found that religious factors play a greater role in sexual behavior than knowledge about reproductive health.

Based on these findings, a person's knowledge or understanding of religion and reproductive health is the factors that determine the occurrence of sexual deviations. Hadi recommended based on the results of his study that reproductive health material is very necessary for school students, and its application does not need special subjects, but rather through several subject integration programs such as biology, fiqh and local content (Hadi, 2014). In line with that, the results of Sanusi's research stated that the concept of reproductive health-based *fiqh* learning was an offer to develop fiqh subject related to certain themes such as reproductive health, adultery material, *iddah* and others (Sanusi, 2015). Anshori in Nuryadin offers an Islamic sexual education curriculum that covers aspects of sexual growth and development (inclusion, *muraqabah*, *baligh*, youth), physiology of the reproductive system, pregnancy and birth, venereal diseases (HIV/AIDS), mental, emotional and social aspects at puberty, social ethics, morality and religiosity during puberty which includes instilling shame on children and so on (Nuryadin, 2016).

It can therefore be understood that the provision of knowledge about matters related to reproductive health as well as the effects and threats of sexual deviations using various sources of related knowledge is absolutely necessary to prevent deviant sexual behavior. The source of knowledge that is perceived to be able to fill and complement each other into comprehensive knowledge is the teachings of Islam (the Qur'an, hadith, *fiqh*), psychology, and medicine, supplemented by regulations concerning violations of sexual behavior and sanctions.

Giving knowledge to the subject that aims to prevent the occurrence of problems or provide certain ways to overcome problems both for preventive and curative functions is called bibliotherapy techniques in the science of Guidance

and Counseling. The term bibliotherapy was initiated by Samuel Crothers in 1916 as one way to use books in counseling process. Bibliotherapy is often used by counselors whose clients are deemed necessary to modify the way they think. The bibliotherapy technique also aims to help clients become happy to read, in which through reading a professional can help clients take lessons to shape mental health, and help overcome problems that are being experienced including by learning from reading characters in overcoming problems (Erford, 2016, p. 278).

Many studies have proven that the bibliotherapy technique effectively addresses client's problems, including sex problems, and communicates new values (Erford, 2016, p. 292). Based on this, the bibliotherapy technique can be used as a technique to provide guidance to individuals to prevent the occurrence of sexual deviation.

Bibliotherapy materials to prevent sexual deviations and abnormalities based on religion, medical, psychology and positive law are very broad. Due to limited space, this article is limited to only briefly describing adultery, homosexuality, and lesbianism as the examples.

Adultery

Allah said: "And do not approach unlawful sexual intercourse. Indeed, it is ever an immorality and is evil as a way"(QS. Al-Isra' verses 32).

"The [unmarried] woman or [unmarried] man found guilty of sexual intercourse - lash each one of them with a hundred lashes, and do not be taken by pity for them in the religion of Allah, if you should believe in Allah and the Last Day. And let a group of the believers witness their punishment"(QS. An-Nur verses 2).

Based on the above verse and the hadits of Abu Hurairah and Zaid bin Khalid, adultery punishment for *ghoirumuhshon* (virgin male and female) is 100 times lashed and imprisoned (banished) for 1 year. Penalties for *muhshon* and *muhshonat* (male or women who are faithful, independent, have had biological relations through legitimate marriages) who commit adultery are stoned to death (Tim Baitul Kilman, 2017, p. 251).

The Prophet mentioned some of the negative effects of adultery: "Do not commit adultery, because in fact the act of adultery contains four cases, i.e., it can eliminate authority and appearance, can decide sustenance, can

make the wrath of God The most gracious, and can cause eternal stay in hell". Hadith of Thabrani through Ibnu Abbas (Chaniago, 2012, p. 989).

Besides, the punishment based on religion, the positive law that applies in Indonesia, provides sanctions for adultery based on article 284 paragraph (1) of the Criminal Code (KUHP) concerning adultery (only applies to those who are married and if complained by one legitimate partner who feels disadvantaged), the sentence is 9 months imprisonment (complaint offense by the husband or wife concerned). In rape cases, based on Law No. 22 of 2002 and the amendments to the government regulation No. 1 In 2016, rapists are sentenced to death, castration, or imprisonment (ordinary offenses).

Homosexual/Liwath and Lesbianism

There are several verses of the Qur'an and hadith which reveal prohibitions and punishments for homosexuals and lesbianism.

"Do you approach males among the worlds. And leave what your Lord has created for you as mates? But you are a people transgressing" (QS. Ash-Su'ara verses 165-166).

"So when Our command came, We made the highest part [of the city] its lowest and rained upon them stones of layered hard clay, [which were]. Marked from your Lord. And Allah 's punishment is not from the wrongdoers [very] far" (QS. Hud verses 82-83).

"Whoever you meet is doing the deeds of the (Prophet) Lut, then kill the perpetrators and their victims". Hadith of Ibnu Majah (Tim Baitul Kilman, 2017, p. 252).

"Whoever dies from among my people in a state of doing the deed of the people of the Prophet Lut, surely Allah will move it to them, until he is gathered with them (later on the Day of Judgment" HR-Khathib through Anasra (Chaniago, 2012, p. 615).

"Lesbianism carried out by a woman with another woman is the same as adultery" Hadith of Thabrani (Chaniago, 2012, p. 137).

The positive law categorizes homosexuality and lesbianism as a human rights case.

Impact of Deviant Sex

Sexual behavior deviations especially premarital sex can cause adverse effects. Biologically it is at high risk of damage to sexual organs, and vulnerable to sexually transmitted diseases such as HIV/AIDS, gonorrhea, genital herpes, syphilis, and chlamydia. In addition, psychologically it can cause feelings of guilt or sin, remorse, low self-respect, negative emotions associated with unwanted pregnancies, prone to abortion and others (Ulum & Hadiwirawan, 2015).

Strengthening the Intentions to Anti-deviant Sexual Behavior When Urinating or Defecating After the subjects of guidance gets knowledge about the dangers of sexual deviation through bibliotherapy techniques, the knowledge needs to be internalized into feelings and thoughts to give birth to strong intentions to get away from the deviations. To achieve this goal, Muslims can learn in the teachings of *thaharah* (purification), especially the procedure for defecation.

Islamic Jurisprudence provides a reference procedure in the bathroom/toilet, including (1) reciting prayer before entering toilet, (2) using the left foot when first entering the toilet and the right foot when coming out of the toilet, (3) cleaning *najis* using the left hand, (4) looking for a place that is far and well-closed, using running water and not facing the *Qiblah*. The prayer is: "*BismillaahAllaahummainniia'uudzubikaminalkhubutsiwalkhobaa'its* or By mentioning the name of Allah; O God, I take refuge in you from the male Satan and the female Satan" (Ayyub, 2011, p. 54).

Unlike other prayers, this prayer explicitly mentions the application of protection to Allah from male and female Satan. The explicit mention of male and female Satan can be interpreted as containing a special message to be a reminder to humans every time they enter the bathroom/toilet that the genitals are very vulnerable to dropping humans into the satanic behavior. Thus, this prayer in cognitive behavior builds the awareness that humans can fall into satanic ways with their genitals, especially their relationship with the opposite sex, including sexual deviations with same-sex and with themselves or other objects. If humans succeed in building this awareness every time they enter the bathroom/toilet, they will remain pure and safe. If not, they can be deceived by sexual desire until they fall into despicable ways.

When entering the bathroom/toilet, it is instructed to use the left foot, reminding that someone would enter a dirty place as a symbol of *ashabusy-syimal*

or “left-group” (QS. Al-Waqiah verses 41-74), namely the experts of immorality and sin who on the day of vengeance get a very painful torment. Exiting the bathroom/toilet using the right foot is as a symbol that humans leave dirt and sin towards the "right group" or *ashabul-yamin* (QS. Al-Waqiah verses 27-40) who get various pleasures in the day of vengeance in obedience in the way of Allah.

Prohibition of turning the back on *Qibla* when defecating is symbolic so that people do not turn their backs on the rules or *Islamic Shari'a* that the Prophet brought in the sense of refusing to implement it. Because human beings have a sound soul of divine truth, instinctively humans will then follow their holy nature which is obedient to the sound of truth and rejecting ignorance or the sound of Satan. The prohibition on facing the *Qibla* symbolically means that humans are taught not to act on behalf of Allah when committing sin and disobedience and not using religion for evil, as indicated in Surah Al-Baqarah verse 143.

Prayer when coming out of the bathroom/toilet is *Alhamdulillahadzhabaanniladzawa 'afanior*: “All praise be to Allah God who removes my disease and who saves me” (Ayyub, 2011, h. 55). This is as reminder that humans are weak, unable to dispel deceitful sexual desires and sins especially those related to sex except for God’s help. When people are free from dirt and sin (symbolized as sick), they feel relieved (because they return to their holy nature). Awareness of human weakness dispelling sexual desire and immorality and sin from all of the body, where success in controlling it solely because of God's help, has brought humanity to a position of high monotheism. For all this awareness, man must show gratitude to God.

Based on the values implied in the procedure for defecation in the bathroom/toilet, this can be used as a medium for Muslims to practice forming an awareness of guarding themselves from defilements and sins related to their sexual organ. The trick is to make a cognitive map of messages implied in the defecation procession in the bathroom/toilet. When reciting prayers into the bathroom/toilet by giving priority to the left foot, it presents a memory that humans are vulnerable to various acts of Satan sourced from genitals which will position humans as "left groups" that will be subject to Allah's punishment with various physical, mental, spiritual diseases, social punishment and so on as knowledge gained from bibliotherapy.

When urinating or defecating that produces a foul odor, this activity intentionally instills a memory that humans have the potential to store impurities and sins. When cleansing the dirt at the genitals using the left hand, it is to purify humans from various irregularities. When stepping out using the right foot first of the toilet while reciting the prayer, the mind and heart really want to be the "right group" who has the right to enjoyment and freedom from misery and disease.

Counseling psychologists suggest that everyone needs to create a cognitive map that serves as a guide for individuals how to direct their lives. This cognitive map is fictional because the individual himself creates it in the mind. However, Adler believes that people act "as if" the map is real, leading individuals to live according to that map (Erford, 2016, p. 66).

If this cognitive map is continuously built every time someone defecates, this cognitive map then becomes stronger creating positive habits and forming strong attitudes and intentions to keep the genitals from various things that can drop them into despicable ways. Of course if one experiences boredom, reinforcement must be done, for example, by re-reading related literature, joining guidance group and so on. Exercise on the Management for Sexual desire with the Letting Go and Cognitive Restructuring Technique

Previously it was mentioned that one of the causes of sexual deviation is the lack of the subject's ability to control libido (Aisyah, 2017). When a person is being overcome by sexual desire due to a certain stimulus, it is not easy for someone to stop it. Therefore, the subject needs to be trained to be good at managing sexual desire, especially stopping the surge of sexual desire that is not appropriate. Behavioral cognitive therapy is thought to be able to be used to train subjects to control sexual desire, because this technique has proven effective in improving various conditions, for example, reducing anxiety in post-stroke patients (Prasetyaningrum, Fasikhah, & Karmiyati, 2012).

One form of effective cognitive therapy is cognitive restructuring, especially for clients who need help to replace negative thoughts and interpretations with more positive thoughts and actions. This technique is well combined with thought stopping techniques in addition to relaxation. The objectives of the cognitive restructuring technique are (1) the client needs to be aware of his thoughts, (2) the client needs to change his processes and thought

patterns, (3) the client needs to experiment to explore and change ideas about himself and the world (Erford, 2016, p. 255–256).

The thought stopping technique is a technique of training clients to get rid of, as early as possible, any unwanted thoughts, usually by calling for the command "stop" to interrupt unwanted thoughts (Erford, 2016, p. 246). The letting go relaxation technique as a form of relaxation aims to deepen relaxation. After individuals practice relaxation on all their muscles, they are then trained to be more aware and feel relaxation, while being trained to realize the tension and trying as much as possible to reduce and eliminate these tensions (Subandi, 2002, p. 153).

In cases of anxiety, for example. This technique is taught by the therapist to his client to take a deep breath until his client relaxes, and then he is asked to imagine the things that cause him anxious until it really permeates his entire soul, for example, his chest feels tight, his heart beats, cold sweat flows and tears run down on his cheeks. When the client has really felt and recognized the tension, the therapist then asks the client to take a deep breath while releasing little by little the tension and anxiety experienced. This method is repeated until the client manages to release tension and is relaxed. The client can even be asked to practice releasing various other cases of tension.

Cognitive therapy by combining cognitive restructuring, thought stopping and letting go relaxation techniques is thus thought to be able to help individuals release tension when sexual desire is present successfully. Because sexual desire control is not a simple problem, this technique must be integrated with Islamic teachings especially in terms of techniques to defeat the satanic whisper in order to win the voice of the spirit of ultimate truth.

Exercising to manage sexual desire using a combination of these techniques should be done in a conditioned room to help the subject relax. The subject is welcome to sit quietly and asked to concentrate by taking a deep breath while his heart remembers Allah and the Messenger of Allah by, for example, reciting *basmalah* or *surah al-fatihah*. After truly concentrating, the subject is asked to present an atmosphere like when they are aroused with sexual desire by imagining a loved one, stimulating images or other. After the sexual desire is truly present and the subject is able to recognize and feel it in all the elements of the body, the subject is then asked to take a deep breath to relax while remembering

Allah and the Prophet accompanied by praying for God's help to dispel undue sexual desire. The subjects are asked to let go of the surge of sexual desire slowly (doing cognitive restructuring in tandem with though stopping) by presenting knowledge of various effects following improper sexual desire) as obtained from the bibliotherapy technique and strengthened through cognitive maps), accompanied by ordering them to stop all forms of sexual desire. This exercise can be repeated until the subjects are successful, including being able to start with a low level of desire. If they have succeeded, they can improve the learning to manage the heavier desire to the heaviest.

If the subjects are good at managing sexual desire in practice, it is predicted that the subjects will be able to control their sexual desire in real situations. If in the real world there are still difficulties, training with a counselor can be repeated with a counseling session so that the causes of failure and exercises with more specific formulas can be found.

Conclusion

After conducting in-depth discussions based on concepts and theories completed with the results of related studies, several conclusions obtained are as follows, the subject of sexual deviation is generally due to the lack of knowledge of its dangers, the weakness of religion and the lack of skills in controlling sexual desire. Islamic psycho-spiritual counseling guidance with bibliotherapy technique provides information about the dangers of sexual deviation, followed by creating cognitive maps for defecation in order to confirm the intention of sexual deviation, ending with cognitive therapy involving cognitive restructuring techniques, though stopping and letting go relaxation, predicted to be effective to help the subject manage sexual desire so as to avoid deviant sexual behavior.

This conclusion is still a hypothesis that needs to be proven through experiments so that it can be reliable and used as one of the techniques of Islamic psycho-spiritual counseling to overcome deviant sex.

References

- Aisyah, S. (2017). *Studi Kasus Penyimpangan Perilaku Seksual Pada Remaja Tunalaras Tipe Conduct Disorder*. Universitas Negeri Yogyakarta. Universitas Negeri Yogyakarta. Retrieved from <https://eprints.uny.ac.id/56114/>
- Ayyub, S. H. (2011). *Fikih Ibadah*. Jakarta: Pustaka Kautsar.
- Chaniago, B. H. (2012). *Indeks Hadits & Syarah*. Bekasi: Alfonso Pratama.
- Dewi, N. L. P. R., & Wirakusuma, I. B. (2017). "Pengetahuan Perilaku Seksual Pranikah Pada Remaja SMA di Wilayah Kerja Puskesmas Tampaksiring", *E-Jurnal Medika*, 6(10), 50–54. Retrieved from <https://docplayer.info/62251316-Pengetahuan-dan-perilaku-seksual-pranikah-pada-remaja-sma-di-wilayah-kerja-puskesmas-tampaksiring-i.html>
- Erford, B. T. (2016). *40 Teknik yang Harus Diketahui Setiap Konselor*. Yogyakarta: Pustaka Pelajar.
- Hadi, A. (2014). Kesehatan Reproduksi Pada Kurikulum Madrasah di Sumatera Selatan. *An-Nisa'a*, 9(1), 1–22.
- Handayani, S. (2016). "Pengetahuan Agama Berhubungan Dengan Perilaku Seksual Pada Remaja di SMAN1 Soppeng Riaja Kab. Barru", *Afiasi: Jurnal Kesehatan Masyarakat*, 1(4), 1–5. Retrieved from <https://studylibid.com/doc/276787/pengetahuan-agama-berhubungan-dengan-perilaku-seksual-pada>
- Hapipa, N., Alhidayati, & Ayunda, G. (2017). "Faktor-Faktor yang Berhubungan dengan Perilaku Seksual", *JOMIS (Journal Of Midwifery Science)*, 1(2), 54–65. Retrieved from <http://jurnal.univrab.ac.id/index.php/jomis/article/view/200>
- Hasanah, H. (2016). "Pemahaman Kesehatan Reproduksi Bagi Perempuan: Sebuah Strategi Mencegah Berbagai Resiko Masalah Reproduksi Remaja", *Sawwa: Jurnal Studi Gender*, 11(2), 229–252. <https://doi.org/10.21580/sa.v11i2.1456>

- Istiqomah, N., & Notobroto, H. B. (2016). "Pengaruh Pengetahuan, Kontrol Diri Terhadap Perilaku Seksual Pranikah di Kalangan Remaja SMK di Surabaya", *Jurnal Biometrika Dan Kependudukan*, 5(2), 125–134.
- Kartono, K. (1989). *Psikologi Abnormal dan Abnormalitas Seksual*. Bandung: Mandar Maju.
- Kumboyono, Hanafi, M., & Lestari, E. P. (2004). "Perbedaan Pengaruh Pendidikan Seks Metode Simulasi dan Diskusi Kelompok Terhadap Sikap Remaja Pada Upaya Pencegahan Perilaku Seks Menyimpang", *Jurnal Kedokteran Brawijaya*, 20(1), 46–49. Retrieved from <http://jkb.ub.ac.id/index.php/jkb/article/view/239>
- Nuraldila, V., & Yuhandini, D. S. (2017). "Keterkaitan Pengetahuan Tentang Kesehatan Reproduksi Remaja Dengan Perilaku Seks Pranikah Pada Siswa-Siswi Kelas XI di SMA PGRI 1 Kabupaten Majalengka." *Care: Jurnal Ilmiah Ilmu Kesehatan*, 5(3), 431–442.
- Nurhidayah, Y. (2011). "Pengaruh Komunikasi Orang Tua Tentang Pengetahuan Kesehatan Reproduksi dan Penanaman Nilai-Nilai Religiusitas Terhadap Prilaku Seksual Remaja", *Holistik*, 12(2), 181–212. <https://doi.org/10.24235/holistik.v12i2.93>
- Nuryadin. (2016). "Pendidikan Reproduksi (Seks) Pada Remaja; Perspektif Pendidikan Islam," *Jurnal Studi Agama Dan Masyarakat*, 12(1), 81–99. <https://doi.org/10.23971/jsam.v12i1.473>
- Prasetyaningrum, S., Fasikhah, S. S., & Karmiyati, D. (2012). "Terapi Kognitif Perilaku untuk Mereduksi Tingkat Kecemasan pada Pasien Pasca Stroke", *Jurnal Intervensi Psikologi*, 4(1), 113–137. <https://doi.org/10.20885/intervensipsikologi.vol4.iss1.art7>
- Rinta, L. (2015). "Pendidikan Seksual Dalam Membentuk Perilaku Seksual Positif Pada Remaja dan Implikasinya Terhadap Ketahanan Psikologi Remaja", *Jurnal Ketahanan Nasional*, 21(3), 163–174. <https://doi.org/10.22146/jkn.15587>
- Sanusi. (2015). "Konsep Pembelajaran Fiqh dalam Perspektif Kesehatan Reproduksi", *Edukasia Jurnal Penelitian Pendidikan Islam*, 10(2), 367–390. <https://doi.org/10.21043/edukasia.v10i2.799>

- Saputri, Y. I., & Handayani. (2016). "Faktor-faktor yang Berhubungan dengan Perilaku Seks Pra Nikah Remaja," *Jurnal Ilmu Kesehatan Masyarakat*, 5(1), 52–62. Retrieved from http://journals.stikim.ac.id/ojs_new/index.php/jikm/article/view/19/20
- Subandi (Ed.). (2002). *Psikoterapi Pendekatan Konvensional dan Kontemporer*. Yogyakarta: Unit Publikasi Fakultas Psikologi UGM.
- Sulistiani, S. L. (2016). *Kejahatan dan Penyimpangan Seksual*. Bandung: Nuansa Aulia.
- Susanti, I., & Handoyo, P. (2015). "Perilaku Menyimpang di Kalangan Remaja pada Masyarakat Karangmojo Plandaan Jombang", *Jurnal Paradigma*, 3(2), 1–6. Retrieved from <http://jurnalmahasiswa.unesa.ac.id/index.php/paradigma/article/view/11996/11191>
- Tim Baitul Kilman. (2017). *Ensiklopedi Pengetahuan al-Qur'an dan Hadits: In al-Qur'an dan Hadits*. Kamil Pustaka.
- Ulum, B., & Hadiwirawan, O. (2015). "Sikap Terhadap Perilaku Seksual Pra Nikah Ditinjau Dari Religiusitas dan Konformitas Pada Remaja di Jakarta", *Noetic Psychology*, 5(2), 157–164. Retrieved from <http://ejournal.ukrida.ac.id/ojs/index.php/Psi>