The Effective of Cognitive Behavioral Counseling on Degree of Women with Sexual DYSFUNCTIO

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Abstract: The prevalence of female sexual dysfunction is high. According to published epidemiological studies, approximately 40% of adult women have at least one sexual dysfunction, it is complex and affected by physical, psychological and social factors. There are different methods for treatment. Cognitive behavioral counseling is as a psychological therapy; in cognitive therapy, counselors consider the cognitive processing of information, more important than physiologic factors; negative thought about sexual activities will worsen and prolong the symptoms. Therefore discovering those negative self-inductions will help to successfully analyze the sexual disorders. The goal of the present research is to study the effect of cognitive-behavioral counseling on the level of women sexual dysfunction. Method and Materials: Cognitive behavior therapy (CBT) during 8 individual weekly sessions and 4 group therapy weekly sessions used for subjects group and it focused on cognitive restructuring, modification of cognitive distortions and training of behavioral techniques. Golombok-Rust sexual satisfaction questionnaire was used as the pre-test and post- test for subject group, and Chi-Square test together with T-test were used to analyze the data. Data analysis showed that the cognitive behavior therapy has significantly effect on reduction of sexual dysfunction. The mean scores of sexual dysfunction in post-test of subject group was significantly lower than mean scores in pre-test Conclusion: Cognitive counseling as a therapeutic method can have a significant role in improvement of women suffering from sexual dysfunction.
[Peimaneh Nemati. **The Effective of Cognitive Behavioral Counseling on Degree of Women with Sexual DYSFUNCTIO.** *Biomedicine and Nursing* 2015;1(1): 75-79]. http://www.nbmedicine.org. 14

Keyword: Sexual Dysfunction, Cognitive Behavior Counseling, Women

Female sexual dysfunctions are classified by DSM-IV (APA, 2000) into four categories: desire, arousal, orgasm, and pain disorders. 1In 2004, the Second International Consensus of Sexual Medicine accepted revised definitions of female sexual dysfunction *(Table 1* [3]*)*.

According to published epidemiological studies, approximately 40% of adult women have at least one sexual dysfunction. [8,4,9] Female sexual function is complex and affected by physical, psychological and social factors.[6] The results of a comprehensive research by Holvorsen & Metz on various methods of treating sexual disorders showed that the most prevalent methods for psychopathic treatment of sexual malfunctioning that have been in practice from 1996 onward include sensory focus, CBT (Cognitive Behavior Therapy), relaxation practice, hypnosis, and group therapy; the results also showed the above-mentioned treatments have achieved considerable results in improvement of different sexual disorders like sexual idiosyncrasy in women.[5,11] In cognitive therapy, counselors consider the cognitive processing of information, more important than physiologic factors; negative thought about sexual activities will worsen and prolong the symptoms. Therefore discovering those negative self-inductions will help to successfully analyze the sexual disorders. [30] The goal of the present research is to study the effect of cognitive-behavioral counseling on the level of women sexual dysfunction. The assumption was based on the fact that the method can alleviate the sexual dysfunction in our subjects group.

Materials and method

The subjects included 20 women aged 25-45 years old and according to their physicians were diagnosed with sexual disorder who had referred to TALEGHANI Hospital in Tehran-the capital of IRAN. In the beginning the demographic features questionnaire was given, together with Golombok-Rust sexual satisfaction Pre-test (female type) in order to measure the level of sexual disorder. The questionnaire was prepared by Glombok and Rust in 1986, including 28 questions measuring the problems of the subject's sexual disorders in seven grounds in a scale of five degree Likert from 0 to 4. The scales consisted of infrequency, non-communication, dissatisfaction, avoidance, non-sensuality, vaginism and anorgasmia. In addition to aligned scores of sub-scales, the total score of each subject shows the intensity or weakness of sexual problems. The higher the score of the subject, the more the level of sexual problems. In the Iranian version of this scale, the Kronbakh alpha coefficient of each of the scales for female subjects is 0.84, 0.87, 0.94, 0.89, 0.91,and 0.93 respectively; also, the correlation coefficients among the female subjects' scores is 0.89, which indicates excellent stability of retest of the scale. After

conducting the test, subjects group underwent cognitive-behavioral treatment (CBT), which consisted of 4 groups and 8 individual sessions. The sessions were decided to be twice a week, and each session lasted one-and –a half hours. Throughout the session the focus was mainly on cognitive restructuring, modification of cognitive distortions, and training of behavioral techniques such as relaxation education. Following the counseling sessions, they sat a post-test, and SPSS software, version 18, and Chi-Square test together with T-test were used to analyze the data.

Table 1. Revised Definitions for Female Sexual Dysfunction from the Second International Consensus of Sexual Medicine

Sexual desire/interest disorder: absent or diminished feelings of sexual interest or desire, absent sexual thoughts or fantasies, and a lack of responsive desire; motivations for attempting to become sexually aroused are scarce or absent; lack of interest is considered to be beyond the normal decrease experienced with increasing age and relationship duration
Subjective sexual arousal disorder: absent or diminished feelings of sexual arousal from any type of sexual stimulation; however, vaginal lubrication or other signs of physical response occur
Genital sexual arousal disorder: complaints of impaired genital sexual arousal, which may include minimal vulvar swelling or vaginal lubrication from any type of sexual stimulation and reduced sexual sensations from caressing genitalia; however, subjective sexual excitement occurs with nongenital sexual stimuli
Combined genital and subjective arousal disorder: absent or diminished feelings of sexual arousal from any type of sexual stimuli plus complaints of absent or impaired genital sexual arousal
Persistent genital arousal disorder: spontaneous, intrusive, and unwanted genital arousal in the absence of sexual interest and desire; arousal is unrelieved by orgasms and persists for hours or days
Women's orgasmic disorder: despite self-report of high sexual arousal or excitement, there is lack of orgasm, markedly diminished intensity of orgasmic sensations, or marked delay of orgasm from any kind of stimulation
Dyspareunia: persistent or recurrent pain with attempted or completed vaginal entry and/or penilevaginal intercourse
Vaginismus: persistent or recurrent difficulties with vaginal entry of a penis, finger, or other object, despite the woman's expressed desire to participate
Sexual aversion disorder: extreme anxiety or disgust at the anticipation of or attempt at any sexual Activity

Information from reference 8. *(Table 1* 8*)*

Protocol of implementation of cognitive-behavioral therapy

First session of group counseling: the aim of this session was introduction, and assessing the level of the subjects' awareness of sexual behavior. Second session of group counseling: this session aimed at teaching sexual behavior and giving information, and focused on teaching the relaxation skill in order to reduce their anxiety in intercourse. Third session of group counseling: this session focused on analyzing the wrong images as well as suppositions of the subjects by themselves, and learning some skills and doing some assignments. Fourth session of group counseling: in this session all the subjects' questions were answered, and all the previous subjects were reviewed. Following the group counseling sessions, since they did not feel free to put forward some of their problems, 8 individual counseling sessions were organized with the following goals: The first session focused on individual interviews, assessment of their manner of intercourse, and determining the problem. In the second session, false negative views and thoughts that often lead to the expression of negative feelings towards sexual issues were discussed. The purpose of the third session was further cognitive reconstruction in the subjects. In the fourth session, the main objective was sensual focus type II, as well as training the Kegel exercises. During the fifth session, penetration without orgasm, and self-stimulation was practiced, and in the sixth session, reaching orgasm was practiced in the presence of their spouse, and some other assignments. The aim of the seventh session was individual counseling, intercourse, and orgasm; and eventually, in the last session, all the material covered during the previous sessions were reviewed and conclusions were drawn. The subjects were categorized and assigned to each level of the counseling process depending on the nature of their problems.

Results

Considering the results gained from demographic questionnaire, the average age for the subjects was determined 33.95. 55% of the subjects group, had middle school education; 80% of them had high school diploma, and 10% of them had bachelor degree. 5% in subjects group had primary level of education. Also, 70% of subjects group were

housekeeper, while 20% in subjects groups were office employees, and finally, 5% of them were retired. Regarding their economic status, 60% in subject group had an average economic situation; 35% of them had bad economic situation, and 5% of them, had a decent economic state. The results can be seen in the following tables 2.

Table2: Distribution frequency scores demographic data in subjects group

Variables		Frequency	Percent
Education	Primitive	1	%5
	High school	11	%55
	Diploma	6	%30
	Bachelor	2	%10
Occupation	Housewife	15	%75
	Employer	4	%20
	Retired	1	%5
Economy	Bad	7	%35
	Moderate	12	%60
	Good	1	%5

Table 3: Distribution frequency and compare mean sub-scales of sexual dysfunction and sexual dysfunction before and after CBT in subjects group

Groups	Number	Mean	STD Deviation	T	DF	Sig(2-tailed)
Vaginism-pre	20	8	4.377	8.848	19	.000
Vaginism-post	20	1.60	1.501			
Infrequency-pre	20	7.05	1.432	23.174	19	.000
Infrequency-post	20	.85	.489			
Noncommunication-pre	20	14.45	5.155	14.182	19	.000
Noncommunication-post	20	1.15	1.599			
Nonsensuality-pre	20	15.65	6.915	10.637	19	.000
Nonsensuality-post	20	1.1	1.553			
Anorgasmic-pre	20	11.60	3.085	19.573	19	.000
Anorgasmic-post	20	1.40	1.429			
Dissatisfaction-pre	20	12.90	2.490	30.340	19	.000
Dissatisfaction-post	20	0.95	1.099			
Avoidance-pre	20	9.40	3.560	12.033	19	.000
Avoidance-post	20	.35	.745			
Sexual Dysfunction-pre	20	79.05	19.171	19.438	19	.000
Sexual Dysfunction-post	20	7.35	3.646			

As it can be seen from the table3, the average Pre-test score for vaginism for subjects group was 8, and it was high; however, the average score for the Post-test vaginism was 1.60, which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05) in subjects group.Also, the average Pre-test score for infrequency was 7.05, and it was high; however, the average score for the Post-test infrequency was.85, which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05) in subjects group. Moreover, the mean of Pre-test score for noncommunication was 14.45, and it was high; however, the average score for the Post-test was 1.15, which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05) in subjects group. Also, the average Pre-test score for nonsensuality was 15.65, and it was high; however, the average score for the Post-test Nonsensuality was 1.1, which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05) in subjects group. Moreover, the average Pre-test score for an orgasmic was 11.60 and it was high; however, the average score for the Post-test was 1.40, which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05). Also, the mean of Pre-test score for dissatisfaction was 12.90,but, the average score for the Post-test was.95, which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05) in subjects group. Moreover, the mean of Pre-test score for avoidance was 9.40 and the average score for the Post-test was.35 which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05) in subjects group.

Finally, as it can be seen from the table3, the average Pre-test score for sexual dysfunction was 79.05, and it was high; however, the average score for the Post-test was 7.35, which means there has been a considerable difference between the pre-test and the Post-test (P‹ 0.05) in subjects group.

Discussion

The results of the research concerning the females who referred to TALEGHANI Hospital showed that cognitive-behavioral therapy (CBT) has not only reduced the average sexual disorder in subjects group, but it had similar effect on the relevant sub-scales. Planning the details of the method of intercourse, and also discussion around fears, anxieties and concerns, coming over the sense of guilt, existing misunderstandings, as well as correcting the misconceptions about sexual behavior, and finally the radical alteration of women's view to sex and sexual act are among the many issues that justify the effectiveness of this therapeutic method. The results of the research correspond to Kabakci's research concerning the effectiveness of CBT through relaxation practice, and hypnosis in treatment of sexual disorders.[5]Also, the results of this research is similar to those of McCabe's. In his research, McCabe tried the effectiveness of CBT for the treatment of sexual disorder in 45 females and 54 males. Results showed that upon the completion of treatment, the subject reflected lower levels of sexual malfunction, and adopted a more positive view toward sex, and also enjoyed the intercourse far more than before.[11,12] The results of the present research imply reduction of infrequency following the CBT counseling in subjects group. The results were similar to those of Turkuile et al. and Zolfaghari's. [14,15] It was likewise noticed that CBT reduced the level of non-communication in subjects group. The findings of the research correspond to what Zolfaghari had resulted working on 10 females in Iran who suffered similar problem.[15] Another result of the research was decrease of dissatisfaction among subject group. Libman et al conducted a research on 23 couples, and the results showed confirmed that CBT vividly increases the inner satisfaction of people suffering from secondary orgasm disorder. Their results correspond the results of the present research.[10]

In the present study, it was noticed that CBT reduced the level of nonsensuality in the subjects group. Kaplan, studied the treatment of Masters & Johnson together with cognitive methods, like fantasizing and cognitive reconstruction, on women with sexual stimulation disorder, and managed to considerably increase the level of stimulation. In this regard, the results of his research correspond ours.[7]

Among other results that we derived from the present research, we can mention the effect of CBT on reducing vaginism of the subjects group. The results of our research match with those gained by Seo et al, and Turkuile. [13,14] Moreover, it was noticed that CBT has a significant role in the reduction of orgasmia among the Subjects group. The results of the present research also corresponded to that of Zolfaghari's.[15] It is recommended that longer similar therapeutic methods and more number of sessions be organized and conducted, and in order to monitor the consistency of the treatment effects, follow-up tests be performed at various intervals, following the termination of the therapeutic interference. Since the subject who referred to TALEGHANI Hospital were limited, there any kind of generalization must be cautioned.

Conclusion

As it was mentioned, sexual dysfunction has had high prevalence among women and caused several problems in their personal life including anxiety and depression, as well as in their inter-personal relations, and as it was noticed, individual and group cognitive counseling as a therapeutic method can have a significant role in improvement of women suffering from sexual dysfunction.

Acknowledgments

We thank many physicians in Taleghani hospital, coordinators and project managers in Shahid Beheshti University who assisted in this study.

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4/26/2015