

The influence of cognitive restructuring training on reducing Non organic sexual problems of couples

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Abstract: The aim of research is to determine the effect of cognitive restructuring training on reducing nonorganic sexual problems of couples in Isfahan. And increasing its dimensions (sexual satisfaction, sexual motivation, sexual confidence, sexual pleasure, and sexual health). In this research experimental methods with preparing pretest and posttest with case and control group were used. The samples of this research were 120 couples that were selected randomly from the research community and were classified in two groups of test and control. The research instrument was Hooper sexual problems and Cognitive Restructuring learning. In this study case group was trained for 10 sessions, each session 2 hours, and at the end of this term, again the questionnaire was completed by both groups. And by using analysis of data covariance, were analyzed. Research results showed that educating cognitive restructuring on reducing the total score of couples' sexual problems and all its dimensions. ($P < 05/0$). By reducing sexual problems, marital and sexual satisfaction will be increased and it will have a positive effect on couples' life. Because the cause of many psychological distress and marital conflicts is resulting from lack of sexual satisfaction and years of ignoring the sexual instinct in humans has had irreversible effects on social and marital relationships and has collapsed many families, finding some solutions for resolving sexual problems seems necessary. This study showed that cognitive restructuring can be taught alongside other methods of therapy for marital problems and disputes arising from sexual problems.

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1-Introduction:

Several factors may be involved in the development and emergence of sexual dysfunction. Some people are suffering from organic diseases that affect their sexual activity and satisfaction. Inorganic factors such as barriers to social –religious beliefs, bad sexual experiences and sexual damage can also affect normal sexual function. (Hulbert,1994). The causes of sexual problems 1 - Physical causes 2-psychological causes 3 - Information (knowledge) causes. (eshghi,2007)

Sexual dysfunction created in any way, have many negative consequences. Existing studies show that sexual deficits are closely associated with social problems such as sexual offenses, sexual rape, mental illness and divorce (Hulbert,1994)

Nervousness, abdominal and back pain, inability to concentrate and even inability to perform common tasks are some other consequences of failure to satisfy the sexual instinct, while ideal sexual function for establishing family basis and a basis to obtain an established culture. (Jahanfar & et al ,2006)

Behavioral - Cognitive approach in addition to cognitive factors considers sex, marital relations in general that can be treated with consideration. Not considering interaction aspect, sexual behavior, couple relation and effects of family and cultural –

social environment likely causes not paying attention to some important effective factors in function and because of this they reduce effectiveness of remedy. Cognitive treatment can be defined as interventional methods that their purpose is changing cognitive and obvious behavior that is done by direct concentration on changing cognitive skills, thoughts and attitudes. (Spense, 1991). Many treating approaches in treating psychological problems of people, couples and families correct cognition and thinking by this hypothesis that main reason of creating disorder is irrational thinking. In fact, some individuals and couples trying to have cognitive reconstruction. (Firuzbakht, 2001).

Epstein and Bacum (1990), decide that in individual remedy the patient is a person and in couple therapy patient is a couple because of this cognitive therapists during working with couples consider a collection of individual conflicts and also with common factor that each person disorder effects on his/her partner. Cognitive therapists consider marital conflict as a result of quality of relation. So in evaluating couples problem both cognitions and their effects on behaviors and emotions of each other can be studied.(Besharat,2006).

Cognitive reconstruction is based on the assumption that some emotions are caused by unrealistic expectations. According to Ellis (1997)

research in cognitive reconstruction, people can learn rebuilding their irrational beliefs and learn these lessons well, and so they can remove something that is well-learned but incompatible behavior. Elis has reported some cases that emotional – rational treating has been successful in solving problems like cold natured, sexual dysfunction, marital complaints, and psychosis. (olia, 2007) If the person's mind is occupied with illogical reasoning and incorrect interpretations, s/he will be blind and deaf to reality and will annoy himself and his wife by bad judgment and improper action. (Rafiee Bandari, 2006)

Educating cognitive reconstruction provides learning opportunities for cognitive, sexual problems, and prevents many problems. People for many reasons, including inadequate knowledge of each other, sex and marital life experience several problems. Cognitive reconstruction can help people for getting information, ideas and skills. Also it gives some sexual information and knowledge for a common goal and satisfying the sexual needs and the balance in personal, family and society life. (Bryman et al, 2002). Researchers have found that an irrational belief in marital sex life is a strong predictor for distress of marital life. Therefore they suggest that treatment programs for the ineffectiveness of relation should be based cognitive reconstruction of the spouses. (Eidelson & Epstein, 1982).

Cognitive restructuring and sex education are some methods in treating sex disorders that increase person's knowledge about sexuality, attitudes and cultural values associated with that and also it improves and promotes the effective communication on sexual issues (Tabrizi, 2007). By providing training, advice and information about human sexuality, problems gradually disappeared and ignorance will be replaced with knowledge for couples to know the effective and successful steps in dealing with sexual problems and even marital disputes (Jahanfar & et al, 2006).

Ritz Research (2000) in the context of marital problems showed that sexual problems and dissatisfaction in the first year of life is associated with increased likelihood of divorce in the second year. Studies conducted by Christopher and Esperechr (2000) also indicate that sexual satisfaction is associated with high levels of marital satisfaction. Overall marital happiness is associated with sexual satisfaction. Happy couples are more satisfied with their sexual lives than unhappy couples. (Hunt quoted by Sapington, 2005)

Ogbern and Mayer quoted Olia 2007, concluded that sexual relations are not main reason for separations but 30% of couples' dissatisfaction is because of their sexual problems and if it continues, it

can damage marriage. Since couples' conflicts cause inconsistency and lack of compatibility between them.

Those with marital satisfaction are satisfied in other relations too. Sexual satisfaction is dependent on relational satisfaction and emotional satisfaction in relations. (Christopher & et al 2000)

Shame of talking about sexual affairs, lack of proper understanding of sexual problems and lack of enough information in this field are some of effective reasons in creating sexual problems in primary experiences of marital life. In this regard, the Jahanfar believes that the type of a partner's behavior is an important tool in communicating deep emotional relation with him/her and sexual adequacy is necessity to obtain the full physical experience love. Continuous and regular sexual behavior that occurs in couples helps the couples to be able to establish mutual love. The results Esere, M.O. & Idowu, A.I. (2000) showed that Cognitive Restructuring Training Program was effective in marital conflict resolution. It was also found that the treatment was not affected by gender.

The results Esere, (2010) showed that NEGOST and CORTP were effective in resolving the participants' marital conflicts thereby leading them to optimal marital relationship. CORTP, however, they found to be more effective in resolving marital conflicts.

Bishay (1988) treat women with abnormal sex using cognitive restructuring, and both were treated successfully in two single-case studies.

Whatever an above this article with aim to determine the effect of cognitive reconstruction training on Sexual Problems of couples in Isfahan were done.

2-Methods and Materials

Methods in this study are experimental pretest – post test with control group. The study population consisted of all couples in Isfahan (IRAN) in 2011. The sampling method was a random sampling; number of samples in this study was 120 couples (240 individuals) in Isfahan chosen randomly and were randomly assigned to two groups of 60 couples (120 people) in the case group and 60 couples (120 people) were in the control group.

In the first group (case group) independent variables (cognitive restructuring) were applied and the second group (control group) independent variable was not there.

Research variables consisted of independent variables (cognitive restructuring) and a dependent variable (Sexual Problems), respectively. In Both groups the evaluations were twice, which includes pre-test and post-test respectively and then test group will be trained for 10 sessions in 2 hours.

This study analyzed data from the descriptive statistics such as frequency tables, graphs, calculate averages, standard deviations, and inferential statistical indicators and for hypothesis testing factor analysis of covariance method is used. Tools used: 1 – Sexual Problems Questionnaire 2 - Sexual cognitive restructuring education.

A- Six-fold Hooper questionnaire of sexual problems

This questionnaire was provided by Annie Hooper (1995) in a training multimedia program (the ultimate sex guide) and analyses different aspects of sexual problems. There are 6 scales which provide one sexual profile, although, the questionnaires can be used separately.

There are six questionnaires deal with different aspect of your sexuality each of the following questionnaires is concerned with some aspects of sex. There are a total of 80 questions.

Table 1: Chronbach's alpha of 6-fold sex Hooper questionnaire

Hooper 6 fold sex aspects	Sexual Knowledge	Sexual confidence	Sexual Well-Binge	Sexual motivation	Sensuality	Sexual satisfaction	Total
Chronbach's Alpha	.957	0.915	0.960	0.906	0.745	0.801	.982
of Items	20	15	15	10	10	10	80

This questionnaire has been fully standardized by researcher in Iran, and is used in this study and previously just two scales of it have been used only by Ms. Eshghi in her research. Research of Eshghi (2008) used questionnaire of sexual knowledge and sexual confidence and the given alpha were 0.70 and 0.72 respectively which is 0.95 and 0.91 in this research.

Chronbach's alpha coefficient was used in internal consistency of the entire questionnaire and the coefficient equals to 0.98. The overall credit is acceptable. Content validity of the questionnaire was confirmed by five counseling and psychology professionals.

B - Cognitive Restructuring training

Include: couples' awareness of kinds of illogical and spontaneous thoughts, training of A-B-C principles, and confrontation methods to illogical believes, training discussion method for correcting illogical believes.

Improvement sexual relationship training and Educating cognitive restructuring sexually dysfunctional couples' thoughts, improving sexual though Include: expressing the importance of sexual relationship, expressing the cycle of sexual problems, preventive factors of a correct sexual relationship, determining incorrect sexual myths. preventive factors in correct sexual relation - detecting incorrect sexual myths - to eliminate the negative sexual beliefs and myths - familiarity with the correct attitudes and misconceptions of couples about sex- describing the impact of negative thoughts and attitudes on

establishing sex - Cognitive restructuring of dysfunctional sexual thoughts of couples.

3-Result

The findings suggest that the average age for case group is 38 years and for mean scores for married time 13.81 years for education 10 people below high school - 33 people diploma - 12 people bachelor - 50 people master of science - 15 people had PhD. Degrees and about children number 38 with one child - 62 with two children - 20 with three children. For the average age in control group is 37.43 years and for mean scores for married time 12.58 years for education 10 people below diploma - 26 people high school - 9 people bachelor - 58 people master of science - 14 people had PhD. Degrees and about children number 42 with one child - 66 with two children - 10 people with three children and 2 people with four children. The marriage duration was between 3 to 15 years.

In this research, considering resulted data of both experimental and control groups (each one 60 couples), the mean and standard deviation values of subscales of sexual problems before and after the implementation of cognitive rehabilitation methods are presented in the table below. After verifying the assumptions of covariance analysis, to study the effects of cognitive restructuring on sexual problems after subtracting the pre-test effects of values of the post-tests of variables and obtaining adjusted averages, the obtained values are compared in the research groups in Table 2.

Table 2: the mean and standard deviation of the pre test and post test variables in separate research groups

		variables											
gender	groups	Sex knowledge		Sex Confidence		Sex Motivation		Sex Wellbeing		Sensuality		Sex Satisfaction	
		M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Female	<u>Experiment</u>												
	Pre test	2.62	1.45	14.63	5.14	8.93	4.34	12.03	2.99	15.83	2.45	5.48	1.73
	Post test	5.73	1.19	26.93	4.28	16.45	3.40	25.65	5.42	27.35	2.45	9.07	1.46
	<u>Control</u>												
Male	<u>Experiment</u>												
	Pre test	2.73	1.60	14.02	3.84	8.11	3.07	11.67	3.24	15.22	2.45	5.45	1.45
	Post test	3.05	1.73	15.67	5.41	9.57	4.30	13.00	5.76	15.93	5.00	5.63	1.82
	<u>Control</u>												
Male	<u>Experiment</u>												
	Pre test	3.05	1.67	16.85	5.11	11.43	4.05	11.68	3.37	14.58	2.74	5.35	1.74
	Post test	6.01	1.18	26.17	4.09	15.40	4.61	20.23	6.20	26.63	2.22	8.25	1.99
	<u>Control</u>												
Male	Pre test	2.83	1.42	16.33	5.12	10.93	3.68	10.68	3.64	15.38	2.64	5.63	1.54
	Post test	2.87	1.45	16.60	5.51	11.15	3.78	10.90	4.84	16.85	5.07	5.78	1.75

The following table presents the results of one variable covariance analysis in comparison of adjusted post test mean of sexual problems subscales in two experimental groups, two gender groups and gender and group interaction.

Table3: results of single-variable analysis of variance for sexual problems subscales

		ANCOVA											
Source	Sex knowledge		Sex Confidence		Sex Motivation		Sex Wellbeing		Sensuality		Sex Satisfaction		
	$F_{(1,235)}$	η^2	$F_{(1,235)}$	η^2	$F_{(1,235)}$	η^2	$F_{(1,235)}$	η^2	$F_{(1,235)}$	η^2	$F_{(1,235)}$	η^2	
Sex	0.15	0.00	0.73	0.00	0.16	0.00	5.06*	0.02	3.07	0.01	0.00	0.00	
Groups	320.30**	0.58	285.57**	0.55	110.42**	0.32	318.14**	0.57	231.75**	0.60	444.28**	0.65	
S * G	1.04	0.00	1.90	0.04	6.22*	0.03	0.15	0.00	4.01*	0.01	3.76	0.02	

* $p \leq 0.05$, ** $p \leq 0.01$

Considering results of above table for sexual information variable it is observed that there is no significant difference between men and women in terms of adjusted means of this variable ($F_{(1,235)}=0.15$, $\eta^2=0.00$, $p>0.05$). But there is significant difference between the two groups of cognitive restructuring and control in terms of sexual information that demonstrates the effectiveness of cognitive rehabilitation training in the experimental group and increasing their sexual information ($F_{(1,235)} = 320.30$, $\eta^2 = 0.58$, $p < 0.01$). In contrast effect of gender interaction and experimental groups is not significant ($F_{(1,235)} = 1.04$, $\eta^2 = 0.00$, $p > 0.05$). According to the results listed in Table 2 it can be seen that the average of sexual confidence doesn't differ significantly in the two gender groups ($F_{(1,235)} = 0.73$, $\eta^2 = 0.00$, $p > 0.05$) and there is a significant difference between the two experimental groups in terms of a modified post test of sexual confidence, ($F_{(1,235)} = 285.57$, $\eta^2 = 0.55$, $p < 0.01$). For variable of sexual confidence, gender and groups interaction effect is not significant ($F_{(1,235)} = 1.90$, $\eta^2 = 0.01$, $p > 0.05$). Also the adjusted mean of sexual motivation in both men and women has no significant difference ($F_{(1,235)} = 0.16$, $\eta^2 = 0.00$, $p > 0.05$). There is significant difference between the two experimental groups in terms of average sexual

motivation, ($F_{(1,235)} = 110.42$, $\eta^2 = 0.32$, $p < 0.01$). So according to Table 1, this average is higher in the cognitive restructuring group. Significant difference can be seen in terms of motivation for effects of gender interaction and experimental groups ($F_{(1,235)} = 6.22$, $\eta^2 = 0.03$, $p < 0.05$) but according to Scheffe post hoc test this effect is not significant. It can be seen that there are significant differences for sexual health mean between the two groups of sexual ($F_{(1,235)} = 5.06$, $\eta^2 = 0.02$, $p < 0.05$) and experimental ($F_{(1,235)} = 318.14$, $\eta^2 = 0.57$, $p < 0.01$). But the effect of gender and group interaction is not significant. Also considering results of table 2 it is observed that there is no significant difference between modified mean of sexual pleasure in men and women ($F_{(1,235)}=3.07$, $\eta^2=0.01$, $p>0.05$).

But this mean between the two experimental groups ($F_{(1,235)} = 231.75$, $\eta^2 = 0.50$, $p < 0.01$) and interaction effects of gender and group ($F_{(1,235)} = 4.01$, $\eta^2 = 0.02$, $p < 0.05$) has significant differences but results of Scheffe post hoc test for interaction is not significant. Also it can be seen that there is no significant difference for gender ($F_{(1,235)} = 0.00$, $\eta^2 = 0.00$, $p < 0.05$) and interaction effects of gender and group ($F_{(1,235)} = 3.76$, $\eta^2 = 0.02$, $p < 0.05$) is not significant. But there is significant difference between the two experimental groups in terms of

adjusted mean of sexual satisfaction subscales and cognitive restructuring has affected on improving couples' satisfaction in experimental group comparing to control group ($F(1,235) = 444.28, \eta^2 = 0.65, p < 0.01$).

According to the tables' data we see that educating cognitive restructuring has been effective in reducing sexual problems and it has also affected positively increasing sexual confidence, sexual motivation, sexual health, sexual pleasure, and sexual satisfaction.

In this study, confounding variables including age, sex, education, marriage, children and pre-test were controlled.

The results of this hypothesis are consistent with the following research:

Burleson (1997), Christopher and Spritcher (2000), Cooper, P. J. (2006), Eshghi (2008), Hasanzadeh R, et al (2006), Hartmann et al (2002), Hulbert et al (1993), Jacobson (1979) Khazae ,M& et al (2011) , Masters&Johnson (1979), McCabe (1997) , Nabipour, A. (2006), Pak Gohar & et al (2008), Sasanpour&et al (2012), Sasanpour (2007) Shams Moffarahe & et al. (2003), Rizer (2000).

4- Discussion:

It can be said in conclusion that, in order to reduce sexual problems and increase sexual and marital satisfaction, cognitive restructuring was a successful program. Participation in these groups has had a significant impact on improving the couple's marital life. During the holding period of ten training sessions, even a couple were not deterred from continuing to attend meetings, and group members remained constant until the end of the session, which suggests the usefulness and attractiveness of education for couples. Changes in sexual and marital satisfaction scores of subjects in this study, like other similar studies, is noteworthy. Relying on and citing the findings of previous studies, the hypothesis can be sure of the usefulness of cognitive restructuring in reducing sexual problems and improving sexual satisfaction of couples.

The results also showed that sexual cognitive restructuring training increase sexual knowledge, sexual satisfaction, sexual confidence, sexual desire, sexual pleasure, sexual health, marital satisfaction and general health. Sexual partners can discuss positive and negative feelings with each other through the process of communication by sexual cognitive restructuring training.

The effect of sex education is not different in male and female students. Result of this hypothesis is consistent with the results of some studies, but is not consistent with some findings. However, reports indicate that because sex education is necessary and essential for all people, male or female, therefore, a

sex education program should be a comprehensive model. Such trainings should be tailored to gender, age, level of cognition, social – cultural context, and should be provided at the right time. Sexual activity and gender is an important part of life. Perhaps in the past, such behavior occurred by trial and error, and not based on correct information and knowledge. But today sex education is an important determinant for a successful marriage. With the spread of sexual diseases, increasing sexual disorders, increased rates of diseases transmitted through sexual activity, AIDS, etc, the emphasis on sex education is a necessity.

5- Conclusion

Cognitive restructuring training of sex partners helps to become familiar with a cuddling and learn a variety of cognitive restructuring techniques and the two enjoy a sexual behavior. Learning their attitudes and misconceptions about sexual issues that prevent couples from the getting closer to each other will help. It provides a healthy and safe environment to express sexual intimacy. There are some trainings and exercises to increase caring behaviors and reduce the mental, emotional and sexual distance of the partners. These skills lead to improved marital life.

This method let the person to speak and express his/her emotions freely that this freely and comfortable communication reduces anxiety moods and facilitates each person's feelings in relation. Removing unconscious feelings of guilt or fear of prosperity and enjoyment of replacing right cognitions instead of preventive and wrong cognitions can justify the effect of therapeutic intervention. This education is in such a way that the patient obtains necessary motivation and ability to accept and express sexual interests in attractive and pleasing conditions without former sexual tension.

Educating couples to proper understand each others' character and tendencies, correction of beliefs and attitudes, teaching appropriate and reasonable methods to fulfilling physical and emotional needs; can be one of the main paths of consultancy sessions before marriage. In fact, detection and elimination of sexual disorders, identifying concerns and help couples to improve the quality of marital relationships, has a significant effect on increasing sexual satisfaction and it plays a significant role in preventing family disputes and their resulted consequences.

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