

## The Effect Of Cognitive-Behavioral Counseling On The Level Of Anxiety In Woman With Sexual Dysfunction

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**Abstract:** Anxiety is a psychological and physiological state characterized by somatic, emotional, cognitive, and behavioral components. It is the displeasing feeling of fear and concern. The root meaning of the word anxiety is 'to vex or trouble'; in either presence or absence of psychological stress, anxiety can create feelings of fear, worry, uneasiness, and dread. The prevalence of female sexual dysfunction is high and it may significantly affect self-esteem and quality of life. Even sexual dysfunction of short duration can create frustration and anguish. When chronic, it may lead to anxiety and depression, harm relationships, and cause problems in other aspects of life. The goal of the present research is to study the effect of cognitive-behavioral counseling on the level of anxiety in women with sexual dysfunction. Method and materials for this research study are Cognitive behavior therapy (CBT) that focused on cognitive restructuring, modification of cognitive distortions and training of behavioral techniques. Data analysis showed that the cognitive behavior therapy has significantly effect on reduction of anxiety. Cognitive counseling as a therapeutic method can have a significant role in improvement of women suffering from anxiety which is resulted from sexual dysfunction.

[Peymaneh Nemati, Karapetyan V., Seyedreza Haghi. **The Effect Of Cognitive-Behavioral Counseling On The Level Of Anxiety In Woman With Sexual Dysfunction.** Life Sci J 2012;9(2):574-577]. (ISSN:1097-8135).

<http://www.lifesciencesite.com>. 88

**Keywords:** Sexual Dysfunction, Anxiety, Cognitive Behavior Counseling, Women

### 1. Introduction

Anxiety is a generalized mood condition that can occur without an identifiable triggering stimulus. As such, it is distinguished from fear, which is an appropriate cognitive and emotional response to a perceived threat. Additionally, fear is related to the specific behaviors of escape and avoidance, whereas anxiety is related to situations perceived as uncontrollable or unavoidable. (Ohman2000) Another view defines anxiety as "a future-oriented mood state in which one is ready or prepared to attempt to cope with upcoming negative events" (Barlow, 2002), suggesting that it is a distinction between future and present dangers which divides anxiety and fear. In a 2011 review of the literature, (Sylvers, 20011) fear and anxiety were said to be differentiated in four domains: (1) duration of emotional experience, (2) temporal focus, (3) specificity of the threat, and (4) motivated direction. Fear was defined as short lived, present focused, geared towards a specific threat, and facilitating escape from threat; while anxiety was defined as long acting, future focused, broadly focused towards a diffuse threat, and promoting caution while approaching a potential threat.

The **physical effects** of anxiety may include heart palpitations, tachycardia, muscle weakness and tension, fatigue, nausea, chest pain, shortness of

breath, stomach aches, or headaches. As the body prepares to deal with a threat, blood pressure, heart rate, perspiration, blood flow to the major muscle groups are increased, while immune and digestive functions are inhibited (the *fight or flight* response). External signs of anxiety may include pallor, sweating, trembling, and papillary dilation. Someone who has anxiety might also experience it subjectively as a sense of dread or panic. Although panic attacks are not experienced by every person who has anxiety, they are a common symptom. Panic attacks usually come without warning and although the fear is generally irrational, the subjective perception of danger is very real. A person experiencing a panic attack will often feel as if he or she is about to die or lose consciousness.

The **emotional effects** of anxiety may include "feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching (and waiting) for signs (and occurrences) of danger, and, feeling like your mind's gone blank" as well as "nightmares/bad dreams, obsessions about sensations, deja vu, a trapped in your mind feeling, and feeling like everything is scary." (Smith, 2008)

The behavioral effects of anxiety may include withdrawal from situations which have provoked anxiety in the past. Anxiety can also be experienced

in ways which include changes in sleeping patterns, nervous habits, and increased motor tension like foot tapping. (Barker, 2007)

Female sexual dysfunction (FSD) is defined as persistent or recurring decrease in sexual desire, persistent or recurring decrease in sexual arousal, dyspareunia and a difficulty in or inability to achieve an orgasm (Basson et al, 2000). The prevalence of female sexual dysfunction is high, ranging from 43% to 88% (Dennerstein, 2002). It may significantly affect self-esteem and quality of life. Even sexual dysfunction of short duration can create frustration and anguish. When chronic, it may lead to anxiety and depression, harm relationships, and cause problems in other aspects of life. (Dennerstein, 2005)

Several factors, including interpersonal, psychological, physiological, medical, social and cultural variables, have been shown to correlate with sexual dysfunctions (Basson, 2005). Anxiety disorders can preclude women's ability to attend to sexual stimuli and to be lost in the moment (Meston, 2004). The anxiety resulting from sexual functioning put people in trouble psychologically. Instead of focusing on sexual arousal stimuli, one involves in a sense of anxiety concerning sexual functioning (Adams, 1985). 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 (Kabakci, 2003). Cognitive behavior therapy focuses on decreasing anxiety and promoting changes in attitudes and sexual thoughts, which increase the ability to achieve orgasm and to gain satisfaction from orgasm (Soykan, 2005). The goal of the present research is to study the effect of cognitive-behavioral counseling on the level of anxiety in women with sexual dysfunction. The assumption was based on the fact that the method can alleviate the anxiety which is one of the co-morbidities of sexual dysfunction.

## 2. Material and Methods

The subjects included 20 women aged 25-45 years old with sexual dysfunction who had referred to TALEGHANI Hospital in Tehran-the capital of IRAN. First the demographic questionnaire, together with Spilburger's Anxiety questionnaire, were filled by the subjects in order to measure their level of anxiety. This questionnaire was presented by Spilburger et al. in 1970, and was renewed in 1983.

The questionnaire measures the anxiety in two scales of situation and trait. The Chronbach's alpha coefficient in the scale of situation was reported 0.92%, and the corresponding coefficient for trait was 0.90%. The questionnaire includes 40 questions, and questions 1-20 assess the anxiety of situation. Each question is followed by four options- *never, sometimes, often, very often*. Questions 21-40 deal with anxiety of trait consisting of four options: *almost never, sometimes, most often, and almost always*. The scores of 20-30 signify low level of anxiety, and scores 31-45 denote medium level of anxiety, and eventually the scores above 46 indicate high level of anxiety.

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.

**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.

### 3. Results

Considering the results gained from demographic questionnaire, the average age for the subjects was determined 32years. 60% of the subjects group, had middle school education; 25% of them had high school diploma, and 10% of them had bachelor degree. 5% in subjects group had primary level of education. Also, 60% of subjects group were housewives, while 35% 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; 30% of them had bad economic situation, and 10% of them, had a decent economic state. The results can be seen in the following tables 1 and 2.

**Table1:** Distribution frequency scores demographic data in subjects group

	Variables	Frequency	Percent
Education	Primitive	1	%5
	High school	12	%60
	Diploma	5	%25
	Bachelor	2	%10
Occupation	Housewife	12	%60
	Employee	7	%35
	Retired	1	%5
Economy	Bad	6	%30
	Moderate	12	%60
	Good	2	%10

**Table2:** distribution frequency and compare mean scores situational anxiety and trait anxiety before and after CBT in subjects group

Groups	No	Mean	STD	T	DF	Sig
Situational -pre	20	62.9	7.226	0.09	38	0.93
Situational -post	20	35.11	6.189	13.12	38	0.000
Trait-pre	20	62.60	7.598	0.243	38	0.81
Trait-post	20	35	8.349	11.07	37	0.000

As it can be seen from the table2, the average Pre-test score for situation anxiety for subjects group was 62.9, and it was high; however, the average score for the Post-test concerning the situation anxiety was 35.11, which means there has been a considerable

difference between the pre-test and the Post-test ( $P < 0.05$ ) in subjects group. The difference in figures, in fact, denotes a decrease in anxiety in subjects group and effectiveness of the interference. Also, it was concluded that the average Pre-test score for Trait Anxiety was 62.60 and they had a high level of Trait anxiety. In contrast, the average Post-test scores for Trait Anxiety were quite different: 35 in subjects group. This implies a significant difference between the pre-test and the Post-test ( $P < 0.05$ ) and a reduction of anxiety as well as effectiveness of interference.

### 4. Discussions

Results of the research concerning the women who referred to Taleghani Hospital in Tehran showed in subject groups, the level of anxiety was high and acute; also the group and individual counseling sessions offered to them had significant effect on reduction of anxiety for both Situation and Trait. 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 findings of the present research corresponds with the results of another study implying that those who enjoyed this type of counseling experienced a significant drop in their level of anxiety.(Kaiser, 2008) It also corresponded with the results of another research concluding the effectiveness of cognitive-behavioral treatment for sexual disorders in Vaginistic women and specific phobia of female diseases, and anxiety(Crespo, 2004). In another research, cognitive-behavioral counseling was conducted to promote the sexual intercourse, and reduce the anxiety and fear of sex act, the results of which corresponds with the present study. (Turkuile, 2007)

In the studies conducted by Mehrabi, Jaberi and Mehryar on assessing the level of effectiveness of cognitive-behavioral treatments concerning the women inflicted with the sex-phobia disorder, as well as studying the sex intercourse that was conducted, the results showed that as a result of cognitive-behavioral treatment, the level of anxiety in the subjects reduced considerably, and their efforts to have more intercourse was successful. The results of the research also corresponded with the present study.(Mehrabi, 2002) Therefore, 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.

As it was mentioned, sexual disorder 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 cognitive counseling as a therapeutic method can have a significant role in improvement of people suffering from anxiety which is resulted from sexual dysfunction.

#### Acknowledgements:

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

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