The Effect of Cognitive Reconstruction Training on Sexual Problems of couples

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Abstract: Incorrect beliefs and inaccurate actions as stressor factor can affectation entire marital relationship. Insufficient or incorrect information, adverse thoughts and beliefs about sexual matters and anxiety are some of popular sexual problem. Remedy of these problems can help couples to reach ideal intercourse. The aim of research is to determine the effect of cognitive – behavioral training on sexual problems of couples in Isfahan (IRAN). In this research experimental methods with preparing pretest and posttest with control group were used. The samples of this research were 40 couples (80 men and women) that were selected randomly from the research community and were classified in two groups of test and control. Evaluation tool of Questionnaire was sexual problems and Cognitive Reconstruction training. Before starting training both groups answered the questionnaire of sexual problems and then experimental 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 T-test and analysis of data variance, were analyzed. Data showed that Cognitive Reconstruction trainings can reduce sexual problems of couples. And doing these trainings has helped raising quality of marital life of experimental group. Concerning the improvement of behavior and correct attitude to sexual affairs, there is necessity of public training in this respect. Having correct information and necessary trainings help continuance and satisfaction of marital life.


Key words: Sexual problems – Sexual Satisfaction- Cognitive Reconstruction – couples

1- Introduction:

Sexual relationship is more than a simple physical demand, because it strengthens the relation between people and is a good index indicates that in spite of oldness and disability, everything is progressing well. (Adamz. 2000). Often, couples don’t have enough awareness about decisions that fulfill their partners’ desire. Because of this when problems appear and conflicts increase, the couple will forget positive aspect of each other and gradually the principle of marriage is questioned and the main problem starts (Beck.1975). A healthy sexual relation causes enjoying both mentally and physically, and assures generation and security feeling in relations. Sexual disinterest in marriage is an indicator of dissolved problems in marital life. Lack of sexual desires is a sign of a serious danger and it shouldn’t be regarded unimportant. (Besharat.1999).

Methods of changing behavior and cognition can make relation to be positive, cognition therapy view is a kind of systematic and short time psychotherapy for removing signs of disorders by identifying or changing thought patterns that generate conflicts. Therapy process has been designed in such a way that has studied determined automatic and negative thoughts or cognitions, links among identified cognition, emotion and behavior and some evidences opposite perverted automatic thoughts to replace realistic change to perverted cognitions and can be successful in accomplishing sustainability (Brenz. 1999).

Reasons of marital problems from a logical, emotional, behavioral view are related to illogical believes of a person. When one or both of couples have illogical believes about their relational events, they show negative and sickly reaction. In fact, marital conflict in Ellice point of view is resulted from illogical believes about events and behaviors between man and woman. For treating marital problems the best way is changing their illogical believes. In fact, Ellice wants to solve marital problem and improve the relations through changing believes and thoughts. (Ellice. et. Al 1996). Formal beginning of this therapy was at the beginning of 1960s. That is the time that Aaron beck and Albert Ellis provided their cognitive theories. (Shfieabadi. et. Al, 2007).

Behavioral approach to couples’ problems is also an experienced and reliable. (German.1973, Jacobson et.al 1979, quoted by Besharat,2006 ).This approach emphasizes on practical aspects of relationship like association and division of rights and tasks, ability of bilateral discussion, generating transparent relation and adequacy and ability of progressing and guidance of relationship. (Crowe & Ridley. 1990). Also adjustment of observed behavior of couples through
approaches like teaching relation and bilateral discussion are some of basic techniques of this approach. (Masters & Johnson, 1970)

Researchers have found that the level of illogical beliefs in marital relationship anticipates a power for disturbance of marital life. So they suggest that treatment plans for inadequacy of relation should be based on cognitive reconstruction of partners (Eidelson & Epstein, 1982).

Bradbury and Fincham (1991) showed that disturbed couples assume that negative events of marital life are stable and collective and know them mainly toward their partners and in addition they suppose that their partner’s negative behavior is aforesight, spontaneous and blameful. Some of researchers like Stiven and Daniel (1992), Kasler (1982) have emphasized marital consistency from sexual relationship point of view.

Spenes (1991) reminds that the cognitive behavioral approach in sexual disorders is an approach that pays attention to change of person’s inconsistently cognition meanwhile focuses on behavioral methods.

Jacobson et.al (1979) showed that marital satisfaction level increases when we teach skills of solving problems, communication, and behavioral interaction.

This research tries to provide an approach to help reducing marital sexual problems.

- Research hypothesis
  - Training recognition reinforcement influences reducing couples’ sexual problems.
  - Training recognition reinforcement influences reducing men and women sexual problems differently.

2- Method and material:

Research sample includes 40 couples that are selected random and will be divided to two groups of control and test. Before starting training both groups answer the sexual problems’ questionnaires and then test group will be trained for 10 sessions in 2 hours. At the end of this course again the sexual problems’ questionnaires will be completed by both groups.

To analyze data description statistics methods like mean, standard deviation and also in consequential statistics, T test and bilateral variance analysis are used.

Characteristics of Research Material

- Sexual position questionnaire of GOLOMBOK – RUST (1986)

The questionnaire of sexual position has been prepared for measuring the quality of couples’ relationship, and it calculates a general score from quality of reaction in men and women separately. This questionnaire is a 28 questioned test. Questions measure in LIKER’S five graded scale, kind and strength of sexual problems in seven fields and two separate forms for men and women from zero to four score. The lowest score in this scale is zero and the highest score is 112. Subscales of questionnaire of women include (Infrequency, Non-Communication, Dissatisfaction, avoidance, non-sexuality, Vaginismus and anorgasmia). And in men they include (Impotence, Premature ejaculation, non-eroticism, avoidance, ungratification, lack of plenty and lack of relation). In addition of balanced scores under scales, total balanced score of each test shows strength and weakness of sexual problems of that person in a 9 degree continuation from score 1 the least sexual problems, to score 9 the most sexual problems.

Besharat & et all (1999), applied Persian form of this questionnaire for a sample of 45 women and a sample of 58 men who approach for therapy of sexual disorders, that Coronomchi alpha index of total score of scale 0.84 for women and 0.79 for men was obtained. Correlation indices of retest were obtained for women 0.91 with a week distance. In another study on 45 infertile couples Coronomchi alpha index of questions of each one of scales for women was obtained 0.84, 0.87, 0.94, 0.89, 0.91, 0.93, 0.89 and for men 0.93, 0.89, 0.87, 0.92, 0.94, 0.87, 0.90 (quoted by Besharat, 2006).

In this study Correlation coefficients between the scores of subjects, two time with an interval of two weeks for women 0.87 and for men 0.91 respectively.

- Cognitive behavioral training include:
  - A) Precognitive framing training

That include awareness of couples about kinds of illogical and spontaneous thoughts, training A-B-C principles, confrontation methods with illogical believes, teaching discussion method for altering illogical believes.

The main goal of teaching reasonable renewal is that a person learns to understand environmental signs more precisely, to determine clearly the difference of really dangerous situation from situations that their danger source is completely unreal. It seems that reasonable renewal is used in many forms of disharmonious sensations. ELICE (1996) have reported some cases in which reasonable.

Denomination of recognition is based on this hypothesis that some of disharmonious behaviors and sensations results from unrealistic expectations. With regard to ELICE’S research in cognitive renewal, people can learn reasonable renewal of their unrealistic believes and in this way they can remove
what we call a collection of well-learned but disharmonious behaviors.

By using these steps we can be aware that our justifications in relation to our partner and marital life are correct or incorrect.

2. To relate spontaneous thoughts with emotional reactions.
3. Investigate spontaneous thoughts.
4. Use logical reactions.
A (event) B: reasonable belief suitable emotion
Suitable behavior
A(event) B: unreasonable belief unsuitable emotion Unsuitable behavior

Suitable emotion helps us to remove life problems and unsuitable emotions interfere with things we wish to obtain them in life.

To change our unreasonable believes (each kind of thought that causes negative sensation or self destructive behavior and its important results are disruption in pleasure, happiness and health of a person. Some believes those are inflexible, is opposed to reality and are illogical, they are disruptive for psychic health and prevent the person from reach his/her aims), first we should know them. (Ahadi & Jomehi, 2001)

Kinds of illogical thoughts and sexual incompatible cognition
- Extravagant generalization
- ‘None or all’ thought
- Overstatement in negative issues and understatement of positive affairs
- Personalization
- Negative monolog about the relation
- Negative monolog about the partner
- Negative monolog about him/her self
- Must, obligations and necessities that are clear in monologs
- Selected abstraction

B) Improvement sexual relationship training
Include: expressing importance of sexual relationship, expressing sexual problems cycle, preventive factors of a correct sexual relation, determining incorrect sexual myths.

* Expressing importance of sexual relationship:
Without having sexual relationship, marital relation would be cold, and one or both of them may sense that is ignored. Sexual relation is more than a simple need and it affects quality of marriage. Generally, it seems that in many of marriages, sexual relation is very important for enduring satisfaction of life. Because it strengthens the relations between couples.

* Expressing sexual problems cycle: (Desire, arousal, orgasm, extinction)
* Sexual awareness: (Each one of couple should know sensitive points of his/her body). Correct awareness not only increases possibility of improvement of practical skills but also reduces serious fidelity to many of myths in society about sexual function. Some important areas that must be considered in sexual awareness include: sexual anatomy, status of sexual reaction in human and relative methods to self arousal and partner arousal.

* Preventive factors of a correct sexual relation
Sexual function disorder is a situation in which sexual behavior or lack of sexual behavior, results in anxiety, anger and frustration that finally can create non satisfaction and stress in couple’s relations.

Kinds of sexual function disorders in men include:
1- Erection function disorder or sexual disability
2- Early or rapid ejaculation
3- Slow ejaculation
4- Failure in ejaculation
5- Painful intercourse

In women include:
1- Vaginismus
2- Non orgasmia
3- Early orgasm
4- Sexual arousal disorder
5- Painful intercourse

Factors creating sexual function disorder include:
A) Physical factors: diabetes, pelvic disorder, cystic problems and….
B) Psychological factors: infidelity, pessimism, negative attitude of family toward sexual relation, harmful experiences of childhood or adolescence period and the conflict that person has about his/her sexual identity.
C) Cultural and social factors

In the end Identifying incorrect sexual myths (Olia 2006)

3- Result:
Research Findings we have used descriptive statistics including mean, standard deviation, and ... and also in inferential statistics we have used T-test and, two-way analysis of variance to analyze data. Mean and standard deviation of test scores of both groups have been given in pre-test of sex questionnaire in table 1.

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Table 1: Mean and standard deviation in pre-test of sex questionnaire.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Case Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>N</td>
<td>X</td>
</tr>
<tr>
<td>Women</td>
<td>20</td>
<td>101.80</td>
</tr>
<tr>
<td>Men</td>
<td>20</td>
<td>104.76</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>103.28</td>
</tr>
</tbody>
</table>

To observe the lack of differences between groups comparison was done using t test between two groups that its results have been presented in Table 2.

Table 2: Comparison of mean in test and control groups in pretest

<table>
<thead>
<tr>
<th>Groups</th>
<th>Case</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>X</td>
<td>T</td>
</tr>
<tr>
<td>Case</td>
<td>40</td>
<td>103.28</td>
</tr>
<tr>
<td>Control</td>
<td>40</td>
<td>104.02</td>
</tr>
</tbody>
</table>

Results of table 2 show that the calculated T, (0/102) with significance level of 0/724 is less than 0/05, so zero hypotheses won't be rejected and it can be said that there is no statistically significant difference in sexual problem questionnaire. This means that there is no difference between two groups in sexual problems in pretest. After performing cognitive restructuring, sexual problem test was given again. The results can be seen in Table 3.

Table 3: Mean and Standard deviation of test scores of both groups in post-test

<table>
<thead>
<tr>
<th>Groups</th>
<th>Case Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>N</td>
<td>X</td>
</tr>
<tr>
<td>Women</td>
<td>20</td>
<td>89.640</td>
</tr>
<tr>
<td>Men</td>
<td>20</td>
<td>92.560</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>91.05</td>
</tr>
</tbody>
</table>

Considering results of table 3 it is obvious that there is obvious increasing in scores of sexual satisfaction questionnaire after using independent variable. That is statistically significant.

Table 4: Man and standard deviation of scores difference of test and control groups in pre-test and post-test of sexual satisfaction questionnaire.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>N</td>
<td>X</td>
</tr>
<tr>
<td>Women</td>
<td>20</td>
<td>11.36</td>
</tr>
<tr>
<td>Men</td>
<td>20</td>
<td>11.44</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>11.95</td>
</tr>
</tbody>
</table>

For the first hypothesis testing, we compared the difference between mean scores in two groups at pretest and posttest.

Table 5: T test on Groups in pre-test and post – test

<table>
<thead>
<tr>
<th>Index</th>
<th>No</th>
<th>main</th>
<th>SD</th>
<th>df</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>40</td>
<td>11.95</td>
<td>11.720</td>
<td>98</td>
<td>21.33</td>
</tr>
<tr>
<td>C</td>
<td>40</td>
<td>-0.76</td>
<td>3.391</td>
<td></td>
<td>a =0.0000</td>
</tr>
</tbody>
</table>

Results of table 5 show that because the calculated t (21/33) significantly (0/000) is larger than 0/01, it is possible to conclude that there is statistically meaningful difference between scores of pre-test and post-test and so our hypothesis is confirmed. In other words we can say that cognitive restructuring training causes reducing sexual problems.

Table 6: Two-way variance analysis of difference in test and control groups in pre-test and post-test of sexual satisfaction questionnaires

<table>
<thead>
<tr>
<th>Index</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (Groups)</td>
<td>2678.51</td>
<td>1</td>
<td>2678.51</td>
<td>23.19</td>
<td>0.001</td>
</tr>
<tr>
<td>B (Sex)</td>
<td>246.59</td>
<td>1</td>
<td>246.59</td>
<td>0.508</td>
<td>0.345</td>
</tr>
<tr>
<td>AB</td>
<td>423.130</td>
<td>1</td>
<td>423.130</td>
<td>1.132</td>
<td>0.168</td>
</tr>
<tr>
<td>Total</td>
<td>6695</td>
<td>39</td>
<td>675.47</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Results of table 6 shows that the test and control groups differ in terms of sexual satisfaction and reduction of sexual problems in test group is higher than control group, and sexual problems in men and women is almost equal.

4- Discussions

Statistical data illustrate that training cognitive restructuring has reduced sexual problems. Couples training in increasing sex knowledge and modifying beliefs and attitudes, results in changing cognition of these tests, reducing sexual problems and significant increase in adaptive cognitions compared to the pre-test. The hypothesis is consistent with research of Spence (1991), Steven &Danie (1992), Kasle (1982) and Jacobsen (1979), research of Sasanpour (2008) about "The relationship between marital patterns associated with sexual problems, research of Bahrami & et al (2010) about the relation between infertility and sexual satisfaction on fertile and infertile couples. Research of Lotfi Kashani, F. & et al,(2011) showed that sexual skill training has significant effect on positive feelings toward spouse, marital relationship, conflict resolution style, sexual relationship and total marital satisfaction. These research results are coordinated with Ellis hypothesis principle that claims that reducing irrational beliefs using the techniques of cognitive, behavioral, emotional skills will reduce marital conflicts. (Elice -A et. al,1996).

Cognitive reinsertion training in reducing sexual problems in women and men is not so much different and of course training effectiveness in both men and women has been high. One of the strengths and unique features of this study was involving both spouses in training procedure. Perhaps in other researches women were used more because of inconvenient access to the men and of course it seems to me that women are more enthusiastic in these things trainings and dedicate more time to these trainings, but this research showed that if there is a chance for men they are also seeking such relations trainings and try more to improve their relations and maintaining their married life.

It is suggested to hold some training classes to provide correct information to fiancés, married couples and families and also there is some needs to train physicians and other therapists who can have effective role in curing people with sexual problems.

Conclusion:

Concerning the improvement of behavior and correct attitude to sexual affairs, there is necessity of public training in this respect. Having correct information and necessary trainings help continuance and satisfaction of marital life.

Aknowlemt:
I am grateful to all participants in this article.

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