

Studying the Effectiveness of Cognitive-Behavioral Therapy in Developing Sexual Self-Concept

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ABSTRACT

The present study aimed at studying the effectiveness of cognitive-behavioral therapy in developing self-concept in married women. The statistical society consisted of 225 women of 21-40 years of age who had used three medical facilities in Babol, Iran, within years 2007 and 2008. 100 of them were randomly selected and homogenized. 30 people were put into two groups of Test and Control by draw. Jensi Williams and Snell's multi-dimension questionnaire (1998) was used to evaluate the subjects' self-concept in two pre and post-stages of cognitive-behavioral therapy sessions. The t-test was used to analyze the data. The findings of the study showed that the intervention proved to boost sexual self-concept, sexual satisfaction, sexual self-confidence, and reduce sexual depression, so much so that the %5 difference between two groups of test and control was significant, and the theories of the study were accepted by %95 assurance. Only, there was no significant difference in libido scale after intervention between the two groups. According to the findings, the cognitive-behavioral therapy in boosting the self-concept of the studied group was proved to be effective. These results were consistent with the ones of previous studies and indicated the importance of cognitive-behavioral therapy in solving women's sexual problems in the country.

KEY WORDS: Sexual Self-Concept, Cognitive-Behavioral Therapy, Women.

INTRODUCTION

Marriage is considered a social unit which lays the foundation for human relationships; it is where a man and a woman are attracted to one another by a mystic power of instincts, customs, practices, and love, and are completely committed to each other, forming a dynamic unit called the family (Landice 1975).

Family is the only universally accepted social unit, and is the place of peace and tranquility according to Quran. Where a man and a woman feel happy and satisfied for the most part of the time, marital adjustment exists, and the feeling is created by mutual love, caretaking, acceptance, understanding, and satisfying the needs (Ahmadi, 2004).

Those couples that have proper communication skills enjoy their relationships more, and benefit from a higher marital satisfaction in addition to facing fewer marital conflicts; therefore, do not reflect their conflicts upon their children. According to the viewpoint of Lasswell and Lasswell (1982), Comingo et al (1997), and Combs White (1991), sexual satisfaction is one of the most prominent factors in marital happiness; couples will be mentally and spiritually imbalanced unless they are fully satisfied with their sexual life. What matters is that the factors of sexual interaction disorders or dissatisfaction must be identified and removed (Tayroudi and Alizade, 2006).

Sexual inefficiency is a multi-factorial and complex phenomenon where physiological, psychiatric, and cultural factors play a crucial role, and studying each of these aspects can be considered valuable (Wieggl, Winze, and Barlow, 2002; Quoted by Andooz and Hamidpour, 2006).

Nowadays, caring about a desirable sexual life for couples is one of the ways to gain individual, mental peace and security, which leads people to a positive sense in life. In fact, development of sexual self-concept in people can certainly affect their self-esteem in pursuing and reaching their shared or personal goals. That is due to the fact that a proper relationship is one kind of emotional and mental language for talking about a shared feeling in spite of individual differences, which is true peacefulness. Thus, the present study was done to study the role of cognitive-behavioral therapy in the improvement of sexual self-concept (including sexual satisfaction, sexual self-confidence, sexual depression, and libido).

METHOD

The statistical society of the present study consists of all the married women using three obstetrics and gynecology facilities in Babol, Iran, within years 2006 and 2007.

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The sample group was selected using random sampling. 225 of the visitors were homogenous in terms of education and marital status among all the statistical society, 100 of whom were randomly chosen. Then 30 of them were selected again using a draw as the therapy sample in two groups of test and control. It is worth noticing that all 30 people had been under control and treated if diagnosed with any gynecologic diseases.

The measuring tool in the study was a multidimensional sexual self-concept questionnaire (MSSCQ). This questionnaire that contained 100 questions and was presented by Snell in 1995 is used for measuring in 20 fields of psychiatry for human's libido. The scores in the questionnaire are the criteria for individual differences in sexual fields assembled into 20 small-scales. The small-scales of this questionnaire included: 1) sexual tension, 2) effects on the person, 3) sexual curiosity, 4) motivation for avoiding risky sexual behavior, 5)sexual control based on luck, 6) sexual preoccupation, 7) positive response to sexual matters, 8) sexual optimism, 9)blaming oneself for sexual problems, 10) sexual review, 11) libido, 12) sexual problem management, 13) sexual self-confidence, 14) sexual satisfaction, 15) being sexually controlled by a stronger sexual presence, 16) sexual schema, 17) fear of sexual intercourse, 18) prevention of sexual problems, 19) sexual depression, 20) internal sexual control.

The stability level of small-scales in Snell's study was calculated %72 (for motivation for avoiding risky sexual behavior) to %94 (for sexual preoccupation) using Cronbach alpha. To evaluate the validity of Fischer and Snell's questionnaire (1995) score solidarity of MSSCQ and frequency of reliable pregnancy prevention was used. The findings indicated that men showed a higher frequency in items 5, 6, 9, 11 than women respectively, while women were reported higher than men in items 4 and 17 .The t-test was used to compare the means of both groups, and the data was analyzed by SPSS statistical package.

RESULTS

Presenting the findings of the study in relationship with theories

Studying the main theory of the research:

Cognitive-behavioral therapy is effective in boosting sexual self-concept.

Table 1: Independent t-test (distribution of the mean difference for pre and post-test scores of sexual self-concept in two groups of test and control)

Groups	Mean differences	Calculated value of t	Df	The considered possibility level	The obtained possibility level	Value of critical t
Test	18.93	3.05	28	P=0.05	P=0.005	2.04
Control	5.66					

The results of table 1 indicate that the value of t that was obtained from the mean difference of scores in two groups of test and control on a level of %95 is significance. That is, the zero theory is rejected and the research theory is accepted, which means medical intervention has significantly improved the sexual self-concept of the subjects.

Studying the subsidiary theories of the research:

1. Studying the theory: the cognitive-behavioral therapy is effective in increasing the sexual satisfaction level of married women.

Table 2: Independent t-test (distribution of the mean difference for pre and post-test scores of sexual satisfaction in two groups of test and control)

Groups	Mean differences	Calculated value of t	Df	The considered possibility level	The obtained possibility level	Value of critical t
Test	5.13	2.95	28	P=0.05	P=0.041	2.04
Control	1.40					

The results of table 2 indicate that the value of t that was obtained from the mean difference in two groups of test and control on a level of %5 is significant, and it can be said with a %95 assurance that the medical intervention has increased the sexual satisfaction in test group.

2. Studying the theory: the cognitive-behavioral therapy is effective in boosting married women's sexual self-confidence.

Table 3: Independent t-test (distribution of the mean difference for pre and post-test scores of sexual self-confidence in two groups of test and control)

Groups	Mean differences	Calculated value of t	Df	The considered possibility level	The obtained possibility level	Value of critical t
Test	3.80	2.12	28	P=0.05	P=0.043	2.04
Control	0.73					

The results of table 3 indicate that the value of t that was obtained from the mean difference in two groups of test and control on a level of %5 is significant, and it can be concluded with a %95 assurance that the medical intervention has improved the sexual self-confidence in test group.

3. Studying the theory: the cognitive-behavioral therapy is effective in decreasing sexual depression among married women.

Table 4: Independent t-test (distribution of the mean difference for pre and post-test scores of sexual depression in two groups of test and control)

Groups	Mean differences	Calculated value of t	Df	The considered possibility level	The obtained possibility level	Value of critical t
Test	-4.66	2.52	28	P=0.05	P=0.018	2.04
Control	0.46					

The results of table 4 indicate that the value of t that was obtained from the mean difference in two groups of test and control on a level of %5 is significant, and it can be said with a %95 assurance that the medical intervention has decreased sexual depression in test group.

Analyzing the theory: the cognitive-behavioral therapy is effective in increasing married women’s libido.

Table 5: Independent t-test (distribution of the mean difference for pre and post-test scores of libido in two groups of test and control)

Groups	Mean differences	Calculated value of t	Df	The considered possibility level	The obtained possibility level	Value of critical t
Test	2.80	1.56	28	P=0.05	P=0.128	2.04
Control	0.93					

The results of table 4 indicate that the value of t that was obtained from the mean difference in two groups of test and control on a level of %5 is not significant, and the medical intervention has not significantly affected the subjects in either group.

DISCUSSION

The findings of the present study showed that the cognitive-behavioral therapy is definitely effective in improving women’s sexual self-concept. This finding is consistent with the ones of previous studies. On the same subject in their research, Suzanne, Johnson, and kay (2005) studied the sexual self-concept of 262 women. Three factors of behavior, recognition, and female emotions were analyzed on three small-scales. The existing difference between women’s sexual self-concept was connected with the way their previous sexual relationships had been, and the present conflicts they were dealing with. The test group scored lower in the three factors since they had used fewer conservative sexual methods. They enjoyed a more positive insight of themselves, and used a more active sexual scale. The women in control group scored higher in using a conservative method in their sexual relationship, negative view of themselves, and inactive sexual scale.

The results of other studies (Anderson and Spendil, 1987; Carver and Scheier, 1981; Markus and Wurf, 1980; Anderson and Kyranowski, 1955; quoted by Khamsa et al, 2006) showed that people’s sexual self-concept is influenced by their previous patterns and experiences, social-mental processes, and mental schema about different matters. They believe the sexual self-concept is different in men and women due to the fact that the details each have in mind is different from the other; accordingly, their sexual self-concept respond differently to various effective factors.

Those who were subject to cognitive-behavioral therapy benefited from a better sexual self-concept than those in control group, and that goes to show the very crucial role of education, information, changing attitudes, expectations, and beliefs of people.

Regarding the effectiveness of cognitive-behavioral therapy in sexual satisfaction, the sample group showed that the intervention had succeeded in creating a significant difference in the score of sexual satisfaction in women compared to that of control group. This finding is consistent with the results of researches by Low, Chang, and Yang (2005); Teleporos and McCabe (2002); Grief (2001); Hussaini et al (2004), Tayroudi and Alizada (2006); Aghamohammadian et al (2006). Lack of sufficient education on sexual activities in our country, wrong sexual beliefs, and anxiety are among the most prevalent cognitive factors of sexual intercourse problems, leading to a sexual dissatisfaction. The studies show that married people are much more satisfied with their marriage when they are educated on ways to make constructive relationships.

In the present study the mean of small-scale scores of self-confidence in women subject to cognitive-behavioral therapy was higher than that of those who were not. The cognitive-behavioral therapy showed a significant difference in the score of sexual self-confidence in test and control groups. In their study on people’s mental health, Teleporos and McCabe (2002) realized that sexual self-confidence and satisfaction are important factors of self-respect. Having a high sexual self-confidence is related to physical ability, and those who have better physical abilities enjoy a higher self-confidence. By sexual self-confidence we mean a comprehensive willingness to positively evaluate personal capacity

when participating in healthy sexual activities and pleasant experiences. Isanc (1972) states that women have more encouragement in their sexual relationships than men do. With correct information and education, sexual self-confidence that in a way equates having a positive view and positively evaluating one in sexual relationships, can lead to less anxiety and more encouragement in women, and higher self-confidence.

Regarding sexual depression, those women who were subject to cognitive-behavioral therapy were reported to score lower than those who were not. In her study on women who experienced pain during sexual intercourse, Mallady Josine (2007) showed that most women had in fact experienced such pain, which influenced their entire life. The more their anxiety and mental stress increases, the more their compatibility drops. In addition, the sexual depression of women causes their partner's sexual satisfaction to decrease.

Also, the mean scores of small-scales of libido in married women who were subject to cognitive-behavioral therapy were higher, but insignificant, than those who were not. The studies by Holt (1989), Anderson and Kranowich (1995) showed that motivation and willingness of participating in a sexual relationship depends slightly on hormonal activities, and mostly on emotional information on one's sexual partner. People's sexual plans and patterns are results of their previous experiences that reflect in their present relationships. These researchers also found that mental images, imaginations, and sexual text that are acquired socially by interactions with environment increase libido in individuals.

In this study, a 2.8 and 0.98 score increase was seen in test and control groups respectively, but the difference was insignificant. Therefore, it can be said that there are more effective factors of libido outside the focus of this study, although the cognitive-behavioral therapy can increase libido and sexual willingness to a certain extent.

Limitations and suggestions

Given that the present study is an experiential one, and it is not possible for all the variables to intervene, it is likely that the subjects might be influenced by conditions outside of researcher's control. It was very difficult to convince women to participate, since the focus of the study was a social taboo, and crossing these redlines in our culture might have caused these women anxiety and tension. The participants were of 21 to 40 years of age who had at least a high school diploma; thus, generalizing the results to a larger society is not feasible.

Sexual issues are among the most important problems of the society, and the obligation to keep them hidden and vague has worsened the condition. Thus, using a medical group along with a consultant can be very resolving, because the sexual matters are not possible to discuss in groups, but using both individual and group methods can be effective. The cognitive change techniques along with behavioral therapy and doing homework can be used regarding sexual self-confidence, sexual problem management, and women's sexual satisfaction, causing the visitors to be hopeful for a new

It is recommended that information and education packages be prepared for each age group instead of internet and cable.

Encouraging the open-minded people in religious fields, and educating experts on sexual matters to solve people's issues are also crucial.

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