

The Effect of Cognitive-Behavioral Teaching on Improvement of Women's Sexual Function with Hypoactive Sexual Desire Disorder

Najme-Sadat Hajivosough,¹ Jahanshir Tavakolizadeh,^{*2} Alireza Rajayi,³ Alireza Atarodi⁴

1. Department of Psychology, Gonabad University of Medical Sciences, Gonabad, Iran
2. Department of psychology, Faculty of Basic Sciences, Gonabad University of Medical Sciences, Gonabad, Iran
3. Department of Psychiatry, Azad University of Torbat-e-Jam, Torbat-e-Jam, Iran
4. Department of Medical Information Sciences, Faculty of Paramedical Sciences, Gonabad University of Medical Sciences, Gonabad, Iran

Article information

Article history:
Received: 12 July 2011
Accepted: 4 Aug 2011
Available online: 24 Oct 2012
ZJRMS 2012; 14(10): 100-102

Keywords:
Cognitive-behavior therapy
Hypoactive sexual desire disorder
Women

*Corresponding author at:
Department of psychology,
Basic Sciences, Gonabad
University of Medical
Sciences, Gonabad, Iran
E-mail:
drtavakolizadehj@yahoo.com

Abstract

Background: Hypoactive sexual desire disorder as the most prevalent sexual dysfunction has a major role in marital relationships. The purpose of this study was to determine the effect of cognitive-behavioral teaching on improvement of women sexual function.

Materials and Methods: In this semi experimental study, the sample size were 30 women that 15 were randomly selected for each experimental and control group of women with hypoactive sexual desire. At first the pretest was carried out in both groups and then the experimental group was thought for 10 sessions. At the end the posttest was carried out in the groups. The data were analyzed by SPSS-15 software and differential independent *t* test.

Results: There was a significant difference between mean of differential scores of both groups sexual function that suggests a significant impact of the educational program on improvement of sexual function in women with hypoactive sexual desire ($p=0.01$).

Conclusion: It is recommended to use these teachings by specialist into therapeutic program of women with hypoactive sexual desire disorder.

Copyright © 2012 Zahedan University of Medical Sciences. All rights reserved.

Introduction

By definition, sexual health is the harmony between mind, emotion and body that leads up social and intellectual aspects of human in the path of personality improvement and finally leads to communication and love [1]. Then any disorder that can lead to inconsistency and lack of sexual satisfaction is defined as sexual disorder [2]. Hypoactive sexual desire disorder is a common and disabling sexual dysfunction that its related scientific studies are still in the early stages and there are many questions about its causes and treatment [3]. Masters et al. has reported hypoactive sexual desire of women as one of the most common complaints of married men. According to Masters and others, sexual healthy functioning has a positive relationship with marital satisfaction [4-7].

Today, the exact diagnosis of this disorder is linked with knowledge of its potential factors and familiarity with therapeutic strategies, including counseling and psychotherapy with medication [8]. According to some studies no certain and comprehensive controlled study has been conducted on the effect of a cognitive-behavioral therapy of this disorder [9]. Trudel et al. in a research as the first controlled study in this field showed that cognitive-behavioral therapy reduces these disorder symptoms and enhance the overall cognitive, behavioral and marital performance associated with this disorder [9]. Mc Cabe in a non-controlled study with a therapeutic

program showed that, of 44 treated women with hypoactive sexual desire disorder, 33 cases reported treatment useful [10]. The present study was performed to determine the effect of cognitive-behavioral teaching on improvement of sexual function in women with hypoactive sexual desire disorder.

Materials and Methods

This is a quasi-experimental with pretest-posttest and a control group. The statistical populations were married women in the study who had referred to the counseling center because of sexual problems and were diagnosed for hypoactive sexual desire disorder by specialist based on DSM-IV-TR diagnostic criteria. 30 women from them were selected based on inclusion criteria (being women and age range of 25-40 years) and exclusion criteria (mental and physical illness history such as spinal cord injury, depression, mania and use or abuse of drugs), explaining the aims of the study and written consent from them to carry out the research. They were randomly divided into two experimental and control groups of 15 women. Sample size selection criteria in the groups have been selected based on the idea that the most of therapists believed that 8 to 15 women were considered suitable for a treatment group [11]. At first, all the subjects were assessed with sexual function questionnaire. Then only

the experimental group was educated by clinical psychologist ten 90-minute sessions for three months in counseling center, but the control group was not educated any way. The group educations were based on sexual-skill training, gradual exposure to different sexual situations, sexual relationship skills training, the ways of increasing marital relationships, cognitive restructuring of maladaptive beliefs and thoughts, behavioral interventions and practices in marital relationships, mental imagery and sexual fantasy, increasing of sexual knowledge and written and semi-structured behavioral practices.

At the end of education, both groups completed the questionnaire again. Women sexual function questionnaire has been planned based on American Psychological Association (APA) classification from sexual dysfunction. This questionnaire has 23 questions on Likert 4-grade scale that evaluates all types of sexual problems in both men and women separated form. The women form includes 5 subscales that each scale measures one kind of sexual dysfunction, including sexual desire, orgasm, sexual arousal, vaginismus and sexual phobia disorders in women [12]. In this study, the content validity of the questionnaire was approved by two psychology professors and the reliability coefficient of the questionnaire was determined 82% by alpha Chronbach method on the samples. The data were analyzed by SPSS-15 software and the differential independent *t*-test for independent groups. The significant level of the data was considered $p \leq 0.05$.

Results

The results show that women mean scores in the experimental group was 45.40 and in the posttest had a significant decrease rather than pretest mean scores with 56.66 (Table 1).

Based on the results of absolute value of calculated *t* ($t=2.71$) in freedom degree of 28 is larger than table *t* value ($t=1.69$), so the null hypothesis is rejected with 95% of confidence and then we conclude that cognitive-behavioral education has a significant effect on improvement of sexual function of women with hypoactive sexual desire disorder ($p=0.01$).

Table 1. The mean and standard deviation of sexual function questionnaire scores of women in the two groups

Group	Pretest (Mean±SD)	Posttest (Mean±SD)
Experimental	56.66±8.85	45.40±7.48
Control	55.20±6.25	53.40±6.55

Discussion

Comparing the mean of scores of experimental and control groups in sexual questionnaires at pretest and posttest it was detected that pretest and posttest scores related to sexual dysfunction has decreased significantly in the experimental group rather than control group which suggests that cognitive-behavioral education programs has been effective on improvement of sexual function of women with hypoactive sexual desire disorder. The findings of this study coordinate with Mc Cabe et al. and

Trudel et al. studies on the effect of cognitive-behavioral therapy on women's hypoactive sexual desire [9, 10] and show that cognitive-behavioral training could be effective on women sexual function improvement.

The results show that despite the complexity of etiology of hypoactive sexual desire disorder of women [8], psychological factors have an important role that could have been affected and improve sexual function even with cognitive-behavioral education and not therapy. This study is also coordinated with Bitzer et al. that surveyed psychotherapy interventions on women with impaired sexual dysfunction. It was determined in this study that women could be helped simply to give them the opportunity to discuss only on their concerns in a safe and friendly atmosphere. In this study it was also shown that for some women may biological- medical treatment such as hormone therapy be useful and for women who need a more comprehensive psychotherapy, can be combined and used the range of different approaches into a therapeutic program [13]. However, women hypoactive sexual desire can also be affected by the quality of the marital relationship of the partner and shows that these educations possibly positively has affected partner and especially successful in marital relationship. In this case, especially in our culture with little sexual education and even that speaking on it is a taboo is important and conclude that influencing factors on hypoactive sexual desire are controllable despite of its expansion on this study samples and showed a positive response to cognitive-behavioral educations. However, cultural factors should not be ignored in these contexts. Mazur in a study showed that sexual satisfaction in the U.S. partners has been depended on sexual relationship, however, such association was not found in German couples [14].

It seems that in spite of cognitive-behavioral educations, behavioral interventions could have a positive effect on hypoactive sexual desire disorder through increasing of positive and pleasant behavior, improving communication, problem solving skills and solving sexual problems of couples and seeking for a way to prevent the escalation of conflict sabotage and attempts to change more extensive behavioral patterns that leads to marital discord. The above results conclude that cognitive-behavioral education by professionals can reduce women's hypoactive sexual desire disorder.

This study was faced with some restrictions such as limitation of survey samples only to the women referring to Gonabad city counseling center, limitation of information resources to self- report tools and lack of psychiatric assessment and particularly assessment of hypoactive sexual desire condition after education by experts. To pay attention to these issues in the future, research and searching for solving ways and methods will provide necessary context for more accurate judgments on the subject.

Acknowledgements

Since this article is emerged from MSc thesis with credibility number, M-1-9-11-89 in Islamic Azad

University of Torbat Jaam and I got some help from persons, I should thank and appreciate counseling center staffs in Gonabad city or Tarrannom-e- zendegi (sign of life center), which cooperated and help me by heart and also Zohreh Khodadadi who did her best in typing and editing the thesis text.

Authors' Contributions

All authors had equal role in design, work, statistical analysis and manuscript writing.

Conflict of Interest

The authors declare no conflict of interest.

Funding/Support

Gonabad University of Medical Sciences .

References

- Rosen RC, Leiblu MSR. Case studies in sex therapy. New York: Guilford Press; 1995.
- Halford K. Brief therapy for couples. United States: Guilford Publications; 2003.
- Ullery EK, Millner VS, Willingham HA. The emergent care and treatment of women with hypoactive sexual desire disorder. *Fam J* 2004; 10(3): 78-81
- Masters W, Johnson V. Human sexual response. Boston: Little, Brown Company; 1966.
- Young M, Denny G, Young T and Luquis R. Sexual satisfaction among married women age 50 and older. *Psychol Rep* 2000; 86(3 Pt 2): 1107-22.
- Brezsnyak M, Whisman MA. Sexual desire and relationship functioning: The effects of marital satisfaction and power. *J Sex Marital Ther* 2004; 30(3): 199-217.
- Amirriazade M. The relationship between divorce and sexual problems. Proceeding of the 3th congress on family and sexual health. Tehran; 2007.
- Nappi R, Martini E, Terreno E, et al. Management of hypoactive sexual desire disorder in women: Current and emerging therapies. *Int J Women Health* 2010; 2: 167-175.
- Trudel G, Marchand A, Ravart M, et al. The effect of a cognitive-behavioral group treatment program on hypoactive sexual desire in women. *Sex Relation Ther* 2001; 16(2): 145-164.
- Leiblum SR. Cognitive-behavioral and mindfulness therapy for low sexual desire. New York: Guilford Press; 2010: 149-165
- Kaplan B, Sadock V. Hand book of clinical psychiatry. 5th ed. USA: Lippincott Williams & Wilkins; 2010.
- Khodabakhshi K. A study of relationship between incest in childhood and sexual arousal disorder in victimized women. Proceeding of the 3th congress on family and sexual health. Tehran; 2007.
- Bitzer J, Brandenburg U. Psychotherapeutic interventions for female sexual dysfunction. *Maturitas* 2009; 63(2):160-163.
- Mazur A, Mueller U, Krause W and Booth A. Causes of sexual decline in aging married men: Germany and America. *Int J Impot Res* 2005; 14(2): 101-106.

Please cite this article as: Hajivosough NS, Tavakolizadeh J, Rajayi A, Atarodi A. The effect of cognitive-behavioral teaching on improvement of women's sexual function with hypoactive sexual desire disorder . *Zahedan J Res Med Sci (ZJRMS)* 2012; 14(10): 100-102.