



**INVESTIGATION OF EFFECTIVENESS OF SOLUTION-ORIENTED AND
COGNITIVE-BEHAVIORAL MODELS ON MALES' AND FEMALES' SEXUAL
MALFUNCTIONING**

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ABSTRACT

Present research is a semi-pilot research and aims to comparatively investigate the effectiveness of 2 solution-oriented and cognitive-behavioral models on males' and females' sexual malfunctioning. To do so, 60 individuals were selected from patients in a consultation clinic in Tehran who had sexual malfunctioning randomly from which 30 were male and 30 were females. In order to collect information the erection performance international index questionnaire and sexual performance index questionnaire for female were used as pretest and posttest in both groups who were divided into 4 groups of 15 individuals. 2 first groups received cognitive-behavioral consultation approach in 6 sessions and 2 last groups received group consultation based on solution-oriented model in 5 sessions. The covariance results showed that the effectiveness of cognitive-behavioral approach was more than solution-oriented approach with reliability of 99 per cent.

Keywords: Solution-oriented approach, cognitive-behavioral approach, sexual malfunctioning

INTRODUCTION

Sexual behavior points to the behaviors and methods based on which human expresses or experiences his/her sexual tendencies. Individuals show different sexual behaviors in different situations (different from

behavioral form not identity viewpoint). The natural sexual activities are stimulated due to sexual stimulation and physiologic changes in individual. The goal of sexual activity is to achieve the orgasm and

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satisfying the needs. These activities include the path and activities during which the other individual's (sex partner) sexual tendencies would be stimulated; i.e. the sex partner attracting strategies of sexual behavior include biological, emotional and physical dimensions. Each of these dimensions is involved to some extent in sexual behavior and participates in it. Moreover, the sexual response cycle in male and female includes 4 stages: tendency, stimulation, and orgasm, subsidence; disorders in each of which establishes deprivation and failure feeling in individuals and can be the origin of mental and physical problems. Sexual problems can lead to the fact that couples don't enjoy their sexual relations sufficiently and this issue can show itself as a marriage problem. On one hand, world health organization (WHO) claimed that sexual relation is an essential part of every human's life and this isn't a differentiable part of life which can play a significant role in individual's health. Moreover, there is much evidence that indicated individuals who are more participated in sexual relations and enjoy it, live more than the individuals without sexual relations whereas there are many people suffering from sexual malfunctioning and their mental health and welfare would be jeopardized. [1] The question addressed

here is that what are the factors cause sexual malfunctioning? In response, there are many studies conducted in different fields such as medical science, psychology, law and sociology; worldwide and each of them achieved different investigable documents, different results and sometimes different or similar results all of which play an important role in explaining the issue of malfunctioning. Clinicians point to some major differences to detect sexual malfunctioning such as whether sexual malfunctioning is due to mental issues such as depression or relational problem, or it is due to combination of mental and physical factors such as illness or drug abuse? [2] Sexual malfunctions are a common disorder in most of communities and its prevalence depends on the fact that how people defined these issues and reported them. In a survey by questionnaire (VAN) conducted, about 4000 individuals were selected randomly and were investigated. The results indicated that about 44 per cent of males and 36 per cent of females suffer from at least one to four types of sexual disorders. This research demonstrated that sexual problems in more in males with physical and in female with social and psychological problems. Present research investigates the effectiveness of behavioral and cognitive and solution-oriented

therapeutic approaches on males' and females' sexual malfunctioning.

BACKGROUND

Ahadi et al. [3] investigated the Anima and Animus in males' erection primary disorders and veganism disorder in females. The results obtained indicated that if the level of anima and animus in males reversed, i.e. anima's level become higher than animus; level, males tend to have feminist behaviors and activities in all life dimensions particularly sexual activities and because they consider themselves female unconsciously and mentally, would have erection from the first sexual relation in their life and if the level of anima and animus is reversed in females, they would feel masculinity and would have veganism disorders in sexual relations with males.

Nazari & Anavabi Nejad [4] quoted by Sasani Nejad investigated the solution-oriented model of consultation and marriage satisfaction in employing couples and concluded that this type of consultation affected the improvement of marriage satisfaction and its dimensions significantly and positively.

Dibaeyan [5] conducted a research on effectiveness of solution-oriented model on enhancement of couples' marriage satisfaction. The hypotheses are about marriage satisfaction, relationship, conflict

resolution, and sexual relation and were confirmed with reliability of 99 per cent.

Nazari [6] in a research investigated the marriage satisfaction enhancement of employing couples comparing the effectiveness of solution-oriented and enrichment model. The results showed that solution-oriented model is more effective than the other one.

Zimmerman & Jacobson & Watson [7] compared groups of fathers and mothers who were undergone solution-oriented model therapy with control group and obtained significant differences between these 2 groups.

Dunn & Schewebel investigated the efficiency of solution-oriented model and concluded that couples were undergone cognitive therapy model recovered more than uncured couples.

3. METHODOLOGY

Present research is a pre-and posttest semi-pilot research from methodological viewpoint. In his article, first participant are selected based on erection performance international index questionnaire and sexual performance index questionnaire for female who gained scored under 30. In this research we investigated the erection in males and sexual reluctance in females. In present research the sample includes 60 individuals (30 males and 30 females) investigated. Sample's sexual

malfunctioning was diagnosed by clinic psychologists and physicians and then the posttest training program conducted. In this research sample includes married patients in some specialized consultation clinics in Tehran in different zones. The average score of was 30. The main criteria to participate in study were being married and sexual malfunctioning diagnosed by psychologists and consultants. Sampling was done randomly (from males and females) from patients of clinics with sexual malfunctioning disorder who were diagnosed by erection performance international index questionnaire and female sexual performance index questionnaire.

4. HYPOTHESES

H1. There is difference between effectiveness of solution-oriented and

cognitive-behavioral models on females' sexual malfunctioning (sexual reluctance).

H2. There is difference between effectiveness of solution-oriented and cognitive-behavioral models on males' sexual malfunctioning (lack of erection).

5. ANALYSIS METHOD

In order to analyze data in descriptive statistical level the statistical indexes such as mean, SD and in descriptive level the analysis of covariance were used. Data analysis in this research the software SPSS was applied.

5.1. Hypotheses test

H1. There is difference between effectiveness of solution-oriented and cognitive-behavioral models on females' sexual malfunctioning (sexual reluctance).

Evaluation of analysis of covariance presuppositions

Table 1: Data distribution normality evaluation

Shapiro-Willkie			Kolmogorov-Smirnov			Distribution normality
Significance	Freedom degree	Statistic	Significance	Freedom degree	Statistic	
0.06	15	0.86	0.09	15	0.20	Females' sexual malfunctioning Solution-oriented model
0.11	15	0.90	0.20	15	0.14	
0.09	15	0.90	0.20	15	0.17	Females' sexual malfunctioning Cognitive-behavioral model
0.06	15	0.86	0.05	15	0.21	

Score distributions are normal in both females' sexual malfunctioning pre- and posttest in both cognitive-behavioral and solution-oriented models.

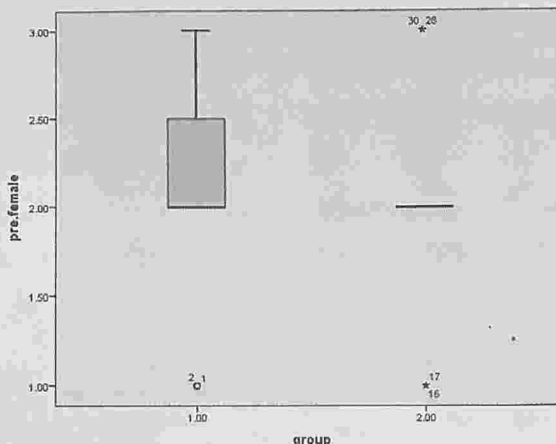


Figure 1: Box diagram of pretest scores of females' sexual malfunctioning
 Group 1 was consulted using solution-oriented model and group 2 was consulted using cognitive-behavioral model.

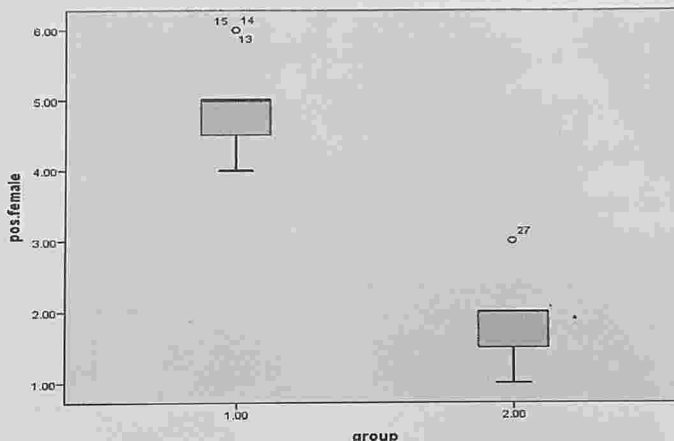


Figure2. Box diagram of posttest scores of females' sexual malfunctioning

Table 2: Evaluation of variance homogeneity

Significance	Freedom degree	Freedom degree1	Levin Statistic	Variances homogeneity	
0.64	28	1	0.22	Pretest	Females' sexual malfunctioning
0.85	28	1	0.03	Posttest	

The assumption of variances homogeneity is confirmed for females' sexual malfunctioning

Table 3: Evaluation of regression slope homogeneity

Significance	F	Squares mean	Freedom degree	Squares sum	regression slope homogeneity	
0.24	126.91	38.39	2	76.79	Females' sexual malfunctioning	Pretest Experimental condition

Data show that the regression slope homogeneity in females' sexual malfunctioning is true

Table 4: Covariance analysis of females' sexual malfunctioning

ETA coefficient	Significance	F	Squares mean	Freedom degree	Squares sum	Covariance analysis	
0.92	0.000	344.32	61.63	1	61.63	Experimental condition	Females' sexual malfunctioning
			0.71	27	4.83	Error	

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The effectiveness of both cognitive-behavioral and solution-oriented models on females' sexual malfunctioning is different with reliability of 99.99 per cent and the model used predicts 92 per cent of variations of variance in posttest scores. Therefore, it can be concluded that

effectiveness of cognitive-behavioral model is more than solution-oriented model with reliability of 99.99 per cent.

H2. There is difference between effectiveness of solution-oriented and cognitive-behavioral models on males' sexual malfunctioning (erection).

Table 5: Data distribution normality

Shapiro-Willkie			Kolmogorov-Smirnov			Distribution normality
Significance	Freedom degree	Statistic	Significance	Freedom degree	Statistic	
0.08	15	0.87	0.11	15	0.19	males' sexual malfunctioning Solution-oriented model
0.04	15	0.87	0.01	15	0.24	
0.07	15	0.83	0.06	15	0.21	males' sexual malfunctioning Cognitive-behavioral model
0.10	15	0.77	0.14	15	0.27	

Score distributions are normal in both males' sexual malfunctioning pre- and posttest in both cognitive-behavioral and solution-oriented models. But scores distribution in posttest is normal only in

solution-oriented model group and in group with cognitive-behavioral model it is not normal. If the significance is in critical level, concluding must be done, cautiously.

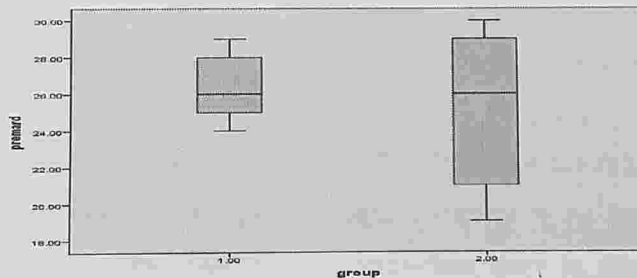


Figure3. Box diagram of pretest scores of males' sexual malfunctioning

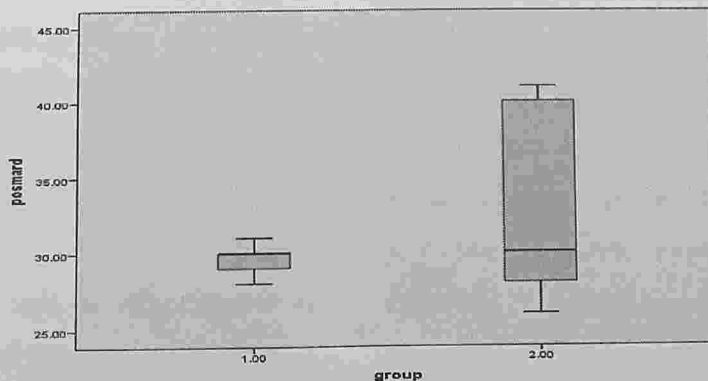


Figure4. Box diagram of posttest scores of males' sexual malfunctioning

Table6. Evaluation of variances homogeneity

Significance	Freedom degree 2	Freedom degree1	Levin Statistic	Variances homogeneity	
				Pretest	males' sexual malfunctioning
0.12	28	1	0.04		
0.08	28	1	0.89	Posttest	

The assumption of variances homogeneity is confirmed for males' sexual malfunctioning.

Table7. Evaluation of regression slope homogeneity

Significance	F	Squares mean	Freedom degree	Squares sum	regression slope homogeneity	
					males' sexual malfunctioning	Pretest Experimental condition
0.06	68.77	288.51	2	577.03		

Data show that the regression slope homogeneity in males' sexual malfunctioning is true.

Table8. Covariance analysis of females' sexual malfunctioning

ETA coefficient	Significance	F	Squares mean	Freedom degree	Squares sum	Covariance analysis	
						Experimental condition	males' sexual malfunctioning
0.59	0.001	39.03	184.79	1	184.79		
			4.73	27	127.81	Error	

The effectiveness of both cognitive-behavioral and solution-oriented models on males' sexual malfunctioning is different with reliability of 99.99 per cent and the model used predicts 59 per cent of variations of variance in posttest scores. Therefore, it can be concluded that effectiveness of cognitive-behavioral model is more than solution-oriented model with reliability of 99.99 per cent.

DISCUSSION AND CONCLUSION

H1. There is difference between effectiveness of solution-oriented and cognitive-behavioral models on females' sexual malfunctioning (sexual reluctance). One of the hypotheses of this research compares the effectiveness of solution-oriented and cognitive-behavioral models on females' sexual malfunctioning. Among females' sexual malfunctioning the only variable considered is sexual reluctance. The results show that the effectiveness of the both mentioned models on reduction of females' sexual reluctance is different and

cognitive-behavioral model is more effective. Females' sexual reluctance is the most prevalent sexual malfunctioning among females. This disorder is describes as scarcity or lack of sexual imagination and tendency to participate in sexual activities. In cognitive-behavioral model, patient's negative thoughts and feelings are evaluated and in solution-oriented model patient is considered as an individual with a problem to resolve which individual must plan the programs. To explain higher effectiveness of cognitive-behavioral model one can point to the fact that in this model individual learn to observe their thoughts and when the source anxiety is detected, it can better be controlled and participant learn there is relationship between thoughts and feelings and physical stimulation in sexual activities and negative thoughts can stimulate negative emotions. Then in cognition therapy session individual investigates negative thoughts, correctly. Many of individual's negative imaginations

and/or their sexual power are cognitive falsifications. When the individual is informed of these falsifications he/she can manage them. Many of sexual malfunctioning in females has a falsified imagination of their body and/or their sexual attraction against their sex partner due to this fact. To reform these negative ideas can reduce the individual's anxiety while having sexual relationship and then eliminate many of sexual malfunctioning such as sexual reluctance. One of the sexual signs during sexual activities is turbulence which reduces males' and females' physical and mental stimulation. Malfunctioning individuals in sex concentrate on negative thoughts and concentrate less on sensual thoughts and imaginations. These thoughts in females include: concerning with their physical form, concerning with their sexual performance and thoughts about failure. In cognitive-behavioral model the emphasis is put on reduction of anxiety through which individual can reduce his/her turbulence.

H2. There is difference between effectiveness of solution-oriented and cognitive-behavioral models on males' sexual malfunctioning (erection).

One of the hypotheses of this research compares the effectiveness of solution-oriented and cognitive-behavioral models on males' sexual malfunctioning. Among males' sexual malfunctioning the only

variable considered is erection. The results show that the effectiveness of the both mentioned models on reduction of males' erection disorder is different and cognitive-behavioral model is more effective. The erection disorder happens in stimulation level and includes having problem with gaining and maintaining the erection condition. The main feature of this disorder in males is constant disability or recurrence of the problem to gain or maintain the erection condition sufficiently until the sexual activity is terminated. Solution-oriented model takes into account the sexual malfunctioning as a problem and attempts to investigate it directly and recover it while cognitive-behavioral one takes into account the sexual malfunctioning as false and illogical ideas and cognitive falsification and concentrates on these dimensions more in therapeutic procedures. Considering the fact that this research emphasized on effect of negative ideas, self-negative image, concerning with inability while having sexual relation and cognitive falsifications in sexual malfunctioning, cognitive-behavioral model leads to reduction of these sexual malfunctioning by focusing on these negative thoughts. The results obtained from this research show that cognitive-behavioral model is more effective on reduction of erection disorder in males.

This model considers the erection disorder due to false ideas and believe related to sex issues. Effectiveness of cognitive-behavioral model confirms the relationship between negative ideas and erection disorder as a presumption of this model. Physiologic performance in a sexual relation is in positive and closed relation with sexual thoughts and positive feelings and these factors' interaction together play an important role in having an optimal sexual performance. It can be concluded that all cognitive, emotional and physiologic factors are effective on sexual behavior. Automatically negative thought are in relation with negative emotions and weakened sexual responses. These 3 elements support each other when being used together and lead to sexual malfunctioning cycle continuation. In cognitive-behavioral model there is concentrated on training the sexual skills. In education there is sexual information concerning with evaluation of physiology-anatomy and different sexual intercours situations. To have more information and skills leads to promotion of individual's self-confidence and enhances better sexual responses and positive emotions. Rosen's studies demonstrated that males with erection issues often have cognitive falsifications about identity of sexual activities, sexual ability and their wife's

feelings about their problems. Individual's sexual schemes are directly effective on his sexual functioning. These schemes are cognitive expansions on individual sexual behavior which is originated from past sexual experiences and manifests itself in present sexual experiences and redirect individual's future sexual behaviors. These schemes may play significant role in sexual malfunctioning. Thoughts which may make males turbulent during sex include: concerning with erection and failure prediction. In cognitive-behavioral model the emphasis is put on comfort and anxiety control. To make calmness in this model there are rational and mental approaches used. This model brings extended cognitive consequences and outcomes. Calmness and comfort lead to having positive information in memory and enhance it. They indicated that the effectiveness of cognitive-behavioral model on reduction of sexual malfunctioning is more than other models and approaches. They explained that sexual ideas provide the situation in which cognitive schemes about sexual unsuccessful experiences are activated. When these cognitive schemes are applied there would be a regular construct provided which is consisted of thoughts, emotions and sexual responses. The results are not in agreement with Nazari [4]. Using 2 groups, Nazari compared the effectiveness of both

enrichment and solution-oriented models on increase of employing couples' marriage satisfaction. The results obtained indicated that solution-oriented model is more effective.

SUGGESTIONS

- Applying samples which better define the society and making use of randomized sampling
- Comparison of effectiveness of both solution-oriented and cognitive-behavioral models on different types of males' and females' sexual malfunctioning
- Comparison of effectiveness of enrichment, solution-oriented and cognitive-behavioral models on reduction of males' and females' sexual malfunctioning
- Investigation of other variables of sexual malfunctioning in future studies

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