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Sexual Cognitive Behavioral Therapy's Effectiveness on Sexual Awareness and Psychological Functioning in Married Women

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A B S T R A C T

Objective: The purpose of this study was to determine the impact of sexual cognitive behavioral therapy on sexual awareness, psychological functioning, and self-control in married women.

Methods: The research method was a quasi-experimental pre-test and post-test design with a control group. The study population included all married female students at the Islamic Azad University, Garmsar Branch, in 2023. Based on the population, 30 participants (15 in the experimental group and 15 in the control group) were purposively selected and randomly assigned. Data were collected using the Depression Anxiety Stress Scales (DASS) and the Sexual Awareness Questionnaire by Snell and colleagues (1991), along with Dr. Mehrnaz Aliakbari's sexual cognitive behavioral therapy protocol.

Findings: The results indicated that sexual cognitive behavioral therapy significantly and positively affected sexual awareness, psychological functioning, and self-control in married women.

Conclusions: Therefore, sexual cognitive behavioral therapy can be used to improve psychological functioning and self-control in women.

Keywords: *Sexual cognitive behavioral therapy, sexual awareness, psychological functioning, married women.*

1. Introduction

One of the issues currently discussed in the field of psychology and social harm is sexual functioning. Sexual functioning is a part of life and human behavior (Sadock et al., 2007) that is significant for quality of life and is considered healthy when it involves an absence of pain and discomfort during sexual activity, no physiological problems, a healthy sexual response cycle in four stages—sexual desire, arousal, orgasm, and resolution—a mental sense of satisfaction with performance, sexual behavior, and sexual awareness (Lin et al., 2020). Sexual awareness may be influenced by stress, emotional disorders, and ignorance of the physiological functioning of sexual behavior. Disturbance in sexual awareness can exist throughout a lifetime or appear after a period of normal functioning. This disorder can be pervasive, situational, total, or partial (Monga et al., 2004). Sexual awareness in Iranian women,

due to specific social and cultural restrictions, is an area that has been less addressed, even though this issue is considered a very concerning factor in individuals' public health (Ahmadi et al., 2022).

Lack of sexual awareness causes psychological problems, one of which is a disturbance in psychological functioning that can lead to depression, anxiety, and stress (Mirzaei et al., 2016). Depression is a term applied to a set of behaviors characterized by slowness in movement and speech (Beck, 2019). Stress is a state that causes disruption of normal psychological or physiological functions. When individuals perceive environmental demands as exceeding their coping resources, they experience stress (Seligman & Csikszentmihalyi, 2000) and anxiety, a state marked by feelings of tension, irritability, worry, fear, and an increase in autonomic nervous system activity, leading to increased heart rate, blood pressure, and cardiac output (Beck et al., 1987).

Given the relationship between sexual functioning problems in women and the occurrence of individual, marital, and interpersonal issues, these women need assistance, and sexual cognitive-behavioral therapy could be effective in achieving this goal. The term emphasizes that cognitive processes are as important as environmental effects (Reavell et al., 2018). The educational package for sexual cognitive-behavioral therapy includes: 1) Familiarization with women's sexual disorders and the cognitive-behavioral approach, 2) Definition of normal sexual desires and physiological responses, and description of female and male sexual cycles, 3) Muscle relaxation training, 4) Effective communication training, 5) Problem-solving training, confidence building, and anger control skills training, 6 and 7) Cognitive restructuring in relation to sexual-psychological disorders, 8) Improving sexual methods and skills (Sensory Focus I), 9) Enhancing sexual methods and skills (Sensory Focus II), 10, 11, and 12) Systematic desensitization for intercourse (Dattilio & Collins, 2018; Reavell et al., 2018).

Considering the examination of the effectiveness of sexual cognitive-behavioral therapy on sexual satisfaction, marital compatibility, sexual attraction, and sexual relationship dynamics, it is hypothesized that it could also play a role in sexual awareness, psychological functioning, and self-control in women with sexual performance issues; thus, it is necessary to examine the effectiveness of sexual cognitive-behavioral therapy on improving sexual awareness, psychological functioning, and self-control in women, as problems in sexual functioning have created many issues for these women, and investigating these factors and components can be helpful in their marital life. Research reviews have shown that the effectiveness of sexual cognitive-behavioral therapy on sexual awareness, psychological functioning, and self-control in married women with sexual and psychological functioning problems has not yet been tested; therefore, the present study seeks to answer whether sexual cognitive-behavioral therapy affects sexual awareness and psychological functioning in married women.

2. Methods

2.1. Study design and Participant

The research method had quasi-experimental pre-test and post-test design with a control group. The research population included all married female students at Islamic Azad University, Garmsar Branch, in 2023, totaling 1854 individuals. Given that the minimum sample size for a semi-experimental design is 30 individuals, in this study, sampling was purposeful, taking into account the various academic fields at Islamic Azad University, Garmsar. Thirty participants (15 in the experimental group and 15 in the control group) were selected based on their willingness to participate in this study and randomly assigned. Entry criteria included no specific physical illnesses, willingness to participate in the research, and at least 6 months to one year having passed since their marriage. Exit criteria included not participating in other educational or counseling sessions and unwillingness to continue with the research.

2.2. Measures

2.2.1. Psychological Functioning

Depression Anxiety Stress Scales (DASS) originally had 46 items, which were reduced to 21 items rated on a four-point scale from zero to three, covering seven domains: health care orientation, work environment, home environment, sexual relationships, family relationship scope, social environment, and cognitive desperation. In the main study, Cronbach's alpha reliability for each of these subscales was respectively .47, .76, .77, .83, .62, .80, and .85. Construct validity was confirmed through exploratory factor analysis using Varimax rotation, indicating that these seven components explained 63% of the total variance of the scale, with individual scale contributions ranging from .05 to .18. In Iran, Babaei et al. (2015) also obtained a Cronbach's alpha

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of .77 for the scale (Akhavan-Abiri et al., 2019; Asghari-Nekah et al., 2015).

2.2.2. *Sexual Awareness*

Sexual Awareness Questionnaire is a self-report and objective tool that was developed by Snell, Fisher, and Miller in 1991 to assess four personality tendencies related to sexual awareness and assertiveness. These tendencies include: Sexual Consciousness, defined as an individual's inclination to think and reflect on the nature of sexual issues; Sexual Preoccupation, defined as an individual's inclination to think extensively about sexual issues; Sexual Monitoring, defined as an individual's inclination to be aware of the sexual impact they have on others; and Sexual Assertiveness, defined as an individual's inclination to be bold in addressing aspects of their sexual life. The test consists of 36 statements and respondents must rate their agreement or disagreement with each statement on a five-point Likert scale. Scoring for the questionnaire is as follows: A = 4, B = 3, C = 2, D = 1, E = 0, with reverse scoring for items 6, 9, 23, 30, 31, and 32. To calculate the score for each subscale, sum the scores for all items within that subscale. Higher scores on a subscale indicate a higher inclination in that area. For norming the Sexual Awareness Questionnaire, the test was administered to two independent samples (first sample: 256 women, 117 men, and 4 individuals with unspecified gender; second sample: 265 women, 117 men, and 4 individuals with unspecified gender) from students of psychology at Midwestern University. The average age for the first group was 24.1 years, and for the second group, it was 24.07 years. In the first group, Cronbach's alpha for the Sexual Consciousness subscale was .83 for men and .86 for women, .80 for men and .82 for women in the Sexual Monitoring subscale, .89 for men and .92 for women in the Sexual Attraction Awareness subscale, and .83 for men and .81 for women in the Sexual Assertiveness subscale. In the second group, the corresponding values were .85, .88, .81, .82, .92, .92, .80, and .82 (Rahimi, 2020).

2.3. *Intervention*

2.3.1. *Cognitive Behavioral Therapy*

This training is a 12-week program, with one-hour sessions each week. The cognitive-behavioral therapy package for vaginismus includes (Azartash et al., 2022; Parseh et al., 2015; Scheer et al., 2023):

Session 1: Introduction to Female Sexual Disorders and Cognitive-Behavioral Approach

In the first session, participants are introduced to various female sexual disorders. This session focuses on educating the women about the prevalence, symptoms, and misconceptions associated with these disorders. Additionally, the cognitive-behavioral approach used throughout the therapy is explained. This approach helps in understanding how thoughts and feelings influence sexual behavior and how modifying these can improve sexual functioning.

Session 2: Defining Normal Sexual Desires and Physiological Responses, and Describing Sexual Cycles

The second session delves into the definition of normal sexual desires, responses, and the physiological aspects of sexual activity. Both female and male sexual response cycles are described in detail to provide a comprehensive understanding. This helps participants recognize normal sexual functions and differentiate them from dysfunctions.

Session 3: Muscle Relaxation Training

This session is dedicated to teaching muscle relaxation techniques. Muscle tension is often a significant component of sexual dysfunction, particularly conditions like vaginismus. Participants are taught progressive muscle relaxation exercises, which involve tightening and then relaxing different muscle groups, to help alleviate physical stress and enhance bodily awareness during sexual activity.

Session 4: Effective Communication Training

Effective communication is critical in resolving and managing sexual and relational issues. This session focuses on developing communication skills that facilitate open and honest discussions about sexual needs and concerns with partners. Techniques such as active listening, expressing feelings and needs clearly, and conflict resolution are covered.

Session 5: Problem Solving, Confidence Building, and Anger Management Skills Training

Session five addresses problem-solving strategies, confidence enhancement, and anger management. Participants are taught how to identify problems, generate potential solutions, and implement effective decisions. Confidence-building exercises help in improving self-esteem, which is crucial for sexual satisfaction. Additionally, anger management skills are taught to help participants handle emotional disturbances that might affect their relationships.

Sessions 6 and 7: Cognitive Restructuring Related to Sexual and Psychological Disorders

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These sessions are dedicated to cognitive restructuring techniques that target dysfunctional thoughts and beliefs related to sexual and psychological disorders. Through techniques like thought recording and challenging, participants learn to identify and alter negative thoughts that contribute to their sexual difficulties, thereby reducing anxiety and improving sexual interactions.

Session 8: Enhancing Sexual Methods and Skills (Sensory Focus I)

In the eighth session, sensory focus techniques are introduced to enhance sexual intimacy and pleasure. This session focuses on mindfulness and increasing awareness of physical sensations without judgment. Participants engage in exercises designed to enhance their sensory appreciation and connection with their bodies and partners.

Session 9: Enhancing Sexual Methods and Skills (Sensory Focus II)

Building on the previous session, further techniques to deepen sensory experiences are explored. This includes guided imagery and body mapping, which help participants explore and communicate their sexual needs and preferences more effectively. This session aims to further reduce anxiety related to sexual activity and increase sexual satisfaction.

Sessions 10, 11, and 12: Systematic Desensitization for Intercourse

The final three sessions are focused on systematic desensitization, a technique used to gradually reduce fear and anxiety responses associated with intercourse. These sessions involve creating a hierarchy of fear-inducing situations related to sexual intercourse and gradually exposing participants to these in a controlled and supportive environment. This exposure helps to decrease avoidance behaviors and increase comfort with sexual activity.

2.4. Data Analysis

In data analysis, both descriptive and inferential statistics were used. Descriptive statistics involved central tendency indicators, mean, and standard deviation, while inferential statistics, considering the research topic and assuming the prerequisites for using covariance analysis in SPSS software version 22, were employed.

3. Findings and Results

In the current study, 30 married female students from the Islamic Azad University, Garmsar Branch, in 2023 were examined. The participants' ages averaged 38.16 years, with a standard deviation of 6.30. The educational levels of the participants were 36.7% with an associate degree, 40% with a bachelor's degree, and 23.3% with a degree higher than a bachelor's. This section presents the descriptive findings of the mean and standard deviation of pre-test and post-test scores for sexual awareness and psychological functioning in both the experimental and control groups.

Table 1

Mean and Standard Deviation of Pre-test and Post-test Scores for Sexual Awareness and Psychological Functioning Variables in Experimental and Control Groups

Variable	Component	Group	Mean (Pre-test)	SD (Pre-test)	Mean (Post-test)	SD (Post-test)
Sexual Awareness	Sexual Consciousness	Experimental	16.66	5.27	22.06	3.21
		Control	18.33	4.33	19.06	3.84
	Sexual Monitoring	Experimental	15.53	5.34	25.13	10.06
		Control	15.73	4.74	17.26	4.49
	Sexual Assertiveness	Experimental	16.60	5.28	20.00	3.40
		Control	15.40	5.69	16.06	5.32
	Awareness of Sexual Attraction	Experimental	6.33	4.40	8.20	2.42
		Control	7.53	3.56	7.53	3.56
Psychological Functioning	Depression	Experimental	5.93	4.77	3.60	3.33
		Control	7.00	5.19	6.60	4.70
	Anxiety	Experimental	4.80	3.87	3.33	1.98
		Control	5.46	3.22	5.33	3.08
	Stress	Experimental	7.73	4.71	5.66	3.15
		Control	7.73	4.35	7.53	4.30

Table 1 results show that the mean scores for sexual awareness variables in the experimental group have significantly increased at post-test compared to the control group, and a significant decrease in psychological functioning scores in the experimental group at post-test compared to the control group. Given that the Kolmogorov-

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Smirnov test values in the research variables for the pre-test and post-test in the control and experimental groups ranged between -1.96 and +1.96, and the statistic was not significant, we can accept with 95% confidence that the distribution of the population is normal. According to the obtained F-value from the Levene's test, there is no significant difference at the α=0.05 level between the variances, thus the null hypothesis of homogeneity of variances is accepted.

Table 2

Multivariate Analysis of Covariance Results for Sexual Awareness Scores

Source	Variable	Sum of Squares	df	Mean Square	F	P-value	Effect Size
Group	Sexual Consciousness	106.85	1	106.85	11.88	.002	.30
	Sexual Monitoring	326.54	1	326.54	5.41	.029	.18
	Sexual Assertiveness	55.24	1	55.24	11.05	.003	.31
	Awareness of Sexual Attraction	17.12	1	17.12	8.40	.008	.25

Given the results mentioned and the F-values obtained in Table 2, there is a significant difference between the post-test mean scores of the sexual awareness subscales between the experimental and control groups. Thus, in these subscales, there is a significant difference at post-test between the experimental group, which underwent sexual cognitive-behavioral therapy, and the control group, which had no intervention, with the experimental group showing better performance compared to the control group.

Table 3

Multivariate Analysis of Covariance Results for Psychological Functioning Scores

Source	Dependent Variable	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Group	Depression	35.25	1	35.25	11.71	.002	.31
	Anxiety	16.95	1	16.95	8.05	.009	.24
	Stress	23.89	1	23.89	10.15	.004	.28

According to the results mentioned and the F-values obtained in Table 3, there is a significant difference between the post-test mean scores of the psychological functioning subscales between the experimental and control groups. Therefore, in these subscales, there is a significant difference at post-test between the experimental group, which underwent sexual cognitive-behavioral therapy, and the control group, which had no intervention, with the experimental group showing better performance compared to the control group.

4. Discussion and Conclusion

The results showed a significant difference between the mean scores of the post-test sexual awareness subscales between the experimental and control groups. Therefore, in these subscales, there is a significant difference at the post-test stage between the experimental group, which received sexual cognitive behavioral therapy, and the control group, which did not receive any intervention.

In explaining the results, it can be said that sexual awareness may be influenced by stress, emotional disorders, and a lack of awareness of the physiological functioning of sexual behavior. A disorder in sexual awareness may exist throughout an individual's lifetime or may arise after a period of normal functioning. This disorder can be pervasive, situational, total, or partial (Monga et al., 2004). The results showed a significant difference between the mean scores of the post-test psychological functioning subscales between the experimental and control groups. Therefore, in these subscales, there is a significant difference at the post-test stage between the experimental group, which underwent sexual cognitive behavioral therapy, and the control group, which did not receive any intervention.

In explaining the results, it can be said that in this method (sexual cognitive behavioral therapy), the therapist teaches the patient how to perform a truly logical analysis of situations by showing the irrationality of their reasoning and beliefs about situations (Scheer et al., 2023). In fact, the patient is helped to free themselves from despairing thoughts that generate emotional responses such as fear, anxiety, or anger, and replace them with more desirable thoughts (Azartash et al., 2022; Parseh et al., 2015). In this therapy, a

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hierarchical arrangement of situations that the patient cannot cope with is set, similar to systematic desensitization, progressively moving towards more difficult cases. Patients visualize these distressing situations and declare how they usually cope with them. Then their responses are logically assessed and a more appropriate cognitive response is substituted. When a patient manages to cope with an imaginary situation, they move on to the next situation in the hierarchy. This therapeutic approach is based on the assumption that cognitive change occurs as a byproduct of the behavioral task and the overall treatment process. Only recently has it been recognized that a more direct approach is needed to reconstruct self-talk and maladaptive attitudes in couples suffering from sexual problems. Given the importance of this therapy, it can be used to reduce sexual anxiety, relaxation, and systematic desensitization along with exposure therapy, which is used in the treatment of sexual disorders.

5. Suggestions and Limitations

There was no opportunity to conduct follow-up tests and assess the stability of the intervention over long periods due to time constraints. There was no possibility of organizing classes with more time or longer intervals between sessions. To increase the external validity of the findings, it is recommended that researchers interested in this field pursue follow-up studies and evaluate the effect of the treatment used in this research on other samples compared to the current research sample to precisely determine its generalizability. It is suggested to perform research on students from other universities and compare the research results with the findings of the current study. It is also suggested to examine the effectiveness of such interventions in combination or comparison with other approved treatments. Given the results obtained regarding the effectiveness of sexual cognitive behavioral therapy on psychological functioning, it can be suggested that researchers, specialists, and counselors use the therapeutic capacities available in sexual cognitive behavioral therapy to reduce anxiety, stress, and depression in working women, who bear more responsibility compared to housewives and also have marital duties. It is also suggested that this type of treatment be implemented in communities of couples with specific problems to introduce more results from this type of treatment in research. Given the results obtained on the effectiveness of sexual cognitive behavioral therapy on sexual awareness, it is suggested that counselors and specialists in marital problems use this treatment in their clients to reduce sexual problems such as sexual awareness, sexual satisfaction, sexual attraction, etc., as the lack of sexual awareness in women and men may have the most significant impact on creating problems among couples, therefore using the capacities available in this treatment can significantly reduce these problems.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript. This article is derived from the first author's doctoral dissertation.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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