

Psychology of Woman Journal

2020, Volume 1, Issue 4, Pp. 1-6

eISSN: 2783-333X

Application of hypnotic schema therapy in the treatment of women with sex phobia caused by childhood abuse

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Abstract

This research was conducted to explain the effectiveness of hypnotic schema therapy in women suffering from sex phobia caused by childhood abuse in order to correct incompatible schemas and perform sexual intercourse. This research was conducted in the form of a case study using the A-B-A-B multi-baseline method with a one-month follow-up to ensure the effectiveness of the treatment on four women with sex phobia who were selected through available sampling for three months in 15 sessions. The improvement index was the downward trend of the curve compared to the baseline. These indicators were measured by semi-structured interview tools, sexual anxiety self-assessment scale and sexual dysfunction beliefs questionnaire (Nobre, Gouveia, and Gomez, 2003), and sexual intercourse success or failure diary. In the research results, the improvement index in the variables of sexual anxiety and sexually incompatible beliefs were observed, a downward trend compared to the treatment baseline, and the subjects were able to have sexual intercourse.

Keywords: *sex phobia, childhood abuse, schema hypnotic therapy.*

Cite this article as:

Honarparvaran, N. (2020). Application of hypnotic schema therapy in the treatment of women with sex phobia caused by childhood abuse. *PWJ*, 1(4): 1-6.



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Introduction

Unresolved marriage is one of the complex sexual problems, the complications of which are more widespread in sexually conservative societies. 4.5% of women are virgins for months after marriage, and in 80% of cases, it is due to sex phobia. In this disorder, the woman is afraid of sexual intercourse and avoids it due to psychological problems. In the etiology of sexual fears and aversions, childhood abuse is a fundamental determining factor (Mcduall & Mclean, 2009).

Since the cause of this disorder is psychological, medical treatments (removal of the hymen) are ineffective for these women. Failure in treatment leads to feelings of frustration, anger, termination of the treatment process, and ultimately divorce and separation. Researchers have reported the success of this disorder's psychological interventions, such as cognitive-behavioral therapy and schema therapy.

A schema is a memory package whose content is shaped by one's teachings over time. It should be noted that factors such as a person's biological foundations and factors related to his educational environment, such as his family environment, culture, experiences in the growth process, significant events, etc., influence the process of the emergence of schemas. This memory package acts like a large and complex filter on the information entering the memory and the information in the memory. It enables the formation of new meanings in mind by sorting, categorizing, and organizing. Berliner & Elliott (2010) believe that childhood physical and sexual abuses lead to the formation of incompatible schemas of failure and shame, feeling that a person is imperfect, undesirable, inadequate, inferior, and worthless in the most important aspects

of his personality. In schema-focused therapy, therapeutic intervention is set for each incompatible schema. In hypnotic schema therapy, the therapist uses deep mental imagery in a trance state to identify the identification image (recalling the spontaneous image of the situation that caused helplessness), following the images until completion. (encouraging clients to continue the helpless scene until its completion), changing mental images (changing the problematic mental image), Jumping ahead in time & age regression (imagining oneself in the future at a point where the problem is over and creating a new script for the consequences of the painful situation) Repeating the image (creating a transformation in an old subject) helps.

This research was done to explain the effectiveness of this treatment method in treating sex phobia. The relatively high prevalence of this disorder in Iran, the psychological problems and separations caused by it, and the examination of the effectiveness of hypnotic schema therapy in the context of the country's culture are among the reasons for the necessity of conducting this research.

Method

According to the principles of multiple baseline design, the present research was conducted on four women with sex phobia, who were selected through available sampling, for three months in 12 sessions, with a follow-up one month after the treatment to ensure the effectiveness of the said treatment. The criteria for entering the subjects into the research were: 1- virginity 2- at least a diploma education 3- duration of suffering from the problem one to three years 4- Spiegel test score higher than four.

Materials

Research tools in this research include 1- a semi-structured interview; 2- Bart's sexual anxiety self-measurement scale, which has 25 questions and measures the level of sexual anxiety on a scale of zero to 100; 3- A questionnaire of sexual dysfunction beliefs (Nobre, Gouveia, and Gomes, 2003). This scale has two special forms for women and men and has 40 items, and is graded on a Likert scale from 1 disagree to 5 completely agree. The value of Cronbach's alpha obtained for men's version is 0.93 and for women's version is 0.87. The subscales of women's form include the following 6 beliefs. Beliefs related to women's chastity; Beliefs related to desire and sexual pleasure as a sin; Beliefs about age; Beliefs related to body image; Beliefs related to the priority of affection over sexual pleasure; Beliefs related to the priority of shame over sex. 4- The diary was the success or failure of sexual intercourse.

Findings

In the graphs from the data analysis, the curve of all the subjects, upon entering the treatment phase, had an obvious downward trend compared to the baseline.

Discussion

The research findings confirmed the hypothesis of the effect of hypnotic schema therapy in reducing anxiety and sexual dysfunction in women with sex phobia caused by childhood abuse. The most common schema associated with the mentality of sexually abused people is punishment and failure. These people consider themselves evil, dirty, and bad-tempered and punish themselves by depriving themselves of the pleasures of life. By playing the role of an oppressed child, they enter the mentality of a vulnerable child. Schema therapists, during treatment, strengthen the healthy adult mindset that

includes supporting, validating, and protecting the vulnerable child and moderating other dysfunctional mindsets.

Sexual intimacy is intolerable for people who have acquired a sense of shame about their bodies or their sexuality during the early years of life or who have been isolated to varying degrees from themselves and their feelings. In adulthood, these individuals may unconsciously withhold a complete sexual response to avoid arousing these painful memories or feelings and reconnecting with their true and authentic selves (Saunders, Berliner, & Hanson, 2011). One of the important stages of schema therapy is reaching the vulnerable child through mental imagery to fight the schema on an emotional level. Expressing anger towards the transformational root of schema and expressing grief towards what happened in childhood is one of the most prominent issues in mental imagery. This is done by creating a more profound and substantial session and hypnosis. For example, in the telescope technique, using spatial spacing, the problem becomes further and further away from the references and goes to faraway places. Repetition of new knowledge is an effective method that causes change and can be considered a kind of systematic desensitization in which the client repeatedly recalls a painful scene to reduce its force. Hypnotic strategies quickly decondition a person with a strong relaxation response and induce an automatic physical relaxation response. The simultaneity of jumping movements by the midbrain and relaxation of the muscles by the construction of a network causes deconditioning and causes forced relaxation response. Visualization allows previous experiences to be reprocessed, and by creating counter inhibition, they cause anxiety and

helplessness to disappear. By activating the information processing system, the person is helped to process the emotional injuries in the final form and to replace the previous experiences with new insights by creating cognitive changes. Accelerating the integration of cognitive restructuring includes a redefinition of the event, finding meaning in life, and appropriate reduction of self-blame. Clients learn to re-record their experiences suitably and adaptively in memory and rebuild their beliefs.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

Acknowledgement

The cooperation of all participants in the research is thanked and appreciated.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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