

Investigating Effectiveness of Cognitive-Behavioral Couple Therapy on Sexual Desire and Entitlement in Women

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Abstract

Introduction: Marital relationships play an important role in the health and strength of the family. Cognitive behavioral couple therapy can be effective in improving marital satisfaction by modifying cognitive and behavioral patterns. This research was conducted with the aim of investigating the effectiveness of cognitive behavioral couple therapy on sexual desire and entitlement in women.

Research method: This is a semi-experimental research of pre-test-post-test type with a control group and a 1-month follow-up. The statistical population of the research was all married women aged 19 to 42 who referred to Karaj counseling centers in the first 6 months of 2022. For sampling, 30 people from the community group who referred for marital problems were selected using the available method and were randomly assigned to experimental and control groups. The experimental group underwent 8 1-hour sessions of cognitive behavioral couple therapy, but they did not receive an intervention control. Data collection was done using Halbert's Sexual Desire Questionnaire and Sexual Entitlement Questionnaire. The data were analyzed using the mixed variance analysis method.

Findings: The results showed that there is a significant difference in terms of sexual desire and sexual entitlement in the studied groups in the post-test stage; So that cognitive-behavioral couple therapy has been able to significantly increase the scores of sexual desire and sexual entitlement in the experimental group ($p < 0.001$). In addition, the effects of the treatment were more stable according to the follow-up period in all indicators of sexual desire and entitlement.

Conclusion: Based on the results of this study, cognitive behavioral couple therapy can be effective in increasing sexual desire and sexual rights of married women.

Keywords: Couple Therapy, Cognitive Behavioral Couple therapy, Sexual Desire, Sexual Entitlement

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Introduction:

The family is the oldest social unit and the central core of broader social organizations, and it begins its activity when the establishment of a strong and permanent bond between men and women is realized (1). One of the important activities of the family is establishing emotional relationships between men and women and expanding psychological health, which is a source of peace for both. Creating and maintaining intimate relationships and satisfying emotional and psychological needs during marriage is an art and a skill that, in addition to mental health and basic healthy experiences, requires having and acquiring a logical attitude, communication skills, life skills and performing one's own tasks (2).

One of the important factors that play a fundamental role in the health of the family and society is the quality of communication and the level of satisfaction with it and its proper functioning within the framework of the family, and its proper satisfaction is one of the goals and effects of family formation. Sexual activity is an example of mutual behavior between husband and wife, and it is obvious that its satisfaction is closely related to the quality of life. A sexually problematic relationship may have a negative effect on the general interaction of couples and a vicious cycle of influence occurs in which marital disharmony interferes with successful sexual performance and sexual abnormalities cause incompatibilities, conflicts and psychological stress (3). Difficulty in establishing marital relations leads to a decrease in the quality of sexual relations and in general, marital relations. Decreasing quality in these cases can lead to marital dissatisfaction, frustration, and sexual and marital apathy (4-6).

Today, it has been proven that the cause of many marital conflicts and incompatibilities is lack of sexual satisfaction (6). Talking about sexual feelings and desires is the best way to know the sexual desires of the spouse (7), but in many societies, women have problems with their sexual rights and have low self-esteem, so it is difficult for them to express their needs or their individual independence. Maintain in the marital relationship (8). On the other hand, sexual justice plays an important role in the performance and sexual satisfaction of couples. Sexual rights are strategies for proving sexual autonomy that play an active role in sexual relationships and include the explicit expression of sexual desires and the ability to refrain from accepting sexual partner requests (9). In fact, sexual entitlement is a psychosocial feeling defined by a person's personal interpretation of how to express their feelings in marital relationships (10). And if women do not have the right to express their sexuality, they often face resistance and denial of their rights.

Sexual dissatisfaction means proportion, balance and amount of sexual desire of men and women. In married life, problems arise if one of the parties has a strong need for sex, but the other party feels less desire. If the husband or wife faces problems in this matter, they will be considered unhappy (11). General views on sexual rights in adult women in five groups including: gender role schema, concern about the thoughts and reactions of the sexual partner, gender attitudes towards the use of specific methods of contraception, talking about sexual history as a challenging task and Repetition of family patterns is classified (12). In fact, low levels of sexual entitlement in people increase the rate of unwanted sexual relations and risky sexual behaviors (13), for women in many cultures, due to low sexual entitlement and self-esteem; it is difficult for them to meet their needs in marital relationships. to express (14). In general, people who experience sexual justice are more successful in expressing their feelings and have more sexual frequency, marital quality, sexual intimacy and satisfaction

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than their spouses. On the other hand, reducing women's sexual rights causes marital conflicts (15).

One of the effective treatments in solving the problems of couples unable to deal with the challenges of joint life is cognitive-behavioral couple therapy, which was first proposed by Ellis. According to this approach, communication inefficiency comes from spouses' irrational beliefs about the relationship, and problematic cognitions create undesirable and ineffective behavioral patterns (16).

Cognitive behavioral couple therapy helps couples to solve their problems by removing interactional patterns that perpetuate the problem and strengthening positive behaviors instead of negative behaviors. In this method, emphasis is placed on the role of selective attention, expectations, assumptions and documents in creating conflict between spouses. Cognitive behavioral therapist, by focusing on irrational beliefs and cognitive restructuring, which is one of the prominent methods of this approach, helps the client to change his beliefs with the aim of having a more rational evaluation according to the evidence (17). Cognitive behavioral therapy pays attention to the continuity of thoughts, feelings and behavior and believes that people can cope with psychological pressure by restructuring their thoughts (18).

Epstein and Zheng (19) conducted a research on the effectiveness of the cognitive-behavioral approach in resolving couples' conflicts and found that their differences can be created based on their understanding of mutual communication and also the changed behaviors of each. The results of previous studies indicate that there is a significant relationship between sexual entitlement and sexual desire and marital satisfaction of individuals, and sexual entitlement is significantly effective in explaining sexual satisfaction. Therefore, this research aims to investigate the effectiveness of cognitive behavioral couple therapy on desire. And sexual rights were done in women.

Method

The method of this semi-experimental research was pre-test-post-test with a control group and a 1-month follow-up. The statistical population of the study was all married women aged 19 to 42 who referred to Kaj and Sepidar counseling centers in Shahr Karaj in the first 6 months of 1401. The research sample consisted of 30 people from the community group who referred for marital problems, who were selected using the available method and were randomly assigned to experimental and control groups.

The entry criteria were: marriage in the last 4 years; minimum education diploma; age range from 19 to 42 years; Not receiving psychological treatment at the same time with the aim of treating marital problems.

The method of conducting the research was as follows: first, an initial interview was conducted with the qualified subject. After explaining the purpose and necessity of the research and obtaining the implicit consent of the clients, the criteria for participating in the study were checked. When the number of subjects reached the quorum to conduct the study, people were randomly divided into two groups of 15 people. The experimental group was subjected to cognitive behavioral couple intervention for 8 sessions of 60 minutes. The control group did not receive any treatment. Sexual desire questionnaire and Hulbert's sexual entitlement questionnaire were administered to two groups before the intervention, and a

week after the end of the sessions, the post-test was also administered. Finally, after a 1-month follow-up period, the tests were performed again on two groups. The data were analyzed using mixed variance analysis method and SPSS version 23 software.

The following tools were used to collect data:

HISD Halbert Sexual Desire Questionnaire: This questionnaire was created by Halbert in 1992 and has been used in many international researches. This questionnaire contains 25 items that measure the level of sexual desire. Sexuality questionnaire questions are widely used by therapists in clinical affairs, to measure sexual and marital problems, and in scientific researches. Each item is graded on a 5-point Likert scale. Therefore, the scores of this questionnaire are obtained by the sum of these 25 items. The lowest and highest score of sexual desire is between 0 and 100, where a high score indicates a high level of sexual desire in subjects (20). The reliability of the sexual desire questionnaire was obtained by the test-retest method of 0.86. The internal consistency coefficients of Halbert's sexuality questionnaire using two Cronbach's alpha methods were 0.89, which is at a satisfactory level (21).

Halbert's HISA sexual justice questionnaire: This questionnaire was created by Halbert and has been used in many international researches. It contains 25 questions and a 5-point Likert scale was used to select its options. This questionnaire measures the subject's sexual desire. Sexuality questionnaire questions are widely used by therapists in clinical affairs to measure sexual and marital problems and in scientific researches. In the implementation of "Hulbert Sexuality Index" by Halbert, the test-retest reliability was 0.86. In its implementation by 40 married female students, Cronbach's alpha coefficient was 0.92 (20).

Table 1. Summary of cognitive behavioral couple therapy sessions

meeting	Issue	Purpose and method
First	Preparation and communication	Communicating and preparing to explain the methods and objectives of the meetings
Second	Cognitive factors	Identifying unrealistic beliefs and expectations about intimacy, examining expectations, beliefs, and fantasy about intimacy and marital relationships, showing the impact of destructive beliefs on feelings and behaviors
	Cognitive factors	Correcting cognitive errors, removing misunderstandings caused by wrong or different perceptions and introducing cognitive errors, identifying document patterns and their effect on the relationship, explaining goals and realistic expectations, examining false documents and unrealistic expectations, questioning false documents and expectations, getting familiar with Mutual expectations and attention to each other's positive characteristics
Third	Communication skills	Developing the skills of transmitting and receiving clear, correct and effective thoughts, feelings and needs of each other, assessing the problems related to the sender and receiver of the

Fourth		message, practicing and training the skills of the sender and receiver of the message, developing the skills of empathic understanding and listening, evaluating the communication patterns and barriers of couples, practicing and Teaching effective communication skills
Fifth	Behavioral skills	Increasing positive behavioral exchanges, recognizing the reinforcement and punishment patterns of each couple, increasing positive reinforcements and reducing punishment, understanding and objectifying behavior.
Sixth	problem solving skills	Reducing problems and learning problem solving, examining existing problems and evaluating couples' problem solving methods, teaching and practicing the steps of problem solving methods
Seventh	Conflict resolution skills	Reducing conflicts between couples, examining couples' conflicts, examining conflict resolution patterns and their consequences, teaching and practicing conflict resolution methods.
Eighth	Summary and post-test implementation	Conclusion

Findings:

A total of 15 subjects were examined, which was reduced to 14 after each group was dropped. Subjects' characteristics were examined in terms of education, age range, and employment status. According to the analyzed data, it was observed that in terms of education, the highest frequency in the study group is bachelor degree and the lowest frequency in the experimental group is related to the diploma degree and in the control group is related to the postgraduate degree, the average age of the participants is 42-19. It was 33.11 ± 2.17 years in the experimental group and 30.91 ± 2.73 years in the control group. And in terms of job status in both groups, the highest frequency was related to housewives. In this research, descriptive statistics methods were used, including the frequency test of the mean and standard deviation of the components of sexual desire and entitlement in the pre-test, post-test and follow-up stages (Table 2).

Table 2. Mean and standard deviation of the component of sexual desire and entitlement in pre-test, post-test and follow-up stages

	Experimental Group						Control Group					
	pre-test		post-test		Follow up		pre-test		post-test		Follow up	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
sexual desire	41.11	4.89	67.16	4.01	64.13	4.09	40.09	4.34	42.11	4.04	39.90	3.47
sexual rights	40.61	4.13	51.63	4.82	49.03	4.91	39.09	4.11	40.09	4.72	41.20	4.09

The information in Table 2 shows that the sexual desire and entitlement in the experimental group decreased after the intervention and cognitive-behavioral couple therapy, and the changes remained relatively constant in the follow-up phase compared to the post-test phase one month after the treatment. But these conditions were almost the same for the control group and there was no change. In any case, deducing significant differences in these variables requires the use of appropriate tests.

Therefore, mixed analysis of variance test was used to infer the data. Examining the presuppositions of mixed variance analysis showed that the presupposition of equality of variances for the variables of sexual desire and entitlement has been fulfilled and the presupposition of proportionality of covariance for the different stages of measurement with a single matrix for the variables has not been fulfilled. However, due to the equal number of two groups, it is not necessary to fully observe the assumptions and therefore it is possible to use mixed variance analysis.

The results of the mixed variance analysis to evaluate the effectiveness of the research intervention on the sexual desire and entitlement scores in the three stages of the pre-test, post-test and follow-up are presented in Table 3.

Table 3. The results of mixed variance analysis to investigate the effectiveness of the research intervention on sexual desire scores in the three stages of pre-test, post-test and follow-up

Indicator	sum of squares	df	Mean square	f	Sig	Eta squared	Statistical power
Test	87.65	2	43.82	14.17	0.000	0.64	0.92
Group x test	61.09	2	30.54	7.11	0.000	0.62	0.86
error	92.91	18	5.17				

As can be seen in Table 3, the difference between the two experimental and control groups, in total three stages of pre-test, post-test and follow-up, is significant in the variable of sexual desire. Therefore, according to the results of Table No. 3, it can be said that the research intervention has led to an increase in sexual desire in the experimental group compared to the control group.

The results of the mixed variance analysis to investigate the effectiveness of the research intervention on the sexual satisfaction scores in the three stages of pre-test, post-test and follow-up are presented in Table No 4.

Table 4. The results of mixed variance analysis to investigate the effectiveness of the research intervention on sexual satisfaction scores in the three stages of pre-test, post-test and follow-up.

Indicator	sum of squares	df	Mean square	f	Sig	Eta squared	Statistical power
Test	83.23	2	41.61	32.09	0.000	0.87	0.94
Group x test	76.11	2	38.05	27.70	0.000	0.69	0.80
error	30.34	18	1.68				

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As can be seen in Table 4, the difference between the two experimental and control groups is significant in the three stages of pre-test, post-test and follow-up in the sexual justice variable. Therefore, according to the results of the table, it can be said that the research intervention has led to an increase in sexual satisfaction in the experimental group compared to the control group.

Discussion and conclusion:

The findings indicate that at the end of the treatment, the scores of sexual desire and entitlement of the intervention group increased significantly compared to the control group. This result indicated the effectiveness of cognitive behavioral couple therapy on sexual desire and entitlement in women.

Due to the fact that no research has been done in this field so far, the results of this study are in line with some similar studies, including those of Cohen (22) and Goldenberg (23), but the results of this study are somewhat in line with the research Leo (24) is asymmetrical.

In explaining this result, it is said that the main focus of cognitive behavioral couple therapy on sexual desire and entitlement was to provide methods based on its underlying theory to improve the marital relationship, for this reason, it reduced marital disputes and increased marital satisfaction. In this research, cognitive behavioral couple therapy approach according to its theoretical foundations (utilization of system techniques such as increasing the ability of mutual dialogue, communication training, forcing discussion, contradiction, doing joint enjoyable activities and problem solving training) is likely to improve the interaction patterns of the couple. It changes (turns negative interactions into positive interactions) and as a result improves the marital relationship and increases sexual desire. In fact, cognitive-behavioral training in this field, including increasing sexual awareness and sexual skills, relaxation of fantasy, increasing insight and understanding of the systematic causes of decreased sexual desire, increasing awareness about the physical attraction of the spouse, and the way of expressing emotions and behavioral interventions may have been able to. It has an effect on the improvement of women's sexual desire and with mutual positive effects on the spouse, especially in the field of marital relationship; it brings marital satisfaction under the beam. This case is especially important in our culture where trainings are few and it indicates that the factors influencing sexual desire dysfunction despite its prevalence in the samples of this study can be controlled and has given a positive response to cognitive-behavioral trainings.

What is obtained from the summary of the above results is that cognitive behavioral therapy couple training has an effect on improving life satisfaction in women. Therefore, these trainings are recommended by psychology and psychiatry experts to people with sexual disorders, especially sexual dysfunction in women.

Research limitation:

One of the limitations of the research is that this research was carried out in a short period of time and the follow-up phase is short-term. This affects the generalization of the results to long-term conditions, and there is no information about the durability of the treatment effect. The present study is a semi-experimental study. In semi-experimental researches, it is not possible to control all intervening variables; therefore, the subjects may have been influenced by conditions that are beyond the control of the researcher. It is hoped that other researchers interested in the field of family psychology will follow up this research with a larger

statistical volume, especially with couples of different age groups, and investigate the effectiveness of other factors affecting sexual desire and entitlement and compare them with this type of education.

It is suggested that other researchers repeat this research for larger samples and in different cultures to increase the generalizability of the results. The results of the current research, in addition to being applicable for incompatible couples and dry relationships and low quality marital relationships, have benefits for family counselors in the pre-marriage, marital and divorce stages. Family therapists should use these new and humanistic models to help troubled couples seeking divorce in order to increase the effectiveness of their therapeutic interventions.

Conflict of interest:

The authors declare that there is no conflict of interest in this study.

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