

The Effect of Satir Experimental Approach on Improving General Sexual Performance of Men

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Abstract

Background and aim: Sexual problems affect a wide range of obvious and hidden dynamics of emotions. All human behaviors including sexual behaviors are in some way related to the style and quality of communication and life, personality traits, and their attitudes. This is a quasi-experimental study which was designed by the researcher for the first time in the world and was conducted at two clinics in Tehran 6th District, Iran. The purpose of this study was to investigate the efficacy of high-level communication-experiential treatment on improving general sexual performance in men. **Materials and Methods:** For this purpose, 40 people were selected from each of the volunteers of this study. Next, 20 subjects were randomly assigned in each group using the available sampling method and based on the variables of the study. To do the research, one of the semi-experimental plans called "unequal control group" was used. Therapeutic sessions were performed during 10 sessions lasting 1 to 1.5 hours, with sequences of one to two weeks. At the same time, interventional sessions were performed for the experimental group. In this case, pretest, posttest and follow-up test were performed on both groups. **Results:** The results indicated that the mean of general sexual performance of post-test and follow-up men in the experimental group significantly increased compared to the pretest, while in the control group, this change was not observed. **Conclusion:** The results of the research indicate that the experimental treatment method has a significant effect on general sexual performance in men.

Keywords: Male Sexual Function, Experiential-Communicative Approach, High School.

Introduction

Sexual problems affect a wide range of obvious and hidden dynamics of emotions. All human behaviors including sexual behaviors are in some way related to the style and quality of communication and life, personality traits, and their attitudes. Amirianzadeh et al. (2007) research on 120 married women in Shiraz revealed that 0.068% of women in this study were not willing to have sexual relationships and 0.059% felt angry after sexual activity. The results of such research can provide valuable prognosis about marital quality and family life of such samples. Proper and healthy sexual function is one of the signs of physical and mental health and is one of the components of quality of life, which creates a sense of shared pleasure between couples and enhances one's ability to cope with stress and life problems. (McCarthy, 2002).

Sexual well-being and increasing the level of satisfaction among couples are the main factors in preventing disruption and incapacity of inclination in their sexual behaviors and seeking sexual satisfaction in sexual relationships (Masters and Johnson, Owhadi translation, 1394). In this regard, the purpose of this study was to investigate the effectiveness of experimental interventions on male sexual function. Here, experiential interventional has been independent variable, while sexual function has been dependent on variables.

It should be noted that age (20-45 years), marital status (married), number of years past the marriage (one year old), education (diploma and higher), religion (Islam-Shia), illness and side disorders (Diabetes, vascular diseases and prostate diseases, psycho-psychiatric disorders, organic lesions and other acute illnesses that may distort the results of research), addiction (drug, alcohol or drug dependence) and lack of cooperation (failure to complete treatment sessions) were considered as control variables in this research.

Research method

Data collection method

In this research, the available sampling method was used. This means that between 2014 and 2015 people who were willing to cooperate in this research were invited and during the course of the study, based on the control variables and the conditions for inclusion and exclusion, from among the applicants for collaborative research, individuals who qualified for entry were selected and randomly selected

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in the test and control groups. Sampling in this research was obtained from the collaborating volunteers from the Center for Psychotherapy and Psychology (Roozbeh Center) in Tehran 6th District. During these steps, in order to avoid the impact of the interventional variables, the researcher tried to make the groups as homogeneous as possible. Sexual function tests (dependent variables) were then performed. Next, for experimental subjects, one experimental group of intervention sessions was conducted with an experimental approach. Therapeutic sessions were performed for 10 sessions lasting 1 to 1.5 hours, followed by one to two weeks of one session for the intervention group. Hours of visit and sample sessions varied from 9 am to 7 pm, depending on the consent of the clients, and there was no drop in the samples. No treatment sessions were performed for the control group. Sample units were married men for the research variables. Both groups responded to the questions of the research questionnaires in the pre-test, post-test and follow-up phases, and before that, subjects were asked to respond with complete honesty to the questions. The questionnaires were given to people and they were asked to answer all the questions without hurry and leave no questions unanswered. Meanwhile, to ensure confidentiality for the subjects, they were asked not to cite their full name. After performing the sessions, the subjects of all groups were evaluated again to investigate the effect of experimental variables and therapeutic methods after one month off separation from the interventional (follow up) method. In the meantime, the difficulty of discussing sexual issues in our culture has created one of the biggest problems in implementing and getting cooperation, and uncensored subjects, which is a highly respected attempt to build trust and establishing a secure environment and privacy, and ensuring the retention of information about participants, paves the way for this difficult path.

Treatment method

In this research, interactive sessions of high-level experiential-communication approach were conducted during 10 sessions. The duration of each session was 60-90 minutes. Part of the first session was dedicated to the purpose, expectations and rules. Also, part of the final session was dedicated to concluding, summarizing, and discussing issues that individuals may face in the future.

Research subjects

Society and statistical sample

The study population consisted of Iranian men living in Tehran who had been legally married for two years and between the ages of 20 and 45, residing in Iran. Sampling of this study was made available from the population visiting health centers and psychology centers in District 6 of Tehran (Moshaveran Farda Advisors Office) between 2014 and 2015. Volunteers did not have sexual disorders, but wanted to improve their quality of life. The selected men were randomly assigned into experimental and control groups. In this study, the probability of the first type error was 5% (alpha 5%) and the second type error was 10% (the study capability is 90%), with the total sample being 20% fall. The pre-test and post-test correlation was 0.6 and standard deviation was 20. Also, those with a stable marriage, married for two years, age from 20 to 45 years old, diploma or higher entered the study. However, the men with diabetes, vascular diseases and prostate diseases, psychiatric disorders, drug dependence, alcohol or drugs abuse, organic waste, and other acute illnesses that might have distorted the results of the study and incompleteness of treatment sessions were considered as exclusion criteria.

To investigate and apply the inclusion and exclusion conditions, the researcher used a diagnostic interview accompanied by a doctor. It should be noted that during the diagnostic interview sessions, before the intervention sessions, in order to screen and homogenize the samples and apply the control variables, the psychological, social and physiological status of the volunteers was examined along with individual characteristics such as their goals to attend the meetings, marital status, marriage dates, education level, attendance at such meetings, etc. The questions were asked and their physiological and physical health was reviewed by the physician.

Measurement tool

In this research, the following questionnaires were used:

Demographic questionnaire: The demographic information of the subjects was collected through a demographic profile. In addition to the personal details (including age and education, etc.), the profile of their current family life and specific diseases was also included in this form.

Male Sexual Function Questionnaire (IIEF): This questionnaire was developed by Rosen et al. (1997) to measure sexual desire, activity and satisfaction with sexual activity. It includes 15 questions that focus on 5 areas (erectile function, orgasm, libido, satisfactory sexual intercourse, satisfaction of the whole sexual function).

Ethical considerations

In this research, all individuals with personal satisfaction collaborated and were confident about their confidentiality. Gifts were also considered as encouragement for all participants, especially members of the Guardian Control Group.

Statistical Methods

In this research, the samples were described by descriptive statistics (frequency, percentage, mean, standard deviation, maximum and minimum) in terms of characteristics and demographic questionnaires using tables. Chi-square test was used to determine the fitness of the groups in terms of education. One-way analysis of variance was used to compare the mean of the subjects' age. Also, the information obtained from the research was analyzed by inferential statistics (Repeated Measurement, Mixed Measurement, Repeated Measurement, split plot and post hoc test for least significant difference of LSD). SPSS 23 software was utilized to analyze the data.

Regarding the research hypotheses, alpha levels of $\alpha = 0.05$ and $\alpha = 0.01$ have been considered as acceptable error values for being significant. In other words, the error rate was less than 0.05 for the significant level ($P < 0.05$, $P < 0.05$) and the probability of error greater than 0.05 for insignificant ($P < 0.05$).

Findings

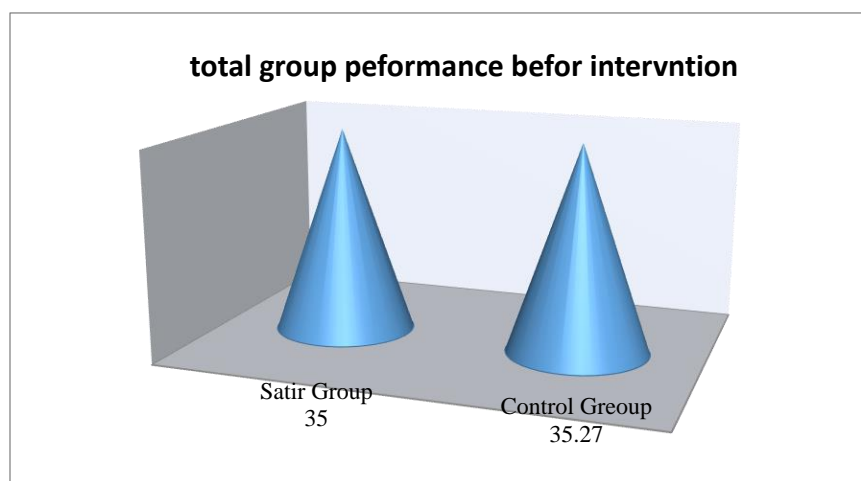


Figure 1. Initial Sexual Function of the groups before initiating the interventions

Figure 1 demonstrates the initial status of the overall sexual performance of the groups before interventions. As can be seen, the average of the overall sexual performance of the experimental group is 35 and the control group is 35/27.

Kolmogorov-Smirnov test was used to assess the assumption of normal data. Regarding the results and considering the lack of significance at the level ($P < 0.05$), the assumption of the normalization of the data was confirmed for all variables. Therefore, considering the assumption of the data normality for all variables, to test the research hypotheses, the covariance analysis test was employed.

Table 1. The effects of groups on the components of general sexual performance

P significant level	F value	statistical value	Effects	
0/001(**)	1045/017	0/994	Pillage Group-Bartlett	Group
0/001(**)	1045/017	0/006	Lambda Wilkes	
0/001(**)	1045/017	155/401	Hoteling Effect	
0/001(**)	1045/017	155/401	The largest root of error	

Table 1 shows the results of studying the effects of groups on the components of general sexual function for the suitability of using the multivariate covariance analysis test. The results of the Lambda Wilkes statistic showed that the effect of the group on the components of general sexual function components was significant ($P < 0.01$). Thus, the use of multivariate tests is appropriate.

In order to respond to the main hypothesis of research (intervention with an experiential approach to improve overall male sexual performance), a repeated measurement test was used.

Table 2. Comparison of pre-test, post-test and follow-up of the general sexual function component in the experimental group approach

Components	pretest		post-test		follow-up		F Value	level meaningful
	Mean	standard deviation	Mean	standard deviation	Mean	standard deviation		
Overall sexual performance	35	6/44	59/87	2/90	59/67	3/57	42/11	**0/001

(**) significant at a level of 0.01

The table above is the result of a repeated measurement test. It shows that there is a significant difference between the pretest, post-test and follow-up components of general sexual performance ($P < 0.001$). In other words, the approach of experiential approach is to increase the overall male sexual performance component. Also, the percentage change is shown in the following table.

Table 3. Percentage changes in pre-test, post-test and follow-up components of overall sexual function in the experimental group approach

The Percentage change in overall performance of pre-test and follow-up	the percentage change in overall sexual performance from pre-test and post-test	follow-up mean	Posttest mean	Pretest mean
26/67	24/87	59/67	59/87	35/00

The table above reveals that subjects in the experimental approach group had a 24.87% increase in post-test and a 26.67% increase in the pre-test in overall sexual performance. Therefore, the zero hypothesis of research (H_0) is rejected, and Hypothesis 1 of the research (H_A) suggests that intervention with an empirical approach affects the overall male sexual performance.

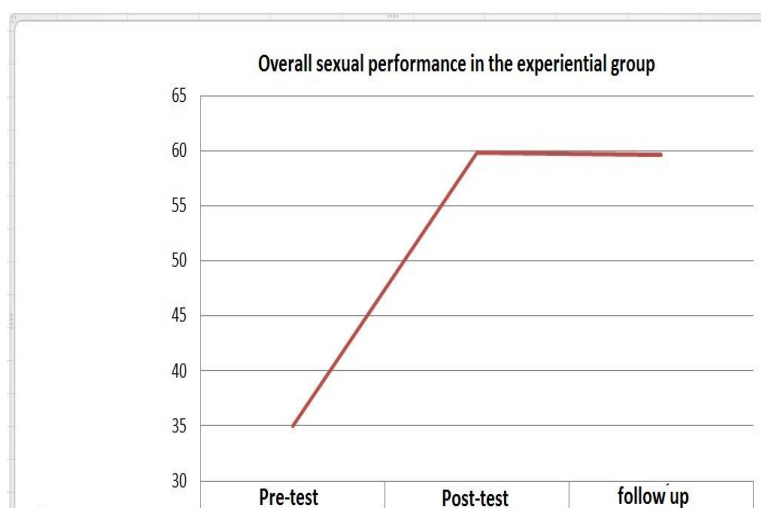


Figure 2. Comparison of pre-test, post-test and follow-up of general sexual performance in the group of experiential approach

Conclusion

Analysis of statistical data and results from matrices and charts indicated that there was a significant difference between pretest, post-test and follow-up components of general sexual function ($P < 0.001$). The results suggested that by presenting an experiential approach as an independent variable, the other variable that depends on it, which is the overall male sexual function, has been influenced and has changed the research samples in the post-test and follow-up phases. Also, the effect of independent variables of the research, that is, the experiential approach to the dependent variable in comparison with the unhealthy changes in the control group, is not the same on the overall sexual function. Hence, the intervention method used in this research to influence the dependent variable, i.e., overall sexual performance is more effective than non-therapeutic, and the resulting changes are not due to confounding variables, such as time lapse and so on. In other words, the results of the research show that providing an experiential approach can increase and improve the general sexual performance of men among research samples compared with the control group. In this regard, Bayern et al. (2004) also concluded during their comprehensive study that the results of the emotional therapy developed from experiential treatments had a positive effect

on couples' problems (Bayern et al., 2004). Thompson et al. (2011) also presented a family-based approach to empirical family-oriented activities on at-risk adolescents and their parents. The results indicated positive changes in them, and the motivation for continuing the treatment was increased (Thompson et al., 2011).

In order to confirm and emphasize the effectiveness of the skills and the ability to establish and maintain communication, which is based on the experience approach, using the correlation method Kernald (1984) showed that good communication, socialization and other friendships and cooperation with a significant meaning of life and mental health of people have a positive and significant relationship.

In another study, Miller et al. (1986) found that the tendency toward communication and socialization had a negative and significant relationship with disappointment. Cairland (1975) observed that changing lifestyle to increase social inclination would reduce depression. Zarsky et al. (1986) also showed that lifestyle based on social inclination has a positive and significant relationship with the general level of health and the level of energy. Haglander (1984), in a research on depression, found that lifestyle changes significantly improved their health. His research also showed that lifestyle changes lead to a continuity of life in these individuals.

In confirming the effect of the ability and communication skills of people on sexual health, Birnbam (2007) during a research showed that people with a sense of security in relation to others, participation in sexual intercourse, mainly with the affirmation of love for their spouse, strengthened sexual relationships and marriage concurrently.

Since the treatment of experiences by targeting communication and affection improves marital satisfaction, it can also be effective in the treatment of sexual inefficiencies. In this treatment, marital disturbance is created and maintained due to the lack of organization of emotional experiences and communication pattern among couples. Their inefficient emotional tone can create a feedback loop of dissatisfaction and discouragement among them, making this a painful situation almost impossible to access and emotionally irresponsive. The results of the research indicated that the main characteristic of disturbed and dissatisfied couples is a dysfunctional and uncompromising interaction pattern and emotionally damaging (Johnson, 2004). The experience approach in this study focuses on how couples can help modify their interactive model to redefine their sexual experiences.

According to Bogart and Sadawa (2002), people with a safe attachment have positive emotions about their sexual attractiveness, as they have positive patterns for themselves and others and for effective communication. Davis et al. (2006) found that men and women who have high scores in anxiety are more likely to sacrifice their sexual needs because of the need for approval and the love of their spouse. Further, those during a sexual relationship have higher scores in the scale of emotional dissatisfaction. Another study by Fenny et al. (2000) on 470 people found that people who were concerned about rejection of the other partner had fewer sexual expressions and lower perceived sexual self-efficacy. The results of studies on adults and couples have generally suggested that the avoidance of relationship was less associated with sexual satisfaction (Birnbam, 2007; Davis et al., 2006).

In addition, other factors of success in the practice of experiential and communicative approach can be attributed to multidimensionality and having a holistic look along with attention to each individual. Although this general view can be seen in some other approaches, as in many systemic approaches, the distinctive feature of the Satire approach is attention to individual integrity and maturity (as inferred from the emphasis on self-esteem in Satire approach), along with and within the health of the general context of the family. It is something that many of the approaches have neglected. Alternatively, some are completely individual and some have completely drowned in the system. Therefore, in light of the results, it may be advisable for therapists to focus on emotional, communication and family structures in their interventions. The teaching of targeted communication patterns based on the treatment of experiential experiences is a strong relationship between young couples and spouses, which can be effective in preventing sexual and marital problems as a useful preventive and therapeutic approach, though in sexual interventions, as in this research, limitations may make the path more difficult.

This research, due to cultural issues and sensitivities, could not simultaneously performed on women populations. In addition, cultural sensitivities about sexuality have greatly reduced the participation of individuals in conducting such research, and as a result, the researcher has inevitably used the method of sampling. Definitely, with careful choice of control variables, attempts were made to avoid possible errors or effects of unwanted variables. However, it is suggested that, if possible, further research be conducted into the research community and wider examples with more diverse demographic characteristics in different cities and cultures in order to maximize the generalizability of the results.

Conclusion

The results of this study indicate that interventions using experimental treatment method are effective in improving general male sexual performance, and it is possible to emphasize the need for more attention to psycho-relational interventions, including the approach of Stair experimental therapy in the field of sexual issues.

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Ethical approval

The study was approved by the Baqiyatallah University of Medical Sciences ethical committee with Ethical Approval letter No 0384.

References

- Amiranzadeh, M. Study of some variables related to sexual pleasure in women of Shiraz. Second World Congress on Family Pathology in Iran. Tehran: Shahid Beheshti University; 2007.
- Birnbaum, G. E. Attachment orientations, sexual functioning, and relationship satisfaction in a community sample of women. *Journal of Social and Personal Relationships*, 24, 21–35; 2007.
- Bogaert, A. F., & Sadava, S. Adult attachment and sexual behavior. *Personal Relationships*; 9, 191–204; 2002.
- Byers E S. Relationship satisfaction and sexual satisfaction: A longitudinal study of individuals in long-term relationships. *Journal of Sex Research*, 42, 113–118; 2005.
- Crandall J. Social interest as a moderator of life stress, *Journal of personality and social psychology*; 47, 164-174; 1984.
- Crandall J. A scale for social interest, *Journal of Individual psychology*; 31, 187-195; 1975.
- Davis, D., Shaver, P. R., Widaman, K., Vernon, M.L., Follette, W.C., & Beitzp, K. ‘‘I can’t get no satisfaction’’: Insecure attachment, inhibited sexual communication, and sexual dissatisfaction. *Personal Relationships*; 13, 465–483; 2006.
- Diamond D. Blatt S J, & Lichtenber J D. Attachment & Sexuality. New York: Analytic; 2007.
- Feeney, J. A., Peterson, C., Gallois, C., & Terry, D. J. Attachment style as a predictor of sexual attitudes and behavior in late adolescence. *Psychology and Health*; 14, 1105 –1122; 2000.
- Highlander D H. Adlerian life style, social interest and depression in parents ,Doctoral dissertation, Georgia University, 1984. *Dissertation Abstracts International*; 45, 12516 A; 1984.
- Johnson, S. M. The practice of emotionally focused couple therapy: Creating connection. New York: Brunner/Routledge; 2004.
- Masters, and. And Johnson., *Sexual Responses And Humans*. Translation to Behnam Oohadi. Isfahan: Khorshid's publication; 1394.
- Rosen RC, Riley A, Wagner G, Osterloh IH, Kirkpatrick J, Mishra A. The international index of erectile function (IIEF): a multidimensional scale for assessment of erectile dysfunction. *Urology*, 49(6):822–830; 1997.
- McCarthy BW. *Sexual Dysfunction. Clinical behavioral therapy: Adult and children*. New York: John Wiley; p. 198-199; 2002.
- Miller M, Denton G, & Tobacyk J. Social interest and feelings of hopelessness among elderly patients, *Psychological Reports*; 58, 410; 1986.
- Thompson, S, Bender, J, Cardoso, ., Flynn, J, Flynn, B., Flynn, P., & Flynn, M. Experiential Activities in Family Therapy: Perceptions of Caregivers and Youth. *Journal of Child and Family Studies*; 20(5), 560-568; 2011.
- Zarski J, Bubenzer D, & West J. Social interest, stress, and the of health status, *Journal of counseling and Development*; 64- 386-389; 1986.