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Effectiveness of Positive Cognitive-Behavioral Therapy on Sexual Dysfunctional Beliefs and Quality of Life in People with a Substance Abuse Tendency

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Abstract

Introduction and Objective: In recent years, drug addiction has to turn into a novel human problem and a threat to human societies. This study aimed to determine the effectiveness of positive cognitive-behavioral therapy on sexual dysfunctional beliefs and quality of life in people with a substance abuse tendency.

Methods: The present study was a quasi-experimental study with a pretest-posttest control-group design. The statistical population of the study included people at risk of addiction in the charity and public groups, the Rayehe'ye Fatemeh (PBUH) Charity Foundation, and the Association of Children at Risk. A total of 30 people were randomly selected using the cluster sampling method and divided into two groups of 15 people, including the experimental and control groups. The 26-item quality of life questionnaire (WHOQOL-BREF) and the Sexual Dysfunctional Beliefs Questionnaire (SDBQ) were used as data collection tools. The data were analyzed after scoring the received answers. Data analysis was performed using multivariate analysis of covariance in SPSS24 software.

Results: The control group included 14 females and 1 male, but in the experimental group, all participants were female. Of the 15 participants in the control group, 8 were single and 7 were married, while In the experimental group, 10 were single and 5 were married. The results of the present study showed that positive cognitive-behavioral therapy had a significant effect on sexual dysfunctional beliefs.

Conclusion: Positive cognitive-behavioral therapy had a significant effect on sexual dysfunctional beliefs and the quality of life of people with a substance abuse tendency.

Keywords: Behavioral therapy • Sexual dysfunctional beliefs • Quality of life • Addiction

Introduction

Addiction is a disorder with clinical, behavioral, and cognitive symptoms that are affected by social, psychological, biological, and pharmacological factors [1]. Addiction is a condition in which a person becomes physically and mentally dependent on a substance, feels a strong and forced need to continue using that substance, is unable to quit it voluntarily, and gradually losses his/her tolerance against using the substance [2]. Factors affecting people's tendency to addiction can be summarized in the forms of individual factors [3], social and cultural factors [4], and economic factors. Long-term drug use causes addiction, which not only adversely affects the socio-economic status of the drug user or addicted person, but also has a devastating and detrimental effect on the psychological burden of the family. Substance abuse is a global problem so that every society suffers from in some way based on specific characteristics of its individuals [5]. In general, addiction is the cause of various social harms and family and individual disorders. Addiction and especially the increasing dependence on new substances is a phenomenon with psychological, moral, and social effects and a threat to the family and society. It can negatively affect the quality of life and, especially in cases of women's addiction, sexual perversion. Therefore, this phenomenon can be considered as one of the most important social issues in the world today and one of the most complex human phenomena that weakens the foundation of human societies [6].

Quality of life, as an indicator of the health status of individuals [7], is a multidimensional concept that that mentally assesses various aspects of life, including cognitive function and well-being [8]. Quality of life is people's perception of their position in life in the context of culture, the value system in which they live, their goals, expectations, standards, and priorities. Researchers in the United States first evaluated the quality of life in different parts of the country in the 1930s. Afterward, the concept attracted the attention of interdisciplinary scientists so that the first research on the quality of life was conducted in the northwest of England in 1985. The main focus of these studies was limited to chronic mental illness and they used this concept as an indicator to assess mental health. Today, this concept is used to measure the effectiveness of treatments, drugs, surgeries, and health indicators [9]. Various studies conducted on the lifestyle of addicted people have shown that drug addiction affects and is affected by different aspects of a person's lifestyle. Drug addiction also affects the psychological dimension of the individuals and increases the incidence of depression, anxiety, anger, lack of enjoyment, and other abnormal psychological states. Thus, quality of life has different physical, psychological, and social dimensions, covering a broad spectrum of life aspects [10].

As mentioned, addiction is a serious personal and social damage and, in addition to its effects on the life of an addicted person, causes a crisis in marital relationships such as marital boredom and emotional and legal divorce [11]. Insecurity in intimate relationships, personality traits affecting intimate relationships, and the encompassing and profound crisis of addiction can be a source of burnout and gradual deterioration of life and marital relationships [12]. Previous research on the devastating consequences of addiction has indicated that addiction causes multiple marital disputes and conflicts in the lives of addicts. In this regard, some researchers showed that addicted people have more physical and marital problems than normal non-addicted people [13]. Sexual dissatisfaction is one of the main causes of marital problems in addicts. Sexual dysfunction is always one of the serious problems facing substance abusers.

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Positive cognitive-behavioral therapy is a new therapeutic intervention that combines cognitive behavioral therapy and positive psychology. Positive cognitive-behavioral therapy is a changing approach that calls for discussion about the individual's goals and the factors influencing the achievement of those goals. Positive cognitive-behavioral therapy focuses on developing or reorganizing positive and affective aspects, rather than focusing on issues and problems. The purpose of this intervention is not limited to pathology, the main problems and issues, and the improvement of the worst conditions, but also to achieve and bring success. It first deals with the positive aspects, strengths, and correct actions and creating the best things and does not simply emphasize the reduction of discomfort [14]. Geschwind, et al. showed that explicit focus on positive emotions efficiently diminishes depressive symptoms [15]. Jalali, et al. also reported that cognitive-behavioral group therapy reduced methamphetamine use among abusers with AIDS [16]. Gao, et al. also showed that smartphone addiction and depression were both affected neuroticism and quality of life [17]. Various studies have examined each of the components of quality of life, positive cognitive-behavioral therapy, and sexual dysfunction separately. Based on the literature review above, there is a gap in evaluating the effectiveness of positive cognitive-behavioral therapy on sexual dysfunctional beliefs and quality of life in people with a substance abuse tendency. Accordingly, this study aimed to evaluate the effectiveness of positive cognitive-behavioral therapy on sexual dysfunctional beliefs and quality of life in people with a substance abuse tendency.

Materials and Methods

Participants

The present study was a quasi-experimental study with a pretest-posttest control-group design. The statistical population of the study included people at risk of addiction in the charity and public groups, the Rayehe'ye Fatemeh (PBUH) Charity Foundation, and the Association of Children at Risk. Inclusion criteria of the study included having at least 20 years of age, awareness, complete consent to participate in the study, no physical defects such as blindness, deafness, and disability, no use of antidepressants, and no history of hospitalization in a mental hospital. Exclusion criteria were dissatisfaction during the research. A total of 30 people with addiction tendencies were randomly selected using the cluster sampling method and divided into two groups of 15 people, including the experimental and control groups.

Intervention method

The experimental group received positive cognitive-behavioral therapy for sexual dysfunctional beliefs and quality of life based on the titles and objectives of the training sessions. This treatment course was conducted in 10 sessions, two 50-minute sessions per week. The control group received no training or treatment. Briefly, the contents of the training sessions were the following: communication, introduction, acquaintance, taking pretests and increasing sexual awareness, Getting familiar with negative thoughts and beliefs that lead to negative feelings about sexual issues, explaining the effect of psychological factors on sexual function, cognitive reconstruction, educating sexual disorders, training of correct sexual intercourse, and conducting post-test.

Data collection method

Data collection tools in the present study included a standard 26-item quality of life questionnaire (WHOQOL-BREF) and a Sexual Dysfunctional Beliefs Questionnaire (SDBQ). After conducting all the sessions, the questionnaires were distributed once again between the control and experimental groups, and the differences were examined between the two groups to evaluate the effectiveness of positive cognitive-behavioral therapy on sexual dysfunctional beliefs and quality of life in people with addictive tendencies.

Sexual Dysfunction Beliefs Questionnaire (SDBQ)

This questionnaire includes 40 items to assess sexual beliefs and perceptions that are considered in the clinical literature as predisposing factors for sexual dysfunction in men and women. Individuals were asked to rank their agreement based on a five-point scale from completely disagree to agree [18]. The subscale of the form includes six types of beliefs: beliefs about female chastity, beliefs of sexual desire and pleasure as a sin, beliefs about body image, beliefs about the primacy of affection over sexual pleasure, and beliefs about the primacy of motherhood duties over sex. Test-retest reliability for men and women version with a four-week interval showed a significant and satisfactory correlation.

26-item Quality of Life Questionnaire (WHOQOL-BREF)

This tool has been used by several centers around the world to measure the quality of life and has therefore been extensively tested and examined. It includes 26 items that are taken from the 100-item version of this questionnaire. This questionnaire measures 4 broad domains of physical health, psychological health, social relationships, and the environment. This questionnaire can also be used to assess general health. Questionnaire items are evaluated on a 5-point scale, in which a higher score indicates a better quality of life. Examination of the WHOQOL-BREF questionnaire showed that the scores of the four domains are very similar to those obtained for the full version questionnaire [19]. Research on psychometric properties of the WHOQOL-BREF questionnaire showed differential validity, content validity, internal reliability (a Cronbach's alpha of 80% for physical health, 76% for psychological health, 66% for social relations, and 83% for environment), and appropriate test-retest reliability. In Iran, Nasiri et al. have translated this scale into Persian and reported its validity and reliability. A Cronbach's alpha coefficient of 84% indicates the favorable internal consistency of this questionnaire [20].

Statistical analysis

In the present study, data analysis was performed using multivariate analysis of covariance in SPSS24 software.

Results

A total of 30 people with addiction tendencies were randomly assigned into two groups of 15 people, including experimental and control groups. The control group included 14 females and 1 male, but in the experimental group, all participants were female. Table 1 shows the frequency distribution of participants by age, education, and marital status.

To provide a better understanding of the research variables, a description of the variables is presented in Table 2. Smirnov-Kolmogorov test was used to evaluate the normality of the variables. According to the results of the Smirnov-Kolmogorov test, it can be inferred that the expected distribution was not significantly different from the observed distribution for all variables ($P>0.05$) and, therefore, the variables had a normal distribution. In addition, the results of Levene's test using SPSS software showed that the variance of the groups was homogeneous (significance level greater than 0.05).

Moreover, the evaluation of relationship linearity and regression slope homogeneity of the scores obtained for the studied variables (beliefs about female chastity, beliefs of sexual desire and pleasure as a sin, beliefs about body image, beliefs about the primacy of affection over sexual pleasure, and beliefs about the primacy of motherhood duties over sex, physical health, psychological health, social relationships, and the environmental health) using the F-test showed that the assumption of homogeneity of regression lines is also valid. According to the competency tests above, the analysis of covariance was performed. Table 3 shows the results of the analysis of covariance.

Table 1. Frequency and percent distribution of participants' age, education, and marital status.

Variable		Control		Experiment	
		Frequency	Percent	Frequency	Percent
Age	25-30	4	26.7	5	33.3
	31-35	3	20	1	6.7
	36-40	3	20	4	26.7
	>40	5	33.3	5	33.3
Education	Under diploma	1	6.7	4	26.7
	Diploma	5	33.3	3	20
	Associate degree	1	6.6	1	6.6
	BSC	4	26.7	3	20
	MSC	4	26.7	4	26.7
Marital status	Single	8	53.3	10	66.7
	Married	7	46.7	5	33.3
Total		15	100	15	100

Table 2. Description of research variables.

Variable	Group	Pretest		Posttest	
		Mean	SD	Mean	SD
Beliefs about female chastity	Control	10.27	2.46	9.27	1.79
	Experiment	10	2.51	11.87	3.81
Beliefs of sexual desire and pleasure as a sin	Control	10.53	2.20	10.67	2.16
	Experiment	11.67	3.44	13.40	5.58
Beliefs about body image	Control	10.33	1.11	10.33	1.11
	Experiment	11	2.33	13.80	4.51
Beliefs about the primacy of affection over sexual pleasure	Control	9.73	1.62	12.27	2.25
	Experiment	10	1.46	17	5.01
Beliefs about the primacy of motherhood duties over sex	Control	11.07	2.15	9.53	0.83
	Experiment	11.40	2.35	12.27	2.25
Physical health	Control	6.47	0.92	6.53	0.83
	Experiment	7.80	3.10	12.80	2.91
Psychological health	Control	15.67	2.74	15.93	2.96
	Experiment	18.13	7.39	34.73	5.80
Social relationships	Control	4.40	1.30	4.33	1.35
	Experiment	5.13	2.39	9.73	2.55
Environmental health	Control	14.60	2.03	13.93	2.15
	Experiment	17.07	6.61	21	4.29

Table 3. Analysis of covariance of the dependent variable.

Variable		Type III sums of squares	Degrees of freedom	Mean square	F	Significance level
Beliefs about female chastity	Pretest	43.701	1	43.701	5.524	0.024
	Group	55.890	1	55.890	7.362	0.011
	Error	204.965	27	7.591		
	Total	299.367	29			
Beliefs of sexual desire and pleasure as a sin	Pretest	116.341	1	116.341	8.168	0.007
	Group	710.556	1	710.556	49.884	0.008
	Error	381.593	27	14.244		
	Total	1364.967	29			
Beliefs about body image	Pretest	107.858	1	107.858	9.204	0.005
	Group	679.002	1	679.002	57.941	0.001
	Error	316.408	27	11.719		
	Total	1235.467	29			
Beliefs about the primacy of affection over sexual pleasure	Pretest	79.326	1	79.326	6.474	0.017
	Group	829.265	1	829.265	67.683	0.001
	Error	330.807	27	12.252		
	Total	1200.667	29			

Beliefs about the primacy of motherhood duties over sex	Pretest	61.641	1	61.641	4.607	0.041
	Group	1570.765	1	1570.765	117.386	0.001
	Error	361.292	27	13.381		
	Total	2050.967	29			
Physical health	Pretest	26.023	1	26.023	6.881	0.014
	Group	223.615	1	223.615	59.128	0.001
	Error	102.111	27	3.782		
	Total	422.667	29			
Psychological health	Pretest	206.081	1	206.081	14.349	0.001
	Group	2207.006	1	2207.006	153.665	0.001
	Error	387.786	27	14.362		
	Total	3244.667	29			
Social relationships	Pretest	26.707	1	26.707	8.052	0.009
	Group	182.424	1	182.424	54.996	0.001
	Error	89.559	27	3.317		
	Total	334.967	29			
Environmental health	Pretest	163.487	1	163.487	27.684	0.001
	Group	240.011	1	240.011	40.642	0.001
	Error	159.447	27	5.905		
	Total	697.467	29			

According to the results of Table 3, the F ratio is statistically significant for the dependent variables. The results of Table 3 for the experimental and control groups show that there is a significant difference in the mean values between the two groups after the intervention. It can therefore be said that positive cognitive-behavioral therapy has a significant effect on beliefs about female chastity, beliefs of sexual desire and pleasure as a sin, beliefs about body image, beliefs about the primacy of affection over sexual pleasure, beliefs about the primacy of motherhood duties over sex, physical health, psychological health, social relationships, and the environmental health. The results of Levene's test showed that the box's test related to variance homogeneity is not significant due to significant levels of less than 0.05, so the assumption of variance homogeneity is confirmed. The results also showed that there is a significant difference between the studied variables. Moreover, the results of the analysis of covariance (significance level less than 0.05) showed that positive cognitive-behavioral therapy had a significant effect on sexual dysfunctional beliefs and quality of life in people with addiction tendencies (Table 4).

Table 4. Results of analysis of covariance.

Source	Dependent variable	Type III sums of squares	Degrees of freedom	Mean square	F	Significance level
Corrected model	Quality of life	18793.461a	3	6264.487	38.110	0.000
	Sexual dysfunctional beliefs	16565.286b	3	5521.762	93.821	0.000
Interception	Quality of life	1007.630	1	1007.630	6.130	0.020
	Sexual dysfunctional beliefs	549.772	1	549.772	9.341	0.005
Quality of life	Quality of life	668.918	1	668.918	0.636	0.012
	Sexual dysfunctional beliefs	615.838	1	615.838	10.464	0.003
Sexual dysfunctional beliefs	Quality of life	635.209	1	635.209	0.214	0.021
	Sexual dysfunctional beliefs	634.976	1	634.976	10.789	0.003
Group	Quality of life	14788.296	1	14788.296	89.964	0.000
	Sexual dysfunctional beliefs	8125.426	1	8125.426	138.060	0.000
Error	Quality of life	4273.906	26	164.381		
	Sexual dysfunctional beliefs	1530.214	26	58.854		
Total	Quality of life	202945.000	30			
	Sexual dysfunctional beliefs	397783.000	30			
Corrected model	Quality of life	23067.367	29			
	Sexual dysfunctional beliefs	18095.500	29			

Discussion

The results of the present study indicated that positive cognitive-behavioral therapy had a significant effect on sexual dysfunctional beliefs and quality of life in people with a tendency to addiction. Since people with a tendency to addiction have different sexual dysfunctional beliefs and quality of life from the general population, and because their quality of life may be affected by their tendencies towards addiction, It can be said that positive cognitive-behavioral therapy is an effective factor with a significant impact on sexual dysfunctional beliefs and quality of life of people with a substance abuse tendency. In line with the results of the present study, Jalali, et al. evaluated the effectiveness of cognitive-behavioral group therapy in reducing cravings among methamphetamine abusers living with HIV/AIDS. Their results showed that methamphetamine cravings decreased among HIV/AIDS abusers [16]. Moreover, Bennebroek, et al. showed in their study that cognitive-behavioral therapy has a significant effect on the quality of life, anxiety, and depressive symptoms in patients with inflammatory bowel disease [21]. The results of this study showed that positive cognitive-behavioral therapy had a significant effect on beliefs about women chastity in addicted individuals because such beliefs could be low in addicted individuals and positive cognitive-behavioral therapy can reinforce such beliefs in individuals with a tendency to addiction. Our findings on the effect of positive cognitive-behavioral therapy on beliefs about sexual desire and pleasure as a sin are consistent with the results of Keshtkar, et al. who showed that the effectiveness of cognitive-behavioral self-management group therapy in reducing pain-related anxiety was significantly different between experimental group and control [22]. Abadi, et al. also stated that positive cognitive-behavioral therapy had a significant effect on beliefs about sexual desire and pleasure as a sin in people with a tendency to addiction [23]. People with a tendency to addiction have different beliefs about sexual desire and pleasure as a sin than general people due to their special circumstances. Thus, it can be said that positive cognitive-behavioral therapy is a proper tool to treat beliefs about sexual desire and pleasure as a sin in people with a tendency to addiction.

Positive cognitive-behavioral therapy had a significant effect on body image beliefs in people with an addiction tendency. The results of Jalai, et al. and Bahram Abadi, et al. studies are consistent with the findings of the present study [16,23]. Based on the results of the current study, it can be concluded that positive cognitive-behavioral therapy had a significant effect on beliefs about the primacy of affection over sexual pleasure in people with a tendency to addiction. The results of other studies and researches also confirm these findings [24,25]. Positive cognitive-behavioral therapy can be used as a tool for changing sexual pleasure in people with addictions, through which these people become aware of the problems caused by their tendencies and attempt to treat them. It can also be said that beliefs about the primacy of emotion and sexual pleasure in people with a tendency to addiction are different from that in general people. Due to the special circumstances of this individual, they always resort to addiction when facing hardships and difficulties, so it can be argued that positive cognitive-behavioral therapy has a significant effect on beliefs about the primacy of emotion over sexual pleasure in people with addiction. These results are consistent with those reported by Ghaderi Mehr and Ahmadi [26] and Bennebroek, et al. [21]. Moreover, the physical health of people with addiction tendencies is always endangered due to their tendencies towards drugs, so it can be argued that positive cognitive-behavioral therapy is an effective and influential factor on the physical health of individuals with addiction tendencies. Similar results were also reported by Gao, et al. and Abdolmanafi, et al. [17,27].

The results of the present study showed that positive cognitive-behavioral therapy had a significant effect on psychological health in people with a tendency to addiction. The results of other similar studies and researches confirm these findings [16,24]. This issue can be explained as the special atmosphere and environment that exists among these people can increase their tendencies towards addiction and endanger their psychological health. Hence, it can be stated that positive cognitive-behavioral therapy has a significant effect on psychological health in people with addictive tendencies. Irandoost, et al. showed in their study that sexual dysfunction beliefs had a significant positive effect on psychological distress and a significant negative effect on marital intimacy and sexual function [28]. Alipour, et al. reported different rates of improvement in vital signs and psychological well-being between the control and experimental groups [29]. According to the results of the present study, positive cognitive-behavioral therapy had a significant effect on social relations in people with addictive tendencies. This is in agreement with the results obtained by Irandoost, et al. and Alipour, et al. [28,29]. Finally, the results of the present study indicated a significant effect of positive cognitive-behavioral therapy on the environmental health of people with a tendency to addiction. Similar results have also been reported by Rahimi Siahgoli, et al. and Amanallahi, et al. [30,31].

Conclusion

Drug addiction also affects the psychological dimension of the individuals and increases the incidence of depression, anxiety, anger, lack of enjoyment, and other abnormal psychological states .Sexual dysfunction is always one of the serious problems facing substance abusers. Positive cognitive-behavioral therapy is a new therapeutic intervention that combines cognitive behavioral therapy and positive psychology. Positive cognitive-behavioral therapy is an effective factor with a significant impact on sexual dysfunctional beliefs and the quality of life of people with a substance abuse tendency.

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Conflict of Interest

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

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