



METACOGNITION THERAPY ON GENERIC MEN SEXUAL FUNCTIONS

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ABSTRACT

Background and Objective: The purpose of this study was to evaluate the efficacy of metacognition therapy on improving the generic men sexual functions. Metacognition is "cognition about cognition", "thinking about thinking", "knowing about knowing", becoming "aware of one's awareness" and higher-order thinking skills. The term comes from the root word meta, meaning "beyond". Method: This study was conducted in a semi-experimental and pre-test-post-test design with control group. The community of this research was from men living in Tehran who had been at least two years of their last permanent marriage and between the ages of 20 and 45 and living in Iran. In this research, inferential statistics test (repeated measurement of mixed method and post hoc test, least significant difference) were analyzed. spss 23 software was used to analyze the data. Measurement tool in this research was a male sexual function questionnaire. Results: The findings of the study showed that the subjects in the metacognition group had an increase of 18.2% in the post-test and 18.8% in comparison with the pre-test in the generic sexual function. The result of the study was that the intervention by metacognition therapy method had an impact on generic men sexual function. Conclusion: The results of this study indicate that interventions using metacognition therapy are effective in improving generic men sexual functions, and it is possible to emphasize the need for more attention to cognitive interventions, including the approach of metacognition therapy in the field of sexual issues.

Keywords: Metacognition Therapy, Sexual Function, Cognition, Men Sex

INTRODUCTION

Sex is the most important part of the relationship and one of the main parts of human life, and sexual problems have a clear effect on the quality of life and individual's emotional well-being. Among all living things, the human sexual system has the most complex expression (Sadovsky and Nusbaum, 2006). Clinical experience based on this approach has revealed a heterogeneous view of sexual problems. For example, sexual desire is a psychological and mental experience (personally) that is generally known as stretching towards sexual goals or sexual function. This experience of genital / sexual arousal (a involuntary and natural state that affects the sexual organs and nervous system), mental sexual arousal (the meaning of mental consciousness of reproductive / psychological arousal), sexual activity (obvious behavioral responses, Like sex) and sexual feelings associated with these responses (such as satisfaction and happiness). Although desire, arousal, and sexual activity can often occur simultaneously, they alone cannot constitute the characteristics required for sexual desire (Regan et al., 2003). "The passion for proximity is not only physical, but also psychological, and manifests itself in a succession of special pleasures for privacy with the beloved," and the quality of sexual and romantic satisfaction in healthy people evolves over time and Enhanced

by acquaintance and intimacy. A healthy romantic relationship means that the two human beings are spontaneous, know each other and love each other. In healthy people, the tendency to become more self-provocative, to deflect defensive states, to rotate the masks and to try to improve the relationship is a matter of certainty (Maslow Abraham Herold, 2017). The husband and wife's sex is an important part of their relationship. Sometimes sexual problems are partly a problem set. When this is the case, sexual problems may be eroded along with improving marital affairs during family therapy or marital therapy. In other cases, sexual problems may be a primary problem, or even a separate problem and a specific treatment should be considered (Barker Phillip, 2016).

Sexual issues are multifactorial and are rooted in environmental, psychosocial, and biological factors. Apart from the physiological aspect, many of the poor performance and sexual problems of individuals are rooted in their psychological state (such as secondary sexual anxiety, obsession, etc.) and another part is also affected by the lack of education and awareness. Intimacy is one of the needs of the life of a woman and a husband, but it is also a hallmark of a successful and happy couple. Sincere relationship, with self-disclosure and the perception of the needs of another (wife) in an equal relationship, is conceived (Basson et al., 2000; Basson et al., 2004; Binik et al., 2002; Dennerstein, 2004; Platts, Tyson and Mason, 2004; Graziottin, 2004). Couples who are flexible, have a broad sex style that makes them immune to sexually disobedience. Sex is an energetic source of marital affairs. Sex can also be a strategy for preventing recurrence, resolving non-sexual conflicts and stress outside the bedroom. Sex acts as a stress reliever and empowers couples to face positive emotional, emotional, economic, everyday life issues, and business decisions and parents. When sex is used as a "bargaining power" for power, roles, or emotional problems, it expects a contrary outcome; a relationship that is compulsory and threatened or lacking in intimacy will certainly have a negative impact on the process of marriage. Intimacy, pleasure and sexuality are important emotional resources that increase the value of the marriage structure. Meanwhile, expressing expectations and recognizing early patterns is a fundamental function of creating sexual interfaces. Intimacy facilitates sexual desire, and couples create a mutually acceptable level of communication. Relationships and romance, the integration of emotional and sexual intimacy also increase sexuality (McCarthy, 1999). Sexual issues are multifactorial and are rooted in environmental, psychosocial, and biological factors (Basson et al., 2000; Basson et al., 2004; Binik et al., 2002; Dennerstein, 2004; Platts, Tyson and Mason, 2004; Graziottin, 2004). Issues Sexuality is related to coupled dynamics, family and cultural-social factors. These relationships are considered as a multi-system between men and women. Suitable physiological response to a combination of immune, connective, muscular, neurological, vascular, and hormone systems (Bachman et al., 2002; Graziottin A BrottoL, 2004; Levine, 2002; Connell et al., 2004). Apart from the physiological aspect, many of the poor performance and sexual problems of individuals are rooted in their psychological state (such as secondary sexual anxiety, obsession, etc.) and another part is also affected by the lack of education and awareness. The intervention used in this study intends to use metacognition therapy with an emphasis on sexual cognition status and achieving a proper psycho-sexual state through. Metacognition can be understood as meaning individual awareness of the process of thinking itself and its ability to control this process. Metacognition is a cognitive



model that operates at a higher level and is based on supervision and control (Cakiroglu A Ustbilis, 2007; Desoete and Ozsoy, 2009; Hacker and Dunlosky, 2003). In this regard, considering that the cognitive system of people is established from the first few years of life, and with the evolution of these systems, motives related to attachment, cognition and emotions form themselves and others and affect the performance of sexual and care systems (Davis et al, 2006). Wells et al. (2009) studied a single case study in 4 patients and followed up for 3-6 months. Treatment was associated with significant improvement in symptoms of depression and decreased rumination, and the results of the follow up period continued. Considering the above issues and the impact of human sexual behavior on various psychological, physiological and cultural factors, this research intends to study the effectiveness of the intervention of metacognition therapy on generic men sexual functions among urban population.

RESEARCH METHODOLOGY

The present study is a semi-experimental study entitled Unequal control group. Research is the research that the researcher has done and manipulates the independent variable, and measures the outcome of his intervention and manipulation on the dependent variable. The research design was a two-group (experimental and control group) and consisted of three steps before Test, post-test and follow-up. Independent variable, treatment of metacognition intervention on men sexual function, which was applied only in the experimental group, and its effect on the post test scores of the experimental group was compared to that of the control group. The dependent variable is men sexual function. The sample of this study was available from the population referring to the psychiatric and therapeutic centers of the 6th district of Tehran (Tomorrow's Consultants and Roozbeh Center) between 2014 and 2016. Volunteers did not have sexual disorders but wanted to improve their quality of life. Selected men were randomly assigned to the experimental and control group. In this study, the probability of the first type error is 5% (alpha 5%), and the second type error is 10% (the study capability is 90%) and for the whole sample is 20% fall. The correlation between pre-test and post-test was 0/6 and standard deviation was 20. To investigate and apply the conditions of entry and exit, 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, as well as on the personal characteristics Their goals were to attend meetings, marital status, marriage dates, education level, attendance at such meetings, ... Questions were asked and their physiological and physical health was reviewed by the physician. In this research, we used the Male Erosion Function Questionnaire (IIEF). The IIEF questionnaire was developed by Rosen et al. In 1997 to measure, gender, activity and satisfaction with sexual activity, and includes 15 questions divided into five domains. Erotic function, the achievement of ultimate pleasure, sexual desire, satisfaction of sexual intercourse, and satisfaction of the generic men sexual functions, and the subject responds to it. This questionnaire is now approved by most countries (Vienna, Kavasia, Novik, 2007). In the main studies of Rosen et al. (2002 and 1997), the re-test validity for this questionnaire was reported to be 0.44-0.84 ($r = 0.64$ to $r = 0.84$). Its alpha value for the whole questionnaire was higher than 0.91 and for each of its subscales was above 0.73. By Bay



(2013) in Iran, the reliability of this questionnaire and its subscales were 85% (Bay Roohallah, 2013).

In this research, interventional sessions of metacognition therapy were performed for 10 sessions of 60 to 90 minute with one to two weeks of one session, for intervention groups. Hours and sampling 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 questionnaires in the pre-test, post-test, and follow-up questionnaires, and before that, subjects were asked to respond with complete integrity 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 the subjects were completely confidential, they were not asked to deny their full name. After conducting the sessions, the subjects of all groups was evaluated (follow up) to investigate the effect of experimental variables and healing after one month after separation from interventional methods. In the meantime, the difficulty of discussing and 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.

The first session was dedicated to expressing the goals, expectations, and rules. In the cognitive therapy sessions is emphasized on the process of thinking and learning, and how it affects the formation of sexual misconceptions, misunderstanding and ill-fated shame and the sense of sexual guilty.

In this research, inferential statistics test (repeated measurement of mixed method and post hoc test, least significant difference of LSD) were analyzed. SPSS 23 software was used to analyze the data.

The research has done under Behavioral Sciences Research Center, Baqiyatallah University of Medical Sciences (under ministry of health and medical education of Iran) Ethical Approval.

RESULTS

Describing demographic data

In this section, the samples were described by descriptive statistics (frequency, percentage, mean, standard deviation, maximum and minimum) in terms of descriptive statistics and demographic questionnaires using tables. Chi-square test was used to determine the fitness of groups from the viewpoint of education, and one-way analysis of variance was used to compare the mean of the subjects' age. The table shows the distribution of the frequency and percentage of subjects in terms of education in groups. Chi-square test was used to determine the fitness of groups in terms of education. The results showed that there was no significant difference in the groups ($P < 0.05$). As a result, the assumption of the equality of groups was confirmed.



Table 1: Chi-square test in terms of education and groups

Study Groups		Education			
Control	Metacognition therapy				
0	2	Frequency	Diploma	Education	
0	13/3	Percentage			
1	5	Frequency	Post Diploma		
6/7	33/3	Percentage			
11	7	Frequency	Bachelor		
73/3	46/7	Percentage			
3	1	Frequency	Master		
0/20	6/7	Percentage			
15	15	Frequency	Total		
100	100	Percentage			
Significant Level	Degrees of freedom	Chi-square Value			
0/440	9	9/36			

Statistical assumptions

Using the Kolmogorov-Smirnov test, the normal distribution of observations was investigated.

Table 2: Comparison of pre-test, post-test, and follow-up of the Generic sexual function component in the Metacognition therapy group

Significant Level	F Value	Follow Up		Post Test		Pre test		generic Sexual function
		Standard deviation	Mean	Standard deviation	Mean	Standard deviation	Mean	
0/001	63/23	5/420	54/67	3/28	54/07	4/32	35/87	

Significantly at a level of 0.01

The table above is the result of a repeated measurement test. The above table shows that there is a significant difference between the pretest, posttest and follow up of the components of generic sexual functions ($P < 0.001$). In other words, the passionate metacognition approach is effective in increasing the generic sexual functions of men. Also, the percentage change is shown in the following table.

Table 3: Percentage changes in pre-test, post-test, and follow-up of the generic sexual function component in the metacognition therapy group

The percentage change of the pre-test and Follow Up	The percentage change of the Pre-test and Post-test	Follow Up Mean	Post Test Mean	Pre Test Mean
%. 18/8	%. 18/2	54/67	53/07	35/87

The above table shows that subjects in the metacognition group had 18.2% increase in post-test and 18.8% increase compared to the pre-test in generic sexual functions. Therefore, the zero hypothesis of research (H_0) was rejected, and the research hypothesis (H_A) was confirmed that the intervention by the metacognition therapy approach was effective on the generic male sexual functions.



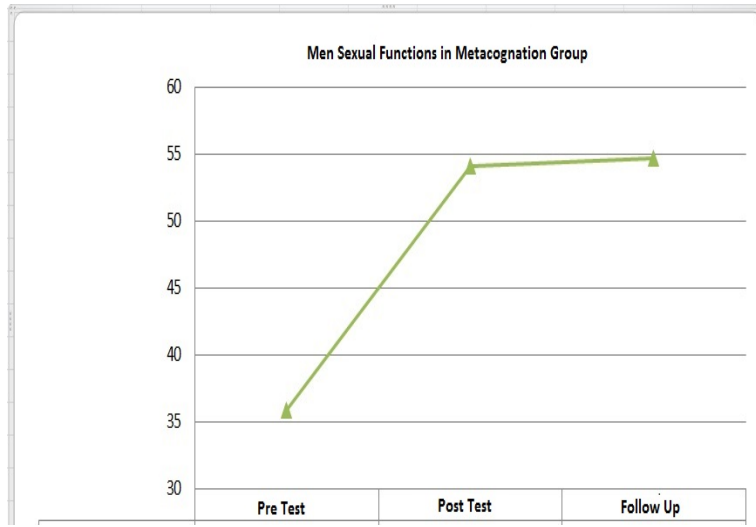


Figure 1: Comparison of pre-test, post-test, and follow-up of the generic sexual function component in the metacognition therapy group

DISCUSSION



When sexual systems function effectively in a marriage, a relationship between 15% and 20% is created in the relationship between emotion and energy in the structure of that relationship. When the sexual system is bad or does not exist, it has a power greater than 50% to 75% that eliminates the life of marriage intimacy (McCarthy BW, 2002). Problems such as inhaled sexually transmitted diseases are one of the main complaints of couples in sex therapy, creating a sense of expectation, desirability, being aware of a wife, and appreciating positive performance, marital sexual sensation, and the development of a level of intimacy with a range of emotional, Physical, sensual, and romantic literature and idioms to maintain this relationship and to have realistic expectations of the sexual role of each spouse will facilitate sexual desire and continuity of marriage (McCarthy, 1999; Ali Mohammad, 2014; William and Virginia, 2017; Lolín Jones, 2016; Koushki and Khalilifar, 2010). In the study, intervention with metacognition therapy has been effective in improving generic men sexual functions. Due to the novelty of the research subject that is exactly consistent with the variables in this research, it has not been done. However, a similar study has been made here. Jonette et al. 2012's research on the cognitive processing model showed that the problems of sexual arousal in men and women are a complex interaction of feedback loops that include negative expectations, negative emotions, and focus on the characteristics of sexual function (Soltanizadeh et al., 2012). This study was also carried out by Birnbaum (2007) by Impett and Peplau (2002), Flavell (1979), Metcalf and Shimamura (1994), Wells et al. (2009). Barlow's research suggests that people with sexual problems have negative cognitive schemas and errors in the processing of information (Barlow, 1986). The original model of Barlow was developed by Wiegel et al. (2007) and Hill (2007), suggesting that the vulnerability of cognition is one of the main elements that manifests itself in the ineffectiveness of sex (Wiegel, Scepkowski and Barlow, 2007; Hill, 2007). Those studies confirmed this study too. In fact, the more a person's schema and personal sexual identities is the more negative the individual's

thoughts are during sexual activity and the sexual function is reduced. The results of previous research and the results of our research lead us to believe that the use of methods such as metacognition may play a valuable role in treating human cases, including sexual problems, due to the impact on human psychosocial factors. Therefore, according to the results from the hypothesis of this study, it is suggested that this study be carried out at other times and with more subjects. It is recommended that further research be conducted in this area, and that therapists also use this method for the treatment of couples' sexual problems. Consider. It is suggested that the subject of research in other instances be implemented to achieve comprehensive findings. Due to the impact of social, cultural, geographical and temporal conditions, it is recommended that this issue be carried out at other locations and times. It is suggested that information and interviewing methods be used to further refine the findings. Basically, any kind of research on human and social issues faces some limitations. Since this research also deals with human issues, it has its own limitations and problems, including: due to cultural issues and issues, the researcher could not simultaneously investigate the female population. Also, cultural sensitivities about sexual issues in our country have greatly reduced the participation of the compatriots in conducting such research, and as a result, the scholar has steadily made use of the sampling method. Of course, with careful choice of control variables, attempts were made to avoid possible errors or effects of unwanted variables.

CONCLUSION

The results of this study indicate that interventions using metacognition therapy are effective in improving generic men sexual functions, and it is possible to emphasize the need for more attention to psycho-physiological interventions, including the approach of metacognition therapy in the field of sexual health.



ACKNOWLEDGEMENTS

This article was preceded by a doctoral dissertation which was conducted at the Institute of Behavioral Sciences Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran. Therefore, thanks to all the loved ones and the masters who helped us to do this; we have the best of thanks for all of them who help us.

Ethical Approval

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

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