

## THE EFFECTIVENESS OF CBT IN THE TREATMENT OF FEMALE SEXUAL DYSFUNCTIONS: A QUALITATIVE STUDY

Despite all the progress already made and all initiatives to demystify the theme of sexuality, it is still surrounded by a series of paradigms and taboos in today's society, which ultimately affects the sexual health of women. Cognitive behavioral psychotherapy (CBT) is a psychotherapeutic approach that favors the restructuring of dysfunctional thoughts and beliefs. And although it is indicated as effective in the treatment of female sexual dysfunctions, no research has been found to prove its efficacy compared to sexual education.

### Hypothesis / aims of study

To analyze the effects of CBT on the sexual function of women with a sexual dysfunction.

### Study design, materials and methods

This is a comparative study that uses the qualitative method and case study design. The qualitative method was chosen because it was believed that the purpose of study, would be better evaluated through this method with the psychological and subjective questions. The women went to the Care Center spontaneously because they recognized their sexual complaint, or they were referred by health professionals. Included were women aged 18-59 years, with Female Sexual Function Index (FSFI) scores of less than or equal to 26. Excluded were women with moderate to severe BECK scores, patients with other pelvic floor dysfunctions, and who had prescriptions of hormone therapy after initiation of treatment.

The patients of the Control Group were given 10 sex education sessions. The patients of the Intervention Group were given 10 sessions of cognitive behavioral psychotherapy, in combination with the sessions of Sexual Education.

As a data collection technique, the semi-structured interview was used, which presents a degree of structuring, allowing the researcher to intervene when the participant distances himself from the script based on the principles and techniques of CBT.

Throughout the 10 sessions, 08 categories of the patient's life were analyzed: Sexual Education, Affective- / Marital area, Social- / Leisure area, Body Image & Self-care and Sexual Function. However, in this work we will discuss the results of the categories Sexual Education, Body Image & Self Care and Sexual Function, because they are considered the ones that have a more direct relation in the quality of the sexual life of the patients.

### Results

Regarding Sexual Education, all patients (n = 12) reported having had inadequate sex education. Regarding the Body Image & Self-care category, all patients (n = 12) in both groups presented discomfort with their body and embarrassment in undressing in front of the partners, at the beginning of the treatment. In addition, all patients had a dissociation of the genitalia in relation to the body in general. At the end of the treatment, all patients in the Intervention Group (n = 07) started to perform regular genital self-focusing activities. Regarding self-care, 05 patients in this group showed changes in behavior patterns, showing more care and satisfaction in the relationship with their body. Regarding the end of treatment in the Control Group, 04 patients did not present alterations in their relation with their body, self-care and self-focusing. Only one patient revealed that she eventually underwent genital self-focusing.

Regarding the category Sexual Function, all patients (n = 12) had difficulty in sexual relations and did not perform masturbation at the beginning of treatment. At the end of the protocol, in the Intervention Group 05 patients started to perform masturbation and included this practice as one of the forms of sexual activity. In the Control Group, no patient started practicing masturbation. Regarding sexual activity with partners, at the end of the treatment, 05 patients in the intervention group reported improvement in desire, increased frequency of sexual activity and attempts to penetrate during sexual intercourse. In the Control Group, 03 patients reported increased desire, but reported that sexual activity attempts were not performed.

### Interpretation of results

With regard to sexual education, the way families deal with this, as well as appropriate training in order to address the issue, were considered important factors in the process of sex education and the well-adapted development of the sexuality of children<sup>1</sup>. It is known that life experiences are fundamental for the structuring of beliefs and paradigms and, with regard to Psychogenic Sexual Dysfunctions, they may be the result of dysfunctional constructions regarding sexuality. With regard to Body Image and Self-care, one of the principles of psychotherapy is the reestablishment of a sense of self-care<sup>2</sup>. The fact that changes in this area occurred only in patients in the intervention group may point to the influence of psychotherapy in this dimension. The fact that the Sexual Function was rehabilitated in the majority of women in the intervention group (n = 05) points to the relevance of psychotherapeutic interventions in the deconstruction of dysfunctional beliefs regarding sexuality<sup>3</sup>.

### Concluding message

In this research, the data pointed to the positive impact of CBT on the Sexual Function of women with sexual dysfunction, reaffirming the relevance of this type of psychotherapy in the treatment of issues in which dysfunctional beliefs interfere in the cognitive distortions, emotional and behavioral responses, interfering in the achievement of personal goals of the subject.

### References

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Disclosures

**Funding:** No **Clinical Trial:** Yes **Registration Number:** Clinical Trials (NCT02613546) **RCT:** No **Subjects:** HUMAN **Ethics Committee:** Ethics Review Board of the Bahiana School of Medicine and Public Health, Salvador, Bahia, Brazil (CAAE: 44137115.7.0000.5544). **Helsinki:** Yes **Informed Consent:** Yes