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Research Article

**THE EFFECTIVENESS OF SEXUAL EDUCATION
CONCENTRATED ON COGNITIVE SCHEMAS ON SEXUAL
FUNCTIONING AND EMOTIONAL REGULATION IN WOMEN****Hamedeh Taghavi and Dr. Nazanin Honarparvaran***

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Abstract

This study has the goal of investigating the effectiveness of sexual education concentrated on cognitive schemas on sexual functioning and emotional regulation in women. The method used here was Semi-experimental research with pre-test - post-test and with a control group. The statistical population is all the female students of Islamic Azad University of Shiraz during the years of 2015 and 2016. Sampling was done by available method and sexual performance index questionnaire of Rosen et al and emotional regulation of Granvesky from 30 respondents who got the lowest score, and then they were divided into two groups of test and control. Test group got 10 sessions, each one and a half hour, of sexual education based on cognitive schemas, but the control group received no intervention. After the sessions the post-test was taken and the data was analyzed by covariance analysis. The results show that sexual education concentrated on cognitive schemas has significant effects on sexual functioning of women, also the effect of sexual education concentrated on cognitive scheme on emotional regulation of women was significant.

Keywords: *sexual education, cognitive schemas, sexual functioning, emotional regulation***Corresponding Author:**

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INTRODUCTION:

Although humans have experienced sexual pleasure throughout time, the sexual experience differs from person to person, because this experience is something personal and each person has their own thoughts and emotions specific to them [14]. One element that affects marriage is the sexual life of the couple, and all men and women have experienced difficulties in this field, because one of the key factors in sexual function and performance are the beliefs of the person or his knowledge about sex or his ability in sexual functioning. Moreover, according to [8], people shape their sexual behavior in a gender system. They receive their sexual schemas as a complex of common cultural clichés that affect their sexual behavior. Women who have positive sexual schemas about sexual relationships have a better feeling about their sexual experiences compared to women who have negative sexual schemas and these positive schemas will lead them to a more satisfying sexual relationship [20]. Andersen & [2] believe that people with negative sexual self-schemas have less emotional involvement with their sexual partner and they are less susceptible to an intimate relationship. concluded that people with positive sexual schemas are more sexually satisfied and more adaptive. This clarifies that emotions and emotion regulation is under the influence of sexual schemas. Because of that it seems like couples sexual function is mostly based on emotional regulation. Emotion regulation refers to activities done to change or mediate an emotional situation [1], [27] in their investigation of changes in sexual self-schemas of women the history of sexual abuse as a child after expressive writing treatment (Oral experience) showed that this treatment leads to the shaping of cases of sexual schemas connected to family, development, virginity, abuse of relationship, sexual activity and attractiveness.

So with having the importance of sexual functioning and emotional regulation in sexual behavior in mind, informed couples should increase their knowledge and take advice from experts in the case of sexual problems in order to take the most out of their married life [30]. Moreover one of the responsibilities of psychologists and mental health specialists is to inform people about sexual matters. Indeed, cognitive specialists, as teachers with suitable knowledge of how to prevent sexual problems, can take the responsibility of sexual education [24]. In other words, the first important element in learning and changing sexual behavior is knowledge, because by knowledge we can say that if couples understand this matter they can reach mental health and satisfaction in their sexual and married life [25].

One of the important cognitive methods in treating and preventing psychological problems and sexual functioning is to teach based on cognitive schemas which are based on cognitive behavioral approach and it was mostly developed after the publication of the book "human sexual inadequacy" by Masters & Johnson. Schema is a concept in cognitive psychology which investigates the way people think, perceive and process, and remember information. Schema is a framework of general knowledge of a person about a significant matter [6]. Sexual cognitive schema includes a standards and expectations which are in relation with sexual matters of the person (Middleton et al 2008). [22] have reported the role of cognitive schemas in sexual activities of women.

Young (1980) considers the primitive incompatible the schemas the foundation of problems and psychological disorders and maladaptive behaviors in people and he believed that these schemas are not functional and self-sustaining. Also he claims that these deep foundations act very strongly in psychological disorders and as a result they prevent the effectiveness of short term classic behavioral-cognitive treatments. So in order to treat these disorders we need an approach that will change and correct these schemas. To do that he edited treatment schema. investigated the effect of treating women with sexual relationship problems with the emotion oriented approach and he concluded that during treatment sessions women could better share their emotions and it was important for them that their husbands could understand their experiences. Also during treatment sessions women discovered a new feeling for talking about their emotions and before the sessions they didn't know they wanted to talk about this emotion. In another study, Berking M, Wupperman, Reichardt, Pejic, [4] in an investigation of emotion regulation capabilities and intervening in pathology with comparing effectiveness of behavioral- cognitive treatment and mixing it with teaching of emotional schemas treatment, showed that combined intervention has a significant effect on increasing emotional regulation capabilities.

This shows that the intervention with other approaches may not have been able to affect sexual function and emotional regulation in the long run. So it is important to pay attention to sexual education based on cognitive schemas. So, based on what have been said, this question arises: does sexual education based on cognitive schemas have any effect on sexual function and emotional regulation.

RESEARCH METHOD:

The research method was semi experimental with pre-test and post-test and a control group. The research population is all the married female students of Islamic Azad University of Shiraz during the years of 2015-2016. Sampling was done by available method, at first female students who wanted to contribute, volunteered, 100 were chosen and then by using the sexual function index questionnaire and emotional cognitive regulation question the ones with the lowest scores were chosen randomly under the condition of having a sexual relationship during the last month, living in Shiraz, and being married for at least two years. Then this group received sexual education based on cognitive schemas while the control group didn't receive his educations.

Measuring tool: to measure the sexual function, the female sexual function index questionnaire was used which was developed by Rosen et al (2000). This questionnaire has six elements (Sexual desire, Sexual arousal, level of wetness during sex, orgasm, sexual satisfaction and sexual pain). Scoring was on shape with 5 choices from I'm completely against (1) to I completely agree (5). This questionnaire was standardized by Mohammadi et al (2004) and the Alpha coefficient for the whole questionnaire is 0.70 and for its elements they are between 0.72 and 0.89. The questionnaire for emotional cognitive regulation: the strategies scale used for emotional cognitive regulation by Granvesky and Greich in order to assess the way people, think after they experience threatening or distressing events in life. This scale has 36 articles which can be answered based on 5 degrees from never to always.

Granvesky and Greich reported the alpha coefficient for the factors of this questionnaire from 0.71 to 0.81. [19] and by Cronbach coefficient method the last

coefficient for negative emotions regulation strategies subscale is 0.78, positive emotions regulation strategies subscale is 0.83, the whole is 0.81, and scale validity is 0.85. This scale has seven strategies or factors: Positive focusing, positive assessing, self-blaming, blaming others, rumination, catastrophe, and acceptance. [11]

Summary of training sessions

First session: getting to know the members, expressing the group regulation, familiarizing with physiology of male and female genitalia.

Second session: Introducing the cycle of sexual response in women with focusing on introducing orgasm and how to reach it

Third session: checking previous sessions homework, introducing the cognitive model and familiarizing with the schemas

Fourth session: assessing the nonfunctioning schemas

Fifth session: teaching cognitive training focused on treating is schemas

Sixth session: a conversation on sexual misconceptions

Seventh session: investigating the roots to sexual misconception schema by using practical exercises

Eighth session: continue on investigating the roots to sexual misconception schema

Ninth session: assessing the changes in behavior (sexual functioning and emotional regulations) based on practical and cognitive exercises

Tenth session: summary, reassessment of sessions and post-tests

Data is used by descriptive and inferential statistics.

RESULT:

Research hypothesis: sexual education based on cognitive schemas has a significant effect on sexual functioning of women.

Table 1: results of one way covariance of the effect of sexual education on sexual functioning

source of Change	Sum of squares	Df of freedom degree	Average of squares	statistics of F	level of significance	Eta ²
Pre-test	85.58	1	85.58	27.68	0.000	0.51
Group	1368.57	1	1368.57	442.67	0.000	0.84
Error	83.47	27	3.09			
Total	1792.31	30				

Table 2: covariance analysis results of the effect of sexual education on sexual functioning elements

Source of Changes	Dependent variable	Sum of squares	freedom degree	Average of squares	statistics of F	level of significance	Eta ²
Pre-test	Desire	0.185	1	0.185	0.431	0.517	0.02
	Arousal	5.276	1	5.276	8.626	0.007	0.24
	Wetness	3.955	1	3.955	8.228	0.008	0.23
	Orgasem	2.464	1	2.464	7.065	0.018	0.21
	Satisfaction	2.993	1	2.993	10.19	0.004	0.27
	Pain	1.527	1	1.527	4.264	0.05	0.14
Group	Desire	32.61	1	32.61	76.06	0.000	0.74
	Arousal	25.83	1	25.83	42.24	0.000	0.61
	Wetness	32.35	1	32.35	67.29	0.000	0.71
	Orgasem	36.53	1	36.53	103.74	0.000	0.79
	Satisfaction	51.13	1	51.13	174.09	0.000	0.87
	Pain	53.57	1	53.57	149.50	0.000	0.85
Error	Desire	11.57	27	0.429			
	Arousal	16.51	27	0.612			
	Wetness	12.98	27	0.481			
	Orgasem	9.42	27	0.349			
	Satisfaction	7.93	27	0.294			
	Pain	9.67	27	0.358			
Total	Desire	459.36	30				
	Arousal	490.23	30				
	Wetness	483.58	30				
	Orgasem	459.60	30				
	Satisfaction	592.64	30				
	Pain	443.68	30				

Research hypothesis: sexual education based on cognitive schemas has a significant effect on emotional regulation in women

Table 3: covariance analysis results of the effect of sexual education on emotional regulation elements

Source of Changes	Dependent variable	Sum of squares	freedom degree	Average of squares	statistics of F	level of significance	Eta ²
Pre-test	Positive focusing	170.32	1	170.32	22.47	0.000	0.45
	Positive assessing	23.17	1	23.17	5.06	0.033	0.16
	Self-blaming	19.32	1	19.32	7.746	0.01	0.22
	Blaming others	9.36	1	9.36	5.495	0.027	0.17
	Rumination	45.067	1	45.067	6.351	0.018	0.19
	Catastrophe	21.68	1	21.68	7.265	0.012	0.21
	Acceptance	16.07	1	16.07	4.673	0.04	0.15

Group	Positive focusing	743.09	1	743.09	98.05	0.000	0.78
	Positive assessing	406.11	1	406.11	88.78	0.000	0.77
	Self-blaming	142.63	1	142.63	57.18	0.000	0.68
	Blaming others	99.49	1	99.49	58.42	0.000	0.68
	Rumination	155.35	1	155.35	21.89	0.000	0.45
	Catastrophe	136.25	1	136.25	45.65	0.000	0.63
	Acceptance	223.85	1	223.85	65.09	0.000	0.71
Error	Positive focusing	204.61	27	7.58			
	Positive assessing	123.51	27	4.57			
	Self-blaming	45.97	27	2.494			
	Blaming others	67.35	27	1.70			
	Rumination	191.60	27	7.09			
	Catastrophe	80.58	27	2.98			
	Acceptance	92.86	27	3.439			
Total	Positive focusing	3404.00	30				
	Positive assessing	14656.00	30				
	Self-blaming	3271.00	30				
	Blaming others	3432.00	30				
	Rumination	7720.00	30				
	Catastrophe	6353.00	30				
	Acceptance	5361.00	30				

CONCLUSION:

There is also that sexual education based on cognitive skills has a significant effect on sexual functioning of women. This research is in line with studies done by Cornelius and [7], [26], [22], [23], [30]

To explain this finding we can see that schemas in the atmosphere of marital relationship a combination of beliefs that the couple have about themselves, their marital relationship and the way they can be functional in that relationship. Each of the couple's behavior has led to the continuum of the schema and the clash between their personal beliefs, which is a result of these schemas, can affect the performance of couples, especially their sexual function. So any treatments or intervention we treatment on schema and confronting personal beliefs may be able to improve couples disruptive performance, including problems arising from sexual functioning, because Young (1990) believes that schema is long-term and sustainable pattern which is formed during childhood and it will continue to exist to adulthood. We look at the world through these schemas. Ordinarily disease schemas will only change in their treatment context. Even the absolute success in life is not enough to change them. In this case treatment may include helping people in order to make them accept their schemas and try to direct them toward positivity.

Based on these, it can be said that sexual education focused on cognitive schemas has made women understand the revolutionary roots of each schema and realize that the reason for their current behavior is their beliefs and views which was learned during childhood and can be changed with special teaching and practice. After being familiarized with their schemas and by practicing cognitive and emotional practices, people will realize that these methods will lead to complicated mental reactions which would prevent unwanted sexual tension. Because during teaching sessions women were helped to make better choices and forget their destructive behavioral patterns. They learned to use mental picturing and acting during treatment sessions and at home in order to have new behaviors, so it is possible that teaching has made them to shift from non-functioning reactions toward functioning reaction. Also during sessions members are allowed to show their emotions and talk about them freely, and this free and convenient communication will lead to emotional discharge and decrease in stress. In these sessions women were taught that their problem in sexual functioning is their beliefs and views which were shaped during childhood and can be changed by teaching and practice. After familiarizing with their schemas, by doing cognitive, emotional, behavioral and interpersonal practices, they realize that the result of these teachings (teaching sessions and doing homework) will prevent unwanted sexual tension and

this will give them comfort during sexual relationship in order to successfully choose functioning reaction methods and this will result in improvement in sexual functioning.

The other finding of this research showed that sexual education focused on cognitive schemas has a significant effect on emotional regulation of women including Positive focusing, Positive assessing, Self-blaming, Blaming others, Rumination, Catastrophe, and Acceptance. According to the investigation done it is confirmed that to this day there has been no research done about this findings in order to be able to compare the results, but considering the applications of cognitive treatment and countless studies which have been conducted in this field it is safe to say that the findings of this research is in line with previous studies.

To explain the findings of this research it should be said at the obvious thing here is that the ability to understand emotions, mediating the emotional experience and expressing the emotions has a great role in the use of compatible strategies (Positive focusing, Positive assessing and acceptance) and incompatible strategies (Self blaming, Blaming others, Rumination, Catastrophe) (Graz and Gunderson 2006), so if the therapist is able to teach the way of controlling negative emotions and the way of using positive emotions, then they have helped to improve emotional regulations. So it is possible that teaching the method of casting the confirming evidence of schemas and also the homework based on teaching cards (a summary of acceptable answers to situations which would activate the schemas) and schema registration form, was able to activate the logical answers of the patrons, and by acceptable answers to activating situations of the schema, made it possible for women to do positive assessing, positive focusing and planning, because using teaching cards will make it possible for therapist and patron to form acceptable answers before confronting the activating situation of the schema so that patron can read them when it is needed, before or during session (Young et al 2003). Also by using relationship therapy, parents can be helpful in accepting bad situations and improve incompatible sexual schemas and mediate negative emotions and this can affect emotions and emotional regulations [2], because emotional regulation implies cognitive methods to manipulate entry data of the one who called for the emotions [13].

As a general explanation and considering the results of other studies, the important role of sexual education based on cognitive schemas is confirmed

by emotional regulation and sexual functioning process. So this method can be used in family counseling and education centers, and uses the results of this research to improve sexual functioning and emotional regulation in women.

This research has shown that the effect of sexual education focused on cognitive schemas on improving sexual functioning and emotional regulation is significant, so it is suggested that family counseling centers and couple therapists make it possible to teach sexual education focused on cognitive schemas in order to improve sexual functioning and emotional regulation in women and couples. Also based on findings of this research it is suggested that couples with the knowledge of incompatible sexual schemas and ways to treat them, attend educational programmers in order to improve sexual functioning and emotional regulation in them.

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REFERENCES:

- 1.Amstadter.A.(2008). Emotion regulation and anxiety disorders. *Anxiety Disorders*.2008; 22:211-221.
- 2.Andersen, B. L., & Cyranowski, J. M. Women’s sexual self-schema. *Journal of Personality and Social Psychology*, 1994;67: 1079–1100.
- 3.Andersen, B. L., Cyranowski, J. M., & Espindle, D. (1999). Men’s sexual self-schema. *Journal of Personality and Social Psychology*,1999; 76: 645–661.
- 4.Berking M, Wupperman P, Reichardt A, Znoj H.(2008). Emotion regulation skills as a treatment target in psychotherapy. *Behav Res Ther*;2008; 46(11): 1230-37.
- 5.Berry, D. S., & Pennebaker, J. W. Nonverbal and verbal emotional expression and health. *Psychotherapy and Psychosomatics*, 1993;59, 11-19.
- 6.Bergen, D, J., Williams, J., E. (1991). Sex stereotypes in the United States revisited: 1972-1988. *Sex Roles*, 24, 413-423.
- 7.Cornelius, T, Alessi, G. Behavioral and psychological content of communication training. *Journal of family thrapy*. 2010;69 (2): 608-620.
8. Dennerstein, L.. Short scale of measure female sexuality, *Journal of Sex and Marital Therapy*, 2001;27,339-351.

9. Esere, M.O. Effect of sex education programme on at-risk sexual behavior of school-going adolescents in Ilorin, Nigeria, *Afr Health Sci.* 2011;8(2): 120–125.
10. Garnefski, N., Kraaij, V. Cognitive emotion regulation questionnaire-development of a short 18-item (CERQ-short). *Personality and Individual Differences*, 2006; 41: 1045-1053.
11. Gross, J.J., & John, O.P. Individual differences in two emotion regulation processes: Implications for affect, relationships, and well-being. *Journal of Personality and Social Psychology*, 2003;85 (2), 348–362.
12. Honarparvaran, nazanin. Tabrizi, Mostafa. Navabinejad, Shokooh. Shafiabadi, Abdollaah (2010). Teaching emotion oriented approach on sexual satisfaction of couples. *Thought and Behavior Journal*. Volume 4. Number 15, 59-61
13. John, O. O., & Gross, J. J. Healthy and unhealthy emotion regulation: Personality processes, individual differences, and life span development. *Journal of Personality*, 2004;72:1301–1334.
14. Leiblum, S.R.(2010). *Treating Sexual Desire Disorders: A Clinical Casebook*, Guilford Press.
15. McCarthy BW. The Wife's role in facilitating recovery from male compulsive sexual behavior. *Sexual Addiction and Compulsivity*; 2002;9: 275-84.
16. Masters WH, Johnson, V. E, (1970). *Human Sexual Inadequacy*. Boston: little Brown.
17. Mozhde, Fatemeh. Zeyghami Mohamadi, Sharareh (2012). Correlation between BMI, mental image of body and depression among female patients of Imam Ali Hospital in Karaj, *Modern Care Journal*, Volume 9, number 1, 40-48.
18. Mojirinejad, Mahnaz (2010), investigates the effectiveness of group therapy with interpersonal approach (based on attachment) on compatibility with sexual role, stress-depression and self-esteem of Men with Sexual Dysfunction, M.S thesis, Ferdowsi University of Mashhad.
19. Morady Oragani, Isa (2012) Investigating the relationship between sexual schemas with sexual satisfaction and marriage compatibility among married teachers of Falavarjan, M.S thesis, Isfahan University
20. Middleton LS, Kuffel SW, Heiman JR. (2008). Effects of Experimentally Adopted Sexual Schemas on Vaginal Response and Subjective Sexual
21. Nobre, P.J., Pinto-Gouveia, J. Cognitive and emotional predictors of female sexual dysfunctions: preliminary findings. *J Sex Marital Ther.*, 2008; 34(4):325-42.
22. Nobre, P.J., Pinto-Gouveia, J. Cognitive schemas associated with negative sexual events: a comparison of men and women with and without sexual dysfunction. *Arch Sex Behav.* 2009;38 (5):842-51.
23. Sasannejad, Roxana (2013). Effectiveness of teaching relational capabilities to couples (CRE) on their marriage satisfaction, sexual satisfaction and their intimacy, M.S thesis, University of Science and Culture.
24. Pinekretan, S.D. & Abramson, P.R. (1992). Sex and marital intimacy. *Journal of Sex and Marital Thera.* 29, 561-568.
25. Paakgozar, Minoo. Mohammad ali, Mandana. Mahmoodi, Mahmood (2005), investigating the effect of counseling before marriage on sexual healthcare of couples. *Hayaat Journal of Nursing and Midwifery Faculty of Tehran*, 2005;11(3 and 4):39-46.
26. Smith WJ, Beadle K, Shuster Ej. (2008). The impact of a group psychoeducational appointment on women with sexual dysfunction. *American Journal of Obstetrics & Gynecology*; 2008;198: 1-697
27. Stanton, A., Boyd, R., Pulverman, C., Meston, C. Changes in the Sexual Self-Schema of Women with a History of Childhood Sexual Abuse Following Expressive Writing Treatment, *Psychol Trauma.*, 2016;13(6):260.
28. Yong, J.E., (1980). *Schema therapy Flash card*. New York Cognitive therapy Center of New York.
29. Yusefi, F. (2007). The relationship of cognitive emotion regulation strategies with depression and anxiety in the middle students. *Research on Exceptional Children*. 2007; 4: 871-892.
30. Zakye, Fahimi (2012). The effect of sexual education based on behavioral-cognitive approach on increasing sexual, marital satisfaction and decreasing depression and stress among women, M.S thesis, Ferdowsi University of Mashhad