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Effectiveness of quality of life therapy on sexual self-efficacy and quality of life in addicted couples

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Abstract

Introduction and Aim: Addicted people as vulnerable communities face to psychological emotional, social and economic problems which have negative impacts on their quality of life and sexual self-efficacy that keeps them from participating in daily activities. This study investigated quality of life therapy on addicted couples' sexual self-efficacy and quality of life in treatment period in Qazvin city.

Methods: This study examined two groups of 10 people of addicted couples' of treatment period in Qazvin city (one of Iran's Cities) who were selected by sequential sampling ($N = 40$). World Health Organization QOL (short form) and Reynolds' sexual self-efficacy scale were used to collect data. Experts performed nine sessions of training in the form of therapy. No variables were applied in the control group as they were waiting for training. After intervention both groups were tested. Descriptive and inferential statistics were used to analyze data.

Results: The results showed that training significantly improved quality of life and sexual self-efficacy of addicted couples' in treatment period of Qazvin city. Scores which obtained in experiment and control groups were significant ($p < 0.05$).

Conclusion: Quality of life therapy empowers people to actualize their knowledge, attitudes and values. Quality of life therapy will also enable them to have motivation of healthy behavior which this will have significant impact on their quality of life and sexual function.

Keywords

quality of life, sexual self-efficacy, addict

Addiction is a chronic and relapsing disease that several genetic, mental, social and environmental factors in interaction with each other lead to the initiation and continuation of it. Like other mental illnesses, addiction is rooted in several factors that each person may have special group of confounding factors and if only one of those factors considered in addiction treatment and other factors were not be not focused assuming the positive effects of that factor, other parameters can reduce effect of that factor (Whashton, 2007). Therefore, current methods of treatment don't have adequate efficacy and even in the best treatments success rates in yearlong have been reported 30-50% (Brien & McLellan, 2006). All factors are considered essential in treatment.

Addicted people as vulnerable communities face to psychological emotional, social and economic problems that have negative impacts on their quality of life and sexual self-efficacy that keeps out them from daily activities (Chen, Yeh & Lee, 2009; Elliot et al, 2006).

National Institutes of Health has defined erection malfunctions as inability to make or maintain an erection sufficient penis (as satisfactory sexual activity) and this disorder can be progressive (National Institute of Health, 1993). This is the most common sexual dysfunction among men. More than 30 million men in North America and more than 150 million men worldwide have been reported some form of this disorder (Aytac, MacKinlay and Krane, 2003).

The main cause of undersexed in men was not enough pressure in sexual organs system, physical factors and psychological factors. The physical factors include cardiovascular disease, diabetes, nervous system disorders, hormonal problems, surgeries, strokes, chronic medical conditions, lifestyle inactive and excessive consumption of alcohol and smoking. Psychological factors include low self-esteem, stress, depression and communication problems (Miller, 2000; Lue, 2004; Melman and Gingell, 1999; National Institute of health, 1993).

Dysfunctional erections can emotionally and physically affect the self-image of a man's self-image and his relationship with partner. Dysfunctional erections can be associated with some social -psychological issues, such as depression, anxiety about sexual performance, denial of sign, refusing sex, relationship distress and disruption in life (Feldman, Goldstein and Hatzichristou, 2005). Similarly, quality of life is related to health and its individuals' subjective assessment about their current health status, medical care (Liu, 2006).

Regarding the importance of family and avoidance of splintering it, understanding factors associated with sexual self-efficacy are essential for stability of family life. It is expected by increasing sexual self-efficacy in couples, especially addicts, mental, emotional and social problems would be reduced. Also, by upgrading level of sexual self-efficacy and satisfaction of life, people will pay to the social, cultural and economic progress with more peace of mind (Sanaii, Alaghband and Hooman, 2000).

Researchers such as Carroll, Ebener &Gawin (2009), Mandel, Edelen,Wenze, Dahl & Rounsaville (2008) know training strategies are effective to improve physical and mental health of addicts. However, researchers show that training interventions can be effective in addicted people to enhance quality of life and increase their performance of immune system and hopefulness in them (De Leon, 2006).

One appropriate method of intervention groups is based on quality of life. Quality of life therapy is based on a new approach that was founded by Frisch (2006) and includes integration of positive psychology and cognitive therapy. It is associated with the latest Beck's conformation of cognitive therapy, cognitive theory of depression and mental pathology. Quality of life therapy involves an approach to increase satisfaction of life. Satisfaction of life can be described as individual assessment of various aspects (Frisch, 2005). Quality of life therapy tries to integrate and use latest researches and theories related to happiness, positive psychology and management of emotions with insight arising from clinical work and positive psychology in effective form.

Quality of life -as the main aim is to create welfare and satisfaction of life- is based on pattern of 5 methods, CASIO, which is abbreviated from these words: Circumstance, Attitude, Standards of fulfillment, Importance, and Overall satisfaction. It includes 1) Conditions or objective features, 2) Attitude or how perception and interpretation of conditions by person, 3) personal assessment based on standards of fulfillment or success, 4) values that people have in relation to their overall health or happiness about a field and 5) These four (CASI) combined with a fifth concerned with Overall satisfaction life that are not of immediate concern (Leplège et al., 1997; Furuseth, 1990).

This research is based on quality of life therapy by working on various fields and enables all aspects of life in addicted couples who are in treatment. This method is trying to provide a positive psychology and cognitive strategies to increase quality of life and sexual self efficacy. The present study uses a Frisch model (quality of life therapy) based on cognitive therapy and positive psychology to intervene in quality of life and sexual self-efficacy.

Method

This research is a quasi experimental study that was conducted in 2011. The study sample included two experimental and control groups of 10 addicted couples in Qazvin city (one of Iran's Cities) ($N = 40$). All participants (in control and experiment group) were aged between 20 to 55 years. The control group did not receive any intervention and just were taken pre-test and post-test.

Inclusion criteria: satisfaction of couples to participate in intervention, at least third grade secondary education

Exclusion criteria: illiteracy, physical and psychological disorders

Measures

1-World Health Organization quality of life questionnaire (short form): This scale includes two parts. The first part is devoted to background information and demographic questions which including name, family name, age, sex, marital status, economic status, disease history, and so on. Second part consists of 26 questions that measures quality of life in four domains: physical health, psychological health, social relationships and social environment (World Health Organization, 1998). Since 1996, validity and reliability of the questionnaire has been done in

Table 1. Covariance analysis in evaluation of quality of life therapy on sexual self-efficacy and quality of life in addicted couples

Index sources variation		Type III sum of squares	*df*	Mean square	*F*	sig.	Partial eta squared
Group effect	Physical health	99.033	1-38	99.033	16.243	0.019	0.483
	psychological / physical Image	152.139	1-38	152.139	19.873	0.003	0.579
	Social relations	100.873	1-38	100.873	12.247	0.005	0.648
	Environmental health	235.281	1-38	235.281	9.241	0.045	0.372
	Pleasurable sexual intercourse without apprehension	235.245	1-38	235.245	68.364	0.000	0.643
	Maintaining of erection during sexual intercourse	148.728	1-38	148.728	134.910	0.001	0.780
	To ensure sexual confrontation	112.915	1-38	112.915	113.570	0.003	0.749
	To reach orgasm	62.500	1-38	62.500	46.447	0.000	0.550
	Sexual desire again	67.600	1-38	67.600	92.072	0.001	0.708

countries and different cultures by the World Health Organization. Bonomi et al, in the internal reliability of this test, reported coefficient 0.83 to 0.95. Also, Natalie in chronic group reported that reliability of this test is 0.90 and in group of normal individuals is 0.86 (Williams, 2000). In Iran, Rahimi (2002) estimated its reliability coefficient 0.89.

2-Sexual Self-Efficacy Scale-Erectile Functioning: This scale is based on reviews of Bandura, Adams and Beyer(1977) sexual treatment questionnaire (Lobitz and Baker, 1979) and Erectile Difficulty Questionnaire (Reynolds, 1978). Higher scores show more competence and qualifications of the erectile men in this scale. This scale consists of 26 questions and 4 subscales, which include pleasurable sexual intercourse without apprehension, maintaining of erection during sexual intercourse, to ensure sexual confrontation, to reach orgasm, and sexual desire again.

Libman, Rothenberg, Fichten and Amsel (1985) showed split-half reliability for sexual efficacy scale in men and their couple respectively 0.88, 0.94. In Iran, Rajabi et al, (2012) with the use of factor analysis, obtained Cronbach's Alpha in total 0.95 and for five factors was in range 0.91–0.82. Subscales include pleasurable sexual intercourse without apprehension, maintaining of erection during sexual intercourse, to ensure sexual confrontation, to reach orgasm, and sexual desire again.

Procedure

First session: introduction, declaring group's rules and objectives, introducing of CASIO model, discussing about quality of life, take pre- test and feedback.

Second Session: define therapy based on quality of life, introduce aspects of life, introduce tree of life to group members and discover roots of clients' problems.

Third session: present five-stage CASIO model for satisfaction in life, environment and family because of three-stage strategy "loving it "," renouncing it" or "repair it." Take tasks, checklists and related principles of neighborhood or community attitudes and greater satisfaction on neighborhood or community.

Fourth session: review previous sessions, start with one of the CASIO aspect, introduce the Circumstance and its usage in dimensions of quality of life.

Fifth session: review assignments, discuss and feedback about CASIO, introduction of SIO (Standards of fulfillment, Importance, Overall satisfaction) as other strategies to enhance satisfaction of life.

Sixth Session: review assignments, discuss principles about quality of life and explain application of these principles to increase quality of life.

Seventh session: reviewing assignments and continuing the discussion about important principles and application of them in couples' relationships with their partner and discuss about sexual relationship.

Eighth session: review assignments, design and practice a plan, in order to prevent of replacing and maintaining achievements of people about habits which are under control of them. To create plan in prevention of couples' replacing, discuss then give conclusions and feedback.

Ninth session: provide summary of all sessions, conclusion about CASIO in different life situations and apply principles in different aspects of life.

Two months after the training the questionnaires were carried out again. Post-intervention analysis was conducted then data were analyzed by using software SPSS version 19 and Covariance test.

Note: In order to comply with ethical principle of justice in study, after our research quality of life therapy was also held for control group.

Results

According to Table 1 and significant at level of $\alpha = 0.05$, and η, it can be concluded that therapy in quality of life's subscales, including physical health, psychological/physical image, social relations, environmental health has been effective. Therapy based on quality of life in sexual self-efficacy has been effective as well, including pleasurable sexual intercourse without apprehension, maintaining of erection during sexual intercourse, to ensure sexual confrontation, sexual desire again, to reach orgasm in addicted couples was significant ($p < 0.05$).

Conclusion

Addicted people as vulnerable communities, in addition to physical consequences of addiction, face psychological, emotional, social and economic problems that will have a negative impact on their quality of life and sexual self-efficacy that keeps them from participating in daily activities. The results of different research suggest that the need of mental health care is one of the most basic needs of addicts, which reduce their replacing (Young, 2005).

Practice on different priorities and increasing satisfaction of addicted couples can not cover important dimensions of life. This study was trying to change priorities and enhance satisfaction that were not paid attention to in the past, and provide strategies and principles of therapy to increase quality of life.

Quality of life therapy also changes the attitudes and emotions of couples, as well as increase their relationships. Considering the importance of sexual relationships is the most important issue in life and it has been considered a barometer of emotional relationships. It also reflects aspects of couples' satisfaction therefore and is good scale for overall health in couples' relationships (Olson, 2004). Use of this therapy can increase the sexual efficacy and quality of life between couples to improve their relations. The use of this therapy can increase quality of life and sexual self-efficacy between couples. It improves overall in couples.

This program will provide necessary knowledge in the field of having life styles with quality in addicted couples. Although the sampling method available from the community is a limitation of this research, therapeutic intervention and the developmental promotion of other therapists and researchers for this group of visitors is recommended because of the effectiveness of the treatment program. Also, the impact of this intervention on more cities and different cultures is suggested.

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