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Investigating the Efficacy of Behavioral-Systems Approach in Treatment of Patients with Unconsummated Marriage

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Abstract: Introduction and objectives: Unconsummated marriage is a complex sexual disorder which includes psychological and physical aspects. The couples with this problem often for long times, sometimes even up to several years, single-handedly attempt to solve the problem and when they fail and enter into sex therapy process, because of sensitive nature of the disease, they don't have enough motivation to continue a long-term treatment due to created marital disharmony, relationships disorders, depression and anxiety. Therefore, considering unconsummated marriage as an emergency case, present study aims to investigate the efficacy of behavioral - systems approach in treatment of patients with unconsummated marriage. **Methods:** Present study is a quasi-experimental study. Statistical population of the study includes couples with a history of unconsummated marriage (vaginismus type) referring to Tolou specialty and subspecialty clinic of Rasht City during the years 2015-2016. To that end, 44 couples were selected as research sample through convenience method. Sex therapy protocol was conducted in the form of 5 weekly individual half-hour sessions. The data were analyzed using descriptive indicators. **Results:** 21 couples (56.8%) were treated according to the protocol in five sessions and 16 (43.2%) couples were treated in 8 sessions. **Conclusion**: Given cultural conditions of the Iranian society, treatment of unconsummated marriage (vaginismus type) will be efficient in short time with a focus on training and increasing sexual information, correcting misunderstandings, gradual desensitization and reducing fear and anxiety.

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Introduction

Unconsummated marriage is a sexual disorder in which married couples are not able to have vaginal sexual intercourse. Different problems such as premature ejaculation, erectile dysfunction, lack of sexual desire, vaginismus, performance anxiety, and lack of sexual information can lead to unconsummated marriage. Present study addresses unconsummated marriage caused by vaginismus.

Vaginismus disorder can be defined as a psychological phenomenon in which spastic contraction of the outer one-third of the vagina happens due to penetration of penis, finger, gynecological examinations, tampons and etc (1-4). In DSM –V, Vaginismus and dyspareunia are integrated in a category called (Genito-pelvicpain/ penetration disorder) (5). These disorders are characterized by at least one of the following problems: penetration/intercourse, pelvic/ genital pain, fear of pain/penetration/ vaginal intercourse, increased pressure on the pelvic floor muscles during an attempt for vaginal intercourse. World Health Organization in the tenth revision of the International Statistical Classification of Diseases and Health Problems (ICD-10) has introduced pain as defining characteristic of the vaginismus and classifies Vaginismus as a pain disorder associated with female sexual organs and the menstrual cycle, or a sexual disorder (6). Vaginismus is classified into primary (without any sexual experience) and secondary (with a comfortable sexual intercourse experience in the past) (2, 7). The most common cause of unconsummated marriage in women is primary vaginismus which is considered in this study. In various surveys prevalence of the disorder is reported 1-6 percent and 5-17 percent among general population and outpatient attending in clinics, respectively (8, 9). Given that women mostly tend to remain silent (against their families, friends, and even therapists) about their problem (2), therefore it is natural if there is no precise statistics exists about it. Although because of some religious and cultural reasons, such as to consider taking about sexual issues as taboo issues among unmarried people, and strong cultural value which is attached to the girls' virginity this problem has high prevalence in Iran.

Aetiology of the vaginismus is unknown and it is expected to be multifactorial (3). In general, regarding aetiology of vaginismus, emphasizing the importance of the psychological dimension, following factors are mentioned: strict sex education methods, postpone intercourse until marriage, fear of the first sex (pain, bleeding, vaginal tear, very big penis and very small vagina), fear of STDs, fear of pregnancy and gynecological examination (2), religious conservatism, feeling guilty about sexuality, physical and sexual abuse, marital problems and misunderstandings between couples, attitudes, disturbing thoughts and perceptions about sexual relationship such as a distorted understanding of the vagina, lack of knowledge and sexual trainings, a general defensive response to threatening situations, inadequacy of women feeling about themselves, and severe anxiety (9, 10, 11, 12, 13).

According to Bulow (14) an integration of couples therapy and sex therapy will ne more efficient compared to using these methods separately. Chakrabarti et al. (15) treated a couple after 22 years through sexual and behavioral training. Surveying 199 couples, Gindin et al. achieved great success in treating the patients. So that, 97% of the patients, could have a successful intercourse (6). According to *Ter Kuile* et al. (16) cognitive - behavioral therapy in women with type I vaginismus improves intercourses, reduces the fear of sexual and non-sexual penetration. In a study by Kabakci & Batur (17) on evaluating cognitive behavioral therapy among women with vaginismus showed reduced anxiety, as well as increased sexual harmony and improved performance in intervention group. In total, reviewing the literature indicates that already different methods are used to treat vaginismus, such as using dilators, physical therapy with or without biofeedback, biofeedback, sexual counseling, psychotherapy, hypnotherapy, cognitive behavior therapy, and recently Botox (18, 2, 19, 3, 20), and cognitive behavior therapy (21).

Given that public knowledge about unconsummated marriage is limited in Iran, therefore some of the couples follow difficult but useless solutions to overcome this problem, such as repeated visits to the maternity care clinics and hymen surgery which are not associated with treating unconsummated marriage. In case of improper treatment, the disorder can lead to infertility, feeling of guilt, shame and incompetence in husband, depression, and aggression; in many cases it may also lead to negative consequences regarding family cohesion such as infidelity and sexual promiscuity, and eventually divorce. Therefore, at this point of time that we are faced is a wide gap both among the people and related literature regarding scientific examination of unconsummated marriage, present study tries to investigate the effectiveness of behavioral - systems approach in treatment of patients with unconsummated marriage in the form of a short term treatment (five sessions). Because many of these patients after a long-term abortive attempt to solve the problem, due to sensitive nature of the

disease and because of created marital disharmony, relationships disorders, depression, anxiety, and etc. don't have enough motivation to continue a long-term treatment due to. Therefore, considering unconsummated marriage as an emergency case (22), present study aims to investigate the effectiveness of behavioral - systems approach in treatment of patients with unconsummated marriage.

Methodology:

Present study is a quasi-experimental study. Statistical population of the study includes couples with a history of unconsummated marriage (vaginismus type) referring to Tolou specialty and subspecialty clinic of Rasht City during the years 2015-2016. To that end, 44 couples were selected as research sample through convenience method. The Mean and standard deviation of the sample group's age were 28.68 and 7.787, respectively.

Inclusion criteria were vaginismus diagnosis in the clinical interview, being married, enjoyment of physical and mental health, and exclusion criteria included suffering any physical and psychological suffering disease, taking any drugs affecting the sexual physiology during the intervention and consumption of alcohol, drugs, smoking and high body mass. All patients had no problem despite multiple referrals to urology, gynecological, endocrine specialists.

Procedure:

After informing the patients about the goals of the study and receiving their written informed consent, the patients were treated in five weekly treatment sessions. The intervention steps of couple therapy were as follows: First session:

Joint couple interview with the couple, conducting psychological tests, statement of the problem and describe the stages of the treatment, address physiology and the stages of sexual arousal, identify the stage where couple have problem in the sexual cycle, intercourse prohibition order.

Second and third sessions:

Individual exercise 3 to 4 times a week in the form of a chart including six steps: 1. Assessment, 2. teach the concepts, 3. list problems, 4. Modeling, 5. Play the role, and 6. Practice (techniques include:

relaxation training / sensate focus exercises type I, and mental imagery/cognitive restructuring/desensitization of anxiety/prescribing required medications). The exercise place will be in the bathroom (the maximum Privacy in Iranian culture).

Second section: the first session of husband treatment (individual exercises), masturbation. Note various stages and the time of sexual responses (stimulation-excitation-orgasm)

Third session:

the first session of wife treatment (individual exercises), exploring sexually sensitive areas with the help of mirror, Kegel exercises, graded dilation of prevauinal muscles with the help of finger or other expanders.

a) Monitoring
b) Graded task assignments including:

1. Mindfulness
2. Release genital and perineal muscles
3. Breating relaxation
4. Film and modeling
5. Cue-control relaxation

Fourth session:

Correct the flaws of the previous session

Remove the flaws through modified method: Specific exercises to release muscles through breath control, second session of joint treatment (wife and husband).

At this stage, besides appropriate training like individual stage these training will be used in joint practices. The most important part of these exercises will be to take woman-on-top position and control penetration along with breath control and relaxation by women.

Remove intercourse prohibition order. Train sensate focus exercises type II, starting husband collaboration and gradually enter into sexual positions, teach essential intercourse methods for vaginismus period.

After two weeks
Fifth session:

Supplementary session. Assess the progress of treatment and repeat psychological tests (Beck depression and anxiety inventory). Remove man and woman's flaws (in removing the flaws modified method used at the end of individual stage was applied).

Collected data were analyzed through SPSS v19 software and descriptive indices.

Findings:

The mean and standard deviation of unconsummated marriage duration were determined 34.09 (months) and 37.734, respectively. During treatment, 3 patients (1.4 percent) (men and women) took anti-depressant / anti-anxiety medication. 28 individuals (37.8 percent) took Erecto/Lubricant/Benzodiazpin, 16 individuals

(21.16) took Benzodiazepin/Benzocaine, 10 individuals (13.5 percent) took anti-depressant/anti-anxiety and Erecto/Lubricant/Benzodiazpin, and 2 individuals (2.7 percent) took Erecto/Lubricant/Benzodiazpin and Benzodiazepin/Benzocaine. One of the participants took a combination of all above mentioned medications. 11 individuals (14.9 percent) took no medication.

21 couples (56.8%) were treated in four sessions and 16 couples (43.2%) were treated in eight sessions.

24 individuals (64.8%) of the female participants were only suffering from vaginismus. Four female participants (10.8%) were suffering from sexual hyperactivity disorder, two individuals were suffering both from vaginismus and sexual hyperactivity disorder, and seven individuals (18.9%) had other disorders.

Among male participants, 2 individuals (2.7%) had erectile disorder, 12 individuals (16.2%) had premature ejaculation, 3 individuals (4.1%) were impotence, 12 individuals (16.2%) had a combination of all these disorders and 5 individuals (6.8%) had other disorders. No disorder was observed in 3 individuals (4.1%).

Discussion and conclusion:

The findings of the study suggest that treating the patients affected by unconsummated marriage (vaginismus type) with short-term behavioral - systems approach enables them to have sexual intercourse. This findings are consistent with related studies by Rosenbaum et al. (23), *Ter Kuile* et al. (17 , 21), Kabakci & Batur (18), Chakrabarti et al. (15), Macey et al. (24).

Given cultural conditions of the Iran, where training sexual issues to the children is considered a taboo, and also some of the religious beliefs ban any kind of sexual activities in unmarried individuals, many of the women and girls are not informed about anatomy of their genitalia and having effective sexual relationships. In this treatment protocol the anatomy and function of men and women's genitalia were explained so that besides training these issues the misconceptions existing about them (such as vaginal capacity) which play a key role in vaginismus disorder were corrected. Therefore, training sexual issues is introduced as an integral part of sex therapy. At this part of protocol, researcher tried to remove or reduce vaginismus symptoms through discovering and overcoming negative thoughts and indoctrination about sexual activity. Given that these participants usually don't have sufficient knowledge and skills about appropriate methods of sexual intercourses, therefore they were encouraged to watch educational films, in order to besides removing this problem their desensitization get gradually eradicated. Investigating the couples with unconsummated marriage disorder, Rosenbam et al. (24) emphasized the role of culture, traditions, and religious beliefs and suggested to base treatment methods on these components (20).

In present study regarding the women, their own fingers were used as the tool penetrating into their vagina, although they were permitted to use other tools according to their personal preferences. In this way, besides having control over the process she could overcome her fear. According to Mousavi Nasab and Farnoush (23) using women's own fingers is an effective method to treat vaginismus.

Given the importance of anxiety in vaginismus, the participants could achieve relaxation and reduced anxiety through applying relaxation techniques. Also, using prohibition of intercourse order helped the participants to overcome their anxiety and negative emotions due to removing compulsion for intercourse. In addition, prohibition of intercourse paved the way to provide treatment protocol in a safe and calm framework. Then, using sensate focus exercises, besides providing enjoyable reactions, part of cold relationships of women was restorated. It also prevented the occurrence of sexual tensions caused by the inability or sexual intercourse prohibition. The couples were trained to use pleasant and supportive sentences while performing the exercises which helped them to express their emotion, enrich their emotional relationships, and achieve sexual intimacy.

Part of the treatment protocol included behavioral training. Given that according to behavioral therapy sexual problems stem from behaviors learnt in the past, focusing on previously learned behaviors we could correct these behaviors and new behavioral exercises were also taught. In this way, the participants could overcome their fears about sexual relationship through facing the fear-inducing stimulus (25).

Given that women affected by vaginismus experience involuntary contractions of the pelvic floor muscles which interfere with spasms and contradictions resulted from orgasm, therefore in this treatment protocol using Kegel exercises muscle control was trained to the patients to help them to restore missing functions of the pelvic floor muscles.

Prevalence of the divorces resulted from sexual disorders among Iranian couples shows the necessity for developing some policies to prevent and treat sexual problems. To that end and in order

to have a better understanding of an effective treatment approach regarding unconsummated marriage more studies are required to be included in intervention programs. Given that sexual health of the couples plays a key supportive role to save families against divorce and infidelity, paying more attention to the early intervention and prevention programs can reduce occurrence of this social harm in an Islamic society where family cohesion is too important. One of the limitations of the present study was failure to follow up study results. Therefore it is suggested that future studies follow up treatment results at certain intervals after treatment.

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