

Effect of Cognitive-Behavioral Couple Therapy on Premature Ejaculation of People Referred to Medical Centers

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Submitted: 17 December 2016

Accepted: 11 February 2017

Int J Behav Sci. 2017; 10(4): 147-150

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Abstract

Introduction: Premature Ejaculation (PE) is one of the most prevalent sexual problems among men. Drug use can have significant and damaging short-term and long-term effects. Therefore, non-pharmacological treatments are appropriate and effective alternatives to medications. The aim of this research was to study the effectiveness of Cognitive-Behavioral Couple Therapy (CBCT) on PE of men who referred to medical centers of Neyshabur.

Method: The current research was conducted through a semi experimental method with pretest-posttest and control group design on 40 men with PE (self-reported). The research sample was selected from men who had referred to medical centers of Neyshabur in the period of September 2016 to September 2017. Their problem was psychological based medicine diagnosis. They were randomly assigned in control and experimental groups (20 subjects each group). The experimental group received CBCT interventions in 9 sessions. The control group was in a waiting list. The instrument used in this research was Chronometer.

Results: The results showed that before interventions, the control and experimental groups had significant differences in terms of PE ($p=0.45$). Also, there was no significant difference before and after interventions in the control group in terms of PE ($p=0.43$). This is while there was a significant difference before and after interventions in the experimental group in terms of PE ($p=0.001$). Also, there was a significant difference between control and experimental groups in term of PE ($p=0.001$).

Conclusion: Therefore, it can be concluded that CBCT has an effective influence on reducing the PE of men. Actually, emerging partners in treatments would be more effective.

Keywords: Cognitive Behavioral Therapy, Couple Therapy, Ejaculation, Premature Ejaculation, Rapid Ejaculation

Introduction

Sexual disorders are one of the most prevalent problems observed these days throughout the world. Many definitions have been proposed for PE.

ICD-10 defines PE as "an inability to delay ejaculation sufficiently to enjoy lovemaking, manifest as either of the following: (1) occurrence of ejaculation before or very soon after the beginning of intercourse (before or within 15 seconds of the beginning of intercourse); (2) ejaculation occurs in the absence of sufficient erection to make intercourse possible. The problem is not the result of prolonged abstinence from sexual activity." (1)

DSM-IV-TR defines PE as a "persistent or recurrent ejaculation with minimal sexual stimulation before, upon, or shortly after penetration and before the person wishes it and

is associated with marked distress or interpersonal difficulty that is not due exclusively to the direct impacts of substance abuse (e.g. opium withdrawal)." (2). This definition was revised in the Diagnostic and Statistical Manual of Mental Disorders-Fifth edition (DSM-5): "Premature ejaculation is only defined as a disorder in the case of vaginal intercourse with the sexual partner. It should persist for at least six months, and is experienced 75%-100% of the time during vaginal intercourse" (3).

PE is the most common sexual disorder, which maybe, 75% of men experience it at some point of their lives (McMahon, 1998; quoted by (4)). PE has a devastating effect on the quality of life for men and their partners (4).

Some of PE men have tried some treatment options (4). Many of them entered self-treatment by applying topical anesthetic creams and sprays. The effectiveness of topical anesthetic creams, Selective Serotonin Reuptake Inhibitors (SSRIs), and phosphodiesterase type 5 inhibitors in treating PE has been definitely proved (5-7). In spite of this, medication side effects should not be ignored.

Evidence regarding non-drug treatments, such as behavioral techniques, psychotherapies, and combination therapy, indicates the effectiveness of these methods (8, 9). Cognitive-behavioral approach combined the cognitive and behavioral techniques for sexual problem treatments. The best-known behavioral techniques to treat PE include: (i) start-stop (Semans, 1956) and (ii) squeeze technique (10). The most efficient cognitive techniques are: (i) correction of misconceptions, (ii) sexual fantasy, (iii) concentration-attention skills (sensate focus), (iv) reconstruction of attitude and irrational beliefs, (v) behavioral assignments, and (vi) self-reinforcement (11).

Since PE has an important and substantial effect on the quality of life of men and their partners (12-14), it seems that couple therapy can have better results (15).

Considering the lack of studies about the effectiveness of psychological treatments for PE in Iran, the aim of the current research was to study the effectiveness of CBCT on reducing PE.

Methods

This study was conducted through a semi-experimental method with the pretest-posttest control group design. Men who had referred to the medical centers of Neyshabur in the period of September 2016 to September 2017 with PE had complained about their problem. Their issue has been considered as the research sample. In this study, those men which their duration of ejaculation (from vaginal penetration to ejaculation) was less than 2 minutes were diagnosed with PE. The inclusion criteria were: 1) men older than 18 years, 2) having PE symptoms for at least 6 months, 3) having signed an informed consent, 4) having a stable relationship with one partner

for more than 6 months, 5) having only one sexual partner, 6) ejaculation time taking less than 2 minutes.

Exclusion criteria were: 1) psychiatric problems, 2) beginning of sexual relations (less than 6 months), 3) using MAOI, SSRIs or other antidepressants, 4) opiate use, 5) concurrent electro-convulsive therapy, 6) history of mania, 7) hepatic or renal impairment, 8) prostatitis, and 9) ejaculation time taking more than 2 minutes.

The society of this research included 92 men who had referred to medical centers of Neyshabur based on the diagnosis of their physicians with PE. Among them, 42 subjects did not have inclusion criteria. Finally, 50 subjects remained. Among them, 40 subjects were randomly selected and were assigned in control and experimental groups.

The sample size was calculated based on a similar study. Actually, 10 and 50 was considered as an appropriate number (based on 2 unit changes of mean and standard deviation as 2.3 and 2.45, 90% test power, 95% confidence interval (CI) and 25% attrition of samples). Eventually, it was decided to select and study 20 participants for each group (40 subjects in total).

To assess PE, Chronometer was used with the help of their partners. So, the period of the duration of penetration to ejaculation was reported by their partners. Also, in order to assess the demographic variables, demographic questions were asked.

In the present study, the research protocol was approved by the Ethics Committee of the University of Isfahan. The patients provided informed consents in accordance with the procedures outlined by the institutional review board, and they were informed that they could withdraw from the experiment at any time. The control group, received the intervention after the termination of the research.

In order to conduct this study, a sample of 40 patients diagnosed with Premature Ejaculation (PE) were selected. They visited the general practitioners and specialist working in the medical centers of Nishapur, Iran. Then, they were assigned in two groups of control and experiment (20 patients in each group). The experiment group received a 9-session intervention using the individual and marital method. The control group was in the waiting list. Prior to the intervention, the subjects measured their ejaculation time using the stopwatch by the help of their wives used as the pretest. They also reported the ejaculation time after the intervention as the posttest. Table 1 shows the summary of the intervention sessions.

Analysis

In order to assess the group characteristics, descriptive methods were used. Also, in order to test the variables at the baseline, independent *t* test (subscales of weight efficacy lifestyle, age, and BMI) and chi-square test (education, job, and marital status) were used. Within group comparison was done using the dependent *t*-test. All data were finally analyzed using the SPSS (version 22) statistical software. $P < 0.05$ were considered statistically significant.

Table 1. Summary of Intervention sessions of CBT (From Abdo, 2013)

Individual Procedures		
Session 1	Physiological Relaxation Training	Homework exercise
Session 2	Cognitive and Behavioral Pacing Techniques: A) Behavioral Stop-Start Technique., B) Behavioral Squeeze Technique, C) Cognitive Arousal Continuum Technique	Homework exercise
Session 3	Sensual Awareness Training: Entrancement Arousal	Homework exercise
Session 4	The Pubococcygeal Muscle Control Technique (the Kegel technique)	Homework exercise
Session 5	Pelvic Floor Rehabilitation Training	Homework exercise
Couple Procedures		
Session 6	Couples Sensate Focus Pleasuring Exercises	Homework exercise
Session 7	The Partner Genital Exploration Relaxation Exercise	Homework exercise
Session 8	Couple Use of the Behavioral Pacing Method: Stop-Start Technique	Homework exercise
Session 9	The Intercourse Acclimatization Technique	Homework exercise

Results

In order to survey the demographic characteristics of the subjects, descriptive statistics was used. Findings showed no differences between the two groups in terms of demographic characteristics at the baseline. Table 2 reported the status of demographic characteristics.

Chi-square test (education) and independent t-test (age, marriage duration, and number of children) showed no differences between the two groups at the baseline.

The results of data analyzing showed that between two groups (control and experimental groups), before intervention, significant differences are seen in terms of PE (p=0.45). Also, there was no significant difference before and after intervention in the control group in terms of PE (p=0.43); however, there was a significant difference before and after intervention in the experimental group in terms of PE (p=0.001). Also, there was a significant difference between control and experimental groups in terms of PE (p=0.001). Table 3 reveals these results.

Table 2. Demographic variables in the experimental and placebo groups

variables	Mean±SD N (%)		p-value
	Experimental group (n=20)	Control group (n=20)	
Education			0.73
Under diploma	0(0)	1(6.67)	
Diploma	6(40)	6(40)	
Under graduate	5(33.33)	5(33.33)	
Post graduate	4(26.67)	3(20)	
Age	31.23±6.5	32.12±4.93	0.17
Marriage duration	6.9±2.33	8.9±1.96	0.20
Number of children	1.33±0.97	1.2±0.86	0.69

Table 3. The mean and standard deviation of PE in CBCT and control groups and their comparison

Variable	Group	Mean±SD	p-value
Pretest of PE	Intervention	1.47±0.09	0.45
	Control	1.67±0.16	
Posttest of PE	Intervention	3.87±1.01	0.001
	Control	1.73±0.15	
Control group	Pretest of PE	1.67±0.16	0.43
	Posttest of PE	1.73±0.15	
CBCT group	Pretest of PE	1.47±0.09	0.001
	Posttest of PE	3.87±1.01	

Discussion

This article aimed to study the effect of cognitive-behavioral therapy on the reduction of PE in men using marital method. The results showed that men who received the intervention, experienced a significant increase in PE time. Significant psychological interventions have been done to reduce PE, consistent with our study (16-20).

Farah Bakhsh (16) is the only Iranian psychological

treatment on the "effectiveness of cognitive-behavioral techniques and sexual self-efficacy increase in treatment of men's PE". Results showed that cognitive-behavioral techniques were effective in reducing PE and sexual satisfaction including mental visualization, relaxation, squeezing, efficient self-talk, repeating encouraging sentences by their wives, and an increase in courtship before mating were also extremely effective.

A systematic qualitative study by Ferohauf et al. (19)

proved the effectiveness of psychological interventions in PE reduction. Althof (17) pointed that, obtaining skills on controlling PE, taking advantage of psychological interventions, and using psychological interventions on interpersonal relationships can be effective in reducing PE intensity and can encourage couples to work and practice in this field.

By the impact on interpersonal relationships, psychological therapy using the marital method can have a significant effect on PE reduction. In fact, PE is considered as an interpersonal problem. Cognitive and metacognitive treatments are effective in men's intrapersonal attitudes and problems and decreases anxiety and mental pressures. Accordingly, they affect PE reduction. Therefore, interpersonal problems of men diagnosed with early ejaculation need to be a subject of importance. Although, men diagnosed with psychological PE were selected in the study, it can also create interpersonal and physical problems. Therefore, pharmacological and psychological therapies must be mixed in order to treat physical sexual problems (17, 18, 20, 21).

Conclusion

Cognitive-behavioral therapy using the marital method was effective in PE reduction. Hence, psychological therapy is advised to be used to reduce PE. Marital method is advised to be employed as PE is defined in a vaginal relationship.

Acknowledgement

The authors would like to thank the University of Isfahan for their financial support and all those who participated in this study.

References

1. Organization WH. CIE - 10: Clasificacion Internacional de Enfermedades V. 2 1994; World Health Organization; 1992.
2. American Psychiatric Association. DSM-IV-TR: Diagnostic and statistical manual of mental disorders, text revision: American Psychiatric Association; 2000.
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: Fifth Edition. DSM 5: American Psychiatric Association; 2013.
4. Symonds T, Roblin D, Hart K, Althof S. How does premature ejaculation impact a man's life? *Journal of Sex & Marital Therapy*. 2003;29(5):361-70.
5. McMahon CG. Treatment of premature ejaculation with sertraline hydrochloride: a single-blind placebo controlled crossover study. *The Journal of urology*. 1998;159(6):1935-8.
6. Serefoglu EC, McMahon CG, Waldinger MD, Althof SE, Shindel A, Adaikan G, et al. An evidence-based unified definition of lifelong and acquired premature ejaculation: Report of the second International Society for Sexual Medicine Ad Hoc Committee for the Definition of Premature Ejaculation. *The journal of sexual medicine*. 2014;11(6):1423-41.
7. Serefoglu EC, Saitz TR. New insights on premature ejaculation: a review of definition, classification, prevalence and treatment. *Asian Journal of Andrology*. 2012;14(6):822-9.
8. Althof SE, Abdo CH, Dean J, Hackett G, McCabe M, McMahon CG, et al. International Society for Sexual Medicine's guidelines for the diagnosis and treatment of premature ejaculation. *The journal of sexual medicine*. 2010;7(9):2947-69.
9. Hatzimouratidis K, Amar E, Eardley I, Giuliano F, Hatzichristou D, Montorsi F, et al. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. *European urology*.

- 2010;57(5):804-14.
10. Johnson VE, Masters WH. *Human sexual inadequacy*: Boston: Little, Brown; 1970.
11. Beck JG, Barlow DH. Current conceptualizations of sexual dysfunction: A review and an alternative perspective. *Clinical Psychology Review*. 1984;4(4):363-78.
12. Patrick DL, Althof SE, Pryor JL, Rosen R, Rowland DL, Ho KF, et al. Premature ejaculation: an observational study of men and their partners. *The journal of sexual medicine*. 2005;2(3):358-67.
13. Dunn KM, Croft PR, Hackett GI. Association of sexual problems with social, psychological, and physical problems in men and women: a cross sectional population survey. *Journal of Epidemiology and Community Health*. 1999;53(3):144-8.
14. Rosen RC, McMahon CG, Niederberger C, Broderick GA, Jamieson C, Gagnon DD. Correlates to the clinical diagnosis of premature ejaculation: results from a large observational study of men and their partners. *The Journal of urology*. 2007;177(3):1059-64.
15. Jannini EA, Lenzi A. Epidemiology of premature ejaculation. *Current opinion in urology*. 2005;15(6):399-403.
16. Farahbakhsh K. The effectiveness of cognitive-behavioral techniques and increase sexual self-efficacy in the treatment of premature ejaculation in men. *Journal of counseling Research*. 2010;9(36):77-92.
17. Althof SE. Psychosexual therapy for premature ejaculation. *Translational Andrology and Urology*. 2016;5(4):475.
18. Cormio L, Massenio P, La Rocca R, Verze P, Mirone V, Carrieri G. The combination of dapoxetine and behavioral treatment provides better results than dapoxetine alone in the management of patients with lifelong premature ejaculation. *The journal of sexual medicine*. 2015;12(7):1609-15.
19. Frühauf S, Gerger H, Schmidt HM, Munder T, Barth J. Efficacy of psychological interventions for sexual dysfunction: a systematic review and meta-analysis. *Archives of Sexual Behavior*. 2013;42(6):915-33.
20. Perelman MA. ORIGINAL RESEARCH—PSYCHOLOGY: A New Combination Treatment for Premature Ejaculation: A Sex Therapist's Perspective. *The journal of sexual medicine*. 2006;3(6):1004-12.
21. Sidi H. Understanding the Pathophysiology of Premature Ejaculation: Bridging the Link between Pharmacological and Psychological Interventions. *Current Drug Targets*. 2016;17(In Press).