



Comparison of experimental, meta-cognitive and acupressure therapy on men orgasmic satisfaction

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General Note

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ABSTRACT

Background and Objectives: Sexual satisfaction is one of the most important factors in marital life. The purpose of this study was to compare effect of experimental, meta-cognitive and acupressure therapy on men orgasmic satisfaction. *Method:* The community of this research is men living in Tehran who have been at least two years of their last permanent marriage, between the ages of 20 and 45, who lived in Iran. This study was conducted in a semi-experimental and pre-test-post-test design with control group. The sample

of this study was available from the population referring to health centers and psychology from 2015 to 2016. Selected men were randomly assigned to the groups. In this research, we used inferential statistics test including repeated measurement of mixed method and post hoc test for least significant difference of LSD. SPSS 23 software was used to analyze the data. Measurement tool in this research was a male sexual function questionnaire (IIEF) *Results*: The results of this study showed that three methods of meta-cognitive therapy, experiential therapy and acupressure therapy are effective on men's orgasm quality. The results showed that there is a significant difference between the quality of men's orgasm in all treatment groups (meta-cognitive therapy, experimental therapy, and acupressure therapy) compared to the control group ($P < 0.001$). Also, there is no significant difference between acute passion therapy and meta-cognitive therapy and experiential approach. In other words, all three methods have approximately the same effect on men's orgasm quality. *Conclusion*: results of this study are shown the effect of experiential therapy, metacognitive and acupressure therapy on the quality of orgasm. *Discussion*: According to similar research results, it is necessary to pay more attention to psychological and psycho-physiological interventions; Physiology emphasizes the impact on sexual issues.

Key Words: Metacognitive, Experimental, Acupressure, Orgasm

1. INTRODUCTION

No society can claim health unless it has healthy families. Marriage and marital relationship is the introduction of family formation. Various factors such as marital satisfaction affect family health. On the other hand, many factors such as sexual satisfaction are important in marital satisfaction or satisfaction (Parseh et al., 2015). Because if it does not result in deprivation, failure and insecurity in the spouses. This sexual exclusion can lead to a breakdown of marital life (Mahdavi & Nassimi, 2008). Failure to pay attention to the importance of sexual problems in marital life causes a great deal of harm to the relationship between a woman and a husband, and reveals dissatisfaction with life, prolonged aggression, other repression and the threat of separation from her husband (Barzegar & Arghami, 2017). Types of sexual dysfunction may occur in any marriage. Although successful couples who have sexual dysfunction do not consider it as a marital problem, in general, couples who have sexual dysfunction, poor communication, lower self-confidence and depression, and many psychological disorders, moral slurs, marital failures and Marital incompatibilities result from the lack of attention to sexual issues (Abbas, 2016). One of the most important factors affecting dissatisfaction with marital life is sexual dissatisfaction (van der Heiden et al., 2012). Healthy sexual relations can be one of the causes of happiness in marital life, and when their couples do not achieve full satisfaction in sexual relationships, their psychological balance is affected. What is important is that the causes of sexual dysfunction or sexual dissatisfaction must be identified and resolved (Glomberg, 2012). Healthy relationships are one of the deepest and most influential pleasures that couples can forgive each other. Such relationships not only have a direct impact on the nervous system, but also give the person a sense of relaxation and have known effects on the body. Sexual dissatisfaction with any cause has many negative consequences. As research has found that there is a close relationship between social problems, such as crimes, rape, mental illness and divorce, sexual grievances may not be enjoyed by the couple who are sexually abusive (Adl et al., 2017). Research has shown that sexual issues are multifactorial and are rooted in environmental, psychosocial, and biological factors (Abbott et al., 2006; Spence, 2017; Gowda and Kumar, 2018, Ahmadi, 2011; Alahdadi and Razaghi, 2018; Islaminasab, 2007; Asgharnejad, 2006; Etemadi, 2005; Hosseini and Jalali, 2018).

Apart from the physiological aspect, many of the poor performance and sexual problems of the person are rooted in their psychological state (such as secondary sexual anxiety, obsession, etc.) and another part is affected by the lack of education and awareness, and another part Affected by lack of education and awareness is enough. Accordingly, the interventions used in this study are intended to take each step in order to make changes in this field. Virginia Stair's educational and psychological training experiences with special emphasis on the education and modification of poor communication functions associated with intimacy, as well as the meta-cognitive-therapeutic approach to the process of thinking and learning and how they affect the formation of misconceptions and sexual misunderstanding and disgraceful shame, The feelings of guilty sexual neuroticism are emphasized and the acupuncturist of the thoracic with the emphasis on neuropsychiatric status and the achievement of a proper psychological state through the appropriate stimuli and as much as the nervous system of the body each, follows this goal (Cross Johan, 2009). Considering the above-mentioned issues and the impact of human sexual behavior on various psychological, physiological and cultural factors, this study aims to compare the effectiveness of experiential intervention, metacognitive therapy, and acupressure therapy on men's orgasmic encoding among urban populations.

2. RESEARCH METHODOLOGY

This is scientific report of the original research studies. To conduct this research, one of the semi-experimental plans, called "unequal control group", plus follow-up test was used. The diagram is illustrated below. The population of this study is Iranian men living in Tehran, who have been at least two years of their last permanent marriage, between the ages of 20 and 45, who live in Iran. The sample of this study was available from the population referring to health centers and psychology centers of 6th district of Tehran between 2015 and 2016 (IR.BUMS.REC.1397.340/5). Volunteers did not have sexual disorders but wanted to improve their quality of life. The men selected by random sampling were divided into 3 experimental groups and one control group. In this study, the probability of the first type error is 5% (alpha 5%) and the second type error is 10% (the study capability is 90%) and the total sample is 20% fall. The estimated mean for the four groups is 40.57, 58 and 60, and the pre-test and post-test correlation of 0.6 and standard deviation is 20.

Entry Requirements

1. Have a permanent marriage and live together
2. The average age of two years has passed since their marriage
3. Age between 20 and 45 years
4. Education: Diploma and higher

Exit terms

1. Diabetes, vascular diseases and prostate diseases
2. Psychotic disorders
3. Dependence on drugs, alcohol or drugs
4. Organic waste
5. Other acute illnesses that may distort the results of the study
6. Failure to complete treatment sessions

To investigate and apply the conditions of entry and exit, the researcher used a diagnostic interview accompanied by a doctor. It should be noted that during the diagnostic interview sessions, before the intervention sessions, in order to screen and homogenize the samples and apply the control variables, the psychological, social and physiological status of the volunteers was examined, as well as on individual characteristics such as Their goals were to attend meetings, marital status, marriage dates, education level, attendance at such meetings, ... Questions were asked and their physiological and physical health was reviewed by the physician. In this research, the following questionnaires were used:

Demographic questionnaire

The demographic information of the subjects is collected through a demographic profile. In addition to the personal details (including age and education ...), the profile of current family life and specific diseases, this form was included.

Male Functional Sexual Function Questionnaire (IIEF)

This questionnaire was developed by Rosen et al. (1997) to measure the performance and quality of sexual satisfaction. In this study, the quality of access to orgasm has been used. This questionnaire is completed by the subject.

Method of research interventions

Virginia Sierra's Experiences-Communication Treatment

In this research, interactive sessions of high-level experiential-communication approach were conducted during ten sessions. The duration of each session was 60-90 minutes. Part of the first session was dedicated to the purpose, expectations and rules. And part of the final session is dedicated to concluding, summarizing, concluding and discussing issues that individuals may face in the future.

Acupressure therapy

In this research, interventional sessions of acupressure therapy were performed during ten sessions. Part of the first session was devoted to the purpose, expectations, rules and review of the general reflexes of the body. The first session lasted for 90 minutes

and the second to ten sessions were held for 60 minutes. A full description of the sessions is provided in the Appendix. In this study, the target points in SP reflexes and in other parts of the body were 2, 5, 8, 9, 11, 12, 14, 15, 16, 18, 28, 29, 33, 34.

Metacognitive Therapy

In this research, inter-current metacognitive therapy sessions were conducted during ten sessions. The duration of each session was 60-90 minutes. Part of the first session was dedicated to the purpose, expectations and rules. And part of the final session is dedicated to concluding, summarizing, concluding and discussing issues that individuals may face in the future.

3. RESULTS

Describing demographic data

In this section, the samples were described by descriptive statistics (frequency, percentage, mean, standard deviation, maximum and minimum) in terms of descriptive statistics and demographic questionnaires using tables. Chi-square test was used to determine the fitness of groups from the viewpoint of education, and one-way analysis of variance was used to compare the mean of the subjects' age.

Table 1 Chi-square test in terms of education and study groups

Total	Study groups				Education		
	Control	Metacognition	Satir Experimental	Acupressure			
4	0	2	1	1	Frequency	Diploma	Education
6.7	0	13.3	6.7	6.7	Percent		
11	1	5	4	1	Frequency	Associate Degree	
18.3	6.7	33.3	26.7	6.7	Percent		
38	11	7	9	11	Frequency	Bachelor	
63.3	73.3	46.7	60.0	73.3	Percent		
7	3	1	1	2	Frequency	MA	
11.7	0.20	6.7	6.7	13.3	Percent		
60	15	15	15	15	Frequency	total	
100	100	100	100	100	Percent		
Significance level			Degrees of freedom		Chi-square Value		
0.440			9		9.36		

Table 1 shows the distribution of the frequency and percentage of subjects in terms of education in study groups. Chi-square test was used to determine the fitness of the groups in terms of education. The results of the test showed that the difference in the groups was not significant ($P < 0.05$). As a result, the assumption of equality of groups was confirmed.

Statistical Hypothesis

Also, using the Kolmogorov-Smirnov test, the normal distribution of observations was investigated.

Table 2 The Kolmogorov-Smirnov test for the assumption of the normalization of variables

Value p	Statistical Amount	Variables
0.11	0.143	Orgasm Quality

Table 2 shows the results obtained to verify the assumption of the normalization of the data. For this purpose, Kolmogorov-Smirnov test was used. The results show that considering the lack of significance in the level ($P < 0.05$), the assumption of the normalization of data for all variables is confirmed. Therefore, considering the assumption of the normalization of the data for variables, we use the covariance analysis test to test the hypotheses to examine the research hypotheses.

Table 3 Comparison of three methods of meta-cognitive-therapeutic therapy, experimental therapy and acupressure therapy on male orgasm quality

Significance level	F Value	Degrees of freedom	SD	Mean	Study groups	
0.001**	69.295	3.56	1.12	4.60	Acupressure	Pre-Test
			1.12	4.40	Satir Experimental	
			1.17	4.33	Metacognition	
			1.28	4.73	Control	
			1.40	6.53	Acupressure	Post-Test
			1.53	6.93	Satir Experimental	
			1.49	6.33	Metacognition	
			1.50	4.40	Control	
			1.35	6.13	Acupressure	Follow up
			1.58	6.67	Satir Experimental	
			1.35	6.60	Metacognition	
			1.64	4.53	Control	

(**) meaning at the level of 0.01 and (*) meaning at the level of 0.05

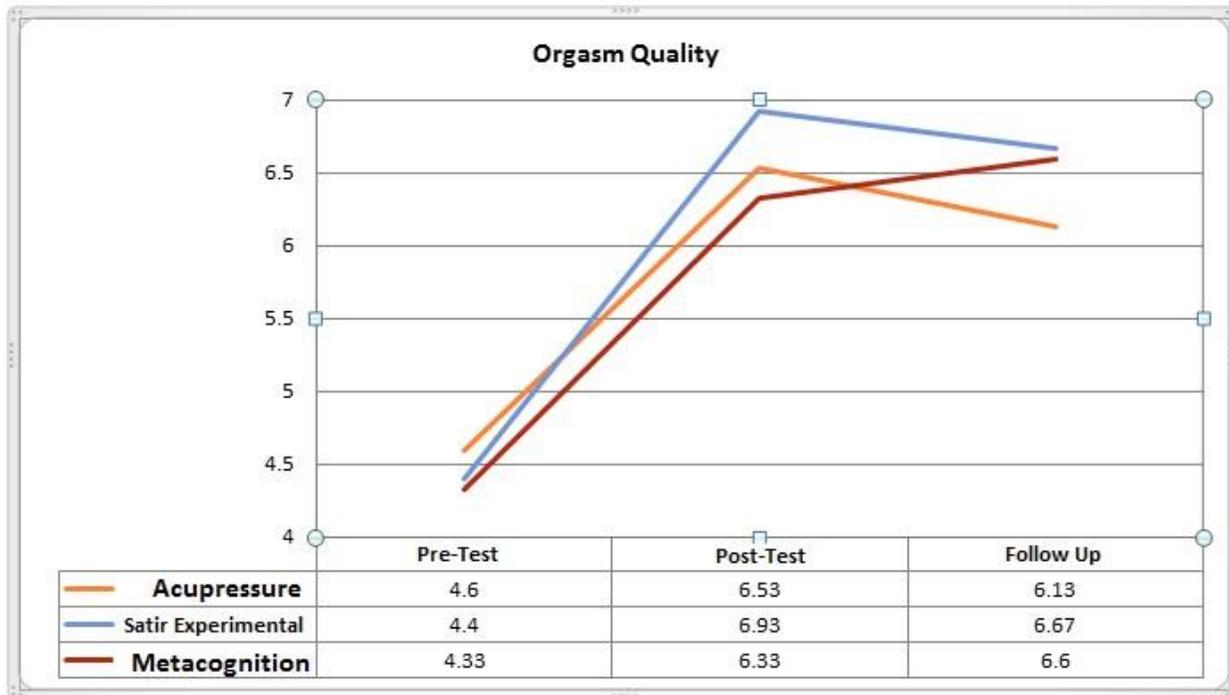


Figure 1 Comparison of three methods of metacognitive therapy, experimental therapy and acupressure therapy on male orgasm quality

The results of Table 3 are based on the comparison of three methods of meta-cognitive therapy, experimental therapy and acupressure therapy on the quality of men's orgasm. The above table shows that there is a significant difference between treatment groups ($P < 0.001$). In other words, the effect of three methods of meta-cognitive therapy, experiential therapy and acupuncturist

therapy on the quality of men's orgasm is not the same. Therefore, in order to clarify the difference between groups, it is necessary to use the least significant difference logic test (LSD) (Figure 1).

Table 4 Post hoc test Comparison of three methods of meta-cognitive therapy, experimental therapy and acupressure therapy on male orgasm quality

Significance level	Difference of meanings	Comparison of study groups	Study groups
0.653	0.11	Satir Experimental	Acupressure
0.211	0.31	Metacognition	
0.001**	3.02	Control	
0.653	-0.11	Acupressure	Satir Experimental
0.419	0.20	Metacognition	
0.001**	2.91	Control	
0.211	-0.31	Acupressure	Metacognition
0.419	-0.20	Satir Experimental	
0.001**	2.71	Control	

(**) meaning at the level of 0.01 and (*) meaning at the level of 0.05

The results of Table 4 are derived from the post hoc test Comparison of three methods of meta-cognitive therapy, experimental therapy and acupressure therapy on the quality of men's orgasm. The above table shows that there is a significant difference between all treatment groups (metacognitive therapy, experimental therapy and acupressure therapy) with control group in men's orgasm quality ($P < 0.001$). Also, there is no significant difference between acupressure therapy and metacognitive therapy and experiential approach. In other words, all three methods have approximately the same effect on men's orgasm quality.

4. DISCUSSION

The results of the present study and the follow up test Comparison of three methods of metacognitive therapy, experimental therapy and acupressure therapy on the quality of men's orgasm showed that among all the therapeutic groups (metacognitive therapy, experimental therapy and acupressure) with control group in men's orgasm quality There is a significant difference ($P < 0.001$). Also, there is no significant difference between acupressure therapy and metacognitive therapy and experiential approach. In other words, all three methods have approximately the same effect on men's orgasm quality. Due to the novelty of the research subject that is exactly consistent with the variables in this research, it has not been done. However, a similar study has been made here. For example, the researches of Agha Mohammadian (2010), Desoete & Ozsoy (2009), Esmailimotlagh et al. (2018), Veenman (2006), Kajbaf et al. (2013), Khalilifar (2010), Barati (2009), Bahari (2011), Morrison & Wells (2003), Dehkordi (2011), Mohammadi et al. (2008), Abbasi et al. (2015), Monjezi et al. (2012), Waheed and Kafei (2018), Hakiminya and Parnian (2018), Hossienpoor & Ebadi (2011), Yousefi et al. (2013) have shown that cognitive therapy has been effective in increasing marital satisfaction. Research in the field of meta-cognitive therapy by Morrison & Wales (2003), Fisher and Wales (2009), Wales et al (2008) Van den Hout and Barlow (2000), indicate the effectiveness of this therapeutic approach. Also, research has shown that spirituality in reducing the anxiety (Davis et al., 2006; Padash et al., 2013).

5. CONCLUSION

According to this result, it can be said that the use of methods such as metacognitive therapy, experiential therapy and acupressure-intensive therapy on the quality of men's orgasm can be influenced by psychosocial factors in humans. In the treatment of human problems, including sexual problems, it is important to play a role. Therefore, according to the results obtained from the hypothesis of this research, it is suggested that this research be carried out at other times and with further subjects. It is recommended that further research be carried out in this field as well as therapists to help with couples' sexual problems also to consider. It is suggested that the subject of research in other instances be implemented to achieve comprehensive findings. Due to the impact of social, cultural, geographical and temporal conditions, it is recommended that this issue be carried out at other locations and times. It is suggested that information and interviewing methods be used to further refine the findings. Basically, any type of research and

research on human and social issues faces some limitations. Since this research also deals with human issues, it has its own limitations and problems, including: due to cultural issues and issues, the researcher could not simultaneously investigate the female population. Also, cultural sensitivities about sexual issues in Iran have greatly reduced the participation of the compatriots in conducting such research, and as a result, the scholar has steadily made use of the sampling method. Of course, with careful choice of control variables, attempts were made to avoid the possibility of the error or the effect of unwanted variables as possible. Due to the novelty of the research, the lack of access to the records of research carried out in this field greatly contributed to the work it was difficult for a researcher. The statistical sample of this research is selected from parts of one city of Tehran-Iran and there are certainly differences between the cities of our country in terms of culture and customs, so in generalizing the findings of such research attention to the cultural and native impacts of each region and the degree of similarity Cultural, it seems necessary. The results of this study indicate that intervention with meta-cognitive therapy, experiential therapy and acupressure therapy is effective on the improvement of men's orgasm performance, and this may mean that more attention should be paid to psychological and psychosocial interventions, including meta-cognitive therapy approaches, Empirical treatment and acupuncture therapy emphasized the impact on sexual issues.

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