Original Research

Comparison of Irrational Beliefs, Decision-Making Style, and Dysfunctional Thoughts in Women with Vaginismus, Or Undersexed Women.

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Abstract:

Background:

This study aimed to compare irrational beliefs, decision-making style, and dysfunctional thoughts in women with vaginismus or undersexed women.

Method:

The present study is descriptive and in the sort of post-event, those comparative designs were used in it. Data were collected using the Jones Irrational Beliefs Questionnaire (1987), Scott and Bruce's General Decision-Making Styles (1995), and Wiseman and Beck's Dysfunctional Attitude (1997), which included a total of 165 questions.

Results:

According to the results, there was a significant difference between irrational beliefs in women with vaginismus and undersexed women, for all beliefs at the alpha level of 0.05 (P>0.05). There was no significant difference between decision-making style in women with vaginismus and undersexed women (P>0.05). As well as those, there was a significant difference between the rate of dysfunctional thoughts in women with vaginismus and undersexed women (P>0.05).

Conclusion:

The rate of irrational beliefs in undersexed women was higher than in women with vaginismus. Decision-making styles were reported to be high between both women with vaginismus and women with the undersexed disorder. Meanwhile, the rate of dysfunctional thoughts in undersexed women was higher than in women with vaginismus.

Keywords: Irrational Beliefs, Decision-Making, Dysfunctional Thoughts, Undersexed, Vaginismus

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Introduction

Irrational beliefs consist of any thought, excitement, or behavior that leads to self-destruction and destroying oneself; and its important consequences are a disruption in survival, happiness, and gladness (1). These beliefs cause emotional consequences such as fear, anxiety, anger, guilt, grief, hostility, and depression in dealing with external events and stimuli. When a person resorts to (irrational beliefs), he or she strongly emphasizes coercion and obligation in their attitudes and perceptions and is extremely bound to the occurrence of certain things. Therefore, if a person removes himself from these constraints, he or she will most likely move towards self-health and personality development (2). Decision-making is one of the basic skills of life. Although decision-making is a complex and holistic process involving many parts of the neo-cortex, this process occurs at a great speed (3). Adiandari (2014) said that decision-making is one of the most important tasks as a guideline. Decision-making indicates the choice of a strategy among two or more options in a preventive behavior, to achieve a specific goal with the least possible risk. So decision-making forms the core of planning, indicating a profound intellectual activity (4). Psychopathological researchers believe that unsuccessful performance in social interactions, aggression, impulsive violence, feelings of shame and guilt, inability to solve a multidimensional problem, and not making a suitable decision at the right time, all are caused by inadequate regulation of emotional responses. Cognition (belief) and decision-making affect emotion and behavior and playing a role in the formation of many mental disorders and problems as well as sexual problems (5). As sexual relationships are one of the important variables in marital relationships so that if this relationship is not satisfied, it leads to feelings of deprivation, frustration, and lack of immunity. Many human problems are the result of a lack of proper satisfying of libido and unawareness of the complex dimensions of this fundamental motivation (6). The suppression of women's natural and normal needs will have undesirable effects on the intimacy and cheerfulness of all family members (7).

Sexual dysfunction means that the mentioned normal sexual function is impaired in some way. These sexual disorders in women based on DSM-V include sexual arousal/interest disorder, orgasm disorder, and genital-pelvic pain disorder, and increased pelvic pressure (8, 9). According to the statistics, sexual dysfunction has a considerable prevalence in societies. Based on this meta-analysis, it was found that sexual desire disorder and sexual pain disorder (vaginismus) was the most common sexual complaints of women in Iran (10). Low libido or undersexed disorder was a lack of emotional reaction in desire, that was associated with a lack of intrinsic sexual motivation and lack of pleasure during sexual intercourse. So that this includes responses ranging from active avoidance of sexual contact to participation in sexual activity with a spouse despite lack of libido. Based on the Barlow Model (1986), which was proposed to explain the reasons for impotence, it has been shown that dysfunctional sexual mentality includes attributive patterns, abnormal sexual beliefs, negative expectations, and negative visions in people with sexual dysfunction, and in most treatments designed and implemented for sexual dysfunction to date, challenging false, unproductive and mythical thoughts about sex have been considered (11). Regarding the relationship between irrational beliefs and sexual dysfunction, the research of Honarparvaran et al. (2012), showed that there was a linear relationship between irrational beliefs and self-conscious affection with sexuality, and irrational beliefs have a reverse effect on sexuality (12). On the other hand, one of the reasons for conflict in marital life,

especially sexual relationships, is lack of decision-making. In addition to irrational beliefs and decision-making styles that directly and indirectly play a role in the incidence and persistence of sexual dysfunctions such as sexual reluctance and sexual pain, nowadays, psychotherapists have been drawn to the effect of thoughts on creating a variety of psychological issues (8). According to the mentioned materials and reviewing the researches, it was determined that irrational thoughts, decision-making styles, and dysfunctional thoughts were connected with factors of marital relationships such as marital conflict, marital adjustment, marital satisfaction, etc. Meanwhile, in these studies, the relationship between the researcher's desired variables and important variables in marital relationships had been investigated; and it was not found comparison research with important psychological variables such as irrational thoughts, decision-making styles, and dysfunctional thoughts with comparing two groups of women with sexual dysfunction. So the considerable question for the researcher was that whether in two sexual dysfunctions, i.e. undersexed (sexual reluctance), and vaginality (sexual pain) was there a significant difference in irrational thoughts, decision-making styles, and dysfunctional thoughts?

Pour-Gholamali, Rahimi, and Mousavi-Nasab (2017), in a study "Investigating causal model of the relationship between beliefs and sexual satisfaction with the mediating role of marital conflict", showed that beliefs could significantly predict marital conflicts. In addition, sexual satisfaction was lower in couples who had negative beliefs. More marital conflicts caused lower marital satisfaction and had a mediating role in the relationship between beliefs and marital satisfaction (13).

In a study "The Relationship between Marital Adjustment and Irrational Beliefs in Women with and without Cosmetic Surgery," Ganji, Khoshkonesh, and Pourebrahim (2016) found that women's irrational beliefs with cosmetic surgery were more than women without cosmetic surgery. Furthermore, the marital adjustment of women without cosmetic surgery was more than women with it. The results also showed that there was a negative and significant relationship between irrational beliefs and marital adjustment (14).

Mohammadi (2017), in a study "Comparison of primary non-adaptive schemas, sexual self-esteem and anxiety between women with orgasm disorder and normal women" found that the mean-values of women with orgasm disorder were significantly higher in schemas and all the domains than normal women. On the other hand, the mean values of normal women were significantly higher on the sexual self-esteem scale and all its subscales than women with orgasm disorder. Moreover, the mean values of anxiety were significantly higher in women with orgasm disorder than the mean values of normal women (15).

Kiani Chalmardi et al. (2016), in a research "Prediction of marital distress based on emotional expression and marital documents in married people, who go to the Welfare Organization of Ardabil", found that there was a positive and significant correlation between the dimensions of marital documents and negative expression with marital distress, and also there was a negative and significant correlation between positive expression and intimacy with marital distress. As well as that, the results of regression analysis revealed that 63% of the total variance of marital distress was predicted by communication documents, and 71% of it by emotional expression (16).

Research Methodology

The research method was descriptive and post-event type that comparative designs would be used. The statistical population of the study included 60 individuals (30 women with vaginismus disorder, and 30 women with undersexed disorder), who were selected by the

available sampling method. In this study, the irrational beliefs questionnaire, general decision-making styles, and dysfunctional attitudes and thoughts were used, which includes 165 questions. This test was shaped to measure irrational beliefs by Jones (1987). It consisted of 10 sections include 100 phrases, and each subscale was related to one of the irrational beliefs. A high score on this test indicated its focus on external control, and the low score indicated a focus on internal control. In Iran, this questionnaire was used by Taghipour (1994). Its reliability has been reported using Cronbach's alpha coefficients of 0.71, indicating the optimum stability of this test. The mean stability of its factors was also 0.74 (17).

In 1995, Scott and Bruce designed and validated the decision-making style questionnaire using factor analysis to measure people's decision-making styles of every individual. This questionnaire had 25 questions that measured five decision-making styles in Rational, intuitive, avoidant, dependent, and momentary terms. The validity of the questionnaire was reported by Cronbach's alpha for obtained styles from 0.68 to 0.94. The validity of this questionnaire was reported for styles in another study conducted on 400 students in England with Cronbach's alpha, 0.67 to 0.87 (18). In this study, Cronbach's alpha was 0.82 for this questionnaire.

Dysfunctional Attitude Scale: This scale was developed by Wizeman & Beck (1997), which had 40 parts, and was designed to identify attitudes and beliefs that make a person susceptible to depression. This questionnaire was based on Beck's cognitive theory for depression. Tehranizadeh et al. (2000), had shown the inefficient attitudes scale with the average of Cronbach's alpha from 0.84 to 0.92 to sufficient internal stability. In this study, Cronbach's alpha was 0.77 for this questionnaire.

Results

In this study, 60 women have participated; 30 had vaginismus, and 30 had the undersexed disorder. Levine Test was used to analyze the multivariate variance and variance homogeneity of dependent variables among groups. According to the results of the test, the variance homogeneity of the variables was confirmed. Shapiro Wilk test was used to assess the normality of the distribution of irrational beliefs values, decision-making style, and the rate of dysfunctional thoughts, and at last, the significance level of calculated statistics for all variables was greater than 0.05. To compare the irrational beliefs of women with vaginismus and women with the undersexed disorder, a multivariate variance analysis test (MANOVA) was used. Based on the obtained results in Table 1, the mean values of irrational beliefs in women were higher than in women with vaginismus disorder.

As could be seen in Table 2, the significance level of all four relevant multivariate statistics i.e. Pilaii, Wilkes lambda, Heteling effect, the largest Root is smaller than 0.01 ($p<0.01$). Thus, the zero statistical assumption was rejected and it was determined that there was a significant difference between irrational beliefs of women with vaginismus and undersexed women. To investigate the differences between the two groups, in each of the irrational beliefs, an inter-testing effects Test was used and the results were presented below.

In Table 3, the results of inter-testing effects Test were shown to compare irrational beliefs in women with vaginismus and women with undersexed disorders. According to the results presented in Table 3, the obtained value of F was significant for all beliefs at the alpha level of 0.05 ($P>0.05$). Therefore, by examining the mean scores of the two groups, it can be seen that the irrational beliefs of undersexed women were higher than women with vaginismus disorder.

Multivariate analysis Test (MANOVA) was used to compare the decision making style of women with vaginismus and women with undersexed disorders. Based on the results obtained in Table 4, the mean-value of decision-making style in women with vaginismus were higher than women with undersexed disorders.

As could be seen in Table 5, the significance level of all four relevant multivariate statistics, i.e., the Pilaii, Lambda Wilkes, Heteling effect, and the Largest Root, was greater than 0.05 ($p>0.05$). Thus, the zero statistical assumption was confirmed, and it was determined that there was no significant difference between the decision-making style of women with vaginismus and women with the undersexed disorder.

An Independent t-test was used to compare the rate of dysfunctional thoughts in women with vaginismus and women with the undersexed disorder. Based on the results obtained in Table 6, the mean values of dysfunctional thoughts in undersexed women were higher than women with vaginismus.

In Table 7, independent t-test results were presented to compare the rate of dysfunctional thoughts in women with vaginismus with undersexed women. Based on the contents of the table, the obtained value of t, in comparing with mean values of the two groups was 2.029, and the significance level was smaller than 0.05. Considering the significance of obtained t-statistics and by examining the mean values of the two groups, it was observed that the rate of dysfunctional thoughts in women with the undersexed disorder was higher than women with vaginismus disorder.

Discussion

Finally, after analyzing the data, these findings were found that there was a significant difference between the two groups of women with vaginismus, and undersexed disorder in irrational beliefs and dysfunctional thoughts. The results also showed that there was no significant difference between these two groups of women in decision-making styles.

According to the main hypothesis of the study, the difference among irrational beliefs, decision-making style, and dysfunctional thoughts in women with vaginismus and women with undersexed disorders was confirmed at 95% level for irrational beliefs and inefficient thoughts; and was rejected for decision-making styles. These results were comparable to the findings of such researchers like Tikdarinejad and Khezri Moghadam (2017) (19), Pourghalami, Rahimi, and Mousavi Nasab (2017) (13), Ganji, Khoshkonesh, and Pourebrahim (2016) (14), Mohammadi (2017) (15), Kiani Chalmardi et al. (2016) (16), Salimi et al. (2016) (20).

Decision and behavior are the main features of the decision-making phenomenon. These two features include the process of thinking and reacting to the external world, which includes past events, future possibilities, as well as psychological consequences of decision-making for the decision-makers. Cognition plays an important role in sexual function (21). Cognitive distraction is a psychological barrier that was known as a disturbance factor in sexual function (Widerman, 2001). Dysfunctional thoughts (or attitudes) include thoughts that make a person vulnerable to depression. These thoughts (attitudes) are activated immediately after negative events in life, and after activation stimulate a pattern of information processing that has a negative orientation (22). The stress that a person experiences when activating these negative and dysfunctional thoughts could affect dissatisfaction in sexual relationships as part of the overall dissatisfaction of marital life.

It was explained that the difference results in irrational beliefs between women with vaginismus and women with undersexed disorders were that, irrational beliefs in undersexed women were significantly higher

than women with vaginismus. These results were comparable and aligned to the findings of researchers such as Tikdarinejad and Khezri Moghadam (2017), Pourgolami, Rahimi and Mousavi Nasab (2017), Ganji, Khoshkonesh and Pourebrahim (2016), Stingber (2010), Mohammadi (2017), Salimi et al. (2016), Karimian et al. (2016) (24), Safavi Dictionary (2015) (25), Bazouei (2015) (18), and Honarparvaran et al. (2012) (12).In the study of vaginismus etiology, the role of factors such as the existence of real negative, or mental negative experiences about sex, sexual harassment and lack of sexual awareness had been noted, while the share of cognitive and emotional factors in sexual desire problems was higher (13).

Different spouses had relatively intense negative emotions toward each other, but the thoughts of one or both partners were logical; or the distress of couples who had too many negative emotions, one or both of them had experience of irrational beliefs. Barlow's Information Processing Pattern (1986) predicted that early emotional responses, and attention to sexual signs, would determine sexual responses. There was also a strong relation between sexual stimuli and activation of genital responses. On top of that, it seemed that mental sexual arousal (fantasy) affects situational factors (3).

According to the findings, the difference between decision-making styles among women with vaginismus and women with undersexed disorders was significantly rejected at 95%, and avoidance decision-making style was reported high in both groups. These results were aligned with the findings of some researchers such as Mekapijal et al. (2011) (26), Baader and Pearson (2011) (27), Amini (2017) (28), Salimi et al. (2016), Karimian et al. (2016), Safavi Dictionary (2015), Morad Samarin (2013) (29).

There was developing evidence that the way of understanding by couples, interpreting and evaluating each other, and the events that took place in their relationships, followed by decision-making to deal with problems, and had an important impact on the quality of their relationships (26). Without a decision, neither activity begins nor ends, and the key factor in decision-making was happening events by a person, not submitting them (30). The reason behind that was that there were problems in the common and family life, because acting irrationally in certain situations (e.g. in sexual problems), or staying passive in relationships could cause marital problems.

In this study, the difference between dysfunctional thoughts between women with vaginismus and women with undersexed disorders was confirmed at a significant level of 95%. The results showed that dysfunctional thoughts were significantly higher in women with undersexed disorders than women with vaginismus. These results were aligned with the findings of researchers such as Pourgholami, Rahimi and Mousavi Nasab (2017), Oliviera and Nobar (2013), Soltani, Rezaee, and Razavi (2016), Bazouei (2015), Afshari, Motabi, and Panaghi (2015) (31), Mojtabiani, Saberi, and Alizadeh (2014).

Having dysfunctional attitudes due to their inflexibility and displaying problems as insolvable problems have rooted in family and childhood, problems in the depth of marital relationships that were also transferred to sex lead to sexual reluctance; while vaginismus was more encountered by the own pain or the feeling and anticipation of pain with an involuntary contraction of pelvic muscles, pain, or prediction of it and avoidant behaviors, and less than undersexed was influenced by dysfunctional attitudes.

Conclusion

In general, it would be said that irrational beliefs, decision-making styles, and negative and dysfunctional thoughts affect the sexual relationship and women's expectations of sex.

In women with vaginismus, the role of factors such as the existence of real or mental negative experiences, wrong decisions about sex, sexual harassment, and lack of sexual awareness could be noted. Women in sex become less able to recognize their sexual needs by keeping negative expectations and incorrect beliefs. Undersexed women experienced lower sexual dysfunction and libido by not being able to change dysfunctional thoughts and avoid making the right decisions.

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Tables

Table 1. Mean and standard deviation of irrational belief values by group

	Vaginismus		Undersexed	
Variable	**Mean**	**Standard Deviation**	**Mean**	**Standard Deviation**
Need of Others' Confirm	24.80	5.236	29.24	6.112
High Expectation of Themself	28.67	5.074	31.79	4.892
Willingness to Blame	22	7.733	27.60	6.652
Reaction to Failure	24.84	5.223	28.96	7.454
Emotional Irresponsible	21.11	6.898	27.70	6.197
High Concern	30.22	7.347	34.13	6.168
Avoidance of the Problems	24.62	7.001	29.65	8.859
Dependence	24.83	8.625	28.98	6.524
Helplessness to Change	21.16	6.796	27.56	9.510
Perfectionism	18.09	5.310	22.09	8.488

Table 2. The results of multivariate variance analysis to compare irrational beliefs in women with vaginismus and women with undersexed disorders

The effect	**Tests**	**Values**	**F**	**The effect of Degree Freedom**	**The effect of Error Freedom**	**Significant Level**	**Eta Squared**
Group	Pilaii Effect	0.379	2.995	10	49	0.005	0.379
	Lambda Wilkes	0.621	2.995	10	49	0.005	0.379
	Heteling Effect	0.611	2.995	10	49	0.005	0.379
	Root	0.611	2.995	10	49	0.005	0.379

Table 3. Inter-testing Effects Test for comparing irrational beliefs in women with vaginismus and women with undersexed disorders.

Variable	**Source**	**The Sum of the Squares**	**The Degree of Freedom**	**The Mean of Squares**	**F**	**Significant Level**	**Eta Squared**
Mistrust	Inter-group	296.296	1	296.296	9.149	0.004	0.136
	Intra-group	1878.341	58	32.385			
Lack of Understanding	Inter-group	145.912	1	145.912	5.874	0.019	0.092
	Intra-group	1440.714	58	24.840			

Feel Guilty	Inter-group	470.400	1	470.400	9.042	0.004	0.135
	Intra-group	3017.422	58	52.025			
Simplification of Excitement	Inter-group	253.957	1	253.957	6.132	0.016	0.096
	Intra-group	2402.154	58	41.416			
No evaluation	Inter-group	650.236	1	650.236	15.124	0.001	0.207
	Intra-group	2493.667	58	42.994			
Lack of Control	Inter-group	228.670	1	228.670	4.970	0.030	0.079
	Intra-group	2668.635	58	46.011			
Standstill	Inter-group	379.279	1	379.279	5.950	0.018	0.093
	Intra-group	3697.168	58	63.744			
Logicality	Inter-group	257.854	1	257.854	4.409	0.040	0.071
	Intra-group	3391.712	58	58.478			
Feeling Continuity	Inter-group	615.595	1	615.595	9.011	0.004	0.134
	Intra-group	3962.233	58	68.314			
Poor Awareness	Inter-group	240.427	1	240.427	4.797	0.033	0.076
	Intra-group	2907.237	58	50.125			

Table 4. Mean and standard deviation values of decision style by groups

	Vaginismus		**Undersexed**	
Variable	**Mean**	**Standard Deviation**	**Mean**	**Standard Deviation**
Rational	18.87	4.249	18.09	3.401
Intuitive	16.75	2.655	15.80	2.295
Avoidance	19.93	3.787	20.42	2.929
Dependent	15.57	3.115	14.50	2.556
momentary	16.57	3.159	17.03	3.673

Table 5. The results of multivariate analysis to compare the decision-making style of women with vaginismus and undersexed women with each other.

The Effect	**Tests**	**Values**	**F**	**The Effect of Degree Freedom**	**The Effect of Error Freedom**	**Significant level**	**Eta squared**
Group	Pilaii Effect	0.100	1.199	5	54	0.322	0.100
	Lambda Wilkes	0.900	1.199	5	54	0.322	0.100
	Heteling Effect	0.111	1.199	5	54	0.322	0.100
	The Largest Root	0.111	1.199	5	54	0.322	0.100

Table 6.Statistical description of inefficient thought values by group

Group	Number	Mean	Standrd Deviations
Vaginismus	30	91.97	32.04
Undersexed	30	109.67	35.44

Table 7. Independent t-test results for comparing dysfunctional thoughts of women with vaginismus with undersexed women.

Variable	statistics of T	df	Significant Level	Difference of Mean
Dysfunctional Thoughts	2.029	58	0.047	17.70