



STUDY AND EVALUATION OF THE POSSIBILITIES OF COGNITIVE BEHAVIORAL THERAPY IN PSYCHOSEXUAL DISORDERS

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ABSTRACT

One of the most important aspects of human life is sexuality. Every mentally healthy person thinks about love, happiness and the continuation of their kind. The feeling of satisfaction with sexual life is an important indicator that determines the quality of a person's life. Thus, sexual disorders of any type dramatically worsen a person's quality of life. Psychogenic sexual disorders are currently among the most common among neuropsychiatric disorders. According to the International Center for Epidemiological Studies of MALES, in the USA erectile dysfunction was observed in 22% of 9284 respondents, in Germany - in 13% of 3040, in Uzbekistan there are no statistics on this. The study of the possibilities of cognitive-behavioral therapy of psychosexual disorders makes it possible to quickly treat the type of personality associated with it.

The research is carried out at the scientific and medical center "Nerves and psyche" (director: Prof. N.A. Schmidt). Ibodullaev Z.R.). Anxiety-phobic disorders of a neurotic nature were selected as the research material. As a result of the study of the medical and psychological status, 60 patients with identified erectile dysfunction are selected from them. Patients aged 25-50 years are selected for the cohort. In these patients, psychosexual disorders are studied depending on the type of personality, and the possibilities of cognitive behavioral therapy are tested on them.

Sexual health is a very important component of any person's physical and emotional health. ED is also a component of sexual dysfunctions, such as disorders of ejaculation, orgasm, libido. In the structure of sexual disorders, ED occupies a leading place both in terms of frequency of meetings and in terms of social significance. Erectile dysfunction or ED ("lack of genital response" in ICD-10), a term that has replaced the obsolete "impotence", refers to difficulties in securing satisfactory sexual intercourse or initiating sexual intercourse. In the past and in some countries, "impotence" was still regarded as the result of witchcraft or black magic. The lack of an erection was considered a sign of natural frigidity, and its insufficiency was a sign of magic. In European culture, the problem is

more defined by the concept of "masculinity": the ability to have a strong erection is an integral feature of "masculine strength". According to Steckel (1972), "impotence" leaves its mark on the entire personality of a person and is accompanied by a loss of a sense of satisfaction – joy from creative activity, as well as self-confidence. The inability to have a full sexual life is probably considered one of the strongest emotional traumas for any man. Sexual disorders have an extremely negative impact on the emotional and sometimes physical condition of not only a man, but also his spouse. On the contrary, harmonious sexual relations based on love and mutual consent give stability to family relations, and also play a big role in achieving psychological comfort in the family. Epidemiological studies in the field of sex pathology face certain difficulties. The data obtained from various medical institutions are also not reliable enough, as well as the data obtained as a result of direct examination of patients. This is due, firstly, to the fact that patients hide their sexual problems, secondly, the information received depends on the clinical competence of the researcher, and thirdly, because among sex therapists of different schools there are different views on the issues of diagnosis and methods of research of sexual disorders. The prevalence of sexual problems among men can be judged, for example, by social life and health in the United States. In men with neurotic disorders, the genital area, any problem in the field of sexual relations, more than anything else, or another disease is perceived as a serious social defect. This creates prerequisites for the formation of a socially conditioned personality, motivates the emergence of various mental disorders and the appearance of sexual disorders. Sexual function can be considered as a person's personal value, the degree and depth of sexual adaptation, the severity of the neurotic component is closely related to its significance for a particular person. Due to the influence of psychosexual dimorphism, most of the responsibility for sexual satisfaction of partners is traditionally assigned to men, so their psyche is more vulnerable to the fact of sexual adaptation of the couple.

Male character traits that contribute to the emergence of neurotic and sexual disorders, including character accents and personality anomalies, social and emotional connections. We're talking about people prone to anxiety, doubt, feeling of inferiority, hypochondria, with excessive responsibility for the successful performance of introspection for the sake of one's own reputation or because of the desire to deliver sex to a woman full sexual satisfaction. One of the reasons for the extreme is the weakness of the male psyche with any deviations from the sexual life of secular ideas about the standard of a strong man - a high level of requirements for his own sexual function. This implies the presence of high excitability in combination with a strong erection; the possibility of prolonged sexual intercourse; harmony of orgasm with a partner and his full satisfaction; the possibility of sexual excess and maintaining a high level of sexual activity until old age. Such visions are the reason to accuse some people of sexual dysfunction there is no truth, or they are very painful personal reactions even with minor sexual difficulties, which, in turn, creates prerequisites for neurotic fixation of sexual function. Usually, the first failures in intimate relationships in men cause only mild alertness, and a pronounced emotional reaction to a one-time sexual relapse is observed only at the beginning of sexual life. In the case of new failures, subsequent attempts at intimacy, acquiring the character of control, a significant part of men are seriously concerned about the state of the sexual sphere and various personal reactions are noted. The following are the most typical psychological reactions in men with sexual dysfunction:

- 1) active adaptation (change of sexual status, frequency of sexual contacts);
- 2) passive adaptation (avoidance of sexual activity);
- 3) mental decompensation (fear, anxiety, confusion, loss of the real value of life).

The neurotic conflict in men during sexual intercourse is based on incorrect adaptation - a collision of the high significance of the standard of the powerful men with a really untenable situation in the intimate sphere of relations. The formation of specific emotional reactions is determined by the typological characteristics of patients, their age and the nature of marital relations. In practice, it is believed that with a long course in men, any sexual disorder acquires certain neurotic manifestations. Data on a significant frequency of dissomnic manifestations in patients with existing sexual disorders. Defines the spread. hypochondria, functional cardialgia and anxiety disorders phobic, as well as affective disorders in sexological patients. Thus, men have sexual disorders that initially did not have a neurotic origin, as a result of their sexual problems, often psychopathological disorders. In the classic case of penile dysfunction caused by organic diseases, neurotic reactions are layered, which enhances and complicates the course. In addition, neurotic symptoms can be very pronounced, which prevails in the clinical picture of sexual dysfunction. Consideration of various therapy options led to the development and differentiated tactics of treatment and rehabilitation measures depending on the type of personality, duration of sexual disorders and the nature of family partnership. In the first month, 28 (70%) patients from the first group who received monotherapy as vardenafil hydrochloride began to have sex, acting already in the first weeks of treatment. There was a positive statistically significant therapeutic dynamics of the results on the iief ($P<0.001$) and SFM ($p<0.05$) scales characterizing the parameters of sexual activity. Against the background of an improvement in the observed erectile function, patients experience changes in their mental state in the form of a decrease in symptoms of anxiety and depression; it was registered according to the Spielberger-Hanin questionnaire and the Hamilton scale, was minimal and had no statistical significance. A slight improvement was noted in the nature of the partnership in marriage. In 8 (20%) of 28 (70%) patients in the second, improvement was observed in the first 28. on the days of therapy, the opposite trend was observed in the form of deterioration of sexual function and an increase in mental state as long as the severity of depressive symptoms exceeds the high initial one - before treatment ($p<0.05$). A relationship was established between the duration of sexual disorder, the nature of the partner's relationship, personality type and, thus, the effectiveness of therapy in patients. A permanent positive effect was observed in patients with a duration of sexual dysfunction up to 1.5 years ($P<0.001$), a harmonious personality type and stable conflict-free cooperation ($p<0.05$). A different pattern was observed in the second group. unlike patients of the first group, sexual activity in patients of this group did not begin with the beginning of therapy, but after psychotherapeutic measures in the form of normalization of mood, sleep, general well-being with a decrease against the background of improving mental state, tension and conflicts in partnership and gradually developing an optimal behavior model. Normalization of erectile function was observed against the background of improvement of the man's mental state with the consent and support of partners, 24 (60%) patients were allowed to start successful sexual intercourse by the end of the first month of therapy. In 16 (40%) patients in this group, a low therapeutic effect was associated with an adequate reduction during the first 28 days of treatment. neurotic symptoms. The positive dynamics

was confirmed on the IIEF scale ($R < 0.001$), the results of repeated tests on SFM ($p < 0.05$). Hamilton ($P < 0.001$) and the Spielberger-Khanin questionnaire ($p < 0.05$). In the second month of treatment, 24 (60%) patients received additional positive results during the first 28 days of therapy, even with improvements noted in 7 (17.5%) men. Therapy of patients with psychogenic erectile disorders, with the presence of stenosed personality traits, friendly partnerships and a duration of sexual dysfunction of no more than 1.5 years; taking one of the representatives of phosphodiesterase type 5 inhibitors- vardenafil hydrochloride, which significantly reduces the duration of treatment, maintains high compatibility and is economically beneficial. In the presence of disturbing suspicious and asthenic personality traits, conflicting partner relationships or sexual dysfunction, treatment should be carried out with the use of psychotherapeutic measures.

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