Chapter VI

SUMMARY AND CONCLUSION

Sex is a subject of absorbing interest to mankind through the ages. It is an important aspect of human life and integral to one’s physical and psychological health. Sexual dysfunction is prevalent in all parts of the world from the ancient times in varying degrees. Sexual dysfunction is the disturbance in sexual functioning. The impact of sexual dysfunction is devastating. It is reported to be adversely affects one’s mood, well-being, and interpersonal functioning. The present study is an attempt to understand sexual dysfunction in Indian context. India is the land where lots of myths and misconceptions prevail regarding sex. Knowledge about sex reports to play a major role in the sexual functioning of individual. The present study aims to understand the role of sex knowledge in the sexual functioning of the individual. Marital adjustment of couple believes to play a major role in their sexual functioning. Better intimacy and adjustment among couples seems to enhance sexual functioning of the couples whereas poor adjustment among couples seems to decrease their sexual functioning. The present study is an attempt to understand the effect of marital adjustment in sexual dysfunction. It is also reported that emotional management of the couples affects their sexual functioning. Similarly emotions and thoughts during sexual activity may have an influence on couple’s sexual functioning. Better understanding and management of emotions and thoughts during sexual activity is reported to enhance sexual functioning. Poor expression of emotion and thought during sexual activity can upset one’s sexual performance. The present study also looks in to the role of emotional intelligence in sexual functioning. So
the present study aims to understand sexual dysfunction in relation to sex knowledge, marital adjustment and emotional intelligence. Similarly the present study plans to design a treatment model for the persons with sexual dysfunctions. Even though there are some treatment models available they are based on western culture and may not be fully suitable in our culture. Hence there is a need to design a treatment model for sexual dysfunction in Indian context. The present study is also designed to develop a treatment model called ERCoB (Educational, Relational, Cognitive and Behavioural model) in treating patients with sexual dysfunctions. The present study aims to assess the efficacy of the ERCoB model of sex therapy in treating persons with sexual dysfunctions.

For this purpose a sample of 140 couples i.e., 280 subjects are selected for the study. The study is carried out based on pre-post experimental design. Four kinds of sexual dysfunctions are examined in this study namely Male erectile disorder, Premature ejaculation, Female orgasmic disorder and Vaginismus. Sex knowledge, marital adjustment and emotional intelligence are treated as the independent variable of the study. Sexual dysfunction is treated as the dependent variable of the study.

The following hypotheses are formulated in this study.

(1) Adequate sex knowledge results in better sexual functioning
(2) Better sex knowledge enhances foreplay (non-sensuality) between partners
(3) Better sex knowledge results in better sexual satisfaction
(4) Better marital adjustment results in better sexual functioning
(5) Better marital adjustment increases communication between partners on sexual matters

(6) Better marital adjustment increases frequency of sex between partners

(7) Better marital adjustment enhances sexual satisfaction

(8) Better emotional intelligence would result in enhanced sexual functioning

(9) Better emotional intelligence enhances sexual satisfaction

(10) Sexual adjustment is a function of sex knowledge, marital adjustment and emotional intelligence

The following psychological tests are administered for the study. Sexual Preference and Behaviour Scale, developed by Mathew and Joseph (2009) is used to measure the independent variable of sex knowledge. Sexual Preference and Behaviour Scale assess sex knowledge in 19 areas. Marital Quality Scale, developed by Shah (1995) is used to measure the independent variable of marital adjustment. Marital quality scale assesses 12 factors of marital adjustment. Emotional Intelligence Inventory, developed by Sushama (2003) is used to measure the independent variable of emotional intelligence. Emotional Intelligence Inventory assesses emotional intelligence in 3 areas. Golombok Rust Inventory of Sexual Satisfaction, developed by Rust and Golombok (1985) is used to measure the dependent variable of sexual dysfunction. It measures sexual dysfunction on nine areas. Socio demographic data sheet, developed by investigator is used to measure intervening variables of the present study. It collects data on eleven socio demographic variables of the couples.
The scores obtained are subjected to different statistical analysis. In order to understand the general trend of the sample descriptive statistics such as Mean, Standard deviation is used in the study. In order to find out relationship between variables such as sex knowledge, marital adjustment, emotional intelligence and sexual dysfunction Pearson correlation co-efficient is employed in this study. Mean difference analysis is carried out to understand whether there exists significant difference between pretest and post test data on all variables. Critical ratio is used for this purpose. In order to find out the effects of variables such as sex knowledge, marital adjustment and emotional intelligence on sexual dysfunction Analysis of Variance (ANOVA) is employed in this study. 2x2x2x factorial design (sex knowledge x marital adjustment x emotional intelligence) is used for this purpose.

The study reveals that persons with sexual dysfunction and their spouses have poor knowledge about sex and sexual behaviour. They possess unscientific knowledge about sex and carries lots of myths and misconceptions regarding sex. It affects their sexual functioning and leads to sexual dysfunction. The present study reports that sex knowledge is negatively related to sexual dysfunction and positively related to sexual functioning. It also shows that sex knowledge is positively related to marital adjustment and emotional intelligence. Analysis of variance indicates that sex knowledge exerts significant influence on sexual dysfunction, mainly premature ejaculation and female orgasmic disorder. Similarly sex knowledge influences foreplay among couples. Better sex knowledge increases foreplay among partners whereas poor knowledge about sex reduces foreplay among partners. Likewise sex knowledge influences on avoidance behaviour in sex among partners. It reveals that couples with poor sex knowledge avoid sex more frequently. Sex knowledge exerts significant
influence on communication regarding sex among partners. Adequate knowledge about sex enables the couples to talk about their likes and dislikes regarding sex with each other. In the same way sex knowledge influences the frequency of sex between partners. Better knowledge about sex among couples increases the frequency of sexual activity among couples. Likewise sex knowledge exerts significant influence on satisfaction in sex among partners. Inadequate knowledge about sex lessens sexual satisfaction whereas better knowledge about sex enhances sexual satisfaction.

The ERCoB model of sex therapy is employed in patients with sexual dysfunction and their spouses to enhance their sex knowledge and their sexual functioning. The post test results are indicative of improved sex knowledge among patients and in their spouses after the therapy. The mean difference analysis reveals that significant difference exists between pretest and post test scores of sex knowledge among patients and their spouses. It points out that ERCoB model of therapy has significantly enhanced sex knowledge in patients and their spouses (P<.01). Improved sex knowledge among couples has enhanced their sexual functioning. Hence the hypothesis that adequate sex knowledge results in better sexual functioning (H1-1) is confirmed by the results of the study. Study shows that improved sex knowledge among couples after the therapy has enabled them to gain pleasure through touching and caressing during sexual activity. It reveals that couples began to spend more time in foreplay after the therapy. It indicates that improved sex knowledge among couples has enhanced their foreplay. Hence the hypothesis that better sex knowledge enhances foreplay between partners (H1-2) is confirmed by the results of the study. Study reveals that better sex knowledge enhances sexual satisfaction among couples whereas inadequate knowledge about sex lessens sexual satisfaction. The analysis of
the post test results reveals that improved sex knowledge after the therapeutic intervention has resulted in better sexual satisfaction among couples. Hence the hypothesis that better sex knowledge results in better sexual satisfaction (H1-3) is confirmed by the results of the study. Therefore the present study point out that sex knowledge is an essential prerequisite for better sexual functioning.

The present study indicates that patients and their spouses have poor marital adjustment among them. Inadequate marital adjustment among couples affects their sexual functioning and leads to sexual dysfunction. The present study reveals that marital adjustment is negatively associated with sexual dysfunction and positively associated with sexual functioning. It also points out that marital adjustment is positively associated with sex knowledge and emotional intelligence. Analysis of variance indicates that marital adjustment does not influence on sexual dysfunction directly. At the same time marital adjustment exerts significant influence foreplay among couples. Poor adjustment among couples reduces foreplay whereas better adjustment among couples increases their foreplay. Similarly marital adjustment influences on frequency of sexual activity among couples. Couples with better marital adjustment engage in sex more frequently whereas couples with poor marital adjustment engages in sex rarely. Like wise marital adjustment exerts significant influence on avoidance behaviour in sex among partners. Poorly adjusted couples avoid sex more frequently whereas better adjusted couples engages in sex more frequently. In the same way marital adjustment among couples influences their sexual satisfaction. Better marital adjustment among couples enhances sexual satisfaction whereas poor marital adjustment among couples decreases sexual satisfaction.
The ERCoB model of sex therapy is employed in patients with sexual dysfunction and their spouses to enhance their marital adjustment. The post test results are indicative of improved marital adjustment among patients and spouses after the therapy. The mean difference analysis reveals that significant difference exists between pretest and post test scores of marital adjustment among patients and their spouses. It points out that ERCoB model of therapy has significantly enhanced marital adjustment among patients and their spouses ($P<0.01$). Improved marital adjustment among couples has enhanced their sexual functioning. Hence the hypothesis that better marital adjustment results in better sexual functioning (H1-4) is confirmed by the study. Study reveals that better marital adjustment among couples after the therapy has increased their communication regarding sex. It shows that enhanced adjustment among couples enabled them to express their like and dislike regarding sex with their partner. Hence the hypothesis that better marital adjustment increases communication between partners on sexual matters (H1-5) is confirmed by the study. The present study shows that better marital adjustment among couples after the therapy has increased their frequency of sexual activity. It reveals that improved marital relationship among couples enhances frequency of their sexual activity. It indicates that when couples are in good relationship they tend to engage in sex more frequently. Hence the hypothesis that better marital adjustment increases frequency of sex between partners (H1-6) is confirmed by the study. Study also reveals that improved marital adjustment among couples after the therapy has enhanced their sexual satisfaction. It reveals that when couples are in better adjustment with each other they experience better satisfaction in sex. It indicates that better marital adjustment enhances sexual satisfaction. Hence the hypothesis that better marital adjustment enhances
sexual satisfaction (H1-7) is confirmed by the results of the study. Thus it reveals that better marital adjustment among partners is necessary for healthy sexual functioning.

The present study reveals that patients and their spouses show inadequate emotional adjustment before therapy. Their low emotional intelligence is reflected in their poor interpersonal and intrapersonal efficacy. It is noticed that they have difficulty to understand and manage their own and others emotions adequately. It affects their marital and sexual functioning. Emotional intelligence is negatively related to sexual dysfunction and positively related to sexual functioning, sex knowledge and marital adjustment. Analysis of variance indicates that emotional intelligence exerts significant influence on sexual dysfunction. It indicates that emotional efficacy of couples affects their sexual functioning. Similarly emotional intelligence shows significant influence on foreplay among partners. It reveals that persons with better emotional intelligence spend more time in foreplay whereas persons with low emotional intelligence spend less time in foreplay.

The ERCoB model of sex therapy is employed in patients with sexual dysfunction and their spouses to enhance their emotional efficacy. The post test results are indicative of improved emotional efficacy among patients and spouses after the therapy. The mean difference analysis reveals that significant difference exists between pretest and post test scores of emotional efficacy among patients and their spouses. It points out that ERCoB model of therapy has significantly enhanced emotional intelligence among patients and their spouses (P<.01). Improved emotional intelligence among couples has enhanced their sexual functioning. Hence the hypothesis that better emotional intelligence would result in enhanced sexual functioning (H1-8) is
confirmed by the study. The present study also shows that improved emotional intelligence after the therapy has resulted in better sexual satisfaction. It indicates that better emotional intelligence enhances sexual satisfaction. Hence the hypothesis that better emotional intelligence enhances sexual satisfaction (H-9) is confirmed by the study. So the study point out that better emotional intelligence is important for satisfactory sexual functioning among couples.

The present study points out that sex knowledge and emotional intelligence exerts significant interaction effect on female orgasmic disorder and foreplay among partners. Marital adjustment and emotional intelligence shows an interaction effect on female orgasmic disorder, frequency of sexual activity and communication regarding sex among partners. Sex knowledge, marital adjustment and emotional intelligence exhibits joint interaction effect on foreplay, communication regarding sex and avoidance behaviour in sex among partners.

ERCoB model of therapy has enhanced sex knowledge, marital adjustment and emotional management among couples. The increased sex knowledge, marital adjustment and emotional efficacy resulted in better sexual functioning among them. It indicates that better sex knowledge, marital adjustment and emotional intelligence results in better sexual functioning whereas low sex knowledge, marital adjustment and emotional intelligence results in sexual dysfunction among couples. It reveals that adequate sex knowledge, marital adjustment and emotional intelligence are the essential preconditions for healthy sexual functioning. Therefore the hypothesis (H1–10) that sexual adjustment is a function of sex knowledge, marital adjustment and emotional intelligence is confirmed by the results of the study. Similarly it also points out the efficacy of ERCoB model of therapy in treating patients
with sexual dysfunction. It proves the effectiveness of the sex therapeutic model named ERCoB model in the management of sexual dysfunctions in the Kerala context.

**Conclusion of the study**

Based on analysis of data in the present study following conclusions are drawn.

1. Sex knowledge is an essential prerequisite for better sexual functioning. Better knowledge about sex results in better sexual functioning. Better sex knowledge enhances foreplay, frequency of sexual activity and sexual satisfaction among couples.

2. Adequate marital adjustment among partners is necessary for healthy sexual functioning. Better adjustment among couples results in better sexual functioning. It enhances foreplay, communication regarding sex, frequency of sexual activity and sexual satisfaction among couples.

3. Adequate emotional efficacy is essential for satisfactory sexual functioning. Better emotional intelligence enhances foreplay and sexual satisfaction among couples.

4. Sexual adjustment is a function of sex knowledge, marital adjustment and emotional intelligence.

5. ERCoB model of therapy is highly effective in treating patients with sexual dysfunction.
Limitation of the study

In spite of the attempts made in the study to control the extraneous variables the study has following limitations.

1. The post test data is collected in the last session of the treatment. It should have been much better if the post test data is collected after a month of the last session.

2. The efficacy of the ERCoB model of therapy is examined only in four kinds of sexual dysfunctions such as male erectile disorder, premature ejaculation, vaginismus and female orgasmic disorder in this study.

3. The subjects of the present study are sampled from seven districts of Kerala state. The findings of the study are confined to this area only.

4. The size of the sample of the present study is relatively small (N=140 couples i.e., 280 subjects).

5. The psychological tests used in the study do not provided a common single score for each couples on all variables measured.

6. Findings of the study are limited to male erectile disorder, premature ejaculation, vaginismus and female orgasmic disorder only. The efficacy of ERCoB model of sex therapy in treating other sexual dysfunctions is not verified.

7. Socio economic analysis is not done which would have provided more information regarding the sample of the study.
Suggestions for Future Research

1. The present study is an empirical attempt to understand sexual dysfunction in relation to sex knowledge, marital adjustment and emotional intelligence and to understand the efficacy of the ERCoB model of therapy in treating patients with sexual dysfunction. Due to limitation of the time the study has been confined to 140 couples of central districts of Kerala only. The study may be replicated in different areas of Kerala with more number of subjects.

2. Comparison of the efficacy of this model with other therapeutic models and longer periods of follow-ups to check the maintenance of the therapeutic gains is necessary.

3. On the basis of the findings from present study, ERCoB model of therapy can be employed in treating patients with sexual dysfunctions.

4. The efficacy of the ERCoB model of therapy in treating other sexual dysfunctions can be studied.

5. More sophisticated methods of investigation or experimental design may be employed to find out the cause and effect of variables and efficacy of the treatment model.