Cognitive Attentional Syndrome and Metacognitive Beliefs in Male Sexual Dysfunctions: an exploratory study

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Introduction

To our knowledge, no study has investigated the presence of CAS and metacognitive beliefs in the maintenance of Sexual Dysfunctions. The central aim of this study was to explore the specific role of CAS components and metacognitive beliefs in the maintenance of Sexual Dysfunctions. The metacognitive model is based on the idea that “it is not merely what a person thinks but how he or she thinks, that determines emotions and the control one has over them.” (Wells, 2008). In the metacognitive theory of psychological dysfunction, Wells and Matthews (1994) propose that a set of metacognitive beliefs are responsible for psychological disturbance by maintaining maladaptive attentional and cognitive coping strategies. This array of factors constitutes a Cognitive Attentional Syndrome (CAS; Wells, 2000), sustained by the presence of some metacognitive plans and beliefs that control the use of thought and attention.

Some CAS components have been investigated in relation to male sexual dysfunctions, even if they have not been conceptualized in a specific metacognitive frame. For example, Hartung and colleagues (2005) reported that, if compared to normal controls, “during sexual intercourse PE patients were totally preoccupied with thoughts about controlling their orgasm, while this was not a strong cognitive factor for the functional men. Other prevailing cognitions in PE patients referred to the anticipation of a possible failure and the embarrassing situation following a rapid ejaculation.”

Objectives

To our knowledge, no study has investigated the presence of CAS and metacognitive beliefs in the maintenance of Sexual Dysfunctions. The central aim of this study was to explore the specific role of CAS components and related metacognitive beliefs in affecting sexual performances of men with ED and PE. In line with a metacognitive conceptualization, it was hypothesized that ED and PE could be triggered, maintained or even worsened by CAS. In addition, it was hypothesized that this model of processing would be traced by specific positive and negative metacognitive beliefs.

Sample

A purposive convenience sample consisted of 11 ED and 10 PE participants. The diagnosis was done in accordance with the DSM-IV (APA, 1994). For the purpose of the present study, only primary diagnosis was considered, defined as the first and more impairing disease for which men had an alley consultation. The mean age of the sample was 40 years (SD=7.4) and age ranged from 27 to 49 years. The sample was entirely Caucasian. Most of the participants (92.7%) had been married at least once, and only 12.5% were single. The mean age of the marriage was 28 years, and 31.3% of participants were currently living alone. A majority of participants were in good or excellent health (74.2%).

Materials

All participants were interviewed using the metacognitive profiling template adapted to specifically focus on cognitive aspects of sexual dysfunctional experiences. The interview schedule attempted to elicit data from four main prorated domains (1) The cognitive style during a sexual negative experience: participants were asked to describe a recent episode of sexual negative experience and to identify what triggered their perception of failure (2) Attentional focus during sexual approach: participants were asked about the focus of their attention while approaching sexual activity, and to explain the advantages and disadvantages they found in using their attention in that way (3) Pursued goal: participants were asked about the purpose of their cognitive and attentional response, whether they reached it, how they knew when their goal had been achieved and when the process of achieving the goal was interrupted (4) Metacognitive beliefs: in order to examine positive and negative metacognitive beliefs, participants were asked to identify advantages and disadvantages they perceived in their cognitive-attentional response or in giving up the process.

Procedure

All participants were enrolled those who had an alley consultation and none of them presented a lifetime disease. The data were collected over a period of six months. Interviews were audio recorded, transcribed, and anonymized. A top-down thematic content analysis, using a deductive method of analysis was carried out to screen the interviews. Specifically, the developing analysis was influenced by both primary material (the transcripts of the participants) and secondary sources related to the theory and therapeutic approaches (Metacognitive Theory).

Discussion

Participants identified positive metacognitive beliefs about the usefulness of their cognitive-attentional response in: (1) enhancing sexual performance; (2) controlling negative thoughts and emotions; (3) they tried to motivate themselves through self-imposed strategies; (4) they tried to suppress and to distract from negative thoughts or bodily sensations. Attentional focus during sexual approach:

Participants reported that their attentive focus during sexual approach was mostly focused on monitoring (1) their partner’s reactions and sensations or (2) their own thoughts and bodily sensations.

Pursued goal

Participants reported using their strategy with the aim of achieving a better sexual performance or understand the causes of their problem.

Metacognitive beliefs

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