Group vs. Couple Treatment of Sexual Dysfunctions

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Results of a study comparing the effectiveness of two formats for treating men with premature ejaculation and their female partners with orgasmic dysfunctions are described. In one treatment format, a couple was treated by a male and female cotherapy team once a week for 12 sessions. In the second treatment format, which also consisted of 12 weekly sessions, three or four couples were treated simultaneously in a group led by a cotherapy team. The five couples treated alone and the ten couples treated in the group format all received a standardized therapy program consisting of sex education, attitude restructuring, and specific suggestions for acquiring ejaculatory control for the men and an increased range of orgasmic response for the females. The results showed significant improvement for couples in both treatment formats. The group format initially showed a slight tendency toward more rapid progress than did the couple format, but by the 2-month follow-up there were no significant differences. The study demonstrates that couple group treatment is a cost-effective means for treating common male and female sexual problems.

KEY WORDS: treatment effectiveness; premature ejaculation; orgasmic dysfunction; sexual dysfunction; group therapy.

INTRODUCTION

While an abundant literature now exists in the field of human sexuality, carefully controlled studies of the effectiveness of current therapeutic approaches

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to sexual problems have been lacking. Psychotherapy research is always difficult, in part because of the very large cost in time, effort, and personnel as well as the problems of defining outcome criteria and the many variables which may affect outcome. Sex therapy requires careful evaluation and, fortunately, has features which facilitate evaluation. The treatment is generally brief, and more readily definable in terms of what techniques are employed; and a specific dysfunction, such as premature ejaculation, is present at the onset of treatment. Absence of the dysfunction at the conclusion of treatment is one measurable criterion of success.

In its brief history, sex therapy has been influenced strongly by the work of Masters and Johnson (1966, 1970). Their approach to therapy of sexual dysfunctions, an intensive, 2-week program for two people in a sexual relationship treated by a male and a female cotherapy team, has been the model for those who followed them. Obviously, many people cannot afford the time or money such a program requires. Some patients do not have sexual partners, while some therapists may not have access to a cotherapist. For both patients and therapists, an intensive 2-week course of treatment may not fit into existing schedules. As an alternative, a variety of other treatment models have been reported. Patients are treated conjointly with their sexual partners, but by only one therapist of either sex (Kaplan, 1974; Annon, 1974). Patients without partners have been treated with surrogate partners by Masters and Johnson and others. Patients without partners have been treated in groups of women (Barbach, 1974; Schneidman and McGuire, 1976; Wallace and Barbach, 1974) and groups of men (Zilbergeld, 1975). Another modification is to treat the couple in a group composed of several couples with sexual dysfunctions which are either homogeneous (Kaplan et al., 1974) or heterogeneous (Leiblum et al., 1976; Miller, 1974; LoPiccolo and Miller, 1975; Obler, 1975).

The behaviorally oriented approach to the treatment of sexual dysfunctions ideally is tailored to the individual needs of each patient, but in many instances the treatment steps are similar for most patients. Much of the treatment is educational and could therefore be efficiently presented to several people at one time. If a group of male patients with premature ejaculation and their female partners with problems in achieving orgasm could be treated by a cotherapy team as effectively as one couple treated by a cotherapy team, with the same expenditure of therapists' time, there would be significant advantages in reducing therapy costs and making therapy more readily available to more people.

The following study is a comparison of two forms of treatment given to men with premature ejaculation and their female partners with secondary orgasmic dysfunction. The treatment of one couple by a cotherapy team is compared with the treatment of a group of three or four couples by a cotherapy team. Goals for treatment in both formats included increased latency to ejaculation.