

### 33. EFFECTIVENESS OF COGNITIVE BEHAVIOUR THERAPY ON SHYNESS AMONG DHAT SYNDROME PATIENTS

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#### Abstract

The present study reports the effectiveness of CBT on shyness among Dhat syndrome patients. A total of 60 participants fulfilling inclusion and criteria were selected randomly for the study, of which 30 each of them were randomly assigned to experimental and control groups. They were administered Shyness Assessment Test (SAT) developed by D'Souza (2006), which measured shyness in 3 domains (cognitive/affective, physiological and action oriented) was employed to measure the shyness among ED patients. Further, the experimental group underwent a structured CBT programme for 10 sessions. After the CBT programme a post test was administered to see the change in shyness scores. Repeated Measure ANOVA was employed to see the effectiveness of CBT programme on total shyness and 3 domains of shyness. Results revealed that CBT adapted in the present study significantly reduced shyness in Cognitive/affective domain and in total shyness. Specifically in two domains of shyness-cognitive/affective and physiological domains, shyness of DS patients significantly reduced after the CBT programme. Age groups the patients did not have significant influence on the outcome of CBT programme

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#### Introduction

Dhat syndrome is a condition found in the cultures of the Indian subcontinent in which male patients report that they suffer from premature ejaculation or impotence, and believe that they are passing semen in their urine. In traditional Hindu spirituality, semen is described as a 'vital fluid'. The discharge of this 'vital fluid', either through sex or masturbation, is associated with marked feelings of anxiety and dysphoria. Often the patient describes the loss of a whitish fluid while passing urine. At other times, marked feelings of guilt associated with what the patient assumes are 'excessive' masturbation is noted.

Randomized clinical trials suggest that the most effective clinical management of this condition lies in a combination of anti-anxiety and antidepressant medications, with counseling and cognitive behavioral therapy (Bhatia, 1988). Cognitive-behavioral sex therapy consists of several treatment components focusing on changing maladaptive sexual thoughts and behaviors. Treatment is conducted in individual or couple format. Treatment plans are individually constructed to meet the specific needs of the patient, and specific methods are used to treat different problems. Interventions include: psychoeducation focusing on common myths and misinformation about sex, scheduling and planning intimate time, exposure-based treatments in which the person or couple carries out a series of specific, home-based behavioral homework assignments designed to reduce anxiety in sexual situations and increase focus on pleasurable aspects of, intimacy, sexual communication training, cognitive restructuring to challenge negative thoughts associated with sex, discussion of expanding sexual repertoire to minimize boredom and maximize interest. Life style interventions such as exercise and sleep hygiene that may affect sexual response, marital therapy to resolve interpersonal conflict and enhance intimacy, individual therapy to address contributing problems, such as depression, referral for medical evaluation to assess or treat contributing problems (McCarthy & McCarthy 2003; Wincze, & Barlow, 1997).

From the preceding review it is evident that sexual inadequacy leads to various psycho-social problems among patients, who really need some kind of behavioral



interventions. It is also clear that that anxiety and depressive symptoms shown by Dhat syndrome patients were primarily attributed to a core irrational belief and a cognitive error centered around misunderstood concepts of semen physiology. Further, study by Perme, Ranjith and Mohan (2005) indicate that patients with Dhat syndrome have significantly different illness beliefs and behaviours compared to controls and have similarities with other functional somatic syndromes. In the present study an attempt is made to find out the efficacy of CBT on shyness, an yet unexplored dimension of Dhat syndrome patients.

#### **Method:**

##### **Sample**

The patients with ED visiting the hospital where the researcher is working were selected for the present study. A total of 60 patients were selected for the present study of which equal number of them were divided into experimental and control groups. Following exclusion criteria were maintained for the selection of the sample. Patients who had organic causation for sexual inadequacy, Patients presenting with gross psychotic features, Patients who are not willing to consent for the study, Patients who are undergoing medication and other therapies, and Patients who were already exposed to behaviour therapies were not selected for the study

##### **Measures: Shyness Assessment Test (D'Souza, 2006).**

The shyness assessment test was developed by D'Souza (2006) of Maharaja's College, University of Mysore. It consists of 54 items and requires the subject to indicate his/her response by ticking Yes, or No, or Cant say. , The items in the test pertain to three domains of shyness- Cognitive/Affective, Physiological and Action oriented. Item analysis of the scale using SPSS program resulted in Cronbach's alpha coefficient of 0.735 for south Indian adolescents. Further, the scale had sufficiently high validity.

##### **CBT intervention**

Cognitive Behavioral Therapy (CBT) is one of the most state-of-the-art and extensively researched methods of psychotherapy. A central idea in CBT is that perception of an event or experience powerfully affects emotional, behavioral, and physiological responses. Clients learn to identify thought patterns that keep them locked into dysfunctional mood and behaviors. Since these patterns become ingrained, they are experienced as automatic. Nevertheless, they have a profound effect on the way one is feeling and behaving (Zeigler, 2007). CBT in the present study basically covered following aspects- Introductory session, explanation of CBT theory, applying cognitive-behavior techniques, assertiveness training etc-. The CBT intervention in the present study focused more on sexual education on to discussing sexual anatomy and/or stages of sexual arousal, cognitive restructuring, communication training and sensate focus. The entire CBT intervention lasted for 75 to 90 days.

After the CBT intervention is over, after a period of 15 days post test was given to both the experimental and control groups.

##### **Statistical analysis:**

Once the post-test was over, the SAT was scores and a master chart was prepared for statistical analysis. Repeated measure ANOVA was employed to find out the effectiveness of CBT on shyness among DS patients taking pre and post test scores on shyness for control and experimental groups. SPSS for windows (version 16.0) was employed for the analysis.

##### **Results**

Tables 1-4 present mean pre and post-test scores on various domains of shyness and total scores of subjects in adult and middle age groups of both experimental and control groups and results of repeated measure ANOVA.

##### **Cognitive/affective domain**

In cognitive/affective domain, a significant decrease in the mean scores was observed from pre to post test situation irrespective of the groups ( $F=130.61$ ;  $P=.000$ ).



Irrespective of the groups, the selected sample had a mean shyness scores of 50.98 which has been reduced to 41.70. However, group wise comparison revealed that experimental group had reduced its shyness by 12.97 scores (pre 49.57; post 36.60) and control group had reduced its shyness by 5.60 scores (pre 52.40; post 46.80). It is clear that experimental group had significantly reduced its shyness more than control group. Further, age wise comparisons no differential change across adults and middle aged patients. Further, the interaction effect with respect age groups and groups with change scores was also found to be non-significant.

#### **Physiological domain.**

A significant decrease in the shyness scores on physiological domain was observed from pre to post test situation irrespective of the groups ( $F=15.072$ ;  $P=.000$ ). Irrespective of the groups, the selected sample had a mean shyness scores of 18.07 which has been reduced to 17.12. However, group wise comparison revealed no differential change for groups in pre to post shyness scores. Further, age wise as well as interaction between age groups and groups for reduction in shyness was also found to be non-significant.

#### **Action oriented domain**

As far as the action oriented domain of shyness was considered, CBT did not have significant impact over the shyness. The scores almost remained same for both the groups. Further, age wise as well as interaction between age groups and groups for reduction in shyness was also found to be non-significant.

#### **Total shyness scores**

A significant decrease in the total shyness scores was observed from pre to post test situation irrespective of the groups ( $F=74.203$ ;  $P=.000$ ). Irrespective of the groups, the selected sample had a mean shyness scores of 81.42 which has been reduced to 76.60. However, group wise comparison revealed that experimental group had reduced its shyness by 9.96 scores (pre 81.43; post 71.47) and control group had reduced its shyness by -.33 scores (pre 81.40; post 81.73). It is clear that experimental group had significantly ( $F=84.829$ ;  $P=.000$ ) reduced its shyness more than control group. Further, age wise as well as interaction between age groups and groups for reduction in shyness was also found to be non-significant.

### **DISCUSSION**

Main findings of the study are

- CBT adapted in the present study significantly reduced shyness in Cognitive/affective domain and in total shyness
- Specifically in two domains of shyness-cognitive/affective and physiological domains, shyness of DS patients significantly reduced after the CBT programme
- Age groups the patients did not have significant influence on the outcome of CBT programme

In the present study, it was very clear that shyness of the Dhat syndrome patients reduced significantly after CBT intervention. The review related to shyness among DS patients is scanty and no specific literature reported effectiveness of CBT in reduction of shyness among ED patients. However, reduction of shyness in other contexts has been recorded by Shariatania and D'Souza (2007, 2008) though CBT or cognitive behaviour group therapy (CBST).

Psychological treatments that have emerged during the past several decades for the various sexual dysfunctions have a strong empirical base (Wincze, Bach & Barlow, 2007). Many a times psychological procedures, with or without medications are highly effective for the sexual dysfunctions, which have psychogenic component. DS is a common condition and is recognized as an important marker for underlying vascular and other disease states.



A thorough evaluation with selected investigations will allow the clinician to offer a range of effective therapies and interventions. The evidence for psychological interventions is described along with a description of other treatment options. Integrated assessment and therapeutic options allow for high success and patient satisfaction

In conclusion, Dhat syndrome is a very common culture bound sex neurosis, widely prevalent in India. Though the origin of this condition is deeply rooted to the overvalued role of semen as a vital substance of the human body, sexual awareness and improved literacy rates have still not been able to convince the general population of its non organic nature (Mehta, De & Balachandran, 2009). Clinical psychologists should give a serious thought over the issue and develop advanced behavioral techniques for the treatment of Dhat syndrome.

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**Table 1**

Mean pre and post-test scores on Non-verbal communication scores of male and female subjects of both experimental and control group.

Groups	Age, groups	Sessions				Change/gain
		Pre test		Post test		
		Mean	S.D	Mean	S.D	
Experimental	Adult	49.73	5.522	37.67	5.246	12.06
	Middle age	49.40	3.180	35.53	4.224	13.87
	Total	49.57	4.431	36.60	4.804	12.97
Control	Adult	53.00	6.481	48.00	4.504	5.00
	Middle age	51.80	7.418	45.60	7.443	6.20
	Total	52.40	6.871	46.80	6.167	5.60
Overall	Adult	51.37	6.145	42.83	7.120	8.54
	Middle age	50.60	5.739	40.57	7.846	10.03
	Total	50.98	5.907	41.70	7.516	9.28

F (Change)=130.61; P=.000; F (Change x groups)=20.56; P=.000;

F (Change x age groups)=0.85; P=.360; F (Change x group x age groups)=.034; P=.854



**Table 2**

Mean pre and post-test scores on Non-verbal communication scores of male and female subjects of both experimental and control group.

Groups	Age groups	Sessions				Change/gain
		Pre test		Post test		
		Mean	S.D	Mean	S.D	
Experimental	Adult	16.87	2.997	15.87	3.543	1.00
	Middle age	18.93	1.335	17.73	1.100	1.20
	Total	17.90	2.510	16.80	2.747	1.10
Control	Adult	18.20	2.178	17.40	2.473	0.80
	Middle age	18.27	1.280	17.47	1.060	0.80
	Total	18.23	1.755	17.43	1.870	0.80
Overall	Adult	17.53	2.662	16.63	3.102	0.90
	Middle age	18.60	1.329	17.60	1.070	1.00
	Total	18.07	2.154	17.12	2.351	0.95

F (Change)=15.072; P=.000; F (Change x groups)=0.376; P=.542;

F (Change x age groups)=0.042; P=.839; F (Change x group x age groups)=.042; P=.839

**Table 3**

Mean pre and post-test scores on Non-verbal communication scores of male and female subjects of both experimental and control group.

Subjects of both experimental and control group.						
Groups	Age groups	Sessions				Change/gain
		Pre test		Post test		
		Mean	S.D	Mean	S.D	
Experimental	Adult	18.33	2.380	18.20	2.455	0.13
	Middle age	18.67	1.447	17.93	1.668	0.74
	Total	18.50	1.943	18.07	2.067	0.43
Control	Adult	18.20	3.764	17.40	2.230	0.8
	Middle age	17.47	3.925	17.60	1.056	-0.13
	Total	17.83	3.797	17.50	1.717	0.33
Overall	Adult	18.27	3.095	17.80	2.340	0.47
	Middle age	18.07	2.970	17.77	1.382	0.3
	Total	18.17	3.009	17.78	1.905	0.39

F (Change)=0.745; P=.392; F (Change x groups)=0.013; P=.911;

F (Change x age groups)=0.035; P=.852; F (Change x group x age groups)=.745; P=.392

**Table 4**

Mean pre and post-test scores on Non-verbal communication scores of male and female subjects of both experimental and control group.

Groups	Age groups	Sessions				Change/gain
		Pre test		Post test		
		Mean	S.D	Mean	S.D	
Experimental	Adult	80.80	5.254	71.73	5.561	9.07
	Middle age	82.07	3.770	71.20	3.278	10.87
	Total	81.43	4.539	71.47	4.493	9.96
Control	Adult	83.07	4.667	82.80	5.659	0.27
	Middle age	79.73	9.453	80.67	7.844	-0.94
	Total	81.40	7.518	81.73	6.807	-0.33
Overall	Adult	81.93	5.017	77.27	7.878	4.66
	Middle age	80.90	7.170	75.93	7.620	4.97
	Total	81.42	6.157	76.60	7.714	4.82

F (Change)=74.203; P=.000; F (Change x groups)=84.829; P=.000;

F (Change x age groups)=0.072; P=.789; F (Change x group x age groups)=1.799; P=.185

