

## **TERAPIA COGNITIVO CONDUCTUAL Y TERAPIA COGNITIVA BASADA EN LA ATENCIÓN PLENA PARA EL TRATAMIENTO DE LAS DISFUNCIONES SEXUALES FEMENINAS.**

### **Resumen:**

Las disfunciones sexuales se caracterizan según el DSM-5 (APA, 2013) por una alteración significativa de la capacidad del sujeto para responder sexualmente o para experimentar placer sexual. Las disfunciones sexuales femeninas (DSF) son uno de los trastornos psicológicos más comunes, a pesar de ello, son pocas las investigaciones sobre los posibles tratamientos existentes ante dicho problema. Existen elementos comunes a todos ellos, pero no se utilizan programas específicos para las diferentes DSF. El objetivo de esta revisión bibliográfica es examinar la literatura científica que estudia la eficacia de la terapia cognitivo conductual (CBT) y el protocolo de la terapia cognitiva basada en la atención plena (MBTC) para las DSF, además de identificar posibles características individuales que ayuden a potenciar la efectividad de ambos tratamientos. En lo referente a la metodología, se han seguido las normas PRISMA para la búsqueda sistemática de los artículos finalmente seleccionados. Entre los criterios de inclusión que se han valorado destacamos la búsqueda de artículos escritos en inglés o en español desde el 2010, enfocados en la población femenina, que utilicen el método empírico y que apliquen ambos tratamientos (TCC y MBCT). Los resultados muestran una mejora general significativa del funcionamiento sexual femenino y una disminución de la angustia sexual en ambos tratamientos con efectos similares. Sin embargo, el dolor se reduce mayormente en la CBT y la excitación obtiene mejores resultados en la MBTC. Se ha demostrado que generalmente pacientes con mayor credibilidad en el tratamiento, en relaciones más cortas y con vestibulodinia provocada (PDV) secundaria obtienen mejores resultados con MBTC, mientras que pacientes en relaciones más largas y con PDV primario lo consiguen mayormente con CBT. Es importante seguir ampliando la investigación sobre el tratamiento de las DSF y medir las diferencias individuales de manera específica para ajustar los tratamientos adecuadamente a cada paciente.

**Palabras clave:** disfunción sexual femenina, tratamiento, terapia cognitivo conductual, terapia cognitiva basada en la atención plena.

**Abstract:**

Sexual dysfunctions are characterized, according to the DSM-5 (APA, 2013), by a significant loss of the subject's ability to respond sexually or to experience sexual pleasure. Female sexual dysfunctions (FSD) are one of the most common psychological disorders, despite this, there is few research on possible existing treatments for this problem. There are elements in common to all of them, but no specific programs are used for the different DSFs. The objective of this bibliographic review is to analyze the scientific literature that studies the effectiveness of cognitive behavioral therapy (CBT) and mindfulness-based cognitive therapy protocol (MBTC) for FSD, as well as to identify possible individual characteristics that help enhance the effectiveness of both treatments. Regarding the methodology, the PRISMA standards have been followed for the systematic search of the articles finally selected. Among the inclusion criteria that have been assessed, we highlight the search for articles written in English or Spanish since 2010, focused on the female population, that use the empirical method and that apply both treatments (CBT and MBCT). The results show a similar significant overall improvement in female sexual functioning and a decrease in sexual distress in both treatments with effects. However, pain is mostly reduced in CBT and arousal is better in MBTC. It has been shown that generally patients with higher treatment reliability, in shorter relationships and with secondary provoked vestibulodynia (PDV) obtain better results with MBTC, while patients in longer relationships and with primary PDV do better with CBT. It is important to continue expanding research on the treatment of FSDs and to measure individual differences specifically to adjust treatments appropriately to each patient.

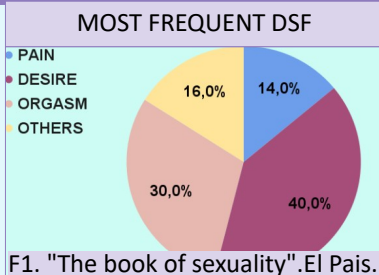
**Keywords:** female sexual dysfunction, treatment, cognitive behavioral therapy, mindfulness-based cognitive therapy.

**INTRODUCTION:**

Sexual dysfunctions are a group of heterogeneous disorders, characterized by a significant alteration of a person's ability to respond sexually or to experience sexual pleasure (DSM-5; APA 2013). Approximately 43% of women suffer sexual difficulties (Lauman et al., 1999) (F1). Despite this, there are few studies that research the treatment for this type of disorders.

There are treatments such as cognitive behavioral therapy (CBT) and mindfulness-based cognitive therapy protocol (MBCT) that have been associated with a change in clinical symptoms (Brotto et al., 2012) in different disorders. Therefore, our interest lies in the studies which applied this type of treatments to improve sexual disorders.

The **aim** of this study was to review the scientific literature on the effectiveness of CBT and MBCT for female sexual dysfunctions, in addition to identify possible individual characteristics that help enhance the effectiveness of both therapies. As a secondary objective, it is intended to know the differences between CBT and MBCT.


**METHOD:**

Following the **PRISMA** standards for bibliographic review:

**Databases:** APAPsycinfo, EBSCO.

**Keywords:** (Sexual dysfunction) OR (sexual disorder) OR (sexual problems) OR (sexual difficulties) AND (mindfulness) OR (Mindfulness therapy) OR (MBCT) AND (CBT) OR (Cognitive behavioral therapy) OR (Cognitive Behavior Therapy) AND (women) OR (female) OR (girl).

Records identified from:  
APA Psycinfo (N = 97)  
EBSCO (N = 5)

Records removed before screening:  
Duplicate records removed (n = 2)  
Population (n = 51)  
Method (n = 18)

Records screened (n = 31)

Records excluded:  
Study case (n = 4)  
theory article (n = 3)  
TBC (n = 10)  
Other reasons (n = 10)

Studies included in review (n = 4)

**Inclusion criteria:**

Female, empirical study, studies in English or Spanish, published in 2010 to the present, both treatments.

**Exclusion criteria:**

study case, theory article, published before 2010, serious psychiatric disorders.

**RESULTS:**

AUTHOR	SAMPLE	EVALUATION TEST	RESULTS
Hucker A et al. (2015)	womens +18 N=57 EG=26 CG=31	-Demographic information -Female Sexual Function Index (FSFI) -Female Sexual Distress Scale-Revised (FSDS-R)	-The frequency of FSDs was significantly lower after the treatment in the EG (1.23) compared to the CG (0.20). -Changes were maintained at three-month follow-up.
Adam F et al. (2019)	womens aged 18 to 58 years old N=65 MBCT=35 CBT=30	-Sociodemographic Questionnaire -Female Sexual Function Index (FSFI) -Female Sexual Distress Scale-Revised (FSDS-R) -Sexual Five-Facet Mindfulness Questionnaire (FFMQ-S) -Questionnaire of Involvement and Adherence to the Treatment	-SF increased 16% for CBT and 9% for MBCT. -There was a decrease in anxiety for both groups. -After follow-up, all effects were maintained except for lubrication (↓) and sexual pain (↑).
Brotto L et al. (2012)	womens aged 22 to 54 years old N=20 MBCT=8 CBT=12	-The Female Sexual Distress Scale (FSDS) -Female Sexual Function Index (FSFI) -Assesment of child sexual abuse history -Assesment of sexual arousal with erotic stimuli	-MBCT experienced as a significantly greater sexual arousal response than CBT. -Both groups showed a significant decrease in sexual distress, MBCT=7 and CBT=6.
Brotto L et al. (2020)	womens +19 N= 130 MBCT=65 CBT=65	-Demographic and Clinical Characteristics -Mindfulness Questionnaire -Treatment Credibility test -Pain intensity scale -Female Sexual Function Index (FSFI) -Pain Catastrophizing Scale (PCS)	-Both groups improved in SF (2.23). -Women with high credibility, in shorter relationships and with 2 PVD obtained better results in MBCT. -Women in longer relationships and with 1 PVD responded better to CBT.

**EG:** Experimental Group **CG:** Control Group **MBCT:** mindfulness-based cognitive therapy **CBT:** cognitive behavioral therapy **FSD:** Female sexual dysfunction **SF:** sexual functioning **PVD:** provoked vestibulodynia.

**DISCUSSION:**

-Female sexual functioning increased significantly in both treatments after the intervention. Sexual pain had greater reductions in CBT, and sexual arousal increases the most in MBCT. There was a significant reduction in sexual distress in both treatments with similar effects.

-We value individual modulators. Patients with greater credibility in the treatment, short relationships and with secondary POV obtained better results in MBCT. However patients with long relationships and primary POV showed better results in CBT.

-Limitations. Several studies had small samples and did not include significant mental illness or homosexuality samples. Some studies included several components in the program and made it difficult to differentiate the effectiveness of each one separately.

-In the future, individual differences could be analyzed more specifically to adjust treatments and to determinate the effectiveness the differents components through dismantling studies.

## Referencias:

- Adam, F., de Sutter, P., Day, J., & Grimm, E. (2020). A Randomized Study Comparing Video-Based Mindfulness-Based Cognitive Therapy With Video-Based Traditional Cognitive Behavioral Therapy in a Sample of Women Struggling to Achieve Orgasm. *Journal of Sexual Medicine*, *17*(2), 312–324. <https://doi.org/10.1016/j.jsxm.2019.10.022>
- Asociación Americana de Psiquiatría. (2013). Manual diagnóstico y estadístico de los trastornos mentales (5ª ed.). Arlington, VA: American Psychiatric Publishing
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. v., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, *11*(3), 230–241. <https://doi.org/10.1093/clipsy/bph077>
- Brotto, L. A., Seal, B. N., & Rellini, A. (2012). Pilot study of a brief cognitive behavioral versus mindfulness-based intervention for women with sexual distress and a history of childhood sexual abuse. *Journal of Sex and Marital Therapy*, *38*(1), 1–27. <https://doi.org/10.1080/0092623X.2011.569636>
- Brotto, L. A., Zdaniuk, B., Rietchel, L., Basson, R., & Bergeron, S. (2020). Moderators of Improvement From Mindfulness-Based vs Traditional Cognitive Behavioral Therapy for the Treatment of Provoked Vestibulodynia. *Journal of Sexual Medicine*, *17*(11), 2247–2259. <https://doi.org/10.1016/j.jsxm.2020.07.080>
- Hucker, A., & McCabe, M. P. (2015). Incorporating mindfulness and chat groups into an online cognitive behavioral therapy for mixed female sexual problems. *Journal of Sex Research*, *52*(6), 627–639. <https://doi.org/10.1080/00224499.2014.888388>
- Instituto de Terapia Cognitiva Conductual. (2013, 21 marzo). *Terapia Cognitiva. ¿Qué es la terapia Cognitiva Conductual?. Explicación del Prof. David Clark*. YouTube. <https://www.youtube.com/watch?v=FMn54oeP9Yg>
- Madueño, R. (2011). *El ABC del sexólogo. Guía práctica para la terapia de pareja*. Libsa.
- Ochoa, E., & Vázquez, C. (1992). *El libro de la sexualidad*. Diario El País.