Experiences of Social Workers in Sexual Satisfaction Interventions

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Abstract: The purpose of this research was to clarify the meaning and experiences of social workers in sexual satisfaction interventions. This was a subjective substance examination think about. Intentional examining was utilized and 21 social specialists (who had the experience of sexual fulfilment intercessions and family treatment) partook in this examination. Information were gathered by semi-organized meetings and investigated utilizing face content examination. Concepts extracted from social workers' experiences consisted of minimal intervention, margins of intervention, social worker's eligibility and the nature of the intervention. The results indicated the social workers' involvement in a sensitive and taboo-breaking intervention. This study focused on the challenges of providing service to clients, but this intervention might also experience growth.

Keywords: *sexual satisfaction, social work, taboo breaker.*

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Introduction

Sexual fulfillment is a critical marker of sexual wellbeing and is emphatically connected with relationship fulfillment and separation (Pascoal, Narciso, & Pereira, 2014; Velten, & Margraf, 2017; Ashdown, Hackathorn, & Clark, 2011; del Blemish Sánchez-Fuentes, Santos-Iglesias, & Sierra, 2014; Jackson, 2014; Shakerian, Nazari, Masoomi, Ebrahimi, & Danai, 2014). Sexual fulfillment is "a successful reaction emerging from one's subjective assessment of the positive and negative measurements related with one's sexual relationship" (Lawrance, & Byers, 1995), and it has been characterized as "how much an individual is fulfilled or content with the sexual part of his or her relationship" (Sprecher, 2002).

One specific region of enthusiasm inside marriage, as more seasoned couples are living longer and are more advantageous, is sexual satisfaction (Gillespie, 2016). Research comes about have demonstrated that over the life course, sexual fulfillment is related with higher conjugal quality, conjugal stability (Velten, & Margraf, 2017; Heiman, et. al., 2011), sexual prosperity, and wellbeing (Christopher, & Sprecher, 2000; Hillman, 2008). It is additionally a key factor in people's general nature of life (del Blemish Sánchez-Fuentes, 2014).

Del Blemish Sánchez-Fuentes^a, Santos-Iglesias^b, and Sierra (2014) in a methodical survey of logical papers distributed in the vicinity of 1979 and 2012, in which sexual fulfillment was the reliant variable, represented that sexual fulfillment was related with a few factors on various levels. Utilizing the natural hypothesis, they ordered these components as (a) singular factors, for example, socio-statistic and mental attributes and in addition physical and mental wellbeing status (microsystem); (b) factors related with imply connections and sexual reaction (mesosystem); (c) factors identified with social help and family connections (exosystem); and (d) social convictions and qualities, for example, religion (large scale framework). Taking everything into account, we watched that sexual fulfillment is a key factor in people's sexual wellbeing and general prosperity. Be that as it may, in spite of its significance, there is an absence of hypothetical models consolidating the most vital elements to clarify sexual fulfillment (del Blemish Sánchez-Fuentes, et. al., 2014).

Mental intercessions (Frühauf, et. al., 2013; Bitzer & Brandenburg, 2009; Li, Zhu, Xu, Sun, & Wang, 2006; Wootten, et. al., 2017; Soleimani, et. al., 2015) and therapeutic and organic medicines (Al-Sughayir, 2005; Nijland, Davis, Laan, & Schultz, 2006; Paduch, Bolyakov, Polzer, & Watts, 2013;

Hong, Wu, & Fan, 2008; Raina, et. al., 2005) are the most widely recognized mediations for enhancing sexual fulfillment. Consent, constrained data, particular proposals, serious treatment (PLISSIT) (Annon, 1976) and Ex-PLISSIT (Taylor, & Davis, 2007) models are notable mental mediations; they have levels of expanding intercession and collaboration to enhance customers' sexual fulfillment.

Albeit sexual fulfillment is influenced by a few components at various levels, most mediations for enhancing sexual fulfillment center around constrained perspectives, and consolidated intercessions (Althof, et. al., 2005; Bay, Ismail, Zahiruddin, & Arifin, 2013) are uncommon. Rebuilding of enduring and fulfilling sexual capacity requires a multi-dimensional comprehension of the majority of the powers that made the issue (Perelman, 2008).

Interdisciplinary cooperation is ending up progressively essential on the grounds that the present unpredictability and cost of human services require an effective and very much organized arrangement of administration conveyance (Abramson, & Mizrahi, 1996). No less than five factors basic to powerful interdisciplinary cooperation have been distinguished: meaning of proper objectives, clear part desires for individuals, an adaptable basic leadership process, the foundation of open correspondence examples and administration, and the capacity of the group to "treat" itself (Rubin, & Beckhard, 1972; Leipzig, et. al., 2002; Bronstein, 2003).

Social laborers have worked with partners from different orders since the beginning of the calling; yet, they are without clear models to control this interdisciplinary work (Bronstein, 2003). A review of the related literature suggested limited knowledge and information relating experiences of social workers in sexual satisfaction. Regarding the sensitive nature of sexual issues, experiences of family social workers have to be evaluated. To develop appropriate social work interventions, it is essential to have a description of their experiences in the field of sexual satisfaction. This study has been conducted in order to better understand social workers' experiences and to highlight the challenges of service provision for couples in Iran.

The main research question is: what is a representative social work service model for sexual satisfaction for clients of social work clinics and family counseling centers?

Materials and Methods

Study design

This was a subjective substance investigation examine. This is a standard report strategy in the social and wellbeing sciences that uses an arrangement of procedures to make legitimate and useable extrapolations from content in light of correct remarks in the wake of coding (Hsieh, & Shannon, 2005).

Selection of participants

In subjective substance investigation, tests are chosen purposively and this procedure proceeds until information immersion (Graneheim, & Lundman, 2004). In this investigation, deliberate examining was utilized to enlist social specialists who had involvement in sexual issues and family treatment. Scientists utilized most extreme variety inspecting. A total of 21 social workers were interviewed (30 interviews). Inclusion criteria were having experience in family therapy and sexual problems in couples with a minimum of 2 years' experience in social interventions, speaking Persian, interested in participating.

Table 1: Demographic characteristics of participants (N = 21 social workers)

Characteristic	N (%)
Gender	
Female	17 (80.95%)
Male	4 (19.05%)
Age	
29–41 years	11 (52.38%)
42–55 years	6 (33.34%)
56–69 years	4 (14.28%)
Degree	
BA	2 (9.53%)
MA	9 (42.85%)
PhD	10 (47.62%)
Setting	
State	16 (76.20%)
Private	5 (23.80%)

Data collection

In light of the profundity and adaptability in subjective investigations, semi-organized top to bottom meetings were utilized for information gathering. The meetings concentrated on two primary inquiries:

- 1- What was your experience about sexual fulfillment mediations?
- 2- What is the significance of sexual fulfillment for you?

Each meeting went on for in the vicinity of 60 and a hour and a half. All meetings were recorded with the assent of the members utilizing an advanced recorder. Also, scientist notes were composed quickly after each meeting.

Data analysis

Scientists listened deliberately to the chronicles after each meeting a few times. A short time later, specialists read and audited the setting a few times. Every single recorded content were separated into significance units. Meaning units are little parts that are created from the principle content. The fundamental ideas of each meeting were distinguished, and the examination group relegated ideas into codes. The essential codes were assigned, and the group talked about any distinctions and settled them until the point when accord was accomplished. Comparative codes were then arranged into sub-classifications and sub-classifications were set in the primary classification. The codes were made amid rehashed discourses among the analysts, topics developed in light of codes with comparable significance. Guba and Lincoln (1985) criteria were utilized to set up meticulousness in the information gathering: believability, transferability, comparability and trustworthiness (Palinkas, et. al., 2015).

Similarity and validity were surveyed by long engagement with the information; the substantive codes and subjects were inspected by seven people who knew about subjective techniques and research issues (peer check). What's more, the individuals from the examination group inspected each other to manage any oversights in the investigation procedure (part check).

Trustworthiness was checked by the conspicuous coding technique and interceder verification. It was appeared through the specialist's examination notes.

Ethical considerations

The study is one part of the first author's PhD thesis. Before the interviews, all participants were made aware of the purposes of the study, and their informed consent was obtained based on the Ethics Committee of University of Social Welfare and Rehabilitation Sciences. Oral and written consents were obtained for recording the interviews and they were assured

that the collected data would only be used for research aims. The participants were also informed that they could withdraw from the study at anytime.

Results

Four themes emerged from the data analysis: minimal intervention, the margins of intervention, social worker's eligibility, and the nature of the intervention.

Minimal intervention

Participants articulated that multi-dimensional and multi-level interventions are required to increase sexual satisfaction. Minimal intervention was included in five components: non-structured assessment, consulting services and increasing knowledge, decision making, social resource management, and forced termination.

Non-structured assessment

Social workers conducted non-structured assessment and applied almost no structured instruments to assess the clients' sexual satisfaction. They used a general form for data collection, which did not include special components to cover sexual satisfaction. Because of the absence of monitoring and evaluation instruments, it was challenging for social workers to monitor changes and evaluate the output and impact of interventions.

We don't have a tool for assessment and use the clinic forms we usually apply for all clients (38-year-old social worker, MSW).

Participants explained that the weakness of the assessment affects identifying problems. Social workers believed that semi-structured interviews in the initial stages would be useful to collect data on the clients' main problem. Home visits were a data-gathering method that helped social workers to assess the clients' situation, as exemplified in the following comment:

First, I talk with the couple (singly and together); if necessary I go to the client's home and review the couple's interactions (57-year-old social worker, MSW).

The social workers believed that, in the assessment phase, it is essential to ask if the couples are satisfied with their sexual relationship. Participants emphasized that many couples do not talk about sex because

sexual issues are taboo in Iran; other marital conflicts are discussed at the first meetings, which prolongs the assessment process.

First, couple talks about everyday disagreements such as interference of families, financial problems, lack of mutual understanding. When the professional relationship continues and we ask more questions or ask questions directly about sexual issues, then couples express their sexual problems or dissatisfaction. Sometimes this takes several sessions. (48-year-old social worker, PhD).

Decision making

Most of the social workers believed that accurate identification of problems, client's paradigms and causes and goal setting would be effective strategies for promoting sexual satisfaction. Social workers identify the client's subjective perceptions, assumptions, and beliefs and then use this information to make inferences about what is happening with the client, what should be changed or enhanced, and what the best way to help is. There are other components in this category too, such as integration, documentation, and individualization of the intervention. Integration refers to the use of a holistic approach in practice, for example, when working with couples who are dissatisfied with their sexual relationship, the social worker must ensure that effective problem solving not only deals with the sex issues but also meets the social, family, and cultural context.

Most of the time, social workers have to deal with clients' misunderstanding about social work interventions. Couples prefer to receive medications and short-term interventions, and social workers must describe each type of service and warn about insufficient interventions. All activities are documented and a special intervention program is designed for each couple. The following are illustrative comments.

A social worker who works in a well-being organization states:

When I work with couples, as a first step, I identify what exactly the problem is. Sometimes defining the problem will lead us to a solution. (29-year-old social worker, MSW).

One participant made comments that illustrate this concept:

Some couples come from the suburbs and because of the long distance, it is difficult for them to travel or the cost of counseling sessions is high for them. In these circumstances, I have to use short-term methods and reduce the number of sessions even if I believe that longer treatment is required. (48-year-old social worker, PhD).

The following is an illustrative comment:

Based on experience, social workers view documentation primarily as a mechanism(tool)to assess client's circumstances, plan goals and delivery services, facilitate supervision, research and evaluate the services provided.(44-year-old social worker, PhD in university).

Consulting services and increasing knowledge

Cognitive and behavioral intervention, giving advice, group work, and working with family were the main components of this category. When social workers meet with couples who have had difficult sexual relationships, it is likely that many of them will have cognitive issues. They link this attitude to environmental context and thought patterns. Social workers identify the cultural background; some of the issues are caused by incorrect cultural beliefs. In some cultures, sex is taboo, couples cannot talk about it, and there is no sex education. One participants said:

While a woman believes that sex is bad and dirty, this leads her to avoid a sexual relationship. In this case, we must look into previous experiences (experience of abuse) and then help her to change her attitudes. (38-year-old social worker, MSW).

A social worker who works in university said:

Some couples don't speak well together, some have the wrong attitude about sex, we help them to modify their attitudes and behaviors; sometimes we have to focus on modification of the client's mental structure. (42-year-old social worker, PhD).

We need to understand the family structure and family dynamics. In some extended families, relatives interfere in the couple's private life, which puts the couple under pressure. (44-year-old social worker, PhD).

Working with family in Iran is sensitive, and modification of attitudes and behaviors is done according to the family structure and cultural context. Social workers should pay attention to the client's ethnicity. For example, in Iran, masculism affects sexual desires and behaviors. One participant said:

When I work with a family, I have to pay attention to their culture. In the masculine culture, the man only attends to his own sexual needs; he thinks that women don't need sex and pleasure is only for men. (57-year-old social worker, MSW).

Social workers engage in individual and social change. The social worker as a consultant will need to face family, social, and cultural problems.

Another strategy was to increase client knowledge through training and awareness. One of the social workers stressed that:

Sometimes we provide information, especially for those who don't want to receive long-term treatment. This information increase the couples' sexual knowledge and this intervention takes less time and cause more satisfaction. (29-year-old social worker, MSW).

On the other hand, many clients prefer short-term interventions, such as simple advice, medical interventions, and brief counseling. Sometimes goals are not achievable in short-term interventions. Social workers prefer long interventions when working with clients who are resistant to change, unmotivated, and in denial about problems associated with their sexual relationships.

Social resources management

Social workers are familiar with a variety of available community resources (including internal and external facilities and services) to meet the clients' needs. Depending on the clients' needs, many forms of referral are applicable. Referrals can be internal and external, and the reason for these is explained to the couple. The purpose of the referral is to provide the best services to clients. It is useful to obtain client's feedback about referral. In this regard, a social worker responded that:

In the referral, I write down the phone number and address of another agency and explain which services the other agency provides. I'm sure that the couples have received the desired service (37 year old social worker, MSW).

Another component is advocacy. That can be described as the process of identifying a person's issues in order to enhance the choices. In this process, the client's voice is heard. The social worker expresses the needs of clients to policymakers and communicates with religious leaders. Some social workers believed that religious advocacy is required in sexual issues because some of the sexual problems are caused by false religious beliefs. Social, religious, and cultural advocacy is part of the social workers' authority. Two social workers made comments that illustrate this concept:

Social workers help people to say what they want. Some social structures must change for the benefit of women; sometimes we need to correct the rules. (38-year-old social worker, MSW, in a social work clinic).

However, another specialist said that:

Morally and professionally, we should seek political, social, and educational changes for the community. (44-year-old social worker, PhD, in university).

Referral and advocacy are the main components of social resource management.

Forced termination and follow-up

Termination happens once the customer and advisor concur that the treatment objectives have been met or adequate advance has been made and additionally the customer makes strides. In Iran, termination is somewhat inevitable because the clients are looking for short-term and medical intervention. Follow-up and re-evaluation are necessary for best termination but in some cases, re-evaluation is not done. Two social workers made comments that illustrate this concept:

We need to evaluate our work but sometimes termination happens quickly. The couple wants a short intervention from us and we have to accept that. (57-year-old social worker, BSW, private center).

Sometimes we need to go on a home visit and evaluate the intervention, but the couple wants to end the intervention; in this circumstance, without evaluation, the intervention ends and the couple's opinion takes precedence. (38-year-old social worker, MSW, in social work clinic).

Facilitators and barriers of intervention

Unspecified protocols, ambiguous intervention, weak client cooperation, defective service delivery structures, lack of community awareness, role interference, restrictions on the choice of techniques, and cultural and social beliefs were considered as barriers to social work intervention. In this regard, a social worker who works in clinic of social work, said:

Unfortunately in Iran, we don't have a specific framework and we can't use some methods. Couples don't know about social work services, don't have knowledge on sex, and their cooperation is weak. (38-year-old social worker, MSW, in social work clinic).

Participants suggested that having professional commitment, facilities and auxiliary structures, ethical interventions and motivation of social worker were important parts of an effective intervention. Ethical intervention is an integral part of the social work profession. Commonly, social workers are faced with ethical dilemmas. Participants believed that

social workers take on a variety of responsibilities that should ultimately serve their clients' best interests, such as intervention based on professional principles. Some dilemmas require the development of certain skills or techniques. One informant stated:

It is important to know that all aspects of practice may have implications that are ethical. Ethical practice is necessary and a code of ethics must cover the activities. (45-year-old social worker, PhD, in university).

Social work eligibility

Most of the social workers believed that in order to be successful as a social worker, there are traits that are necessary for providing effective intervention, such as being responsible and flexible. Social workers should earn their client's trust by being open and honest with real communication. Professional and communicational skills and personal competency are major requirement for providing social work services. In addition, it is important for a social worker to have a high level of knowledge, skills, and professional commitment. The social worker should be a taboo breaker and be courageous and understand the sensitivity of sexual issues. Being married and having a child are helpful experiences.

In this regard, one of the social workers said:

Communication and empathy play a major role in the social worker's relationship with a client. Some social workers don't listen well to what the client says. Gender in social work is also an important issue. Couples are more comfortable with a female worker. (42-year-old social worker, PhD, in university).

The nature of the intervention

Most participants believed that sexual satisfaction interventions are different from other interventions and these are based on culture and outcome. This category has two components.

Cultural-based intervention

Because of the sensitivity of sexual issues, the service delivery process should be investigated. Some social workers believed that mistakes such as being interested in the social worker, referring to a person inappropriately, and an invalid diagnosis of the problem can distort the intervention process. Sexual relationships as a taboo is a very complicated part of couple's lives, and social workers should be familiar with the

importance of cultural and religious beliefs in taboo issues. One of the specialist social worker stressed that:

In some cultures (like Lor and Kurd), sexual relationships are affected by masculism and the social worker should be experienced in this complicated context. Also couples don't speak about sex and problems of this kind very well. (68-year-old social worker, PhD, in university).

Outcome-based intervention

Social workers believed that for some couples, an effective intervention is short-term and medical, thus the problem-solving process is ignored, was exemplified in the following comment:

Some couples are waiting for a miracle. Although, in my opinion, minor changes are important, we must also pay attention to the process; a number of skills develop over time. (42-year-old social worker, PhD, in university).

Discussion

The results of this study demonstrate that social work intervention on sexual satisfaction is minimal, a taboo breaker, and outcome based and includes non-structured assessment, consulting services and increasing knowledge, decision making, social resources management, and forced termination affected by social and cultural contexts.

At the assessment level, the collection of information is useful and helps to identify problems. There are two approaches to assessment, focus on objective results and focus on professional judgments, but there is clinical judgment even when using actuarial tools (Compton & Galaway, 1999; Holland, 2010; Milner, Myers, & O'Byrne, 2015). In this study, both approaches were mentioned. According to the participants, lack of appropriate and non-native tools affects the identification of problems and therefore affects the decision making. The various approaches to assessment can be linked to decision making (Holland, 2010). Most of the participants stated that decision making and problem solving are important skills for social workers. Problem solving and decision making in social work is treated as a continuous spiraling process characterized by engagement, assessment, planning, intervention, and evaluation (Fortune, 1984). But this process is long term. Some of participants noted the high cost of counseling sessions and the pressure on social workers to provide medical intervention and short-term interventions. This tendency leads to superficial problem solving (Khalesi, Simbar, Azin, & Zayeri, 2016).

The participants expressed that the social worker as a consultant will need to face family, social, and cultural problems and modify the client's attitudes and behaviors. Counseling services play a pivotal role in social work intervention but, in Iran, working in the field of sexual issues is sensitive and associated with taboos; social workers need a lot of time to make change. Client resistance and the possibility of the treatment ending make social workers choose short-term interventions, such as increasing client knowledge through training, awareness, and referral. Social workers are familiar with a variety of other specialized community resources that are available to help meet client needs. Referral and advocacy are common resources. Some participants believed that religious advocacy is essential for promoting sexual satisfaction. Iran is an Islamic country and religious beliefs affect all aspects of people's lives. Religious backing is unique in relation to different types of support since religious pioneers speak to wide good dreams established in their convictions and instructing, and it is important to utilize comprehensively open specialized or good dialect to speak with policymakers and open audiences (den Dulk, 2006; Braunstein, 2012). In the long run, end is constrained on the grounds that the customers are searching for here and now and restorative mediations. The critical parts of the procedure are the customer's emotions and the social specialist's issues in helping the customer work through to termination (Fox, Nelson, & Bolman, 1969). Follow-up and re-evaluation are necessary for best termination, but in some cases, re-evaluation is not done. This study shows that various factors affected social workers' experiences in providing services on sexual satisfaction, and their experiences were sensitive, taboo-breakers, and based on client's demands.

In this study, there are barriers and facilities for intervention. Unspecified protocols, ambiguous intervention, weak client cooperation, defective service delivery structures, lack of community awareness, and cultural and social beliefs were mentioned as barriers of social work intervention by most of the participants. Most participants considered lack of professional and communicational skills as major obstacles to providing social work services. Rahmanian et al. mentioned training of health service providers and considered training expert forces a requisite for the development of the sexual health sector (Khalesi et al., 2016). McDonald, Postle and Dawson (2002) stated that the greatest barrier is "the discrepancy between the ideals of social work and what social workers actually do in practice." Helpful experiences and personal competency can be very important for effective intervention. Social workers should earn their client's trust by being open and honest in real communication. Professional and

communicational skills and personal competency were major requirements for providing social work services. In addition, it is important for a social worker to have a high level of knowledge, skills, and professional commitment. The social worker should be a taboo breaker, courageous, and understand the sensitivity of sexual issues. Being married and having a child are helpful experiences. Most social workers believed that sexual intervention with couples is different from other issues, and sexual issues as a taboo are a complicated part of a couple's sexual satisfaction. Family intervention should be sensitive to culture (Kumpfer, Alvarado, Smith, & Bellamy, 2002). This process is based on culture and outcomes. Social workers should be familiar with the importance of cultural and religious beliefs in taboo issues.

The present study is the first on social work interventions in sexual satisfaction in Iran. It is important to analyze these results with caution and to be aware of limitations. This study focused on the challenges of providing service to clients, but this intervention might also experience growth. Future studies could explore ways of coping with taboo-breaking work. Although these results cannot be generalized to all countries, they may be applied to analogous cultures and situations. It is suggested that future research explores the experiences of social workers in sexual satisfaction of couples in other cultures.

Conflict of interests

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