

**BJMHR**British Journal of Medical and Health Research  
Journal home page: [www.bjmhr.com](http://www.bjmhr.com)

## The Effectiveness of group positive psychology therapy (PPT) on Skills of Using Condom in Iranian Men Who Have Sex with Men (MSM)

Bijan Pirnia<sup>1\*</sup>, Dr Ali Akbar Soleimani<sup>2</sup>, Dr Alireza\_pirkhaefi<sup>3</sup>, Bentolhoda Zarei Faskhodi<sup>4</sup>, Zahra Askari<sup>5</sup>

1. PhD Student of Clinical Psychology, Department Of Psychology, Faculty Of Humanities, University of Science and Culture, Tehran, Iran. Postal code: 1981999751
2. Department of Psychology, University of Science and Culture, Tehran, Iran
3. Department of Psychology, Islamic Azad University of Garmsar Branch, Garmsar, Iran
4. M.A in educational psychology, Allameh Tabataba'i University, Tehran, Iran
5. M.A in psychology, Islamic Azad University, Science And Research Branch, Tehran, Iran

### ABSTRACT

Sexually dangerous behavior is among the characteristics of homosexuals in comparison to other sexual groups. The present study was done with aim of evaluating the Effectiveness of group positive psychology therapy (PPT) on Skills of Using Condom in Iranian Men Who Have Sex with Men (MSM). In an experimental study in form of a random clinical experiment with pretest and posttest among homosexuals referring to two addiction clinics in regions of 7 and 9 in Tehran, a sample of 50 (N=50) persons (ages between 19 and 41 with average age of 29.4) have been selected by voluntary sampling were assigned to two groups of control and experimental. Positive psychology protocol was presented to experimental groups during 14 weekly sessions. A pretest and a posttest (after 14 weeks of training) were administered to participants. The results showed that positive psychology therapy played a significant efficacy in increase the Skills of Using Condom in Iranian Men Who Have Sex with Men ( $p < 0.01$ ). Implications of these protocols are discussed with regard to their unique potential to address the clinical needs of Men Who Have Sex with Men.

**Keywords:** positive psychology therapy (PPT), Condom-use Skills, Men Who Have Sex with Men (MSM)

\*Corresponding Author Email: [b.pirnia@usc.ac.ir](mailto:b.pirnia@usc.ac.ir)

Received 2 June 2016, Accepted 10 June 2016

## INTRODUCTION

Studies Shows that %68 of newly affected cases of HIV are among homosexuals and 80 percent of these people are among the adult homosexuals with multiple sexual partners (Sullivan et al, 2009)<sup>1</sup>. Homosexual men, while knowing the risk of communication of infection, again are not using condoms (Brooks et al, 2012; Nieto-Andrade, 2010)<sup>2,3</sup>. Sexually dangerous behavior is among the characteristics of homosexuals in comparison to other sexual groups.

Less than two decades ago as a new trend in psychology was discussed called the positive-oriented psychology which deals with human happiness and well-being and quickly enter the field of clinical psychology and counseling. Later Martin Seligman and his apprentice Taieb Rashid raised positive oriented psychotherapy and used it to increase the joy in the life of the third millennium which established away from the ideology of the disease-oriented (DSM) (Fadaiy, 2009)<sup>4</sup>. Positive-oriented psychotherapy relates to the clients' trauma relief with increased meaning and increasing happiness in life (Rashid, 2008)<sup>5</sup>. It is used in various situations (Linley, Joseph, 2004; Snyder, Lopez, 2007)<sup>6,7</sup>, and have stable positive results (Duckworth, Steen, Seligman, 2005)<sup>8</sup> and the strengths and weaknesses of individuals are considered and understood simultaneously in positive-oriented psychology (Lopez, Snyder, Rasmussen, 2003)<sup>9</sup>. The process of positive oriented psychotherapy according to Rashid (Rashid, 2008)<sup>10</sup> includes fourteen steps (session) and in each of these sessions different thematic or one of positive psychology-oriented structures are reviewed and home assignment is considered for the clients. Seligman and colleagues (Seligman, Rashid, Parks, 2006)<sup>11</sup> in a number of studies have examined the validity of a positive-oriented psychotherapy and psychotherapy. They found that positive oriented individual psychotherapy reduced the symptoms of depression and led to more full recovery in depressed clients with conventional therapy plus medication in antidepressants. Positive-oriented psychotherapy also increases happiness in addition to the reduction of depression symptoms. In one study (Seligman, Rashid, Parks, 2006)<sup>11</sup> positively oriented psychotherapy was used for two groups of mild to moderate depressive students, the results showed a greater reduction in symptoms of depression and more increase in their life satisfaction which was persistent a year later. A summary of the positive-oriented group therapy was tried with children in school which led to increase in their well-being (Rashid, Anjum, 2008)<sup>5</sup>. Many home exercises used in the positive-oriented psychotherapy which have done over the Internet in the researches by Seligman and colleagues (Seligman et al, 2005)<sup>12</sup> have been validating. Based on these studies, Rashid concluded that the positive-oriented psychotherapy was effective and had the effect of high to moderate. Therefore, this study aimed to examine

the Effectiveness of group positive psychology therapy on Skills of Using Condom in Iranian Men Who Have Sex with Men.

### **Ethical considerations**

As it is known, the Men who have sex with men (MSM) are the minority, therefore, they can be considered as the vulnerable members of the society. Further, obtaining the written informed consent is more important for this population. It means that, the possibility of “being informed” or “acting based on the will” is significantly less among the vulnerable members of the society. In this study, the informed consent was obtained without coercion, threat, enticement and seduction and their decision to refuse or accept to participate in the study were respected. It was also tried that the research methods do not contradict with the religious and cultural principles of the participants and the participants were respected in all stages of design, implementation and reporting in terms of human dignity, respect and protection of their physical and mental integrity so that conducting the research would not delay in the process of medical care for the participants.

### **MATERIALS AND METHOD**

The present study was conducted in one of a treatment centers in West of Tehran, Iran by a clinical psychologist. The data were gathered during August 20 to December 20 in 2015. Data collection and by using questionnaires and clinical interview. From the community of homosexuals who were resident in Tehran, 30 homosexual men were chosen as the subjects and after taking the criteria of Inclusion the research, and obtaining Informed Consent, entered the research process. Research ethical standards were established as written informed consent of the sessions and the condition to leave the study at any point, the participants' privacy, and protection of their well-being and comfort for all participants. The control group participants were only medically examined while the participants in experiment group received the intervention. Positive psychology therapy was implemented in group for 14 sessions for 50 minutes. A pre-interval session was devoted to the clinical interview and the final session was for conclusion and ending the treatment. After the sessions, all participants in both groups were evaluated by the Skills of Condom Use questionnaire. The criteria of Inclusion and exclusion were precisely controlled. The criteria of Inclusion the study were being at least 18 years old, obtaining homosexual identity, the report of anal, oral sexual affair and masturbation with at least one man in the last year. Also the criteria of exclusion were, being born as female, the affair of just mono-fellowship or having affair female sexual partner during the last three years. All of the interviews are recorded digitally and the words are copied and are coded (Atlas ti-5.2).

### **Data analysis**

As the dependent variable of the research was the Condom-use Skills score based on an interval scale, therefore, considering the use of pre-test, covariance of analysis test was used. Basic hypotheses of this approach include linear relationship between the dependent and mediator variables, normal regression line inclination, variance equity and non-significant Levene's test ( $p > 0.05$ ) which were obtained testing the research hypotheses. The results of the MBOX test (M Box=,  $f=0.394$  and  $P>0.05$ ) indicated covariance matrix equity and insignificant interaction between the independent and dependent variables which shows the regression line inclination. Data were analyzed using SPSS software version 18.

### **Instruments**

In this study, structured clinical interview for determining disorder related to drugs DSM-.IV (SCID), demographical researcher-made questionnaire, frequency of masturbation questionnaire, and using of pornography questionnaire were applied.

#### ***Clinical structured interview for disorders (SCID):***

It is a clinical interview which is used for distinguishing axis-one disorders based on DSM-IV. The final coefficient for measures of SCID was reported 0.60 (First et al, 1997)<sup>13</sup>. The identification agreement of this instrument in Persian language was useful for the most of special and general determinations with reliability of higher than 0.60. Copia coefficient for all of current determinations and determination of lifetime were 0.52 and 0.55 respectively (Sharifi et al, 2009)<sup>14</sup>.

#### ***Demographic questionnaire:***

It is made by the researcher with the aim of applying and collecting individual information like age, education, marriage status, employment and the period of using drugs.

#### ***Questionnaire of skills of using condom :***

The respective skills have investigated by the list of the skills of using the condom (Stanton et al, 2009). This measure contains 16 alternative of correct and incorrect which gives detailed description of all the phases of using condom from opening a box of condoms to wearing it on the genital organ and using it. The internal reliability of this measure was estimated 0.56 using Cronbach's  $\alpha$ . To agree answers score of 1 and to disagree answers score of zero were devoted and finally for every participant score of 1 to 16 were specified.

### **Instruments and timetable of their application**

Table 1 shows the instruments of the study, their purposes and time of their application. During the screening phase, structured clinical interview was used to investigate sexual identity. Then demographic questioner which was supplied by the researcher himself was

used to evaluate demographic features like marriage status, occupation, education, age and income.

**Table1: The applied instruments and the time of using them**

Questionnaire	purpose	Time
SCID	Investigation of sexual identity	During the screening phase
Demographic questionnaire	Investigation of Demographical trait	baseline
Skills of using condom questionnaire	Evaluating sexually self-care skills	baseline
Questionnaire	purpose	Time
SCID	Investigation of sexual identity	During the screening phase
Demographic questionnaire	Investigation of Demographical trait	baseline
Skills of using condom questionnaire	Evaluating sexually self-care skills	baseline

## RESULTS AND DISCUSSION

### *Demographic features of the participants*

Table 1 shows the demographic state of the participants of the study. Most of the subjects have the educational level higher than Diploma (PPT: 64%, control: 72%). Regarding the age index, most of the participants have the age index of lower than 25 (PPT: 68%, control: 60%). With regard to financial status too, most of the participants in both groups have the income of lower than 200 dollars per month (PPT: 60 %, control: 68 %).

### *The investigation of equality of variances in pretest stage*

According to table 2, the calculation of Leven statistics to study the equality of the respective variances represents the lack of meaningfulness of this index. Therefore, using of statistical covariance analysis to compare two groups is possible.

**Table 2: Demographic status of the participants of the study**

Indices		PPT	N=25	Control	N=25
		Frequency	percent	Frequency	percent
Education level	Lower than Diploma	9	36	7	28
	Higher than Diploma	16	64	18	72
Age	18-25	17	68	15	60
	Older than 25	8	32	10	40
Employment status	employed	11	44	10	40
	unemployed	14	56	15	60
Monthly income	Less than 200 dollars	15	60	17	68
	More than 200 dollars	10	40	8	32

**Table 2: The results of leven test to compare of variances**

Indices	F Leven	Sig
PPT	0.512	0.19
Control	0.479	0.21

***The investigation of means in pretest stage***

According to table 3, the results of independent T-test represent lack of meaningfulness of the scores of control and experimental groups in pretest stage.

**Table 3: The results of independent T test to compare the average scores of two groups in pretest stage**

Indices	T	df	Sig
PPT	2.74	24	0.98
Control	2.95	24	0.68

***Means and standard deviation of scores***

In table 4 the mean and standard deviation of scores of Condom-use Skills has shown.

**Table 4: The mean and standard deviation of scores of Condom-use Skills**

Variable	State	Groups	Mean	Standard deviation
craving	Pretest	experimental	14.12	1.93
		Control	15.33	1.09
	Posttest	experimental	17.21	2.57
		Control	15.29	3.07

***Covariance analysis test***

Table 5 shows the results of covariance analysis test. Based on this, between the average of posttests of two groups, a significant difference was observed ( $p < 0.01$ ). With respect to above results, we can say that PPT had been effective in Condom-use Skills.

**Table 5: The results of covariance analysis test to compare posttest scores of two groups of the study**

	SS	df	MS	F	Sig	Eta
Pretest	6643.15	1	6643.15	7.29	0.01	0.64
Group	911.27	1	911.27	-	-	-
Error	4941.12	49	100.83	-	-	-

**DISCUSSION**

This study had done with purpose of investigating the Effectiveness of group positive psychology therapy (PPT) on Skills of Using Condom in Iranian Men Who Have Sex with Men (MSM). The results of present study showed that respective therapy had been significantly effective on Skills of Using Condom. The investigation of research literature reveals the efficacy of PPT. Today, the positive -oriented treatment tries to create reconciliation between logic and emotion and acts as a complement to traditional treatments in clinical psychology, which is mainly damage-oriented approach. The future task of positive-oriented psychology is to understand the factors that make capabilities. The positive-oriented psychology requires the development of effective interventions for enhancing these potentials. This study was also conducted regarding the change from the problem focused approach to capability development approach. Positive-oriented psychology and well-being

treatment are emerging approach extracted from within the CBT, developed and validated by several clinical trials. They are considered as the most widely used cognitive-behavioral therapy approaches to treat addiction (Curry et al, 2001)<sup>15</sup> and help these patients to deal effectively with problematic behavior by training techniques (Mollazadeh, Ashuri, 2009)<sup>16</sup>. The effectiveness positive-oriented psychotherapy was approved in the treatment of depression and creating happiness symptoms either in a group or individually (Seligman, Rashid, Parks, 2006)<sup>11</sup>, And the summarized and group from of the study in school children lead to increase in their well-being (Rashid, Anjum, 2008)<sup>5</sup>. This study had done with purpose of investigating the Effectiveness of group positive psychology therapy (PPT) on Skills of Using Condom in Iranian Men Who Have Sex with Men (MSM). The results of present study showed that respective therapy had been significantly effective on Skills of Using Condom.

### **Study limitations**

This study had several limitations. The most important restrictions were as follows: 1) ideological measures in Islamic countries, including Iran create serious obstacles to find out data about the homosexuals, as far as the existence of the disease is denied by officials and sometimes death penalty is determined for MSM and 2) using a self-report assessment in sensitive subjects often creates a favorable social image and thus, self-reporting is associated with possible bias.

### **Research implications**

In the present study, with regard to limitations available, it wasn't possible to investigate the respective variables in homosexual women. In line with this, it is suggested that similar study on a sample of homosexual women will be efficient.

### **Abbreviations**

MSM: Men who have Sex with Men, HIV: Human Immunodeficiency Virus, PPT: positive psychology therapy

### **ACKNOWLEDGMENTS**

The author appreciates all those who participated in the study and helped to facilitate the research process.

### **REFERENCES**

1. Brooks, R. A., Landovitz, R. J., Kaplan, R. L., Lieber, E., Lee, S. J., & Barkley, T. W. (2012). Sexual risk behaviors and acceptability of HIV pre-exposure prophylaxis among HIV-negative gay and bisexual men in serodiscordant relationships: a mixed methods study. [Research Support, N.I.H., Extramural Research Support, Non-U.S. Gov't]. *AIDS patient care and STDs*, 26(2), 87-94. doi: 10.1089/apc.2011.0283.

2. Curry JF, Wells KC, Lochman JE, Craighead WE, Nagy PD. (2001). Group and family cognitive behavior therapy for adolescent depression and substance abuse: A case study. *Cogn Behav Pract.* 8(4):367-376.
3. Duckworth A, Steen TA, Seligman ME. (2005). Positive psychology in clinical practice. *Annu. Rev. Clin. Psychol.* 1: 629-651.
4. Fadayi Sade F. (2009). *Therapist's guide to positive psychological interventions*, Tehran: roshd.
5. First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1995). The Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II). Part I: Description. *Journal of Personality Disorders*, 9(2), 83–91. doi:10.1521/pedi.1995.9.2.83
6. Linley PA, Joseph S. (Eds). (2004). *Positive psychology in practice*. Hoboken, NJ: Wiley. 713-731.
7. Lopez SJ, Snyder CR, Rasmussen HN. (2003). Striking a vital balance: Developing a complementary focus on human weakness and strength through positive psychological assessment.
8. Mollazadeh J, Ashuri A.(2009). Effectiveness of group cognitive behavioral therapy in Preventing recurrence and improving the mental health of addicts, *Daneshvar Shahed University (Raftar)* 34:1-12 [persion]
9. Nieto-Andrade, B. (2010). The effect of HIV-discordance on the sexual lives of gay and bisexual men in Mexico City. [Research Support, Non-U.S. Gov't]. *Journal of homosexuality*, 57(1), 54-70. doi: 10.1080/00918360903445855.
10. Rashid T, Anjum A. (2008). Positive psychotherapy for young adults and children. *Handbook of depression in children and adolescents.* 250-287.
11. Rashid t. (2008). positive psychotherapy. in: lopez sj, e d. positive psychology:exploring the best in people: vol.4. westport, ct: praeger publisher. 14:187-217.
12. Seligman ME, Rashid T, Parks AC. (2006). Positive psychotherapy. *American psychologist.* 61(8):774.
13. Seligman ME, Steen TA, Park N, Peterson C. (2005). Positive psychology progress: empirical validation of interventions. *Am Psychol.* 60(5):410.
14. Sharifi, V., Assadi, S. M., Mohammadi, M. R., Amini, H., Kaviani, H., Semnani, Y., ... Jalali, M. (2009). A Persian translation of the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition: psychometric

properties. *Comprehensive Psychiatry*, 50(1), 86–91.  
doi:10.1016/j.comppsy.2008.04.004

15. Snyder CR, Lopez SJ. (2007). Positive psychology. *The Scientific and Practical*.

16. Sullivan, P. S., Salazar, L., Buchbinder, S., & Sanchez, T. H. (2009). Estimating the proportion of HIV transmissions from main sex partners among men who have sex with men in five US cities. [Multicenter Study]. *AIDS*, 23(9), 1153-1162. doi: 10.1097/QAD.0b013e32832baa34.

**BJMHR is**

- **Peer reviewed**
- **Monthly**
- **Rapid publication**
- **Submit your next manuscript at**

[editor@bjmhr.com](mailto:editor@bjmhr.com)

