



The Effectiveness of Mindfulness-Based Sex Therapy on Sexual Self-Efficacy and Sexual Quality of Life in Couples

Hosna. Ahmadzadeh¹, Mehrnaz. Azadyekta^{2*}, Fariborz. Bagheri³

¹ PhD Student, Department of Psychology, Science and Research Branch, Islamic Azad University, Tehran, Iran

² Associate Professor, Department of Psychology, Faculty of Educational Sciences and Psychology, Islamshahr Branch, Islamic Azad University, Islamshahr, Iran

³ Associate Professor, Department of Psychology, Science and Research Branch, Islamic Azad University, Tehran, Iran

* Corresponding author email address: M.azadyekta@yahoo.com

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ABSTRACT

Objective: This study aims to evaluate the effectiveness of mindfulness therapy-based sex therapy in improving sexual self-efficacy and sexual quality of life in couples experiencing sexual dysfunction.

Methods and Materials: A quasi-experimental design with a control group and an experimental group was employed. The study sample consisted of 30 couples (15 couples in each group) experiencing sexual dysfunction, who were recruited from counseling centers in Karaj, Iran. The experimental group underwent 8–10 sessions of mindfulness therapy-based sex therapy, while the control group received no intervention. Data were collected using two validated instruments: the Sexual Self-Efficacy Questionnaire and the Sexual Quality of Life Questionnaire. Data analysis was conducted using SPSS version 24, with multivariate analysis of covariance (MANCOVA) to assess the effectiveness of the intervention.

Findings: The results showed that the experimental group demonstrated significant improvements in both sexual self-efficacy and sexual quality of life from pre-test to post-test and follow-up, compared to the control group. The differences between pre-test and post-test scores in the experimental group were statistically significant ($p < 0.001$) and remained stable during the follow-up phase. The control group showed minimal changes over time. These findings suggest that mindfulness therapy-based sex therapy effectively enhances both sexual self-efficacy and quality of life in couples with sexual dysfunction.

Conclusion: Mindfulness therapy-based sex therapy is a promising intervention for improving sexual self-efficacy and quality of life in couples facing sexual dysfunction. By addressing cognitive mindfulness, mindfulness, and emotional expression, the therapy provides comprehensive support for overcoming sexual challenges and enhancing relational satisfaction.

Keywords: Mindfulness therapy, sexual dysfunction, sex therapy, sexual self-efficacy, sexual quality of life, couples therapy.

1. Introduction

The importance of self-efficacy in sexual behavior has been highlighted in numerous studies. Bandura's self-efficacy theory suggests that individuals who have a high sense of self-efficacy are more likely to engage in healthy behaviors, as they believe in their ability to overcome obstacles and achieve their goals (Richard & Pligt, 1991). In the context of sexual health, this belief translates into greater confidence in sexual communication, condom use, and the ability to negotiate sexual activities, which are critical components of a healthy sexual relationship (Sayles et al., 2006). Sexual self-efficacy has been shown to play a pivotal role in reducing risky sexual behavior and promoting sexual health among various populations, including adolescents (Hovsepian et al., 2009), young adults (Farmer & Meston, 2006), and women in postmenopausal stages (Khazaeian et al., 2023). The impact of self-efficacy extends to different cultural contexts, where it mediates sexual decision-making and behaviors (Rocha-Rdz et al., 2017).

The relationship between mindfulness and sexual health has also been extensively explored. Mindfulness refers to a state of focused attention on the present moment, which can help individuals manage stress, anxiety, and emotional distress (Firth et al., 2019). In the context of sexual health, mindfulness-based interventions have been used to address sexual dysfunctions, such as low sexual desire, anxiety during sexual activity, and difficulties in sexual arousal and orgasm (Brotto, 2013; Brotto et al., 2008; Brotto et al., 2022). Research has shown that mindfulness can enhance sexual self-efficacy by helping individuals focus on their bodily sensations, reduce negative self-talk, and decrease performance anxiety (Leavitt et al., 2020; Leavitt et al., 2019). For example, a study on postmenopausal women demonstrated that mindfulness significantly improved both sexual self-efficacy and sexual satisfaction (Khazaeian et al., 2023). Similarly, mindfulness-based sex therapy has been effective in treating provoked vestibulodynia, a chronic pain condition that affects sexual function in women (Dunkley & Brotto, 2016). These findings highlight the potential of mindfulness as a powerful tool in improving sexual health outcomes.

Mindfulness-based sex therapy has emerged as a promising intervention for addressing sexual health issues in couples. This therapeutic approach combines mindfulness techniques with cognitive-behavioral strategies to help individuals and couples enhance their awareness of bodily

sensations, emotional responses, and relationship dynamics during sexual activity (Brotto et al., 2022; Peixoto, 2023). The intervention encourages couples to engage in non-judgmental awareness of their sexual experiences, which can reduce anxiety, improve sexual communication, and foster greater intimacy (Sun et al., 2022). The effectiveness of mindfulness-based interventions in sexual health has been supported by numerous studies. For instance, an online mindfulness-based cognitive intervention for individuals engaging in chemsex showed promising results in reducing anxiety and improving sexual well-being (Banbury, 2023). Additionally, mindfulness-based sex therapy has been shown to improve sexual satisfaction and intimacy among older women with epilepsy (Lin et al., 2019), suggesting that it can be adapted to diverse populations with unique sexual health challenges.

The relationship between sexual self-efficacy and sexual quality of life is complex and multifaceted. Sexual quality of life refers to the subjective perception of satisfaction with one's sexual experiences, which is influenced by various factors, including physical health, emotional intimacy, and sexual functioning (Riazi et al., 2021). Studies have shown that individuals with higher levels of sexual self-efficacy are more likely to report greater sexual satisfaction and a higher quality of sexual life (Dikmen & Çankaya, 2020; Jabbari et al., 2021). This relationship is particularly important in the context of couples, where both partners' sexual self-efficacy can affect the overall quality of their sexual relationship. For example, research on women with intellectual disabilities found that their perceptions of their own sexual self-efficacy were closely tied to their ability to engage in satisfying sexual relationships (Bernert & Ogletree, 2012). Similarly, a study on adolescents found that sexual self-efficacy was a key determinant of healthy sexual behaviors and overall sexual well-being (Rostosky et al., 2008).

Given the significance of sexual self-efficacy and sexual quality of life in promoting healthy sexual relationships, it is essential to develop interventions that address these factors in a holistic manner. Mindfulness-based sex therapy offers a unique approach by integrating mindfulness practices that enhance awareness and acceptance of sexual experiences with cognitive-behavioral techniques that help individuals and couples build confidence in their sexual abilities (Larraz et al., 2023). The theoretical foundation for this study is supported by Bandura's self-efficacy theory, which posits that individuals who believe in their ability to succeed in a given domain are more likely to engage in behaviors that

lead to success (Richard & Pligt, 1991). In the context of sexual health, this theory suggests that individuals with higher levels of sexual self-efficacy are more likely to engage in healthy sexual behaviors, such as communicating effectively with their partner, using protection, and navigating sexual challenges with confidence (Carter et al., 2022). Mindfulness complements this theory by providing individuals with the tools to remain present and engaged in their sexual experiences, which can reduce anxiety and increase feelings of competence and control (Leavitt et al., 2020).

The current study builds on these findings by investigating the impact of mindfulness-based sex therapy on both sexual self-efficacy and sexual quality of life in couples. The study hypothesizes that couples who undergo mindfulness-based sex therapy will experience significant improvements in both sexual self-efficacy and sexual quality of life compared to those who do not receive the intervention

2. Methods and Materials

2.1. Study Design and Participants

This study is a quasi-experimental design with a control group and an experimental group. The target population consists of all couples experiencing sexual problems, and the sample was drawn from couples visiting counseling centers in Karaj in 2023. Only those couples who reported sexual dysfunction in their married life and had sought help at these centers were selected for participation. Due to the nature of the study and the necessity of providing group therapy sessions, the researcher encountered certain limitations in the sample size. Some participants with more severe sexual dysfunctions opted out of further participation. As a result, the study employed convenience sampling, selecting participants from available individuals who met the research criteria. To ensure consistency, the researcher chose couples from counseling centers located in the western part of Karaj and limited the selection to couples who sought counseling in the first half of 2023. Prior to finalizing the participant pool, the researcher conducted interviews with couples to explain the objectives and expected outcomes of the study, creating an informed and cooperative environment. Couples' consent to engage in psychotherapy was one of the primary conditions for participation. A total of 15 couples were selected for each group—experimental and control.

Participants were required to meet the following inclusion criteria: aged between 22 and 45, married for 2 to 15 years, no history of drug addiction, experiencing sexual

dysfunction as determined by a physician or psychologist through a questionnaire and diagnostic interview, a minimum educational qualification of a high school diploma, and fluency in reading, writing, and speaking Persian. Exclusion criteria included psychotic disorders, receipt of psychological services for any mental disorder, and use of psychiatric or psychoactive medications within three months prior to the first therapy session. Participants in the experimental group received 8 to 10 sessions of therapy.

2.2. Measures

2.2.1. Sexual Self-Efficacy

The Sexual Self-Efficacy Questionnaire, developed by Vaziri and Lotfi in 2013, was used to assess sexual self-efficacy. The questionnaire, derived from Schwarzer's General Self-Efficacy Questionnaire, consists of 10 items rated on a four-point Likert scale ranging from "Not at all true" (0) to "Completely true" (3). Its reliability, measured by Cronbach's alpha, was reported at 0.86 in the original study (Shahram & Farah Lotfi, 2013; Shahroei et al., 2021; Zare et al., 2016). For this research, the questionnaire's reliability was calculated at 0.79.

2.2.2. Sexual Quality of Life

The Sexual Quality of Life Questionnaire for women, developed by Symonds et al. in 2005, was used to measure sexual quality of life. This 18-item questionnaire is rated on a six-point Likert scale from "Strongly disagree" (1) to "Strongly agree" (6), with scores ranging from 18 to 108, where higher scores indicate better sexual quality of life. Its reliability was reported as 0.87 using Cronbach's alpha (Riazi et al., 2021; Zare et al., 2016), and in the current study, reliability was calculated at 0.82.

2.3. Intervention

2.3.1. Mindfulness-Based Sex Therapy

This intervention protocol consists of eight therapy sessions designed to address sexual dysfunction in couples through mindfulness-based sex therapy. The sessions focus on both the psychological and physiological aspects of sexual health, combining educational material with practical exercises. The intervention aims to enhance sexual self-efficacy and improve the sexual quality of life for the couples involved. The sessions build progressively, starting

from foundational knowledge about sexual health and gradually introducing more complex therapeutic techniques, including relaxation and cognitive restructuring (Cook et al., 2022; Larraz et al., 2023; Lin et al., 2019; Peixoto, 2023; Sun et al., 2022).

Session 1:

The first session introduces the couples to the benefits of sexual activity for both physical and mental health. This discussion highlights the positive effects of sexual relationships on overall well-being. Couples are then taught the anatomy and physiology of sexual behavior in both men and women, following the Masters and Johnson model. Understanding these biological aspects helps couples gain insight into how their bodies function during sexual activity, which sets the stage for more informed and conscious interactions.

Session 2:

In the second session, the focus shifts to common cultural and religious beliefs surrounding sexuality. Couples are encouraged to explore and question any preconceived notions or societal myths they may have about sexual behavior. This discussion helps them develop a more realistic and informed view of sexuality. The session also introduces the principles of healthy sexual relationships, including mutual respect, communication, and emotional connection.

Session 3:

This session dives into the specific causes of sexual problems experienced by men and women. Both genders' challenges in sexual relationships are discussed, with a focus on understanding orgasmic disorders such as anorgasmia in women and delayed ejaculation in men. The session also introduces the concept of sexual preferences and desires, encouraging couples to become aware of and accept each other's differences. This understanding fosters better communication and intimacy in their relationship.

Session 4:

Premature ejaculation and its various forms are the primary topics of the fourth session. Couples are educated on the causes and consequences of this condition, as well as how to manage it effectively. This session also introduces the Kegel exercises, which strengthen the pelvic floor muscles and improve sexual function. Additionally, the session provides an overview of other common sexual dysfunctions and their underlying causes, equipping couples with the knowledge to recognize and address these issues.

Session 5:

In this session, the focus is on cognitive and behavioral techniques for improving sexual experiences. Couples are introduced to the concept of mindfulness and are taught the "focus attention" technique, which helps them stay present and engaged during sexual activity. Homework assignments are given to encourage self-awareness and exploration. Couples also learn constructive ways to provide feedback to their partner, fostering a more positive and open dialogue around their sexual relationship.

Session 6:

This session centers around sensory focus, a therapeutic technique designed to help couples reconnect with physical sensations and build emotional intimacy. The goal is to reduce anxiety and performance pressure, allowing couples to experience sexual pleasure without fear of judgment or failure. Couples practice exercises designed to heighten their sensory awareness, which enhances their ability to engage in intimate moments without distraction.

Session 7:

Building on the previous session, couples continue practicing sensory focus techniques. They are encouraged to provide feedback to each other, which fosters open communication and emotional closeness. The session aims to help couples deepen their understanding of each other's needs and desires, leading to more satisfying sexual experiences.

Session 8:

The final session introduces relaxation techniques such as guided imagery and systematic desensitization, which help couples reduce anxiety related to sexual activity. Couples are guided through visualization exercises to enhance their ability to relax and engage in sexual activity without stress. By the end of the intervention, couples should feel more empowered, confident, and connected in their sexual relationship, with the tools needed to sustain these improvements over time.

2.4. Data analysis

Data were analyzed using SPSS version 24. Both descriptive and inferential statistics were used. To achieve accurate results, the effect of the control variable on the dependent variable was eliminated, and the two groups were compared. Hypotheses were tested using multivariate covariance analysis with repeated measures. Given that this type of analysis requires specific assumptions, the researcher conducted preliminary tests, including the Shapiro-Wilk test for normal distribution of scores and tests for homogeneity

of covariances. Greenhouse-Geisser, Pillai's trace, and Levene's tests were employed to ensure these assumptions were met.

3. Findings and Results

The descriptive statistics for both the control group and the mindfulness-based sex therapy group are presented in the table below for sexual self-efficacy and sexual quality of life across three stages of measurement (pre-test, post-test, and follow-up).

Table 1

Descriptive Statistics for Sexual Self-Efficacy and Sexual Quality of Life

Group	Variable	Stage	Mean (M)	Standard Deviation (SD)
Control Group	Sexual Self-Efficacy	Pre-test	8.20	2.483
		Post-test	8.40	1.993
		Follow-up	8.65	2.271
	Sexual Quality of Life	Pre-test	24.13	3.370
		Post-test	24.57	3.615
		Follow-up	24.00	3.812
Mindfulness-Based Sex Therapy Group	Sexual Self-Efficacy	Pre-test	8.73	2.212
		Post-test	14.77	2.542
		Follow-up	14.36	2.624
	Sexual Quality of Life	Pre-test	24.23	3.133
		Post-test	35.63	4.393
		Follow-up	35.37	4.772

For sexual self-efficacy, the control group showed minimal change across the stages, while the mindfulness-based sex therapy group showed a significant increase from pre-test to post-test and follow-up. In terms of sexual quality

of life, the mindfulness-based sex therapy group experienced substantial improvements across all stages, while the control group showed no significant changes (Table 1).

Table 2

ANOVA Results for Sexual Self-Efficacy and Sexual Quality of Life

Source	Variable	Sum of Squares	Degrees of Freedom (df)	Mean Square	F Value	Significance (p)	Partial Eta Squared
Time	Sexual Self-Efficacy	378.827	2	189.414	162.094	.001	0.736
	Sexual Quality of Life	716.289	2	358.144	153.126	.001	0.845
Time * Group	Sexual Self-Efficacy	306.435	2	153.218	131.118	.001	0.693
	Sexual Quality of Life	720.067	2	360.033	153.933	.001	0.846
Error (Time)	Sexual Self-Efficacy	135.551	116	1.169			
	Sexual Quality of Life	130.978	56	2.339			

The ANOVA results show significant differences over time for both variables. For sexual self-efficacy, the effect of time was significant with $F(1.60, 236.13) = 162.09, p < .001$, and partial eta squared = 0.736. The time-group interaction was also significant with $F(1.60, 131.12) = 131.12, p < .001$,

indicating a strong difference between the groups over time. For sexual quality of life, the time effect was significant with $F(1.53, 468.39) = 153.13, p < .001$, and partial eta squared = 0.845. The time-group interaction was significant with $F(1.53, 153.93) = 153.93, p < .001$ (Table 2).

Table 3

Post-Hoc Bonferroni Test for Sexual Self-Efficacy and Sexual Quality of Life

Group	Variable	Stage 1	Stage 2	Mean Difference	Standard Error	Significance (p)
Control Group	Sexual Self-Efficacy	Pre-test	Post-test	-0.200	0.299	1.000
		Pre-test	Follow-up	-0.447	0.323	0.514
		Post-test	Follow-up	-0.247	0.200	0.670
	Sexual Quality of Life	Pre-test	Post-test	-0.267	0.650	1.000
		Pre-test	Follow-up	0.333	0.610	1.000
		Post-test	Follow-up	0.600	0.376	0.365
Mindfulness-Based Sex Therapy Group	Sexual Self-Efficacy	Pre-test	Post-test	-6.033	0.299	.001
		Pre-test	Follow-up	-5.627	0.323	.001
		Post-test	Follow-up	0.407	0.200	0.141
	Sexual Quality of Life	Pre-test	Post-test	-12.200	0.650	.001
		Pre-test	Follow-up	-11.733	0.610	.001
		Post-test	Follow-up	0.467	0.376	0.674

According to Table 3, for sexual self-efficacy, significant differences were observed in the mindfulness-based sex therapy group between the pre-test and post-test ($p < .001$), as well as between the pre-test and follow-up ($p < .001$), but no significant difference between post-test and follow-up ($p > .05$), indicating the stability of the treatment effect. The control group did not show any significant changes across the stages ($p > .05$).

For sexual quality of life, significant differences were observed in the mindfulness-based sex therapy group between the pre-test and post-test ($p < .001$), as well as between the pre-test and follow-up ($p < .001$). No significant difference was found between post-test and follow-up ($p > .05$), indicating that the improvements were sustained over time. The control group did not show significant changes across the stages ($p > .05$).

4. Discussion and Conclusion

This study aimed to evaluate the effectiveness of mindfulness-based sex therapy on improving sexual self-efficacy and sexual quality of life in couples. The findings demonstrated that participants who underwent mindfulness-based sex therapy showed significant improvements in both sexual self-efficacy and sexual quality of life compared to those in the control group. Specifically, the intervention group exhibited substantial increases in both measures from pre-test to post-test, and these improvements were largely maintained at follow-up. In contrast, the control group displayed minimal changes across the three measurement stages, confirming that the observed effects were primarily driven by the intervention.

The significant improvement in sexual self-efficacy among participants who received mindfulness-based sex therapy aligns with existing research on the relationship between mindfulness and self-efficacy. For example, Brotto et al. (2008) demonstrated that mindfulness-based

interventions helped individuals develop greater body awareness, reduce sexual performance anxiety, and enhance sexual confidence, all of which are integral components of sexual self-efficacy (Brotto et al., 2008). Similarly, Khazaeian et al. (2023) found that mindfulness training significantly improved sexual self-efficacy among postmenopausal women, suggesting that mindfulness may play a critical role in helping individuals manage sexual health challenges across different stages of life (Khazaeian et al., 2023). In this study, mindfulness techniques helped participants become more attuned to their physical and emotional responses during sexual activity, which likely contributed to their enhanced sense of control and competence in sexual interactions.

The improvements in sexual quality of life observed in the mindfulness-based sex therapy group also support previous findings in the literature. Brotto (2013) reported that mindfulness-based interventions could enhance sexual satisfaction by encouraging individuals to focus on the present moment during sexual encounters, which helps to reduce distracting thoughts and performance pressures (Brotto, 2013). This is further supported by Peixoto (2023), who found that mindfulness, self-compassion, and acceptance were strong predictors of sexual satisfaction among cisgender heterosexual men and women (Peixoto, 2023). The current study extends these findings to a couple-based intervention, suggesting that mindfulness-based sex therapy not only benefits individuals but also enhances the relational aspect of sexual experiences, leading to greater overall sexual satisfaction and quality of life.

The fact that the improvements in sexual self-efficacy and sexual quality of life were sustained at follow-up indicates that the effects of mindfulness-based sex therapy may be long-lasting. This is consistent with the findings of Dunkley and Brotto (2016), who observed that the benefits of mindfulness-based cognitive-behavioral therapy for women with provoked vestibulodynia were maintained over time

(Dunkley & Brotto, 2016). The ability of mindfulness interventions to produce enduring changes may be due to the nature of mindfulness training, which teaches individuals skills that can be applied continuously in their daily lives, even after the formal intervention has ended (Sun et al., 2022).

The improvements in sexual self-efficacy and sexual quality of life observed in this study also have broader implications for sexual health interventions. Research has shown that individuals with higher sexual self-efficacy are more likely to engage in healthy sexual behaviors, such as using protection, communicating effectively with partners, and negotiating consent (Farmer & Meston, 2006; Hsu et al., 2014). By enhancing sexual self-efficacy, mindfulness-based sex therapy could potentially reduce the risk of negative sexual outcomes, such as sexually transmitted infections (STIs) or unintended pregnancies (Richard & Pligt, 1991). Moreover, increased sexual quality of life is associated with better overall relationship satisfaction and emotional well-being (Riazi et al., 2021), suggesting that this intervention could have far-reaching benefits for both individual and relational health.

Another key finding of this study is that mindfulness-based sex therapy was equally effective in enhancing both sexual self-efficacy and sexual quality of life. This supports the notion that these two constructs are closely interrelated. Previous studies have highlighted the bidirectional relationship between sexual self-efficacy and sexual satisfaction, with each influencing the other (Boislard & Zimmer-Gembeck, 2011; Rostovsky et al., 2008). Individuals who feel more confident in their sexual abilities are likely to experience greater satisfaction in their sexual relationships, while those who derive satisfaction from their sexual experiences may develop a stronger sense of sexual self-efficacy. The findings of this study further support this dynamic, as participants who reported improvements in one domain (self-efficacy) also showed corresponding gains in the other (quality of life).

In conclusion, the results of this study demonstrate the effectiveness of mindfulness-based sex therapy in improving sexual self-efficacy and sexual quality of life in couples. By fostering present-moment awareness and reducing sexual anxiety, mindfulness-based interventions offer a promising approach to enhancing sexual health and well-being. The findings of this study provide valuable insights for both researchers and practitioners, highlighting the potential of mindfulness-based sex therapy as a therapeutic tool for improving sexual relationships.

5. Limitations & Suggestions

Despite the positive findings, this study has several limitations. First, the sample size was relatively small, with 30 couples participating in the study. While the results were statistically significant, a larger sample size would provide more robust evidence of the effectiveness of mindfulness-based sex therapy. Second, the study relied on self-reported measures of sexual self-efficacy and sexual quality of life, which may be subject to bias. Participants may have over-reported their improvements due to social desirability or a desire to please the researchers. Future studies should consider using more objective measures of sexual functioning, such as physiological assessments or partner reports, to complement self-report data. Finally, this study only included couples who were already experiencing sexual dysfunction or dissatisfaction, which limits the generalizability of the findings to the broader population. Future research should explore whether mindfulness-based sex therapy can also be effective for couples who are not experiencing sexual problems but who wish to enhance their sexual relationships.

Future research should address the limitations of the current study by recruiting larger and more diverse samples. It would be particularly valuable to examine whether mindfulness-based sex therapy is effective across different cultural contexts, as sexual self-efficacy and sexual quality of life may be influenced by cultural norms and values surrounding sexuality (Rocha-Rdz et al., 2017). Additionally, future studies should investigate the long-term effects of mindfulness-based sex therapy, as this study only included a short follow-up period. Research examining the maintenance of the intervention's benefits over several months or even years would provide valuable insights into the durability of the treatment effects. Another important area for future research is to explore potential mediators and moderators of the intervention's effectiveness. For instance, researchers could examine whether individual factors such as self-compassion, emotional intelligence, or relationship satisfaction influence the degree to which participants benefit from mindfulness-based sex therapy (Peixoto, 2023; Riazi et al., 2021).

The findings of this study suggest several practical applications for clinicians working with couples who are experiencing sexual health issues. First, mindfulness-based sex therapy should be considered a viable therapeutic option for couples seeking to improve both sexual self-efficacy and sexual quality of life. Clinicians can incorporate mindfulness

techniques, such as body scanning, present-moment awareness, and non-judgmental acceptance, into their therapeutic practice to help clients become more attuned to their sexual experiences and reduce anxiety around sexual performance (Brotto et al., 2022). Additionally, therapists should encourage couples to practice mindfulness together outside of therapy sessions, as this can help foster greater emotional intimacy and improve communication in their sexual relationships (Larraz et al., 2023). Finally, practitioners should be aware that mindfulness-based sex therapy may be particularly effective for clients who struggle with sexual anxiety, performance concerns, or low sexual confidence, as the intervention specifically targets these areas of sexual functioning (Brotto, 2013).

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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