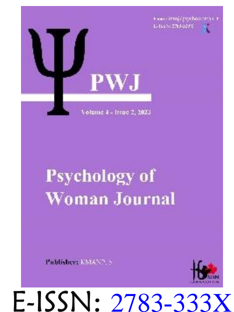
Journal Website

Article history:
Received 06 April 2023
Accepted 13 May 2023
Published online 01 June 2023

Psychology of Woman Journal

Volume 4, Issue 2, pp 41-48


E-ISSN: 2783-333X

The Effectiveness of Mindfulness-Based Sex Therapy on Multidimensional Sexual Issues and Sexual Distress in Women with Erotophobia Disorder

Milad. Rahmani[1], Mehryar. Anasseri[2*]

[1] M.A Personality Psychology، Department of Psychology, Ashtian Branch, Islamic Azad University, Ashtian, Iran
[2] Assistant Professor, Department of Psychology, Ashtian Branch, Islamic Azad University, Ashtian, Iran

*** Corresponding author email address**: dr.anasseri1969@gmail.com

Article Info

Article type:
Original Research

How to cite this article:
Rahmani, M., & Anasseri, M. (2023). The Effectiveness of Mindfulness-Based Sex Therapy on Multidimensional Sexual Issues and Sexual Distress in Women with Erotophobia Disorder. *Psychology of Woman Journal, 4*(2), 41-48.
http://dx.doi.org/10.61838/kman.pwj.4.2.6

© 2023 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: A healthy sexual relationship, as a fundamental component of human life, is a sign of physical and mental health and plays a significantly important role in the quality of individual and marital life. The purpose of this study was to determine the effectiveness of mindfulness-based cognitive sex therapy on the multidimensional sexual issues and sexual distress in women with erotophobia.

Materials and Methods: This quasi-experimental study was conducted with a pre-test, post-test, and a monthly follow-up design using a control group. The statistical population comprised all women in Tehran diagnosed with erotophobia in 2023. For this study, 18 women suffering from erotophobia were purposively and non-randomly selected. They were then randomly divided into a control group and an experimental group of 9 participants each, with 8 participants in each group successfully completing the treatment. The experimental group participated in eight 120-minute sessions of mindfulness-based cognitive sex therapy, once a week over two months, while the control group received no intervention. The Snell, Fisher, and Walters (1993) Multidimensional Sexual Issues Inventory and the revised Derogatis Sexual Distress Scale for Women (2008) were used. Collected data were analyzed using repeated measures ANOVA in SPSS version 22.

Findings: The results indicated that mindfulness-based cognitive sex therapy significantly improved multidimensional sexual issues ($F = 38.86$, $P < 0.001$) and sexual distress ($F = 15.25$, $P < 0.001$).

Conclusion: Based on the findings of this study, interventions based on this approach can effectively improve multidimensional sexual issues, sexual security, and sexual distress in women with erotophobia.

Keywords: *Mindfulness-based cognitive sex therapy, Multidimensional sexual issues, Sexual distress, Women, Erotophobia.*

1 Introduction

The improvement of women's sexual health is a growing research area, primarily focusing on safe and cost-effective interventions aimed at enhancing the quality of sexual relationships and treating sexual disorders (Kazem Zadeh Atoofi et al., 2023). Healthy sexual relationships, as a key component of human life, signify physical and mental health and play a crucial role in the quality of individual and marital life, enhancing the ability to effectively confront life's stresses and challenges (Mosadegh et al., 2023; Shadanloo et al., 2023). Therefore, any disorder causing dissatisfaction in sexual relations can lead to sexual dysfunction (Association, 2022).

Sexual issues in couples are associated with significant consequences such as reduced relationship satisfaction, sexual distress, lower well-being, and overall poor quality of marital life (Gruskin et al., 2019). Research indicates that a significant proportion of women (38-51%) suffer from sexual relationship problems (Parish et al., 2021). Ineffective sexual activity or avoidance of sexual relations can severely impact intimacy and happiness in couples. Women with sexual problems report distorted body image, low self-esteem, reduced emotional attachment to their partners, and negative feelings including hopelessness, anger, and loss of femininity (Ghasemi et al., 2022). Female sexual dysfunction, as defined by the DSM-5 criteria, refers to any disorder in desire, arousal, orgasm, and sexual pain, leading to a significant decrease in the quality of life (Association, 2022). Erotophobia, a type of sexual dysfunction in women, encompasses an irrational fear of sexual intercourse and related topics. Individuals suffering from this condition may experience intense anxiety when merely thinking about sexual love or topics, leading to full-blown panic attacks and an inability to have satisfying sexual relationships (Tavares et al., 2020). Men with partners who have sexual problems report lower marital and sexual satisfaction, weaker sexual communication, higher sexual distress, and dysfunctions in orgasmic and erectile performance compared to men with normative partners (Tavares et al., 2020). Women with erotophobia face numerous marital and sexual relationship problems, experiencing dissatisfaction, tension, and significant stress (Gregory, 2021). Sexual distress can cause severe anxiety about having sexual relations, potentially leading to avoidance of sexual activity (Hamzehgardeshi et al., 2023).

In recent years, mindfulness therapy has emerged as a component of group treatments for sexual problems in both women and men (Banbury et al., 2023; Brotto et al., 2016; Hosseinnezhad Hallaji et al., 2021; Kocsis & Newbury-Helps, 2016). Mindfulness, defined as special, purposeful attention in the present moment without prejudice or judgment, is a way of being and understanding that requires personal awareness of emotions (Banbury et al., 2023; Kazem Zadeh Atoofi et al., 2023). Although extensive studies have been conducted on mindfulness, research focusing on sexual issues with a mindfulness approach is relatively new and less explored (Banbury et al., 2023; Brotto et al., 2016). Mindfulness-based cognitive sex therapy is a type of treatment related to sexual problems that utilizes mindfulness (Sun et al., 2021). Hosseinnezhad Hallaji et al. (2021) demonstrated that mindfulness intervention in sex therapy could significantly reduce sexual excitement, extramarital relations, and marital frustration in couples (Hosseinnezhad Hallaji et al., 2021). Kazem Zadeh Atoofi et al. (2023) found that mindfulness-based interventions improved symptoms in women with sexual disorders (Kazem Zadeh Atoofi et al., 2023). Leavitt et al. (2019) also showed that sexually aware individuals have better self-esteem, more satisfaction in their relationships, and particularly for women, greater satisfaction with their sexual lives (Leavitt et al., 2019). Given the increase in sexual problems in couples and the importance of sexual relationship issues in marital life and the maintenance of the couples' sexual and mental health, there is a need for more research in this area. This study aims to answer the fundamental question of whether mindfulness-based cognitive sex therapy is effective in addressing multidimensional sexual issues and sexual distress in women with erotophobia.

2 Methods and Materials

2.1 *Study design and Participant*

This study was a practical, quasi-experimental investigation using a pre-test-post-test design with a control group. The study population consisted of all women in Tehran diagnosed with erotophobia who visited the Missing Piece Psychological and Counseling Center in 2023. For participant selection, 18 individuals from the population were purposively and non-randomly chosen based on the inclusion criteria for the study. They were then randomly assigned to either the experimental group (9 individuals) or the control group (9 individuals). The experimental group underwent 8 sessions of 120 minutes each of mindfulness-based cognitive sex therapy, once a week for two months.

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X

After attrition, 8 participants successfully completed the treatment. Meanwhile, the control group received no intervention. It should be noted that to equate the numbers in both experimental and control groups, participants were randomly removed from the control group corresponding to the attrition in the experimental group.

Participation in this study was completely voluntary. Before the start of the project, participants were informed about the details and regulations of the study. The opinions and beliefs of the individuals were respected. Both the experimental and control group members were allowed to withdraw from the study at any stage. Additionally, members of the control group were offered the same intervention as the experimental group after the completion of the study, should they express interest. All documents, questionnaires, and confidential records were exclusively accessible to the researchers. Informed written consent was obtained from all volunteers.

2.2 Measures

2.2.1 Multidimensional Sexual Issues

The self-assessment tool was developed by Snell, Fisher, and Walters (1993) to measure 12 subscales of human sexual issues. The questionnaire consists of 60 items, and respondents must indicate the extent to which each statement applies to them. A 5-point Likert scale is used for responses, ranging from 0 (not at all) to 4 (very much). Items 19, 31, 47, and 50 are reverse scored, and item 61 does not directly impact the questionnaire results. The scores of the items in each subscale are summed, so higher scores indicate a greater degree of the trait or issue. Each subscale can vary from 0 to 20. The 12 scales are: Sexual Esteem, Sexual Preoccupation, Internal Sexual Control, Sexual Consciousness, Sexual Motivation, Sexual Anxiety, Sexual Assertiveness, Sexual Depression, External Sexual Control, Sexual Monitoring, Fear of Sex, and Sexual Satisfaction (Snell et al., 1993). All these scales have good reliability, with Cronbach's alpha coefficients ranging from 0.70 to 0.94, and test-retest reliabilities varying from 0.50 to 0.86. The internal consistency of the Multidimensional Sexual Issues Questionnaire's subscales was determined by calculating Cronbach's alpha coefficients. The alpha coefficients for all members of the sample in the 12 subscales (from subscale 1 to 12) according to Snell et al. (1993) are as follows: 0.87; 0.94; 0.80; 0.71; 0.91; 0.83; 0.77; 0.92; 0.86; 0.90; 0.82; 0.90; with test-retest reliability for each subscale (from 1 to 12) being: 0.85; 0.73; 0.63; 0.75; 0.83; 0.64; 0.65; 0.70; 0.68; 0.69; 0.67; 0.76. In summary, the 12 subscales of the MSQ demonstrated more than adequate internal stability and test-retest reliability. Snell et al. (1993) found that the Multidimensional Sexual Issues Questionnaire was not only related to the respondents' sexual attitudes and their transactional and conventional approaches to sexual relationships but also correlated with their scores on other conceptually similar instruments to the MSQ. Furthermore, the sexual behaviors of men and women were predictably related to their scores on the MSQ subscales (Snell et al., 1993). In Iran, this questionnaire was validated by Kazemi et al. (2014), and to assess its content validity, it was presented to two clinical experts who were asked to rate the alignment of the questionnaire sections with the studied constructs on a scale of 1 to 3. The agreement coefficient based on Kendall's agreement coefficient was 0.44, and based on Pearson's correlation coefficient, it was 0.53, both statistically significant at the 0.05 level. Cronbach's alpha coefficient was used to calculate the questionnaire's reliability, resulting in an internal consistency of 0.85 (Kazami et al., 2014).

2.2.2 Sexual Distress

Revised Women's Sexual Distress Questionnaire, developed by DeRogatis et al. (2008), is designed to assess distress related to sexual issues. It comprises 13 items rated on a 5-point Likert scale from 0 to 4. The total score is obtained by summing the scores of all items, ranging from 0 to 52, with higher scores indicating greater sexual distress. The scale has internal consistency ($\alpha \geq 0.86$) and test-retest reliability ($r = 0.76$) (DeRogatis et al., 2008). In Iran, Ghassami et al. (2014) found internal consistency coefficients of 0.94 and test-retest reliabilities of 0.89. Additionally, the discriminant validity of the scale was reported as satisfactory, distinguishing between normal women and those with sexual dysfunction, and showing appropriate divergent validity with the Female Sexual Function Index (FSFI) (Ghassami et al., 2014).

2.3 Intervention

2.3.1 Mindfulness-Based Sex Therapy

The Table 1 presents the sessions of mindfulness-based sex therapy (Brotto et al., 2016; Crosby & Twohig, 2016; Ghasemi et al., 2022; Hosseinnezhad Hallaji et al., 2021; Kazem Zadeh Atoofi et al., 2023; Kocsis & Newbury-Helps,

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X

2016; Leavitt et al., 2019; Peterson & Eifert, 2011; Smedley et al., 2021; Sun et al., 2021).

Table 1

Mindfulness-Based Sex Therapy

Sessions	Description of Sessions
Session 1	Establishing initial communication, stating goals, method, interaction and conducting a pre-test. Tasks: Participants to define their goals for participating in this therapeutic course.
Session 2	Mindful Movement (MM), familiarizing couples with mindful listening, practicing mindful raisin eating, body scan, general exploration, grounding technique/connection to earth/breathing/awareness. Tasks: Body scan, moments of mindfulness.
Session 3	Mindful Movement, mindful listening/performing movement/paired exploration (couples), mindful listening, sensory objects, general exploration, seated meditation: breathing with music, grounding/breath/awareness/movement technique. Tasks: Seated meditation or mindfulness, moments of mindful listening.
Session 4	Mindful Movement, mindful listening and exploration in pairs (couples), general exploration, seated meditation: kindness and gentleness, mindful general exploration, couples: feeling while sitting back-to-back, grounding/breathing/awareness/movement technique. Tasks: Seated meditation, moments of mindfulness: touching.
Session 5	Mindful Movement, mindful listening and exploration in pairs (couples), seated meditation: self-sexual exploration, general exploration, sexual meanings exercise, couples: postcards and images, grounding/breathing/awareness/movement technique. Tasks: Seated meditation, moments of mindfulness: touching your own emotions.
Session 6	Mindful Movement, mindful listening and exploration in pairs (couples), seated meditation: exploring sexual discomfort, couples: intimate and confidential questions with mindful listening, guiding finger exercise, general exploration, grounding/breathing/awareness/movement technique. Tasks: Moments of mindfulness: touching your own or partner's emotions, mindful practice for couples.
Session 7	Mindful Movement, mindful listening and exploration in pairs (couples), seated meditation: future goals, general exploration, walking/guiding in pairs (couples), one partner guides while the other follows with closed eyes, writing a letter to oneself, grounding/breathing/awareness/movement technique. Tasks: Review of completed tasks and continuation of these tasks in future life phases.
Session 8	A combination of mindfulness exercises, a) Sharing current experience with your partner, using it for speaking/listening (not conversing) followed by mindful exploration, b) Mindful Movement, c) Review of tasks in pairs, d) Mindful listening to heartbeat in pairs, e) Mindful walking, f) Discussion about sexual relationship and intimate relational issues, conducting a post-test.

2.4 Data Analysis

In the descriptive analysis of the data, statistical indicators for each of the research variables were calculated. Inferential statistics utilized repeated measures ANOVA and SPSS version 22.

The mean (standard deviation) age of participants in the experimental group was 39.7 (9.4) and in the control group 36.2 (7.9). The minimum and maximum ages in the experimental group were 30 and 48 years, respectively, and 31 and 50 years in the control group.

3 Findings and Results

Table 2

Descriptive Statistics (Mean and Standard Deviation)

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Multidimensional Sexual Issues	Experimental	59.30	5.66	65.05	5.33	64.20	4.97
	Control	55.40	5.04	55.10	5.02	55.00	5.26
Sexual Distress	Experimental	44.80	7.38	38.89	5.33	37.97	5.40
	Control	45.41	7.49	44.49	7.53	45.45	7.52

According to Table 2, for Multidimensional Sexual Issues, the experimental group showed a notable increase in mean scores from the pre-test (M = 59.30, SD = 5.66) to post-test (M = 65.05, SD = 5.33), which slightly decreased at follow-up (M = 64.20, SD = 4.97). In contrast, the control group's scores remained relatively stable across all stages (Pre-test: M = 55.40, SD = 5.04; Post-test: M = 55.10, SD = 5.02; Follow-up: M = 55.00, SD = 5.26). Regarding Sexual Distress, the experimental group showed a decrease in mean scores from pre-test (M = 44.80, SD = 7.38) to post-test (M = 38.89, SD = 5.33), which continued to decrease at follow-up (M = 37.97, SD = 5.40). The control group's scores showed little change across the three stages (Pre-test: M = 45.41, SD = 7.49; Post-test: M = 44.49, SD = 7.53; Follow-up: M = 45.45, SD = 7.52). These results suggest that the intervention had a significant impact on the experimental

PWJ Psychology of Woman Journal E-ISSN: 2783-333X

group, particularly in improving multidimensional sexual issues and reducing sexual distress.

In preparation for conducting an analysis of variance (ANOVA) on the variables Multidimensional Sexual Issues and Sexual Distress, we checked for the assumptions of normality, homogeneity of variances, and independence of observations. The Shapiro-Wilk test for normality revealed that both variables were normally distributed (Multidimensional Sexual Issues: W = 0.97, p = 0.15; Sexual Distress: W = 0.96, p = 0.22). Levene's test for equality of variances confirmed homogeneity for both variables (Multidimensional Sexual Issues: F = 2.45, p = 0.12; Sexual Distress: F = 2.87, p = 0.09). Additionally, the study design ensured the independence of observations, as each participant was assigned to only one group without any overlap. These results indicated that the data met the necessary conditions for the validity of the ANOVA for both variables.

Table 3

The Results of Analysis of Variance

Scale	Source of Effect	Sum of Squares	Degrees of Freedom	Mean Squares	F	Significance	Eta Squared
Multidimensional Sexual Issues	Time	230.46	1.70	160.14	79.16	0.001	0.73
	Time*Group	150.02	1.70	104.24	51.53	0.001	0.64
	Group	418.17	1	418.17	38.86	0.001	0.44
Sexual Distress	Time	87.62	2	43.81	164.78	0.001	0.85
	Time*Group	37.48	2	18.74	70.50	0.001	0.71
	Group	131.61	1	131.61	15.25	0.001	0.24

Table 3 results suggest that the ANOVA for the within-group factor (time) is significant and also significant between groups. These results indicate that considering the group effect, the effect of time alone is significant. Additionally, the interaction of group and time is significant. Furthermore, Bonferroni post-hoc tests were used for pairwise comparisons of the groups.

Table 4

The Results of Bonferroni's Post-Hoc Test

Variable	Group	Stage	Post-test	Follow-up
Multidimensional Sexual Issues	Experimental	Pre-test	-6.20*	-5.77*
		Post-test	-	0.77
	Control	Pre-test	0.30	0.40
		Post-test	-	0.10
Sexual Distress	Experimental	Pre-test	6.60*	6.75*
		Post-test	-	0.34
	Control	Pre-test	0.59*	0.67*
		Post-test	-	0.49

P<0.01

Table 4 results show that the score for the sexual distress variable in the experimental group at post-test was lower than that in the control group. In other words, mindfulness-based cognitive sex therapy had a significant effectiveness in reducing sexual distress in women. These results also indicate that sexual distress in the follow-up phase in the experimental group decreased significantly compared to the control group. The score for the multidimensional sexual issues variable in the experimental group at post-test was higher than that in the control group. This suggests that mindfulness-based cognitive sex therapy was highly effective in improving multidimensional sexual issues. The results demonstrate that there was a significant difference in multidimensional sexual issues at the follow-up stage in the experimental group compared to the control group.

4 Discussion and Conclusion

The present study aimed to determine the effectiveness of mindfulness-based cognitive sex therapy (MCST) on multidimensional sexual issues and sexual distress in women suffering from erotophobia. The results indicated that MCST significantly improved both multidimensional sexual issues and sexual distress. These findings are consistent with the results of previous studies (Banbury et al., 2023; Brotto et al., 2016; Crosby & Twohig, 2016; Ghasemi et al., 2022; Hosseinnezhad Hallaji et al., 2021; Kazem Zadeh Atoofi et al., 2023; Kocsis & Newbury-Helps, 2016; Leavitt et al., 2019; Peterson & Eifert, 2011; Smedley et al., 2021; Sun et al., 2021) which also confirmed the role of mindfulness-based sex therapy in improving sexual problems.

A crucial aspect of a marital relationship is the couple's enjoyment and satisfaction with their sexual relations. Pleasurable sexual relations involve both partners reaching the peak of sexual pleasure (Moura et al., 2020). While exact statistics on the prevalence of sexual issues among spouses are not available, denying or ignoring these issues will not only fail to resolve them but will inevitably impose themselves on society over time. Therefore, like other physical, psychological, and social problems, sexual issues in couples must also be addressed (Gruskin et al., 2019). Generally, sexual disorders are attitudinal, behavioral, and emotional issues that prevent individuals from engaging in or enjoying sexual matters, leading to problems in sexual relationships and ultimately affecting marital life (Mosadegh et al., 2023). Various interventions are employed to reduce sexual problems and increase sexual pleasure, and identifying more effective interventions is crucial for comprehensive and efficient planning for couples and improving the quality of marital life (Shadanloo et al., 2023). In this study, the intervention of MCST was examined. MCST is a type of sex therapy that builds a connection between mood, thoughts, feelings, and bodily sensations in the present moment, reducing gradually developed sexual and relational issues (Sun et al., 2021). Through this therapeutic approach, couples learn to accept their sexual and non-sexual bodily sensations and psychological states, becoming mindful of their thoughts and emotions, thereby re-experiencing individual and sexual intimacy and improving their lives.

Some mindfulness research in the treatment of sexual problems suggests that mindfulness leads to a reduction in negative emotions. These therapies, by exploring and strengthening individual values in marital relationships, reduce inconsistencies between personal desires and strengthen commitment. Overall, they can increase focus on reducing tensions and enhancing the understanding of pleasure in situations like sexual relations and experiencing orgasm (Banbury et al., 2023; Brotto et al., 2016; Kazem Zadeh Atoofi et al., 2023; Smedley et al., 2021). The tasks considered in this intervention for women with erotophobia helped increase sensory focus, which in turn enhances pleasurable responses and prevents unwanted sexual tensions. In essence, women with erotophobia, who experience significant fear and worry when thinking about sexual matters, learn to focus their attention on present issues, reduce stress through proper meditation and breathing, and discuss sexual relationships and intimate relational issues. This process gradually reduces negative emotions, thoughts, and even physiological symptoms, decreasing sexual stress and improving sexual performance.

5 Limitations and Suggestions

The study presented several limitations that must be considered when interpreting the results. First, the sample size was relatively small and limited to a specific demographic, which may not provide a comprehensive representation of the wider population. This restricts the generalizability of the findings. Additionally, the study relied on self-reported measures, which could be subject to response biases such as social desirability or recall bias. The study's design also lacked a long-term follow-up, making it difficult to assess the enduring effects of the intervention. Moreover, the control group did not receive any alternative treatment, which could have provided a more robust comparison for evaluating the effectiveness of the mindfulness-based cognitive sex therapy. Lastly, the study did not account for potential confounding variables, such as participants' psychological state or relationship dynamics, which might have influenced the outcomes.

Given the positive outcomes in reducing sexual problems and distress in the study sample, this intervention can be used as an effective tool in addressing sexual issues. The results can be effective in planning for the sexual health of couples and can be incorporated into family and couples' health programs to enhance couples' awareness and prevent sexual problems.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

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.

Ethics Considerations

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

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X

Authors' Contributions

Milad Rahmani and Mehryar Anasseri each played vital roles in this research project. Milad Rahmani was responsible for devising the study's structure, collecting data, and overseeing the implementation of mindfulness-based cognitive sex therapy. In contrast, Mehryar Anasseri contributed their expertise to analyze the gathered data and participated in the interpretation of the results. Throughout the research process, both authors collaborated closely, from initial concept development to final publication, ensuring the study's successful completion.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

References

Association, A. P. (2022). *Diagnostic And Statistical Manual Of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*. https://doi.org/10.1176/appi.books.9780890425787

Banbury, S., Lusher, J., Snuggs, S., & Chandler, C. (2023). Mindfulness-based therapies for men and women with sexual dysfunction: a systematic review and meta-analysis. *Sexual and Relationship Therapy*, *38*(4), 533-555. https://doi.org/10.1080/14681994.2021.1883578

Brotto, L. A., Chivers, M. L., Millman, R. D., & Albert, A. (2016). Mindfulness-Based Sex Therapy Improves Genital-Subjective Arousal Concordance in Women With Sexual Desire/Arousal Difficulties. *Archives of Sexual Behavior*, *45*(8), 1907-1921. https://doi.org/10.1007/s10508-015-0689-8

Crosby, J. M., & Twohig, M. P. (2016). Acceptance and Commitment Therapy for Problematic Internet Pornography Use: A Randomized Trial. *Behavior therapy*, *47*(3), 355-366. https://doi.org/10.1016/j.beth.2016.02.001

DeRogatis, L., Clayton, A., Lewis-D'Agostino, D., Wunderlich, G., & Fu, Y. (2008). Validation of the Female Sexual Distress Scale-Revised for Assessing Distress in Women with Hypoactive Sexual Desire Disorder. *The Journal of Sexual Medicine*, *5*(2), 357-364. https://doi.org/10.1111/j.1743-6109.2007.00672.x

Ghasemi, N., Rezaei, F., & Sadeghi, M. (2022). The Effectiveness of Cognitive-behavioral Therapy on Sexual Function and Quality of Marital Relationships in Women with Sexual Interest/Arousal Disorder [Research]. *Journal of nursing education*, *10*(3), 78-87. https://doi.org/10.22034/IJPN.10.3.78

Ghassami, m., Shairi, M. R., Asghari Moghadam, M. A., & Rahmati, N. (2014). THE STUDY OF THE PSYCHOMETRIC PROPERTIES OF THE 6-ITEM VERSION OF THE FEMALE SEXUAL FUNCTION INDEX (FSFI-6) AMONGEST IRANIAN WOMEN [Research]. *Nursing and Midwifery Journal*, *12*(7), 532-543. http://unmf.umsu.ac.ir/article-1-1619-en.html

Gregory, A. (2021). Understanding female sexual dysfunction, its causes and treatments. *British Journal of Nursing*, *30*(18), S18-S29. https://doi.org/10.12968/bjon.2021.30.18.S18

Gruskin, S., Yadav, V., Castellanos-Usigli, A., Khizanishvili, G., & Kismödi, E. (2019). Sexual health, sexual rights and sexual pleasure: meaningfully engaging the perfect triangle. *Sexual and Reproductive Health Matters*, *27*(1), 29-40. https://doi.org/10.1080/26410397.2019.1593787

Hamzehgardeshi, Z., Sabetghadam, S., Pourasghar, M., Khani, S., Moosazadeh, M., & Malary, M. (2023). Prevalence and predictors of sexual distress in married reproductive-age women: A cross-sectional study from Iran. *Health Science Reports*, *6*(9), e1513. https://doi.org/10.1002/hsr2.1513

Hosseinnezhad Hallaji, S., Khademi, A., Alivandi Vafa, M., & Esmali, A. (2021). The efficacy of mindfulness in sex therapy on sexual sensation seeking, extramarital relationships and marital disillusionment of couples [Research]. *Journal of Psychological Science*, *20*(106), 1865-1879. https://doi.org/10.52547/jps.20.106.1865

Kazami, H., Chorbani, M., Bahreini-Borujeni, M., & Sepehri-Borujeni, K. (2014). Comparison of psychosexual problems between substance dependence patients [Research]. *Journal of Shahrekord Uuniversity of Medical Sciences*, *16*(1), 1-10. http://78.39.35.44/article-1-1136-en.html

Kazem Zadeh Atoofi, M., Naziry, G., Mohammadi, M., & Behzadi poor, S. (2023). The Comparison of The Effectiveness of Mindfulness-Based Sexual Relationship Therapy and Cognitive-Behavioral Sex Therapy on Disorder's Symptoms in Women with Orgasmic Disorder: A Double-Blind Randomized Clinical Trial [Research]. *Journal of Research in Behavioural Sciences*, *20*(4), 746-759. https://doi.org/10.52547/rbs.20.4.14

Kocsis, A., & Newbury-Helps, J. (2016). Mindfulness in Sex Therapy and Intimate Relationships (MSIR): Clinical Protocol and Theory Development. *Mindfulness*, *7*(3), 690-699. https://doi.org/10.1007/s12671-016-0506-z

Leavitt, C. E., Lefkowitz, E. S., & Waterman, E. A. (2019). The role of sexual mindfulness in sexual wellbeing, Relational wellbeing, and self-esteem. *Journal of sex & marital therapy*, *45*(6), 497-509. https://doi.org/10.1080/0092623X.2019.1572680

Mosadegh, H., Darbani, S. A., & Parsakia, K. (2023). The mediating role of sexual satisfaction in the relationship between personality traits and emotional divorce in men. *Journal of Applied Family Therapy*, *4*(4), 191-202. https://www.aftj.ir/article_184086.html?lang=en

Moura, C. V., Tavares, I. M., & Nobre, P. J. (2020). Cognitive-Affective Factors and Female Orgasm: A Comparative Study on Women with and Without Orgasm Difficulties. *The Journal of Sexual Medicine*, *17*(11), 2220-2228. https://doi.org/10.1016/j.jsxm.2020.08.005

Parish, S. J., Cottler-Casanova, S., Clayton, A. H., McCabe, M. P., Coleman, E., & Reed, G. M. (2021). The Evolution of the Female Sexual Disorder/Dysfunction Definitions, Nomenclature, and Classifications: A Review of DSM, ICSM, ISSWSH, and ICD. *Sexual Medicine Reviews*, *9*(1), 36-56. https://doi.org/10.1016/j.sxmr.2020.05.001

Peterson, B. D., & Eifert, G. H. (2011). Using Acceptance and Commitment Therapy to Treat Infertility Stress. *Cognitive and Behavioral Practice*, *18*(4), 577-587. https://doi.org/10.1016/j.cbpra.2010.03.004

Shadanloo, B., Yousefi, Z., Parsakia, K., Hejazi, S. M., & Davari Dolatabadi, M. (2023). The Role of Whey Supplementation on Sensation Seeking, Parent-child Relationship, Family Communication, Anger and Sex Desire Among Athletes, Athletes Using Whey and Normal Population. *Health Nexus*, *1*(1), 40-47. https://doi.org/10.61838/hn.1.1.7

Smedley, D. K., Leavitt, C. E., Allsop, D. B., Nance, M., James, S. L., & Holmes, E. K. (2021). Mindfulness and Sexual Mindfulness as Moderators Between Conflict Resolution and Sexual and Relationship Satisfaction. *Journal of sex & marital therapy*, *47*(8), 814-828. https://doi.org/10.1080/0092623X.2021.1958962

Snell, W. E., Fisher, T. D., & Walters, A. S. (1993). The multidimensional sexuality questionnaire: An objective self-report measure of psychological tendencies associated with human sexuality. *Annals of sex research*, *6*(1), 27-55. https://doi.org/10.1007/BF00849744

Sun, S., Nardi, W., Loucks, E. B., & Operario, D. (2021). Mindfulness-Based Interventions for Sexual and Gender Minorities: a Systematic Review and Evidence Evaluation. *Mindfulness*, *12*(10), 2439-2459. https://doi.org/10.1007/s12671-021-01710-9

Tavares, I. M., Moura, C. V., & Nobre, P. J. (2020). The Role of Cognitive Processing Factors in Sexual Function and Dysfunction in Women and Men: A Systematic Review. *Sexual Medicine Reviews*, *8*(3), 403-430. https://doi.org/10.1016/j.sxmr.2020.03.002

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X