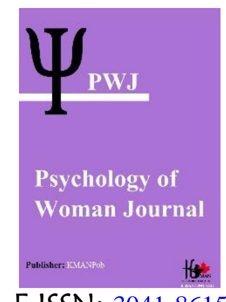
Journal Website

Article history:
Received 06 January 2026
Revised 04 May 2026
Accepted 11 May 2026
Initial Published 11 May 2026
Final Publication 01 September 2026

Psychology of Woman Journal

Volume 7, Issue 5, pp 1-11



E-ISSN: 3041-8615

The Effectiveness of Acceptance and Commitment Therapy on Sexual Anxiety, Sexual Self-Disclosure, and Sexual Satisfaction in Women

Ali Akbar. Azadvari[1], Mohsen. Doustkam[2*], Baratali. Ghavami[3]

[1] Department of Psychology, Boj.C., Islamic Azad University, Bojnord, Iran
[2] Department of Consulting, Attar Institute of Higher Education, Mashhad, Iran
[3] Department of Consulting, Qu.C., Islamic Azad University, Quchan, Iran

*** Corresponding author email address**: m.doostkam@attar.ac.ir

A r t i c l e   I n f o

Article type:
Original Research

How to cite this article:
Azadvari, A. A., Doustkam, M., & Ghavami, B. (2026). The Effectiveness of Acceptance and Commitment Therapy on Sexual Anxiety, Sexual Self-Disclosure, and Sexual Satisfaction in Women. *Psychology of Woman Journal, 7*(5), 1-11.
http://dx.doi.org/10.61838/kman.pwj.5369

© 2026 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.

A B S T R A C T

Objective: The present study aimed to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) on sexual anxiety, sexual self-disclosure, and sexual satisfaction among women referring to counseling centers.
Methods and Materials: The present study employed a quasi-experimental design with a pretest–posttest structure, including a control group and a follow-up phase. The statistical population consisted of women referring to counseling centers in Sabzevar in 2022. A total of 45 participants were selected through convenience sampling based on the inclusion criteria and randomly assigned to two experimental groups (15 participants in each group) and one control group (15 participants). Data collection instruments included the Index of Sexual Satisfaction (ISS), the Sexual Anxiety Questionnaire, and the Sexual Self-Disclosure Scale for spouses. The intervention consisted of eight 90-minute sessions of Acceptance and Commitment Therapy conducted in group format. Data were analyzed using repeated-measures analysis of variance and Bonferroni post hoc tests in IBM SPSS Statistics software.
Findings: The findings demonstrated significant differences between the experimental and control groups in sexual anxiety ($F = 11.69$, $p < .001$), sexual self-disclosure ($F = 8.46$, $p < .001$), and sexual satisfaction ($F = 20.21$, $p < .001$). Significant time effects and group × time interaction effects were also observed across the three measurement stages. Bonferroni post hoc comparisons indicated that sexual anxiety significantly decreased from pretest to posttest and follow-up, whereas sexual self-disclosure and sexual satisfaction significantly increased in the experimental group. The absence of significant differences between posttest and follow-up stages suggested that the therapeutic effects remained stable over time.
Conclusion: Acceptance and Commitment Therapy was effective in reducing sexual anxiety and improving sexual self-disclosure and sexual satisfaction among women. The findings suggest that ACT may enhance women's psychological flexibility, emotional openness, and relational functioning, thereby contributing to improved sexual well-being and marital intimacy. Accordingly, ACT may be considered an effective therapeutic approach for use in counseling centers and sexual health interventions for women.
Keywords: *Acceptance and Commitment Therapy, sexual anxiety, sexual self-disclosure, sexual satisfaction, women.*

1. Introduction

Sexual health is a central component of women's psychological well-being, marital quality, interpersonal intimacy, and overall quality of life. In marital relationships, sexual functioning is not limited to physiological performance but is deeply connected to emotional security, body-related perceptions, communication patterns, self-efficacy, psychological flexibility, and the ability to express needs and preferences within an intimate relationship. When women experience sexual anxiety, reduced sexual self-disclosure, or low sexual satisfaction, the consequences may extend beyond sexual life and affect marital intimacy, emotional closeness, self-esteem, and relational stability. Sexual difficulties are often maintained by avoidance, fear of negative evaluation, rigid self-judgment, shame, and ineffective attempts to control distressing internal experiences. Therefore, psychological interventions that target experiential avoidance, cognitive fusion, value-based action, and emotional openness may be particularly relevant for improving women's sexual and relational functioning.

Acceptance and Commitment Therapy (ACT) has increasingly been applied to sexual and marital problems because it focuses on psychological flexibility, acceptance of difficult internal experiences, cognitive defusion, mindfulness, values clarification, and committed action. Within the ACT framework, distressing thoughts and emotions are not treated as experiences that must be eliminated before meaningful action becomes possible; rather, individuals are encouraged to change their relationship with these experiences and act in accordance with personally meaningful values. This approach is highly relevant to sexual anxiety because many sexual difficulties are intensified when individuals attempt to suppress anxiety, avoid intimacy, monitor performance excessively, or interpret sexual thoughts and sensations as threatening. ACT-based interventions may therefore help women reduce avoidance, tolerate anxiety, communicate sexual needs more openly, and engage in intimate relationships with greater flexibility and value orientation.

Recent studies have provided growing evidence for the effectiveness of ACT in improving sexual functioning, sexual satisfaction, and intimacy across different populations. For example, ACT-based couple therapy has been reported to improve spousal understanding, approach–avoidance patterns, and sexual satisfaction among infertile couples (Ahmadi, 2025). Similarly, ACT-based interventions have shown positive effects on sexual satisfaction and couple intimacy in infertile couples, indicating that psychological flexibility may help couples cope with the emotional and relational consequences of infertility (Jan Ali Pour Chenaroudkhani, 2023). Studies comparing ACT with other therapeutic approaches have also found that ACT can improve sexual intimacy and reduce marital instability among spouses of addicted men (Mir Arab Reza et al., 2023; Mirarab Razi et al., 2023). These findings suggest that ACT may be particularly useful when sexual problems are embedded in broader relational distress, chronic stress, or emotionally demanding marital contexts.

Sexual anxiety is one of the key psychological barriers to satisfying sexual functioning. It may involve worry about performance, fear of rejection, shame, anticipatory anxiety, and avoidance of sexual interaction. In women, sexual anxiety may be associated with decreased arousal, reduced satisfaction, avoidance of intimacy, and difficulty communicating sexual preferences. ACT is theoretically suited to address sexual anxiety because it targets the struggle with internal experiences rather than their mere presence. In this regard, ACT has been found effective in improving sexual functioning and sexual self-efficacy in couples, suggesting that acceptance-based strategies may reduce the disruptive impact of anxiety and self-doubt on sexual engagement (Aghighi, 2023). In betrayed women, ACT has also been shown to improve intolerance of uncertainty, distress tolerance, and sexual function, which is important because uncertainty, emotional turmoil, and relational insecurity are often associated with sexual anxiety and avoidance (Aghili & Kashiri, 2022). Moreover, ACT-based approaches have demonstrated positive effects on sexual performance and Type D personality components among individuals with cardiovascular disease, showing that ACT can be applied even when sexual difficulties are accompanied by health-related anxiety and emotional inhibition (Amiri et al., 2023).

Sexual self-disclosure is another central variable in women's sexual health. It refers to the ability and willingness to express sexual thoughts, preferences, concerns, desires, and boundaries to one's spouse. Low sexual self-disclosure can maintain dissatisfaction because unmet needs remain hidden, misunderstandings persist, and emotional intimacy weakens. In many cultural and relational contexts, women may experience shame, fear of judgment, or internalized restrictions that limit sexual communication. ACT may increase sexual self-disclosure by helping women observe self-critical thoughts without fusion, accept

discomfort during intimate communication, clarify relational values, and engage in committed communication behaviors despite anxiety. The effectiveness of ACT on sexual self-esteem and marital commitment among couples with conflicted relationships supports the idea that acceptance-based interventions can strengthen more open and value-consistent relational behaviors (Javaheri et al., 2019). Similarly, ACT has been shown to improve sexual self-esteem, emotional skillfulness, and marital adjustment among veterans' wives, indicating that sexual and emotional self-expression may improve when participants develop greater acceptance and psychological flexibility (Pirani et al., 2019). ACT has also been reported to affect sexual performance, sexual guilt, sexual shyness, and sexual assertiveness in women with sexual disorders, directly supporting its relevance for women who struggle with sexual expression and communication (Sarabi et al., 2019).

Sexual satisfaction is a multidimensional construct shaped by sexual functioning, emotional intimacy, communication, expectations, body image, and relational meaning. It is not merely the absence of dysfunction but reflects the subjective quality of sexual experiences and the extent to which sexual relationships are perceived as fulfilling, safe, and emotionally meaningful. ACT may enhance sexual satisfaction by reducing experiential avoidance, strengthening emotional presence, and helping women act in accordance with intimate and relational values. Evidence shows that ACT is effective in improving sexual satisfaction among infertile women, suggesting that even in contexts characterized by psychological strain and reproductive concerns, acceptance-based processes can improve sexual well-being (Kouhi Kamali et al., 2020). Group therapy based on ACT has also been found effective in improving marital intimacy and sexual satisfaction in premenopausal women, demonstrating its relevance for women experiencing developmental and physiological transitions (Behbahani & Ghorbanshiroodi, 2020). In addition, ACT enriched with compassion has been shown to improve sexual satisfaction in patients with colorectal cancer after colostomy surgery, highlighting the clinical utility of acceptance, compassion, and committed action in populations facing major body-related and sexual challenges (Taheri & Jabalameli, 2021).

A major strength of ACT is its applicability across different health and psychosocial conditions that influence sexual life. Women facing infertility, chronic illness, cancer, multiple sclerosis, cardiovascular disease, menopause, or post-surgical body changes may encounter disruptions in sexual identity, body image, desire, confidence, and relational closeness. For example, ACT improved psychological well-being and sexual function among women with a history of infertility, emphasizing the role of acceptance and value-based living in restoring adaptive functioning despite reproductive stress (Hasanzadeh et al., 2019). ACT-based psychoeducation has also improved body image, quality of sexual life, and dyadic adjustment among women after breast cancer surgery, which is particularly important because body image disturbance can interfere with sexual confidence and intimacy (Tunç et al., 2023). Similarly, ACT has been compared with schema therapy in patients with multiple sclerosis and has shown effectiveness regarding emotional distress tolerance, sexual dysfunction, and psychological capital, suggesting that ACT can address both emotional and sexual consequences of chronic disease (Nazari et al., 2022). These findings collectively support ACT as a flexible intervention model for sexual health problems arising in complex psychological and medical contexts.

The menopausal period is another context in which sexual functioning, emotional regulation, sleep, and mood may interact. Studies comparing cognitive-behavioral therapy and ACT in postmenopausal women have shown that ACT can reduce mood fluctuations and improve sleep quality and sexual performance, which indicates that acceptance-based therapy may influence sexual health indirectly by improving emotional and behavioral regulation (Ebrahimi et al., 2023). Moreover, evidence from ACT interventions targeting women's sexual function through distress tolerance and rumination suggests that sexual functioning may improve when women develop greater capacity to experience distress without avoidance and reduce repetitive negative thinking patterns (Dehghani et al., 2020). These findings are especially relevant to sexual anxiety because rumination, performance monitoring, and anticipatory worry can maintain avoidance and dissatisfaction in sexual relationships.

Comparative studies also indicate that ACT performs favorably when contrasted with other psychological interventions. Research comparing ACT and rational emotive behavior therapy found that ACT was effective in reducing couple avoidance and improving marital satisfaction, communication skills, and sexual self-efficacy (Altafi et al., 2023). ACT has also been compared with cognitive-behavioral therapy in relation to marital satisfaction, with findings supporting its effectiveness as a marital intervention model (Zahedi et al., 2021).

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

Furthermore, comparisons between ACT-based couple therapy and compassion-based couple therapy have indicated beneficial effects on marital conflicts and sexual intimacy in infertile couples (Hasani & Parandin, 2022; Hosseini, 2022). These comparative findings are important because they show that ACT is not only theoretically appropriate but also empirically competitive with other established approaches for sexual and marital outcomes.

Another important conceptual issue is that women's sexual problems often involve shame, objectification, self-criticism, and reduced connection with bodily experience. ACT may help women disengage from rigid self-evaluative narratives and reconnect with valued experiences of intimacy, dignity, and relational presence. A pilot ACT intervention designed to reduce the negative effects of sexual objectification among college women supports the potential of ACT for addressing culturally and psychologically embedded sources of sexual distress (Pentzien, 2019). This is relevant because sexual anxiety and low sexual self-disclosure may be intensified when women experience themselves primarily through evaluative or objectified perspectives. By promoting mindfulness, acceptance, and values-based behavior, ACT may help women reduce fusion with negative body-related thoughts and engage in more authentic sexual communication.

Despite the increasing body of evidence supporting ACT for sexual and marital outcomes, further research remains necessary, particularly among women seeking counseling services for sexual anxiety, limited sexual self-disclosure, and reduced sexual satisfaction. Many previous studies have focused on specific populations such as infertile couples, women with chronic illness, postmenopausal women, spouses of addicted men, or women affected by medical conditions. Although these studies provide valuable evidence, women who refer to counseling centers may present with a broader range of relational, emotional, and sexual concerns that require focused investigation. Moreover, sexual anxiety, sexual self-disclosure, and sexual satisfaction are closely interconnected but are not always examined simultaneously. Studying these three variables together can provide a more integrated understanding of how ACT influences both intrapersonal sexual distress and interpersonal sexual communication.

Accordingly, the present study aimed to determine the effectiveness of Acceptance and Commitment Therapy on sexual anxiety, sexual self-disclosure, and sexual satisfaction among women referring to counseling centers in Sabzevar.

2. Methods and Materials

2.1. *Study design and Participant*

The present study employed a quasi-experimental design using a pretest–posttest format with a control group and a follow-up phase. The statistical population consisted of all women who referred to counseling centers in Sabzevar in 2022. The study sample included 45 women selected from counseling centers through convenience sampling based on the inclusion criteria. Sample size was determined using Cohen's formula, considering a statistical power of 0.80, a significance level of 0.05, and the expected effect size between the independent and dependent variables. Based on these assumptions, a minimum of 15 participants per group was required to achieve adequate statistical power. The participants were randomly assigned into two experimental groups (15 participants in each group) and one control group (15 participants). The inclusion criteria consisted of willingness to participate regularly and continuously in the sessions, having at least a middle school level of education, a minimum of one year of marital life, absence of divorce, separation, or living apart from the spouse, low scores on sexual satisfaction and sexual self-disclosure measures, and high scores on the sexual anxiety questionnaire. The exclusion criteria included unwillingness to complete the treatment process or questionnaires, withdrawal from participation during the study, and the presence of other disabling psychiatric disorders confirmed by a psychiatrist. The study was initiated after receiving approval from the university ethics committee, and all participants provided written informed consent prior to participation. Confidentiality of responses was guaranteed, all findings were reported only in statistical form, and referral to counseling services was made available when necessary to ensure participants' psychological well-being.

2.2. *Measures*

Sexual satisfaction was assessed using the Index of Sexual Satisfaction (ISS) developed by Hudson, Harrison, and Croscup in 1981. The ISS is a widely used self-report instrument designed to evaluate the degree of satisfaction and quality of sexual relationships among couples. The scale consists of multiple items rated on a Likert-type continuum, measuring dimensions such as emotional intimacy, fulfillment of sexual needs, and satisfaction with marital sexual interactions. Higher scores on the scale indicate lower levels of sexual satisfaction and greater relational

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

dissatisfaction. Previous psychometric studies have demonstrated that the instrument possesses satisfactory validity and reliability across different populations. Content validity was confirmed through expert review by specialists in psychology, counseling, and sexual therapy, while construct validity was supported through correlation analyses between subscales and related psychological constructs. Criterion validity was also established by comparing participants' scores with those obtained from similar standardized instruments. Reliability indices reported in previous studies demonstrated high internal consistency, with Cronbach's alpha coefficients reported at approximately 0.91. In the present study, additional reliability assessments were conducted using test–retest procedures and split-half reliability methods to ensure the stability and consistency of the findings.

Sexual anxiety was measured using the Sexual Anxiety Questionnaire developed by Davis (2006). This questionnaire is designed to evaluate anxiety-related cognitive, emotional, and behavioral reactions associated with sexual relationships and intimate interactions. The instrument includes items related to concerns about sexual performance, fear of negative evaluation by the partner, emotional tension during sexual activity, and avoidance behaviors associated with intimacy. Participants respond to the items using a Likert-type scale, and higher scores reflect higher levels of sexual anxiety. Previous research has demonstrated strong psychometric properties for this instrument, including acceptable content, construct, and criterion validity. In the current study, the content validity of the questionnaire was reviewed by a panel of experts in counseling and clinical psychology, and construct validity was evaluated through intercorrelations among subscales and related measures. Criterion validity was established by comparing the results with those of similar standardized questionnaires assessing anxiety and sexual functioning. Prior studies have reported Cronbach's alpha coefficients of approximately 0.93 for the questionnaire, indicating excellent internal consistency. To further assess reliability in the present study, test–retest reliability was examined over a two-week to one-month interval on 10% of the sample, in addition to split-half reliability analysis.

Sexual self-disclosure was assessed using the Sexual Self-Disclosure Scale for spouses developed by Snell, Bell, and Clark (1997). This scale evaluates the extent to which individuals openly communicate their sexual thoughts, desires, emotions, preferences, and concerns with their spouses. The instrument measures various dimensions of intimate communication, including openness in discussing sexual needs, emotional comfort during sexual conversations, and willingness to share personal sexual experiences and expectations. Participants respond to the items on a Likert-type scale, with higher scores indicating greater levels of sexual self-disclosure and interpersonal openness within the marital relationship. The scale has been widely used in marital and sexual health research and has demonstrated satisfactory psychometric characteristics in previous studies. In the current study, content validity was established through expert evaluation and revision of the items by professionals in psychology and sexual counseling. Construct validity was assessed using correlational analyses between the subscales and related measures of marital and sexual functioning, while criterion validity was supported through comparison with other established instruments. Previous studies have reported Cronbach's alpha coefficients ranging from 0.83 to 0.93 for different dimensions of the scale, indicating good to excellent reliability. In addition, test–retest and split-half reliability methods were applied in the present study to confirm the consistency and reproducibility of the obtained scores.

2.3. Intervention

The intervention program was based on Acceptance and Commitment Therapy (ACT) developed by Steven C. Hayes et al. (1999) and was implemented in eight 90-minute group sessions for the experimental groups. The first session focused on understanding the nature of sexual problems and identifying previous coping strategies used by participants to manage anxiety, while introducing the concept of ineffective control through metaphors such as the "hungry tiger." The second session addressed control as a psychological problem and explored attempts to manage internal experiences using metaphors such as the "man in the hole" and the "chocolate cake." In the third session, participants were encouraged to recognize that excessive control itself contributes to psychological distress, using metaphors such as "tug-of-war with a monster" and the "lie detector," alongside mindfulness enhancement exercises. The fourth session emphasized the development of mindfulness skills as an alternative to worry and experiential avoidance, incorporating breathing exercises and experiential metaphors. The fifth session introduced the concept of personal values and distinguished values from goals, helping participants identify value-based behaviors and meaningful relational actions. The sixth session continued mindfulness

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

training and cognitive defusion practices while encouraging participants to identify behaviors aligned with their personal values. The seventh session focused on emotional functioning, emotional avoidance, and distinguishing between clear and ambiguous emotions through experiential discussions and metaphors such as the “hot stove.” The final session emphasized commitment to valued actions, goal-directed behavior, and psychological flexibility using metaphors including “gardening,” “passengers on the bus,” and “climbing the mountain.” Homework assignments were provided throughout the intervention to reinforce mindfulness practice, value clarification, and engagement in value-based actions within participants’ marital and sexual relationships.

2.4. Data Analysis

The collected data were analyzed using IBM SPSS Statistics software. Descriptive statistics, including means and standard deviations, were calculated to summarize the demographic characteristics and study variables. To test the research hypotheses, multivariate analysis of covariance (MANCOVA) and repeated-measures analysis of variance were employed to examine differences between the experimental and control groups across the pretest, posttest, and follow-up stages. Bonferroni post hoc tests were also conducted to identify pairwise differences between measurement phases. Prior to inferential analyses, assumptions of normality, homogeneity of variances, and sphericity were examined to ensure the appropriateness of the statistical procedures. The significance level for all statistical analyses was set at $p < .05$.

3. Findings and Results

Descriptive statistics for sexual anxiety, sexual self-disclosure, and sexual satisfaction across the experimental and control groups during the pretest, posttest, and follow-up stages are presented in Table 1.

Table 1

Descriptive Statistics of Sexual Anxiety, Sexual Self-Disclosure, and Sexual Satisfaction Across Study Groups

Variable	Group	Pretest Mean	SD	Posttest Mean	SD	Follow-up Mean	SD
Sexual Anxiety	ACT Group	35.47	3.60	26.93	4.38	27.07	4.42
	Control Group	33.87	3.72	34.20	3.21	34.24	2.83
Sexual Self-Disclosure	ACT Group	62.60	11.73	81.40	11.65	76.33	11.67
	Control Group	61.93	11.14	61.60	11.58	60.20	11.52
Sexual Satisfaction	ACT Group	62.67	9.77	81.00	10.74	73.47	12.41
	Control Group	60.93	8.65	59.27	9.39	59.67	11.00

The results presented in Table 1 indicated that the mean score of sexual anxiety in the Acceptance and Commitment Therapy (ACT) group decreased from 35.47 in the pretest stage to 26.93 in the posttest stage and remained relatively stable at 27.07 during follow-up. In contrast, the control group showed no substantial change, with scores increasing slightly from 33.87 at pretest to 34.20 at posttest and 34.24 at follow-up. Regarding sexual self-disclosure, the ACT group demonstrated a considerable increase from 62.60 at pretest to 81.40 at posttest, with the effect largely maintained at follow-up (76.33), whereas the control group remained relatively unchanged across the three stages. Similarly, sexual satisfaction in the ACT group improved markedly from 62.67 at pretest to 81.00 at posttest and remained higher than baseline at follow-up (73.47). However, the control group displayed minimal fluctuations over time. Overall, the descriptive findings suggested that Acceptance and Commitment Therapy contributed to reduced sexual anxiety and enhanced sexual self-disclosure and sexual satisfaction among women in the experimental group.

Prior to conducting the inferential analyses, the assumptions of repeated-measures mixed analysis of variance were examined. The dependent variables were measured on continuous scales, and all participants were assessed at three different time points, including pretest, posttest, and follow-up. Independence of observations was ensured because participants in the experimental and control groups were independent from one another. Examination of outliers through SPSS analysis demonstrated that all scores fell within an acceptable range of three standard deviations from the mean. The Shapiro–Wilk test indicated that the distribution of sexual anxiety, sexual self-disclosure, and sexual satisfaction scores did not significantly deviate from normality across all stages of measurement ($p > .05$). Mauchly’s test of sphericity confirmed that the assumption of sphericity was met for sexual anxiety and sexual self-

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

disclosure, while the Huynh–Feldt correction was applied for sexual satisfaction due to slight deviation from sphericity. Box's M test results demonstrated homogeneity of covariance matrices across groups, and Levene's test confirmed equality of error variances for all variables across the pretest, posttest, and follow-up stages ($p > .05$). Therefore, all assumptions required for repeated-measures mixed ANOVA were satisfied.

Table 2

Results of Repeated-Measures Analysis of Variance for Sexual Anxiety, Sexual Self-Disclosure, and Sexual Satisfaction

Variable	Source	SS	df	MS	F	p	Effect Size	Power
Sexual Anxiety	Group	409.60	1	409.60	11.69	< .001	0.29	0.91
	Time	330.82	2	165.41	47.93	< .001	0.63	1.00
	Group × Time	387.27	2	193.63	56.11	< .001	0.67	1.00
Sexual Self-Disclosure	Group	3348.90	1	3348.90	8.46	< .001	0.23	0.80
	Time	1317.09	2	658.54	289.52	< .001	0.91	1.00
	Group × Time	1546.87	2	773.43	340.03	< .001	0.92	1.00
Sexual Satisfaction	Group	3472.01	1	3472.01	20.21	< .001	0.42	0.99
	Time	1048.87	2	524.43	6.87	< .001	0.20	0.91
	Group × Time	1521.36	2	760.68	9.97	< .001	0.26	0.98

The repeated-measures ANOVA results demonstrated significant group effects for sexual anxiety ($F = 11.69$, $p < .001$), sexual self-disclosure ($F = 8.46$, $p < .001$), and sexual satisfaction ($F = 20.21$, $p < .001$), indicating that participants in the ACT group significantly differed from the control group on all study variables. Significant time effects were also observed for sexual anxiety ($F = 47.93$, $p < .001$), sexual self-disclosure ($F = 289.52$, $p < .001$), and sexual satisfaction ($F = 6.87$, $p < .001$), suggesting meaningful changes across the pretest, posttest, and follow-up stages. Furthermore, the interaction effects between group and time were statistically significant for sexual anxiety ($F = 56.11$, $p < .001$), sexual self-disclosure ($F = 340.03$, $p < .001$), and sexual satisfaction ($F = 9.97$, $p < .001$), indicating that the changes over time differed significantly between the experimental and control groups. The effect size indices revealed moderate to large intervention effects, particularly for sexual self-disclosure and sexual anxiety.

Table 3

Bonferroni Post Hoc Comparisons for the ACT Group Across Measurement Stages

Variable	Comparison	Mean Difference	Standard Error	p
Sexual Anxiety	Pretest vs. Posttest	8.53	1.52	< .001
	Pretest vs. Follow-up	8.40	1.52	< .001
	Posttest vs. Follow-up	-0.13	1.52	1.00
Sexual Self-Disclosure	Pretest vs. Posttest	-18.80	4.27	< .001
	Pretest vs. Follow-up	-13.73	4.27	.001
	Posttest vs. Follow-up	5.07	4.27	.72
Sexual Satisfaction	Pretest vs. Posttest	-18.33	4.03	< .001
	Pretest vs. Follow-up	-10.80	4.03	.03
	Posttest vs. Follow-up	7.53	4.03	.20

The Bonferroni post hoc comparisons indicated that sexual anxiety significantly decreased in the ACT group from pretest to posttest ($p < .001$) and from pretest to follow-up ($p < .001$), while the difference between posttest and follow-up was not statistically significant, indicating maintenance of treatment effects over time. Similarly, sexual self-disclosure significantly increased from pretest to posttest ($p < .001$) and from pretest to follow-up ($p = .001$), whereas no significant difference was observed between posttest and follow-up stages, suggesting the persistence of intervention gains. Sexual satisfaction also showed significant improvement from pretest to posttest ($p < .001$) and from pretest to follow-up ($p = .03$), while the posttest–follow-up difference was not significant. Overall, the findings demonstrated that Acceptance and Commitment Therapy produced stable and enduring improvements in women's sexual functioning and psychological well-being up to two months after the intervention.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

4. Discussion

The present study aimed to investigate the effectiveness of Acceptance and Commitment Therapy (ACT) on sexual anxiety, sexual self-disclosure, and sexual satisfaction among women referring to counseling centers. The findings demonstrated that ACT significantly reduced sexual anxiety while simultaneously improving sexual self-disclosure and sexual satisfaction in the experimental group compared with the control group. Furthermore, the intervention effects remained stable during the follow-up period, indicating that the therapeutic outcomes were relatively durable over time. These findings support the growing body of evidence suggesting that ACT is an effective intervention for addressing psychological, emotional, and relational dimensions of women's sexual functioning.

One of the major findings of the present study was the significant reduction in sexual anxiety among women who received ACT. This finding is consistent with previous studies showing that ACT improves sexual functioning by reducing experiential avoidance, emotional distress, and maladaptive cognitive processes associated with sexual interactions (Aghili & Kashiri, 2022; Amiri et al., 2023; Nazari et al., 2022). Sexual anxiety is often maintained by fear of judgment, catastrophic thinking, hypervigilance toward bodily reactions, and excessive attempts to control emotional responses during intimacy. From the ACT perspective, these control-based strategies paradoxically intensify distress because individuals become cognitively fused with anxious thoughts and avoid meaningful emotional and relational experiences. ACT helps participants observe distressing cognitions without overidentifying with them and encourages willingness to experience anxiety while still engaging in value-consistent behavior. As a result, women gradually become less avoidant, less self-critical, and more psychologically flexible in intimate situations.

The reduction in sexual anxiety observed in this study can also be explained through the mindfulness and acceptance components of ACT. Mindfulness exercises help participants redirect attention from evaluative self-monitoring toward present-moment awareness, reducing performance anxiety and anticipatory worry. Women who experience sexual anxiety often become trapped in cycles of rumination and emotional suppression, both of which interfere with sexual responsiveness and intimacy. Previous evidence has indicated that ACT interventions targeting distress tolerance and rumination improve women's sexual functioning by increasing emotional acceptance and reducing maladaptive repetitive thinking (Dehghani et al., 2020). Similarly, ACT has been shown to improve psychological flexibility among women experiencing chronic relational or medical stressors, suggesting that reduced experiential avoidance may directly contribute to lower sexual distress (Hasanzadeh et al., 2019; Tunç et al., 2023). Therefore, the present findings may reflect the capacity of ACT to weaken the relationship between anxious internal experiences and avoidance-based behavioral patterns.

Another important finding of the study was the significant improvement in sexual self-disclosure among women receiving ACT. Sexual self-disclosure is a critical component of healthy intimate relationships because it facilitates emotional closeness, mutual understanding, and the expression of sexual needs and preferences. Women with low sexual self-disclosure frequently experience fear of rejection, shame, embarrassment, or self-judgment when discussing intimate concerns. ACT appears to address these barriers by helping individuals disengage from rigid cognitive evaluations and communicate in accordance with personally meaningful relational values. The findings of the present study are aligned with previous research demonstrating that ACT improves sexual self-esteem, emotional skillfulness, sexual assertiveness, and interpersonal adjustment (Javaheri et al., 2019; Pirani et al., 2019; Sarabi et al., 2019). These studies collectively suggest that acceptance-based interventions facilitate more open and adaptive communication patterns within intimate relationships.

The improvement in sexual self-disclosure may also be interpreted in light of ACT's emphasis on values clarification and committed action. During the intervention sessions, participants were encouraged to identify personal values related to intimacy, emotional honesty, marital closeness, and mutual understanding. When women become more connected to these values, they may become more willing to tolerate discomfort associated with discussing sexual issues. Instead of avoiding vulnerable conversations, participants learn to engage in emotionally meaningful interactions despite anxiety or fear of negative evaluation. Previous studies comparing ACT with other therapeutic models have similarly reported improvements in communication skills, marital adjustment, and sexual intimacy among couples receiving ACT-based interventions (Altafi et al., 2023; Hasani & Parandin, 2022; Hosseini, 2022). Therefore, the current findings further support the

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

notion that psychological flexibility contributes not only to intrapersonal emotional regulation but also to healthier interpersonal communication in intimate relationships.

The findings also demonstrated that ACT significantly improved women's sexual satisfaction. Sexual satisfaction is influenced by emotional intimacy, communication quality, body image, relational security, and the subjective meaning attached to sexual experiences. Women who experience high sexual anxiety or low sexual self-disclosure often report dissatisfaction because intimacy becomes associated with fear, shame, emotional distance, or unmet relational needs. ACT may improve sexual satisfaction by reducing psychological barriers that interfere with emotional and sexual engagement. The current findings are consistent with earlier studies reporting positive effects of ACT on sexual satisfaction among infertile women, premenopausal women, couples experiencing relational conflict, and women coping with medical or reproductive challenges (Ahmadi, 2025; Behbahani & Ghorbanshiroodi, 2020; Kouhi Kamali et al., 2020; Taheri & Jabalameli, 2021).

One explanation for the improvement in sexual satisfaction is that ACT promotes emotional presence and decreases cognitive fusion during intimate experiences. Many women with sexual dissatisfaction become preoccupied with concerns regarding performance, physical appearance, perceived inadequacy, or anticipated failure, which reduces their ability to experience intimacy naturally and meaningfully. ACT interventions teach participants to experience thoughts and emotions without allowing them to dominate behavior. As cognitive fusion decreases, emotional closeness and sexual responsiveness may increase. This interpretation is supported by findings indicating that ACT improves body image, dyadic adjustment, and quality of sexual life among women following breast cancer surgery (Tunç et al., 2023). Likewise, studies on women affected by infertility have demonstrated that ACT enhances couple intimacy and relational satisfaction by encouraging acceptance, emotional openness, and value-oriented living despite ongoing stressors (Hasanzadeh et al., 2019; Jan Ali Pour Chenaroudkhani, 2023).

The persistence of treatment effects during the follow-up stage is another notable finding of the present study. The absence of significant differences between posttest and follow-up scores suggests that the benefits of ACT were maintained over time. This stability may reflect the fact that ACT is not solely symptom-focused but instead teaches enduring psychological skills such as mindfulness, cognitive defusion, acceptance, and values-based action. Participants are therefore equipped with practical strategies that can continue to influence their emotional and relational functioning after the intervention has ended. Similar maintenance effects have been observed in previous ACT studies focusing on marital satisfaction, sexual functioning, and emotional adjustment (Mir Arab Reza et al., 2023; Mirarab Razi et al., 2023; Zahedi et al., 2021). The durability of treatment outcomes is clinically important because sexual and relational difficulties are often chronic and recurrent in nature.

The current findings may also be interpreted within broader theoretical models of sexual functioning and emotional regulation. Sexual anxiety, avoidance of intimacy, and reduced communication frequently emerge when individuals attempt to suppress internal experiences or avoid vulnerability. ACT challenges this pattern by teaching that distressing emotions and thoughts are natural aspects of human experience and do not necessarily require elimination before meaningful intimacy can occur. Through repeated experiential exercises, metaphors, mindfulness practices, and behavioral commitments, participants gradually develop greater tolerance for emotional discomfort and become more willing to engage authentically in intimate relationships. This mechanism is particularly relevant for women whose sexual difficulties are associated with shame, objectification, relational insecurity, or perfectionistic self-monitoring. Research examining ACT-based interventions for sexual objectification and self-evaluative processes among women supports this interpretation (Pentzien, 2019).

The present study also contributes to the literature by simultaneously examining sexual anxiety, sexual self-disclosure, and sexual satisfaction within a unified intervention framework. Although previous studies have investigated ACT in relation to individual aspects of sexual functioning, fewer studies have addressed the interaction between emotional distress, interpersonal communication, and sexual satisfaction concurrently. The findings suggest that these variables may be interconnected through broader processes of psychological flexibility and experiential acceptance. Reduced anxiety may facilitate more open communication, and improved communication may subsequently enhance sexual satisfaction and relational intimacy. Thus, ACT may operate through multiple reinforcing pathways that collectively improve women's sexual well-being.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

5. Conclusion

Overall, the findings of the present study indicate that Acceptance and Commitment Therapy is an effective intervention for reducing sexual anxiety and improving sexual self-disclosure and sexual satisfaction among women. The results support the theoretical assumptions of ACT regarding the importance of acceptance, mindfulness, cognitive defusion, and values-based behavior in emotional and relational functioning. Given the central role of sexual well-being in marital adjustment and psychological health, ACT may provide a clinically useful and empirically supported framework for addressing sexual difficulties among women in counseling and mental health settings.

6. Limitations and Suggestions

One limitation of the present study was the relatively small sample size and the restriction of participants to women referring to counseling centers in a single city, which may limit the generalizability of the findings to broader populations. In addition, reliance on self-report questionnaires may have increased the possibility of response bias, particularly given the sensitive nature of sexual topics. The cultural context surrounding sexual communication may also have influenced participants' willingness to disclose personal experiences fully. Another limitation was the relatively short follow-up period, which restricted evaluation of the long-term durability of treatment effects over extended periods.

Future research is recommended to examine the effectiveness of Acceptance and Commitment Therapy in more diverse populations, including men, couples, and individuals from different cultural and socioeconomic backgrounds. Researchers may also investigate the comparative effectiveness of ACT with other third-wave therapies and integrative couple-based interventions. Longitudinal studies with extended follow-up periods are needed to determine the long-term stability of treatment outcomes. Furthermore, future studies could explore mediating variables such as psychological flexibility, emotional regulation, body image, attachment style, and communication patterns to better understand the mechanisms underlying changes in sexual functioning and satisfaction.

The findings of the present study suggest that Acceptance and Commitment Therapy may be effectively integrated into counseling programs, marital therapy settings, sexual health clinics, and women's mental health services. Training counselors and therapists in ACT-based approaches may improve the quality of interventions targeting sexual anxiety, communication difficulties, and dissatisfaction in intimate relationships. Psychoeducational workshops based on mindfulness, acceptance, and value-oriented communication may also help couples strengthen emotional intimacy and relational resilience. Additionally, mental health practitioners may use ACT techniques to reduce shame, experiential avoidance, and emotional suppression among women experiencing sexual and relational distress.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

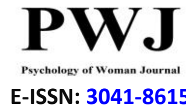
Ethical Considerations

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

References

Aghighi, N. (2023). The effectiveness of Acceptance and Commitment-based therapy on improving sexual functioning and increasing sexual self-efficacy in couples. https://www.transoscience.ir/article_232113_9010eb15ef70dec38b910409c0653994.pdf

Aghili, M., & Kashiri, S. (2022). The effectiveness of acceptance and commitment therapy on intolerance of uncertainty,



E-ISSN: 3041-8615

tolerance of turmoil and sexual function in betrayed women. *Journal of Neuroscience Shafai Khatam*, *10*(3), 57-67. https://doi.org/10.52547/shefa.10.3.57

Ahmadi, Z. (2025). The effectiveness of Acceptance and Commitment-based couple therapy on the spouse's understanding, approach-avoidance, and sexual satisfaction in infertile couples. *Emotional and Behavioral Disorders*, *2*(2), 19-34. https://ebd.shirazu.ac.ir/article_8227.html?lang=en

Altafi, R., Vaziri, S., & Sabet, M. (2023). Comparing Acceptance and Commitment Therapy and Rational Emotional BehaviorTherapy Effectiveness on Couples' Avoidance, Marital Satisfaction, Communication Skills, and Sexual Self-Efficacy. *Clinical Psychology and Personality*, *20*(2), 61-75. https://cpap.shahed.ac.ir/article_3936_en.html?lang=en

Amiri, M., Khosh-Akhlagh, H., Sajadian, P.-S., & Rezaei-Jamalui, H. (2023). Comparison of the effectiveness of Acceptance and Commitment Therapy (ACT) and Transdiagnostic Therapy on sexual performance and Type D personality components in individuals with cardiovascular disease. *Knowledge and Research in Psychology*, *93*, 154-174. https://journals.iau.ir/article_704950.html

Behbahani, M., & Ghorbanshiroodi, S. (2020). The effectiveness of group therapy based on acceptance and commitment on marital intimacy and sexual satisfaction in premenopausal women referred. *Quarterly of Applied psychology*, *14*(3), 369-389. https://apsy.sbu.ac.ir/article_100752.html?lang=en

Dehghani, A., Dashtestan Nejad, A., Botshekan, Z., & Akhavan, S. (2020). The impact of acceptance-commitment and rumination on women's sexual function through distress tolerance. *Journal of the School of Public Health and Institute of Public Health Research*, *18*(1), 61-72. https://sjsph.tums.ac.ir/browse.php?a_id=5862&sid=1&slc_lang=en

Ebrahimi, F., Barghi irani, Z., & Ali Akbari, M. (2023). Comparison of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy in Reducing Mood Swings, Sleep Quality and Sexual Performance in Postmenopausal Women. *Health Psychology*, *11*(44), 73-88. https://doi.org/10.30473/hpj.2023.59513.5289

Hasani, E., & Parandin, S. (2022). Comparing the effectiveness of Acceptance and Commitment-based couple therapy and compassion-based couple therapy on marital conflicts and sexual intimacy in infertile couples in Kermanshah. *Health Psychology and Social Behavior*, *7*(2), 19-31. https://ajnpp.umsha.ac.ir/article-1-325-en.pdf

Hasanzadeh, M., Akbari, B., & Abolqasemian, A. (2019). The Effectiveness of Acceptance and Commitment Therapy on Psychological Well-Being and Sexual Function of Women with Infertility History. *Ibn Sina Nursing and Midwifery Care Journal*, *27*(4), 250-259. https://doi.org/10.30699/ajnmc.27.4.250

Hosseini, P. (2022). Comparison of the effectiveness of acceptance and commitment-based couples therapy and compassion-based couples therapy on marital conflicts and sexual intimacy in infertile couples in Kermanshah. *Quarterly Journal of Health Psychology and Social Behavior*, *2*(3). https://journals.iau.ir/article_695505.html

Jan Ali Pour Chenaroudkhani, M. (2023). The effectiveness of Acceptance and Commitment-based couple therapy (ACT) on sexual satisfaction and couple intimacy in infertile couples. https://civilica.com/doc/1998587/

Javaheri, M. H., Shoghi, B., & Babakhanlou, A. (2019). The effectiveness of acceptance and commitment therapy on sexual self-esteem and marital commitment in couples with conflicted relationships. *Quarterly of Modern Psychology*, *2*(6), 1-10. https://jnip.ir/article-1-156-fa.html

Kouhi Kamali, S., Soudagar, S., Poursharifi, H., & Ashayeri, H. (2020). The effectiveness of acceptance and commitment therapy on sexual satisfaction in infertile women. *Preventive Medicine Journal*, *7*(4), 56–67. https://doi.org/10.29252/jpm.7.4.67

Mir Arab Reza, M. R., Shariat Nia, K., & Hoseiniyayi, A. (2023). Comparing the Effectiveness of Short-Term Solution-Focused Therapy and Acceptance and Commitment Therapy on Sexual Intimacy and Marital Instability in the Wives of Addicted Men. *Psychological Science Journal*, *130*(22), 2081-2098. https://psychologicalscience.ir/article-1-2039-fa.html

Mirarab Razi, M. R., Shariati Nia, K., & Hosseiniya, A. (2023). A comparison of the effectiveness of brief solution-focused therapy and acceptance and commitment therapy on sexual intimacy and marital instability among the spouses of addicted men. *Journal of Psychological Sciences*, *130*(22), 2081-2098. http://psychologicalscience.ir/browse.php?a_id=2039&slc_lang=fa&sid=1&printcase=1&hbnr=1&hmb=1

Nazari, A., Saedi, S., & Abdi, M. (2022). Comparing the effectiveness of schema therapy and acceptance and commitment therapy on the tolerance of emotional distress, sexual dysfunction and psychological capital of patients with multiple sclerosis. *Journal of Applied Family Therapy*, *3*(1), 461-485. https://doi.org/10.22034/aftj.2022.313070.1240

Pentzien, C. (2019). *A Pilot Acceptance and Commitment Therapy Intervention to Reduce the Negative Effects of Sexual Objectification among College Women* Bowling Green State University]. http://rave.ohiolink.edu/etdc/view?acc_num=bgsu1560020773927712

Pirani, Z., Abbasi, M., Kalvani, M., & Nourbakhash, P. (2019). Effectiveness of Acceptance and Commitment Therapy on Sexual Self-Esteem, Emotional Skillfulness and Marital Adjustment in Veterans' Wives. *Quarterly of Iranian Journal of War and Public Health*, *9*(1), 25-31. https://doi.org/10.18869/acadpub.ijwph.9.1.25

Sarabi, P., Parvizi, F., & Kakabraee, K. (2019). The effectiveness of acceptance and commitment therapy on sexual performance, sexual guilt, sexual shyness, and sexual assertiveness in women with sexual disorders. *Women and Culture Scientific Journal*, *10*(39), 87–105. https://journals.iau.ir/article_665593.html

Taheri, M., & Jabalameli, S. (2021). Effectiveness of Acceptance and Commitment Therapy Enriched with Compassion on Sexual Satisfaction of Patients with Colorectal Cancer after Colostomy Surgery. *arumshcj*, *23*(1), 66-77. https://doi.org/10.52547/jhc.23.1.66

Tunç, E., Orak, O., & Iseri, O. (2023). The Effect of Acceptance and Commitment Therapy-Based Psychoeducation on Body Image, Quality of Sexual Life, and Dyadic Adjustment of Women After Breast Cancer Surgery. *Oncology Nursing Forum*, *50*, 599–609. https://doi.org/10.1188/23.ONF.599-609

Zahedi, Z., Azizi, A., Rahmani, S., Zarein, F., & Ranjbar, M. (2021). Compare the Effectiveness of Acceptance and Commitment Therapy and Cognitive-Behavioral Therapy on Marital Satisfaction. *Family Counseling and Psychotherapy*, *10*(2), 75-100. https://doi.org/10.22034/fcp.2021.61928

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615