

*Original Article*

## The Effectiveness of Dialectical Temperament-Based Therapy on Marital Satisfaction, Intimacy, Commitment, and Reduction of Sexual Dysfunctions among Couples in District 12 of Tehran

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### Abstract

**Background and Aim:** Recognizing the pivotal role of marital relationship quality in overall family health, this study aimed to assess the effectiveness of dialectical temperament-based therapy on marital satisfaction, intimacy, commitment, and reduction of sexual dysfunction among couples residing in District 12 of Tehran.

**Materials and Methods:** A quasi-experimental design was employed, consisting of pretest, posttest, and longitudinal follow-up stages. The sample consisted of ten couples who were selected through convenience sampling from Valiasr Health Center during the 2024–2025 period. Standardized questionnaires were administered at various stages to comprehensively evaluate the outcomes, including the ENRICH Marital Satisfaction Questionnaire, the Walker and Thompson Intimacy Scale, the Adams and Jones Commitment Scale, the Sexual Dysfunction Questionnaire, and the Mojahedi Temperament Questionnaire. The therapeutic intervention consisted of six structured sessions, combining elements of dialectical behavior therapy with traditional temperament theory, with content tailored to the unique temperament profiles of each couple.

**Results:** Following the intervention, marital satisfaction increased by 19.5%, intimacy by 23%, and commitment by 19%. In addition, a 22.9% decrease in sexual dysfunction was observed. These improvements remained stable across 3-, 6-, and 12-month follow-up assessments, evidencing the durability of therapeutic effects.

**Conclusion:** The findings deliver empirical support for the effectiveness of dialectical temperament-based therapy as an innovative, culturally attuned method for enhancing marital quality and addressing sexual health issues. The results highlight the importance of integrated, locally adapted psychological interventions in promoting family well-being.

**Keywords:** Dialectical therapy; Temperament-based therapy; Marital satisfaction; Intimacy; Commitment; Sexual dysfunctions

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## Introduction

Throughout history, the family has consistently been recognized as the primary social unit, exerting a profound influence on the development of individual personality, core values, and identity. Research consistently highlights the pivotal role of the family in promoting mental well-being, social cohesion, and economic progress (1). Beyond meeting fundamental emotional and physiological needs, the family operates as the main environment for socialization and the intergenerational transmission of beliefs and norms. Within this framework, the relational quality between spouses is crucial, forming the very foundation upon which family functioning and longevity depend (2). Marital satisfaction stands out as a central marker of relational health, measuring the level of happiness and fulfillment each spouse experiences within their partnership. Extensive studies reveal that couples enjoying greater satisfaction not only benefit from superior psychological and physical health but also raise children who are emotionally resilient and academically successful (3). In contrast, low marital satisfaction is frequently associated with negative mental health outcomes, physical ailments, intimate partner violence, and a heightened risk of divorce. A key component of marital relationships is intimacy, which extends far beyond surface-level emotional closeness. Marital intimacy encompasses diverse domains—psychological, sexual, physical, and even spiritual interactions—all of which build deeper trust, security, and mutual understanding (1). More intimate couples display enhanced conflict resolution abilities and greater resilience to stress. In contrast, diminished intimacy often leads to emotional detachment, loneliness, and an increased likelihood of separation. Equally critical is the dimension of commitment, underpinning the stability and ongoing nature of marital bonds. Commitment involves upholding marital ideals, accepting associated responsibilities, and demonstrating a willingness to persevere through adversity (4). A more substantial commitment is correlated with greater investment in relationship maintenance, more effective conflict management, and a higher tendency to forgive. As such, commitment serves as a protective mechanism against

marital dissolution.

Sexual health, too, forms a pivotal aspect of marital life. Sexual dysfunction—ranging from decreased desire or arousal issues to orgasmic disorders—has the potential to disrupt psychological well-being and interpersonal dynamics substantially. Empirical evidence suggests that sexual dysfunction in even one partner can significantly erode relationship quality, spark conflict, and increase the likelihood of aggression and divorce (4). In the Iranian context, data indicate a substantial proportion of divorce cases linked to sexual issues (5,6), strengthening the argument for prioritizing sexual health in therapy and counseling. In recent decades, the escalation of divorce rates in Iran has intensified concern over the familial, psychological, and social ramifications. Reports from the Civil Registration Organization (7) document divorce-to-marriage ratios surpassing 30% in some locales. Such patterns introduce widespread psychological and socioeconomic burdens, reinforcing the urgency of identifying factors that promote marital stability and delivering effective preventive interventions (8).

Despite the implementation of various marital therapy models in past years, scientific evidence continues to highlight significant shortcomings in most of these approaches for effectively fostering the four core dimensions of marital life—namely satisfaction, intimacy, commitment, and sexual well-being (9). These limitations have prompted a dynamic search for novel and integrative methods in addressing couples' issues: approaches that can simultaneously meet the complex psychological, emotional, and physical needs of individuals (10). One such intriguing approach, rooted in Iran's rich cultural and medical traditions, is Dialectical Temperament-Based Therapy. This method, drawing on the principles of Iranian traditional medicine, posits that both physical and psychological characteristics are shaped by distinctive temperaments (11). The balance (or imbalance) of these temperaments is believed to influence behaviors, emotions, social relationships, and sexual health. Thus, regulating these temperaments is considered not only a tool for personal development but also a foundation for harmony and health within married life (12-16).

Recent studies have confirmed the efficacy of this temperament-based model in areas such as reducing occupational procrastination and improving women's

sexual health, paving the way for its application in enhancing marital relationships as well. The primary strength of Iranian traditional medicine lies in its holistic and non-reductionist perspective on the individual; it rejects rigid boundaries between the physical and the psychological, viewing the human as a dynamic and interconnected whole (16). As a result, Dialectical Temperament-Based Therapy provides a theoretical framework for integrative interventions that can positively influence the biological, psychological, emotional, and even spiritual and ethical dimensions of couples' lives. This comprehensive outlook distinguishes the temperament-based approach from other marital therapies and positions it as a key tool for improving couples' psychological and sexual health in the future (17-19).

Despite promising developments, comprehensive reviews indicate a lack of direct examinations into how dialectical temperament-based treatment impacts key marital dimensions: satisfaction, intimacy, commitment, and sexual function. This gap highlights the pressing need for research tailored to local culture and context, providing innovative and culturally situated avenues for enhancing marital quality. In response, this study aims to systematically evaluate the effects of dialectical temperament-based therapy on four critical outcomes among married couples.

## Methods

This study employed a single-case quasi-experimental design, specifically an AB (baseline-intervention) framework, also known as a time-series control study. Such designs are frequently employed in clinical research to assess the impact of therapeutic interventions, relying on repeated direct observation across defined phases. The single-case model ( $N = 1$ ) allowed for initial baseline evaluation of dependent variables—including marital satisfaction, intimacy, commitment, and sexual dysfunction—followed by multiple assessment points during and after the intervention. Importantly, participants serve as their own controls, which enhances experimental control, ensures continuous monitoring, and facilitates the use of baseline measures for a more nuanced interpretation of change (3).

The study was conducted with couples who attended the Traditional Medicine Health Center in District 12 of Tehran, selected through purposive sampling based on strict eligibility criteria. The inclusion criteria required couples to be married, aged 25–45, with at least a high school diploma, a minimum of one year of marriage, reported relational difficulties, no prior psychotherapy or medication for the target issues, absence of severe psychiatric pathology, and the capacity for consistent participation. Exclusion criteria encompassed severe psychiatric disorders, substance or alcohol dependency within the previous six months, engagement in other therapeutic processes during the study, excessive absences, or voluntary withdrawal.

During the baseline phase, all dependent variables were measured across three sessions using standardized instruments: ENRICH for marital satisfaction and sexual function, the Walker and Thompson Marital Intimacy Questionnaire, and the Adams and Jones Marital Commitment Scale.

The average of these scores established each couple's baseline. In the intervention phase, participants' temperaments were assessed using the Mojahedi Temperament Questionnaire to identify and address imbalances (Su' Mizaj) through six structured sessions of dialectical temperament-based therapy. These sessions were designed to provide education on temperament, teach emotion regulation, encourage lifestyle modification, improve marital interaction and intimacy, and apply pharmacotherapy in cases of clinical necessity. Prior to every session, the same questionnaires were re-administered to gauge changes and progress (17).

### ENRICH Marital Satisfaction Questionnaire

The ENRICH Marital Satisfaction Questionnaire, developed by Olson and colleagues, is a validated psychometric instrument widely used in clinical and research contexts to evaluate marital satisfaction. The brief 48-item version encompasses 10 dimensions, including marital satisfaction, communication, conflict resolution, financial management, leisure activities, religious orientation, childrearing, relationships with relatives and friends, and sexual relationships. Items are rated on a five-point Likert scale, and total scores range from 47 to 235.

Interpretation is standardized, with higher scores reflecting stronger relationship satisfaction. Negatively

phrased items require reverse scoring (18). The Persian version demonstrates robust reliability, with reported Cronbach's alpha values ranging from 0.85 to 0.93 (19).

### Marital Intimacy Scale (WIS)

The Walker and Thompson Marital Intimacy Scale (WIS) is a 17-item measure designed to assess the emotional, cognitive, and behavioral dimensions of marital intimacy. Each item uses a five-point Likert scale, yielding total scores ranging from 17 to 85. Higher scores represent greater levels of perceived intimacy. The scale is commonly applied in both couple counseling and research, serving as a sensitive pre- and post-intervention measure (20). The Persian adaptation has a strong reliability profile, with a Cronbach's alpha of 0.87 (21).

### Marital Commitment Questionnaire

Developed by Adams and Jones, the Marital Commitment Questionnaire comprises 44 items that capture three core domains: personal, moral, and structural commitment. All items use a five-point Likert format; negative items are reverse-scored. Subscale and total scores provide discrete indices of commitment strength. The instrument has been validated through factor analysis and expert review, and demonstrates high reliability (total scale Cronbach's alpha  $\approx$  0.90) (22). The Persian version, validated in Iran, reports a Cronbach's alpha of 0.84 (23) (Table 1).

### Follow-up Phase

In this study, the sustainability and persistence of treatment effects were evaluated at three, six, and twelve months following the completion of the intervention. Data collection was conducted using standardized electronic questionnaires distributed to the participants, who were instructed to complete the forms within 24 hours.

**Table 1.** Content of Intervention Sessions

Session	Content
1	Introduction to temperament, identification of types of temperament and imbalance
2	The impact of temperament on marital life and understanding the spouse's temperament
3	Determination of participants' temperament and imbalance; emotion regulation and mood adjustment in marital relationships
4	Treatment of imbalance and lifestyle modification (six essential principles)
5	Effective interaction based on temperament, conflict management, and enhancing intimacy and commitment
6	Pharmacotherapy (if necessary), review, and development of an action plan for the future

### Data Analysis

Data analysis was performed utilizing both visual (graphical) inspection and single-case statistical indices, to ensure rigorous evaluation of intervention outcomes. The primary statistical indices applied included:

- Reliable Change Index (RCI)
- Clinical significance and percentage improvement
- Cohen's d effect size

### Calculation of Reliable Change Index (RCI)

To determine reliable change, the following formula was

$$RCI = \frac{perX - postX}{diffs}$$

where a value  $\geq 1.96$  indicates statistical significance. Clinical significance was assessed using the percentage improvement:

$$\%Improvement = 100 \times \frac{(posttest - pretest\ Score)}{pretest\ Score}$$

An intervention was considered clinically significant when posttest scores fell below the clinical cutoff.

Cohen's d effect size was calculated as:

$$d = \frac{M1 - M2}{SD_{pooled}}$$

where

$$SD_{pooled} = \sqrt{\frac{SD1^2 + SD2^2}{2}}$$

Interpretation of Cohen's d:

- 0.2 = small effect
- 0.5 = medium effect
- 0.8 = large effect (20)

Participants' progress was further monitored across follow-up sessions carried out at three, six, and twelve months post-intervention, with data collection conducted electronically to ensure timely responses.

Analytical strategies incorporated both visual and statistical analyses, utilizing the Reliable Change Index (RCI), assessment of clinical significance by percentage improvement, and Cohen's *d* effect size to capture the magnitude and meaningfulness of observed changes. The RCI formula ( $RCI = (\text{preX} - \text{postX})/\text{diffS}$ ) identified statistically significant shifts (values  $\geq 1.96$ ), while clinical improvement was determined by reductions in posttest scores below predefined cutoffs and expressed as a percentage. Cohen's *d*, interpreted as a small (0.2), medium (0.5), or large (0.8) effect, enabled a nuanced understanding of intervention impact through pooled standard deviation calculations.

## Results

According to Table 2, baseline data show stable scores in marital satisfaction, intimacy, and commitment, with minimal variation across assessments. However, sexual dysfunction remained significantly high, indicating notable pre-existing issues in this domain prior to intervention (Table 2).

Table 3 shows that over six sessions of temperament-based dialectical intervention, scores for marital satisfaction, intimacy, and commitment steadily increased, while sexual dysfunction significantly decreased. This trend indicates the positive effectiveness of the intervention in improving various aspects of participants' relationships and sexual health.

The results from Table 4 indicate that the intervention based on the mood-dialectical approach has led to a

significant improvement in various aspects of couples' relationships. Specifically, marital satisfaction increased by 19.5%, intimacy by 23%, and commitment by 19%, while sexual dysfunction decreased by 22.9%. These results demonstrate the effectiveness of the intervention in enhancing relationship quality and sexual health among couples.

Table 5 clearly demonstrates the high effectiveness of the mood-dialectical intervention on key components of couples' relationships. According to the data, the mean marital satisfaction increased from 46 to 55 (Cohen's *d* = 1.89, RCI = 3.28), indicating a tremendous and significant improvement. Intimacy scores also rose from 39 to 48 (*d*=2.00, RCI=3.00), reflecting a substantial enhancement in this dimension. Commitment showed noteworthy growth, rising from 42 to 50 (*d*=1.90, RCI=2.70). Conversely, sexual dysfunction decreased from 61 to 47 (*d*=2.80, RCI=3.50), which represents a marked and meaningful reduction in sexual problems among couples. Overall, all indicators strongly suggest that this intervention approach plays a prominent role in improving relationship quality and enhancing sexual health among couples.

Table 6 indicates that over the three time points of 3, 6, and 12 months, there is a downward trend in the indices of satisfaction (from 54 to 52), intimacy (from 47 to 45), and commitment (from 49 to 47), while sexual dysfunction increased from 48 to 50. Statistical analysis using repeated measures ANOVA showed that these changes were significant at  $p < 0.05$  for all variables, highlighting a decrease in relationship quality and an increase in sexual dysfunction over time.

**Table 2.** Average scores of dependent variables in the baseline phase

Dependent Variable	Test 1	Test 2	Test 3	Mean (Baseline)
Marital Satisfaction	45	47	46	46
Marital Intimacy	38	40	39	39
Marital Commitment	42	43	41	42
Sexual Dysfunction	62	60	61	61

**Table 3.** Progression of Relationship and Sexual Function Scores During Intervention

Session	Satisfaction	Intimacy	Commitment	Sexual Dysfunction
Before Session 2	46	39	42	61
Before Session 3	48	41	44	58
Before Session 4	50	43	45	55
Before Session 5	52	45	47	52
Before Session 6	53	46	48	50
After Session 6	55	48	50	47

**Table 4.** Effects of Mood-Dialectical Intervention on Couples' Relationships

Variable	Pre-test	Post-test	Improvement Rate	Interpretation
Marital Satisfaction	46	55	↑ 19.5%	Significant Improvement
Intimacy	39	48	↑ 23%	Significant Improvement
Commitment	42	50	↑ 19%	Significant Improvement
Sexual Dysfunction	61	47	↓ 22.9%	Significant Reduction

**Table 5.** presents a comparison of means, combined standard deviations, effect sizes, and interpretations:

Variable	Pre-test Mean	Post-test Mean	Combined SD	Cohen's d	RCI	Interpretation
Marital Satisfaction	46	55	4.75	1.89	3.28	Strong and significant
Intimacy	39	48	4.5	2.00	3.00	Strong and significant
Commitment	42	50	4.2	1.90	2.70	Strong and significant
Sexual Dysfunction	61	47	5.0	2.80	3.50	Substantial reduction

**Table 6.** Analysis of Temporal Trends in Marital Relationship Indicators and Sexual Dysfunction

Follow-up Time Point	Satisfaction	Intimacy	Commitment	Sexual Dysfunction
3 months	54	47	49	48
6 months	53	46	48	49
12 months	52	45	47	50

## Discussion

This research investigated the effectiveness of dialectical temperament-based therapy on marital satisfaction, intimacy, commitment, and the reduction of sexual dysfunctions among couples in District 12 of Tehran. The results demonstrate that temperament-based therapy within a dialectical framework produced a statistically significant effect on the four central variables of the study—namely, marital satisfaction, intimacy, commitment, and sexual dysfunction—among the participating couples.

Regarding marital satisfaction, scores rose from a baseline mean of 46 to 55 following the intervention. The Reliable Change Index (RCI=3.28) and Cohen's d effect size (d=1.89) demonstrated that this improvement was both statistically significant and clinically substantial. Follow-up assessments at 3, 6, and 12 months corroborated the sustained nature of these positive effects. This trend aligns with findings by Saghaei et al. and international studies, such as those by Fowers et al. (24, 25).

Enhanced awareness of temperamental differences, along with a therapeutic focus on their identification, contributed to improved mutual understanding,

increased adaptability, and reduced conflict in couples. For intimacy, a remarkable increase from 39 to 48—amounting to a 23% improvement (RCI = 3.0, d = 2.0)—was observed, with long-term maintenance of these gains confirmed in follow-up periods. This outcome is consistent with the results of Sharifi et al. (26) and psychological models, such as those of Hatfield et al. (27). The therapy's facilitation of emotional insight and attentiveness to shared needs deepened emotional bonds and improved communication quality between partners.

In terms of commitment, participants' mean scores increased from 42 to 50 (RCI = 2.7, d = 1.9), with the persistence of this improvement captured in long-term evaluations.

This positive change can be attributed to a balance between individual and joint expectations, as well as a redefinition of mutual commitment. These findings correspond with prior research by Kazemi et al. (28) and international work by Stanley et al. (29).

With respect to sexual dysfunction, a pronounced reduction was documented, with scores dropping from 61 to 47—a decrease of 22.9% (RCI=3.5, d=2.8)—and this beneficial effect remained stable in subsequent follow-ups. Such results affirm that the intervention had

positive repercussions on both the psychological and physiological determinants of sexual functioning, thus enhancing overall marital satisfaction and intimacy. Similar results are reported by Mirhosseini et al. (30) and Brotto (31).

The acquisition of temperament awareness, healthy lifestyle practices, and sexual skills promoted healthier functioning and mitigated related anxieties. The primary innovation of the present research lies in integrating a dialectical psychology protocol with Persian traditional medicine centered on temperament. By prioritizing individual differences among couples, the approach produced significant improvements in relationship quality and sexual health, offering a pioneering step in localized therapy adaptation—an area previously underexplored.

Statistical and clinical analysis, alongside follow-up results, robustly demonstrated the stability and consolidation of positive changes in marital satisfaction, intimacy, and commitment, as well as the reduction in sexual dysfunction, throughout the baseline, intervention, and follow-up phases. Initial assessments showed stable means for positive relational variables and relatively high sexual dysfunction. Over the course of six therapy sessions, positive trends accelerated while sexual dysfunction declined. Although a slight rise in sexual dysfunction was noted at the 12-month mark, all variables remained improved compared to baseline.

## Conclusion

Reviewing statistical markers such as RCI values exceeding 1.96 and substantial Cohen's *d* effect sizes (marital satisfaction: 1.89, intimacy: 2.0, commitment: 1.9, sexual dysfunction: 2.8), together with improvement rates of 19–23% for the first three variables and a 22.9% reduction in sexual dysfunction, highlight the high efficacy of this intervention. The endurance of these changes during extended follow-up underscores the clinical relevance of the method, providing a theoretical and practical foundation for improving relationship quality and family well-being. Nevertheless, the study is subject to certain limitations, including a small sample size, a restriction to District 12 of Tehran, incomplete control over social, economic, and cultural factors, reliance on self-

reported data, and a relatively short intervention and follow-up period (less than one year). These limitations merit attention and resolution in future studies.

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## Conflict of Interest

The authors declare that they have no conflict of interest.

## References

- 1- Nazer GM, Bakhshipour A, Motlagh MG. Comparing the effectiveness of schema-based and emotionally focused couple therapies on self-differentiation and marital disillusionment in couples in Mashhad. *Social Determinants Health*. 2025;11:1-13.
- 2- Rezapour Mirsaleh Y, Esmailbeigimahani M. The efficacy of sexual intimacy and commitment based intervention on the women's marital adjustment and sexual satisfaction. *Iran J Psychiatr Nurs*. 2019;7(1):41-9.
- 3- Braithwaite S, Holt-Lunstad J. Romantic relationships and mental health. *Curr Opin Psychol*. 2017;13:120-5.
- 4- Bafrani MA, Nourizadeh R, Hakimi S, Mortazavi SA, Mehrabi E, Vahed N. The effect of psychological interventions on sexual and marital satisfaction: a systematic review and Meta-analysis. *Iran J Public Health*. 2023;52(1):49.
- 5- Kazemi M, Motlagh FZ. Prediction of Marital Dissatisfaction Based on the Resilience, Marital Commitment and Rumination. *Int J Appl Behav Sci*. 2020;7(4):1-10.
- 6- Mahmoud Rajai, Gorji F, et al. The relationship between sexual dysfunction and quality of marital relationship in genital and breast cancers women. *J Caring Sci*. 2015;4(2):89-98.
- 7- Navabinejad S, Rostami M, Parsakia K. The mediating role of emotional intelligence in the relationship between marital conflicts and tendency to marital infidelity in couples. *J Assess Res Appl Couns*. 2023;5(1):1-8.
- 8- Ghorbani Amir HA, Moradi O, Arefi M, Hamzeh A. The effectiveness of cognitive behavior therapy and Acceptance and Commitment therapy (ACT) on self-control and resiliency in divorced women. *J Appl Fam Ther*. 2022;3(4):493-508.
- 9- Damari B, Masoudi Farid H, Hajebi A, Derakhshannia F, Ehsani-Chimeh E. Divorce indices, causes, and implemented interventions in Iran. *Iran J Psychiatry Clin Psychol*. 2022;28(1):76-89.
- 10- Normohammad GH, Pirbalaee Z. Investigating the Effectiveness of Temperment on Ethics. *J Quran Med*. 2020;5(1):23-31.
- 11- Vahabzadeh Moghadam FS, Khaefelahi AA, Delkhah J. Reducing Employee Procrastination with Temperament Typology. *J Hum Resour Stud*. 2021;11(1):127-50.

- 12- Karimi-Valoujaei S, Kashi Z, Yousefi SS, Nia HS, Khani S. The effect of a education-counseling program based on temperament in Iranian traditional medicine on sexual dysfunction in diabetic women. *J Nurs Midwifery Sci.* 2022;9(4):264-72.
- 13- Shirooye P, Adhami S, Hashem-Dabaghian F, Mokaberinejad R. General temperament and uterine temperament in patients with primary dysmenorrhea. *Iran J Obstet Gynecol Infertil.* 2022;25(4):35-42.
- 14- shrafiyan H, Rabiei M, Kabir MJ, Momenyan R, et al. Achievements and challenges of promoting and developing the use of traditional medicine in the Iranian family physician program. *Islam Health J.* 2018;3(1):13-2.
- 15- Iranzadasl M, Bozorgi M, Pasalar M. Contributions of Traditional Persian Medicine Lifestyle Principles in Primary Health Care: An Evidence-Based Review. *Shiraz E-Med J.* 2025;26(26).
- 16- Tafazoli V, Tavakoli A, Mosaffa-Jahromi M, Cooley K, Pasalar M. Approach of Persian medicine to health and disease. *Adv Integr Med.* 2022;9(1):3-8.
- 17- Arab Alidousti A, Nakhuae N, Khanjani N. Reliability and validity of the Persian versions of the ENRICH marital satisfaction (brief version) and Kansas Marital Satisfaction Scales. *Health Dev J.* 2015;4(2):158-67.
- 18- Walker AJ, Thompson L. Intimacy and intergenerational aid and contact among mothers and daughters. *J Marriage Fam.* 1983;841-9.
- 19- Mardani Z, Zakeri Nasrabadi Z, Ganjian A. Developing a Structural Model of Marital Intimacy Based on Distress Tolerance and Differentiation: The Mediating Role of Quality of Relationship with In-Laws in Married Women Attending Counseling Centers. *Social Psychol Res.* 2025;15(58):101-24.
- 20- Adams JM, Jones WH. The conceptualization of marital commitment: An integrative analysis. *J Pers Soc Psychol.* 1997;72(5):1177.
- 21- Greeff P, Malherbe HL. Intimacy and marital satisfaction in spouses. *J Sex Marital Ther.* 2001;27(3):247-57.
- 22- Jaberi S, Etemadi O, Ahmadi S. Investigation of structural relationship between communication skills and marital intimacy. *Res Cogn Behav Sci.* 2016;5(2):143-52.
- 23- Saghaei M, Safari Dehnavi Y. The effectiveness of the temperament-based educational program on the sexual satisfaction level of women in Isfahan. *FPJ.* 2020;6(1):105-26. Available from: <http://fpcej.ir/article-1-284-fa.html>
- 24- Bafrani MA, Nourizadeh R, Hakimi S, Mortazavi SA, Mehrabi E, Vahed N. The effect of psychological interventions on sexual and marital satisfaction: a systematic review and Meta-analysis. *Iran J Public Health.* 2023;52(1):49.
- 25- Fowers BJ, Olson DH. ENRICH Marital Satisfaction Scale: A brief research and clinical tool. *J Fam Psychol.* 1993;7(2):176.
- 26- Sharifi A, et al. Marital intimacy and its role in marital satisfaction. *Q J Psychol Res.* 1400;10(3):23-40.
- 27- Hatfield E, Rapson RL. *Love and sex: Cross-cultural perspectives.* Boston: Allyn & Bacon; 2011.
- 28- Kazemi M, Zanganeh K. Prediction of Marital Dissatisfaction Based on the Resilience, Marital Commitment and Rumination. *Int J Appl Behav Sci.* 2020;7(4):1–10. doi:10.22037/ijabs.v7i4.27289.
- 29- Stanley SM, Markman HJ, Whitton SW. Communication, conflict, and commitment: Insights on the foundations of relationship success from a national survey. *Fam Process.* 2002;41(4):659-75.
- 30- Mirhosseini F, Nasirian M, Bastami F, Zamani-Alavijeh F. The predictors of marital satisfaction among married women and men. *J Educ Community Health.* 2020;7(4):239-46.
- 31- Brotto LA. Psychological interventions for sexual dysfunction. *Annu Rev Clin Psychol.* 2017;13:153–77.