Advances in Nursing and Midwifery Original Article
Summer 2023, Volume 32, Issue 2 (20-25)

The Effect of *Emotionally-Focused* Couples Therapy on Sexual Self-Schemas, Sexual Self-Concept, and Sexual Dysfunction in Infertile Women with Polycystic Ovary Syndrome

Fatemeh Sadat Marashian [1*]

[1] Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran

**Corresponding author: Fatemeh Sadat Marashian, Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran.*
E-mail: fsadatmarashian@gmail.com

DOI: 10.22037/anm.v32i2.42372

Submitted: 30 Sep 2022
Accepted: 09 Jan 2023
Published: 15 Apr 2023

Keywords:
Couples Therapy
Self-Concept
Sexual Dysfunction
Infertility
Polycystic Ovary Syndrome

How to cite:
Marashian FS. The Effect of Emotionally-Focused Couples Therapy on Sexual Self-Schemas, Sexual Self-Concept, and Sexual Dysfunction in Infertile Women with Polycystic Ovary Syndrome. *Adv Nurs Midwifery*. 2023;32(**2**):20-25. doi: 10.22037/anm.v32i2.42372

Abstract

Introduction: Physical and appearance changes and the imbalance of sex hormones can decrease the quality of life and sexual performance of infertile women with polycystic ovary syndrome (PCOS). Therefore, this study investigated the effectiveness of emotionally focused couple's therapy on sexual self-schemas, sexual self-concept, and sexual dysfunction in infertile women with PCOS.

Methods: This was a quasi-experimental study with a pretest-posttest and a control group. The statistical population included all infertile women with PCOS referred to the Ahvaz Health Center in 2022. Thirty women were selected using convenience sampling and randomly divided into two groups: experimental and control (n=15 per group). The experimental group participated in eight sessions of emotionally focused couple's therapy, but the control group did not receive any intervention. The sexual self-schemas, sexual self-concept, and sexual dysfunctional beliefs questionnaires were employed to collect data. We used Descriptive statistics and analysis of covariance (ANCOVA) to analyze the data.

Results: The mean ±SD of the posttest score of sexual self-schemas, sexual self-concept, and sexual dysfunction in the experimental group was 29.23 ± 5.14, 28.77 ± 461, and 35.96 ± 1.37, respectively. Moreover, the mean ±SD of the posttest score of sexual self-schemas, sexual self-concept, and sexual dysfunction in the control group was 36.66 ± 4.57, 22.29 ± 2.13, and 41.00 ± 2.89, respectively. The results showed that in the post-test stage, there was a considerable difference between the mean scores of sexual self-schemas, sexual self-concept, and sexual dysfunction in the experimental and control groups ($P < 0.001$).

Conclusions: Emotionally focused couples therapy improved sexual self-schemas, sexual self-concept, and sexual dysfunction in women with PCOS. The researchers suggested using emotionally focused couples therapy as a complementary treatment in medical centers to improve the sexual performance of infertile women with PCOS.

INTRODUCTION

Polycystic ovary syndrome (PCOS) is one of the most common causes of ovulation reduction and non-ovulation in the general population and infertile women. The diagnosis of this syndrome is based on ovulation disorder combined with physical evidence of increased blood androgens and its prevalence in infertile women is estimated at 35-40% [1, 2]. According to the statistics, the prevalence of infertility in the world [3] and Iran [4] is 9.0 and 7.88%, respectively. The inability to conceive after one year of regular intercourse without using birth control methods is defined as infertility [5]. Infertility is considered a stressful experience for the patient that affects all aspects of a person's life, including marital, social, emotional, and spiritual [6]. Infertility has always been associated with various social, psychological, and financial stresses, among which the prevalence of psychological problems, especially depression and anxiety problems, is significant [7].

Failure in sexual function in infertile women can be associated with numerous personal, social, family, and health consequences, and in some cases, even lead to the aggravation of infertility problems in both sexes [8]. Research shows that in addition to fertility, which is one of the factors affecting the level of sexual satisfaction, people's sexual self-schemas are also related to their level of sexual pleasure [9]. Sexual self-schemas are defined as

the fundamental and core beliefs of a person's sexual dimensions, derived from past experiences and manifested in present experiences [10]. Sexual self-schemas influence people's sexual information processing and guide sexual behavior. These schemas include various sexual dimensions, including sexual experiences and tendencies, sexual behavior, and the representation of a person's sexual identity. Moreover, these schemas can substantially influence women's sexual adaptation, regardless of age [11].

Although the evidence regarding the difference or lack of the difference between the sexual self-schemas of fertile and infertile women is contradictory [12], research has clearly shown that the sexual self-concept in infertile women is highly weakened [13]. Sexual self-concept is a cognitive point of view about the sexual aspects of a person, which refers to the thoughts, feelings, and performance of a person about himself and is considered the core of sexual desires and a predictor of sexual consequences [14, 15]. Knowing the sexual aspects of each person causes a change in the psychological process of people in sexual relationships and directly affects their sexual behavior and performance [16]. Sexual self-concept can help explain people's sexual behaviors. As a critical indicator that plays a role in sexual activities, it can be considered a good predictor of people's sexual dysfunction beliefs [17]. Research has shown the harmful effects of dissatisfaction with sex life in infertile people on sexual performance [18, 19].

Beliefs and cognitive schemas underlie sexual behaviors and responses. These beliefs and schemas affect how to process information related to sexual issues and guide a person's sexual behavior in the future [20]. The cognitive-emotional model also emphasizes that the relationship between beliefs and sexual dysfunction is not one-way. Still, they can interact with each other, leading to the development of sexual dysfunction [21]. A look at the research literature shows that although emotionally focused couples therapy has positively affected various psychological constructs in different populations in recent years [22, 23], the field of sexual life in infertile couples has been neglected. This treatment has been proposed as an experimental structural approach in contemporary psychotherapy [24]. The essential issue of emotion-focused therapy is that emotion is the central part of a person's structure and is a critical factor for self-organization. The most basic level of emotional function is an adaptive form of information processing and individual preparation that directs behavior and causes mental well-being [25, 26]. This approach specializes in clients' negative stable interaction, attachment, and emotion cycles. The emphasis of emotionally focused couples therapy is based on adaptive extensions through care, support, and mutual attention for the needs of self and spouse [27].

Acknowledging the above and since the statistics indicate a relatively high prevalence of infertility among Iranian families, as well as the need to pay attention to the mental and sexual health status of women as one of the essential pillars of the family, the need to pay attention to the structures sexual life is felt in infertile women. Most studies have dealt with the financial and social aspects of infertility and have neglected its psychological and emotional consequences, especially the sex life of these people. Accordingly, this study aimed to investigate the effect of emotionally focused couples therapy on sexual self-schemas, sexual self-concept, and sexual dysfunction in infertile women with PCOS.

METHODS

This was a quasi-experimental study with a pretest-posttest and a control group. The statistical population included all infertile women with PCOS referred to the Ahvaz Health Center in 2022. Thirty women were selected using convenience sampling and were randomly divided into two experimental (n=15) and control (n=15) groups (Figure 1). The random division of women with PCOS into two experimental and control groups was done using a table of random numbers. The inclusion criteria included informed consent to participate in the study, being married, aging between 20 to 40 years old, possessing minimum middle school education to answer and understand the study tool items, and having no pregnancy for two years. The exclusion criteria were more than one session of absences, simultaneous medical or psychiatric problems, the use of specific medications, and concurrent participation in psychotherapy programs similar to the intervention program. Eight emotion-focused couple therapy sessions were held for the experimental group at Ahvaz Psychological Counseling Center. Therapy sessions were held once a week for 90 minutes by the author of the article. The summary of emotionally focused couples therapy sessions is presented in Table 1. The control group did not receive any intervention program and was placed on the waiting list. At the end of the research, an intensive course of treatment was provided to the control group. The post-test stage was performed in the last treatment session.

Instruments

Sexual- Self-Schema Questionnaire: This tool was developed to measure sexual self-schemas and has 50 items that the participants answer on a 7-point Likert scale (from 0 to 6). Because people (especially women) do not talk freely about their sexual issues, in this tool, 24 items are presented as masking statements to cover the primary nature of the scale, along with 26 main items. Twenty-four unrelated items are not included in the scoring [28]. The validity and reliability of the Persian version of the Sexual- Self-Schema

Questionnaire was confirmed by Refahi et al. [29] (α=0.73).

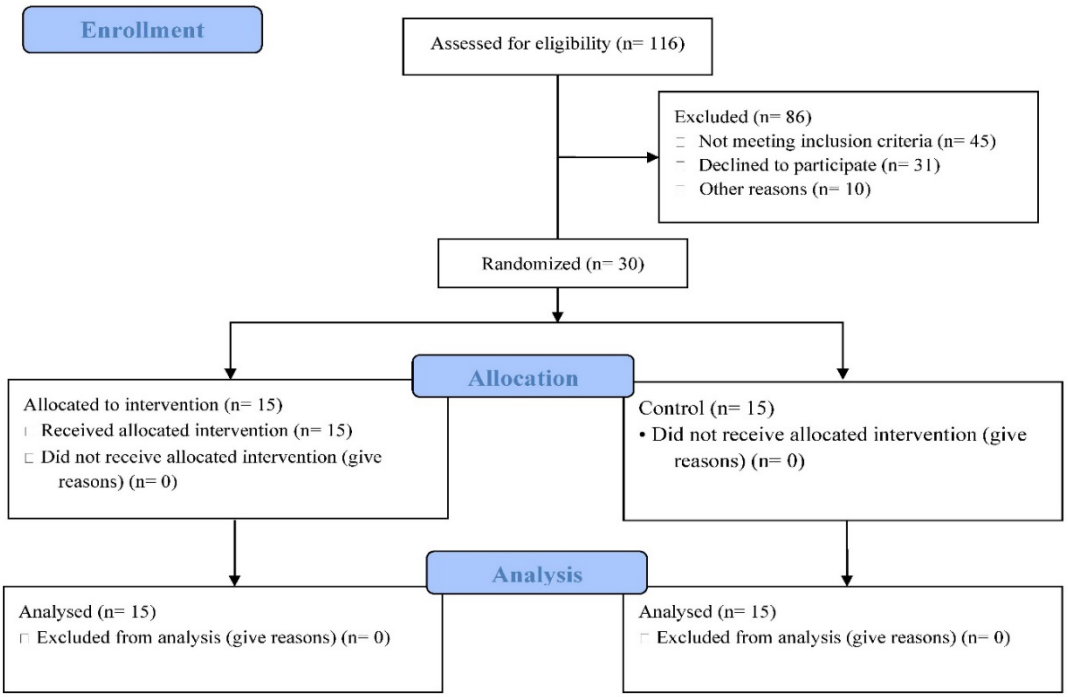

Figure 1. Flow-chart of the participants selection

Multidimensional Sexual Self-Concept Questionnaire: This instrument, which has 100 items, measures different dimensions of the participants' sexual self-concept and is scored on a 5-point Likert scale [30]. The validity and reliability of the questionnaire in Iran were confirmed by Ziaei et al. [31] (α=0.88).

Sexual Dysfunctional Beliefs Questionnaire: This 40-item questionnaire evaluates stereotyped sexual beliefs and ideas in the clinical literature as predisposing factors for sexual dysfunction in men and women. This questionnaire is scored on a Likert scale, with a 5-point range from completely agree to completely disagree [32]. The validity and reliability of the Persian version of the Sexual Dysfunctional Beliefs Questionnaire was confirmed by Abdolmanafi et al. [33] (α=0.79).

Table 1. A summary of emotionally focused couples therapy sessions

Session	Content
1	Creating a therapeutic alliance (working alliance), identifying the communication conflicts between couples regarding attachment, conclusion, and implementation of the pre-test.
2	Describing and highlighting the negative interactive cycle in line with the emergence of that cycle in the session.
3	Accessing unexpressed feelings and emotional schemas that are the basis of interactive patterns and accessing infrastructural emotions and attachment-focused needs.
4	Reframing the problem by considering the negative cycles, infrastructural emotions, and attachment-focused needs.
5	Increasing knowledge about emotions, needs, and aspects of oneself that a spouse has not yet owned.
6	Creating and increasing acceptance of the emerging experience of each of the spouses.
7	Facilitating the expression of needs and desires to restructure interactions and simplifying the emergence of new solutions to solve old communication problems.
8	Stabilizing and strengthening new perspectives and cycles of attachment-focused behaviors, closing the therapeutic sessions, and implementing the post-test.

Statistical Analyses

Descriptive statistics, analysis of covariance (ANCOVA), and SPSS-26 were used for data analysis. The significance level was considered at 0.05.

RESULTS

The mean and standard deviation (SD) of the age of the infertile women with PCOS in the experimental and control groups were 28.81±6.32 and 31.25±7.60 years, respectively. The demographic variables of the participants are reported in Table 2.

Table 3 presents the descriptive statistics of the research variables separately for the experimental and control groups. The mean ±SD of the posttest score of sexual self-schemas, sexual self-concept, and sexual dysfunction in the experimental group was 29.23±5.14, 28.77±461, and 35.96 ± 1.37, respectively. Moreover, the mean ±SD of the posttest score of sexual self-schemas, sexual self-concept, and sexual dysfunction in

the control group was 36.66±4.57, 22.29±2.13, and 41.00±2.89, respectively. According to Table 3, sexual self-concept and sexual self-schemas have improved from pre-test to post-test in the experimental group. Furthermore, the results indicated that the sexual dysfunction in the experimental group improved from pre-test to post-test. At the same time, no significant difference was observed in the control group.

The Kolmogorov–Smirnov statistic was used to evaluate the normality of the distribution of data. According to the results, the data distribution for sexual self-schemas (Z=1.334, P=0.176), sexual self-concept (Z=0.765, P=0.413), and sexual dysfunction (Z=0.342, P=0.286) was normal. Levene's test was also employed to examine the hypothesis of homogeneity of variance. According to the results, the hypothesis of homogeneity of variance for sexual self-schemas (F=0.453, P=0.216), sexual self-concept (F=1.786, P=0.189), and sexual dysfunction (F=0.954, P=0.197) was accepted.

The findings of one-way analysis of covariance demonstrated a significant difference between the mean scores of sexual self-schemas (F=34.52, P=0.010) and sexual self-concept (F=54.41, P=0.004) in infertile women with PCOS in terms of group (experimental and control groups) in the post-test stage. Furthermore, a significant difference was found in the sexual dysfunction of infertile women with PCOS (F=39.55, P=0.007). Thus, emotionally focused couples therapy significantly affected the improvement of sexual structures in infertile women with PCOS (Table 4).

Table 2. Demographic variables of the infertile women with PCOS

Groups	Age (years)	Duration of illness (years)	Duration of marriage (years)	Education	
				High school	Academic education
Experimental	28.81±6.32	6.41±2.75	8.75±3.22	10 (66.7%)	5 (33.3%)
Control	31.25±7.60	7.36±3.14	9.26±3.75	12 (80.0%)	3 (20.0%)

Table 3. The mean and standard deviation (SD) of the sexual self-schemas, self-concept, and sexual dysfunction

Variables / Groups	Pre-Test	Post-Test
	Mean± SD	Mean± SD
Sexual self-schemas		
Experimental	38.44 ± 7.56	29.23 ± 5.14
Control	36.54 ± 6.19	36.66 ± 4.57
Sexual self-concept		
Experimental	21.98 ± 3.11	28.77 ± 461
Control	22.17 ± 4.55	22.29 ± 2.13
Sexual dysfunction		
Experimental	41.16 ± 2.17	35.96 ± 1.37
Control	40.15 ± 3.10	41.00 ± 2.89

Table 4. The results of the one-way analysis of covariance for the effect of emotionally focused couple's therapy on the variables

Dependent Variables	SS	df	F	P	η2	Power
Sexual self-schemas	390.15	1	34.52	0.010	0.59	1.00
Sexual self-concept	167.25	1	54.41	0.004	0.61	1.00
Sexual dysfunction	211.40	1	39.55	0.007	0.58	1.00

DISCUSSION

This study aimed to determine the effect of emotionally focused couples therapy on sexual self-schemas, sexual self-concept, and sexual dysfunction in infertile women with PCOS. The results revealed the effectiveness of emotionally focused couples therapy in improving sexual self-concept scores and sexual self-schemas in the post-test stage. This finding is consistent with the results of Panabad et al. [24] and Esmaeeli et al. [26]. Panabad et al. [24] reported that emotionally focused couples therapy improved sexual intimacy and marital adjustment among couples with a lack of marital adjustment. Moreover, Esmaeeli et al. [26] reported that emotion-focused therapy was effective in improving early maladaptive schemas in couples.

It can be explained that adopting an emotion-focused approach enables people to control their past negative sexual and emotional schemas and enhance their psychological and sexual adaptation by increasing emotional awareness, emotional symbols, awareness of the role of experience, and changes in processing [24]. This therapeutic pattern creates a powerful bond between couples in which both are emotionally involved in each other's needs and respond to each other's needs to build confidence, intimacy, and solidarity within couple relationships. Creating such emotional and psychological bonds in couples' interactions would redefine their relationship as a safe base, thereby improving their sexual self-concept [22].

Emotionally focused couples therapy is a branch of couple's therapy that underlines emotions. This type of treatment encourages people to discuss their feelings and thus discard the destructive emotions, which ultimately leads to improved self-esteem in sexual life and marital satisfaction and affects their sexual beliefs [26]. Management of emotions helps couples control anger towards their spouse and release undesirable sexual emotions and schemas by forgiving them. Emotionally focused couples therapy can create healthy feelings in couples and results in greater hope in marital

relationships and sexual pleasure despite other matrimonial and family problems [23]. Therefore, an emotion-focused pattern can be one of the most effective therapeutic approaches in treating or reducing sexual dysfunction in the lives of infertile couples.

A large part of the relationship between spouses is rooted in emotional and emotional issues. The inability to control emotions leads to emotional withdrawal, loss of sexual intimacy, reduced quality of married life, and sexual performance [24]. Since many of the issues and problems of couples result from how they express their primary emotions, emotionally focused couples therapy solves couples' internal problems through their etiology. Emotionally focused couples therapy does not only emphasize positive emotions in marital life but also emotions that may not be considered positive in sexual and marital life, such as sadness, anger, resentment, and despair [25]. Since a healthy sexual position can be achieved healthily by expressing emotions, this approach focuses on those emotions. The couple's beliefs about sexual function will be improved if expression and learning opportunities are provided to a spouse fearlessly and comfortably.

This study had limitations such as the use of self-reporting tools to collect data, no follow-up period, and a small sample size. The implementation of emotionally focused couple's therapy for infertile women in other regions is suggested to increase the generalizability of the results.

CONCLUSION

Emotionally focused couples therapy improved sexual self-schemas, sexual self-concept, and sexual dysfunction in infertile women with PCOS. The achievements and consequences of this theoretical research can help understand effective treatments for marital problems better and help couples who suffer from sexual issues by explaining the effectiveness of emotionally focused couples therapy. It is suggested to use emotionally focused couples therapy as a complementary treatment in medical centers to improve the sexual performance of infertile women with PCOS.

ACKNOWLEDGMENT

We express our heartfelt gratitude to the participants for their pivotal role in this research endeavor. Their involvement has been integral to the advancement of scholarly inquiry in this field, and we are deeply appreciative of their indispensable contributions.

AUTHOR CONTRIBUTION

Fateme Sadat Marashian contributed to the conceptualization and design of the study. Fateme Sadat Marashian also played a key role in drafting and revising the manuscript for intellectual content. Fateme Sadat Marashian approved the final version of the manuscript and agreed to be accountable for all aspects of the work, ensuring its accuracy and integrity.

FUNDING

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. All expenses related to the study were covered by the author.

ETHICS CONSIDERATION

The Ethics Committee of Islamic Azad University, Ahvaz branch approved the study protocol (IR.IAU.AHVAZ.REC.1402.014).

CONFLICTS OF INTERESTS

The authors declared no conflict of interest.

REFERENCES

1. Stener-Victorin E, Padmanabhan V, Walters KA, Campbell RE, Benrick A, Giacobini P, et al. Animal Models to Understand the Etiology and Pathophysiology of Polycystic Ovary Syndrome. Endocr Rev. 2020;41(4). **doi:** 10.1210/endrev/bnaa010 **pmid:** 32310267
2. Facchinetti F, Unfer V, Dewailly D, Kamenov ZA, Diamanti-Kandarakis E, Lagana AS, et al. Inositols in Polycystic Ovary Syndrome: An Overview on the Advances. Trends Endocrinol Metab. 2020;31(6):435-47. **doi:** 10.1016/j.tem.2020.02.002 **pmid:** 32396844
3. Katole A, Saoji AV. Prevalence of Primary Infertility and its Associated Risk Factors in Urban Population of Central India: A Community-Based Cross-Sectional Study. Indian J Community Med. 2019;44(4):337-41. **doi:** 10.4103/ijcm.IJCM_7_19 **pmid:** 31802796
4. Saei Ghare Naz M, Ozgoli G, Sayehmiri K. Prevalence of Infertility in Iran: A Systematic Review and Meta-Analysis. Urol J. 2020;17(4):338-45.
5. Janitz AE, Peck JD, Craig LB. Racial/Ethnic Differences in the Utilization of Infertility Services: A Focus on American Indian/Alaska Natives. Matern Child Health J. 2019;23(1):10-8. **doi:** 10.1007/s10995-018-2586-y **pmid:** 29998430
6. Hanson B, Johnstone E, Dorais J, Silver B, Peterson CM, Hotaling J. Female infertility, infertility-associated diagnoses, and comorbidities: a review. J Assist Reprod Genet. 2017;34(2):167-77. **doi:** 10.1007/s10815-016-0836-8 **pmid:** 27817040
7. Shahverdi J, Rezaei M, Ayazi roozbahani M, Sadeghi K, Bakhtiari M, Shahverdi M. Relationship between general health with happiness, inferiority feeling and marital conflict in Borujerd city infertile women. Adv Nurs Midwife. 2016;25(90):47-4.
8. Zarif Golbar Yazdi H, Aghamohammadian Sharbaf H, Kareshki H, Amirian M. Infertility and Psychological and Social Health of Iranian Infertile Women: A Systematic Review. Iran J Psychiatry. 2020;15(1):67-79. **pmid:** 32377216
9. Evli M, Simsek N, Ozkan F, Dagdelen D. The effect of sexual self-schemas and sexual embarrassment of nursing students on the attitudes and beliefs of students related to sexual health. Nurse Educ Pract. 2021;57:103241. **doi:** 10.1016/j.nepr.2021.103241 **pmid:** 34678636
10. Sheikhan Z, Ozgoli G, Zahiroddin A, Khodakarami N, Nasiri M, Kavosi F. Effective Factors on Sexual Quality of Life in Iranian Women: A Path Model. Adv Nurs Midwife. 2019;28(3):15-1.

11. Mam Salehi H, Moradi O, Arefi M, Yar Ahmadi Y. The Relationship between Sex Schemas and Sexual Satisfaction of Couples: The Mediating Role of Communication Patterns. JHC. 2019;21(3):242-51. **doi:** 10.29252/jhc.21.3.242
12. Tabatabaee A, Fallahi A, Shakeri B, Baghi V, Ghanei Gheshlagh R. Marital satisfaction in Iranian infertile women: A systematic review and meta-analysis. Front Public Health. 2022;10:1027005. **doi:** 10.3389/fpubh.2022.1027005 **pmid:** 36504968
13. Lotfollahi H, Riazi H, Omani-Samani R, Maroufizadeh S, Montazeri A. Sexual Self-Concept in Fertile and Infertile Women: A Comparative Study. Int J Fertil Steril. 2021;15(1):60-4.
14. Guyon R, Fernet M, Canivet C, Tardif M, Godbout N. Sexual self-concept among men and women child sexual abuse survivors: Emergence of differentiated profiles. Child Abuse Negl. 2020;104:104481. **doi:** 10.1016/j.chiabu.2020.104481 **pmid:** 32259709
15. Dvoryanchikov NV, Shipitsyn DY. Specifics of Sexual Self-Concept and Interpersonal Perception in Convicted Non-Imprisoned Sexual Offenders. Psychol Law. 2021;11(1):14-26. **doi:** 10.17759/psylaw.2021110102
16. Adigun OT. Self-esteem, self-efficacy, self-concept and intimate image diffusion among deaf adolescents: A structural equation model analysis. Heliyon. 2020;6(8):e04742. **doi:** 10.1016/j.heliyon.2020.e04742 **pmid:** 32885078
17. Hidalgo DA, Dewitte M. Individual, Relational, and Sociocultural Determinants of Sexual Function and Sexual Satisfaction in Ecuador. Sex Med. 2021;9(2):100307. **doi:** 10.1016/j.esxm.2020.100307 **pmid:** 33721691
18. Thakral M, Von Korff M, McCurry SM, Morin CM, Vitiello MV. Changes in dysfunctional beliefs about sleep after cognitive behavioral therapy for insomnia: A systematic literature review and meta-analysis. Sleep Med Rev. 2020;49:101230. **doi:** 10.1016/j.smrv.2019.101230 **pmid:** 31816582
19. Haciomeroglu B. The role of reassurance seeking in obsessive compulsive disorder: the associations between reassurance seeking, dysfunctional beliefs, negative emotions, and obsessive- compulsive symptoms. BMC Psychiatry. 2020;20(1):356. **doi:** 10.1186/s12888-020-02766-y **pmid:** 32635924
20. Edwards AP. Elevating Equity and Inclusion for People With Intellectual Disabilities: A Nursing Student Sexual Health Promotion Project. Creat Nurs. 2021;27(3):195-200. **doi:** 10.1891/CRNR-D-20-00048 **pmid:** 34493641
21. Mobach L, Klein AM, Schniering CA, Hudson JL. Specificity of Dysfunctional Beliefs in Children with Social Anxiety Disorder: Effects of Comorbidity. J Clin Child Adolesc Psychol. 2022;51(4):389-96. **doi:** 10.1080/15374416.2019.1697930 **pmid:** 31951760
22. Najafi M, Soleimani AA, Ahmadi K, Javidi N, Kamkar EH. The Effectiveness of Emotionally-focused Therapy on Enhancing Marital Adjustment and Quality of Life among Infertile Couples with Marital Conflicts. Int J Fertil Steril. 2015;9(2):238-46.
23. Beasley CC, Ager R. Emotionally Focused Couples Therapy: A Systematic Review of Its Effectiveness over the past 19 Years. J Evid Based Soc Work (2019). 2019;16(2):144-59. **doi:** 10.1080/23761407.2018.1563013 **pmid:** 30605013
24. Panabad S, Gholamzadeh Jofreh M, Asgari P, Kazemian Moghaddam K. Effectiveness of Emotionally-Focused Couples Therapy on Marital Violence, Marital Adjustment, and Sexual Intimacy of Couples Visiting Counseling Centers of Ahvaz. Adv Nurs Midwife. 2022;31(1):1-6.
25. Rathgeber M, Burkner PC, Schiller EM, Holling H. The Efficacy of Emotionally Focused Couples Therapy and Behavioral Couples Therapy: A Meta-Analysis. J Marital Fam Ther. 2019;45(3):447-63. **doi:** 10.1111/jmft.12336 **pmid:** 29781200
26. Esmaeeli F, Navabinejad S, Kiamanenh A. The effectiveness of emotion-oriented therapy on early maladaptive schemas during marriage. J Res Behav Sci. 2021;19(2):1000-1. **doi:** 10.52547/rbs.19.2.251
27. Bodenmann G, Kessler M, Kuhn R, Hocker L, Randall AK. Cognitive-Behavioral and Emotion-Focused Couple Therapy: Similarities and Differences. Clin Psychol Eur. 2020;2(3):e2741. **doi:** 10.32872/cpe.v2i3.2741 **pmid:** 36398146
28. Andersen BL, Cyranowski JM. Women's sexual self-schema. J Person Soc Psychol. 1994;67:1079-100. **doi:** 10.1037/0022-3514.67.6.1079
29. Refahi J, Dastan N, Behnam M. Psychometric Adequacy of Persian Version of Women Sexual Schema. Famil Sex Health. 2020(1):7-19. **doi:** 10.52547/Fsh.1.1.7
30. Snell WE, Fisher TD, Walters AS. The multidimensional sexuality questionnaire: An objective self-report measure of psychological tendencies associated with human sexuality. Annal Sex Res. 1993;6(1):27-55. **doi:** 10.1007/BF00849744
31. Ziaei T, Khoei EM, Salehi M, Farajzadegan Z. Psychometric properties of the Farsi version of modified Multidimensional Sexual Self-concept Questionnaire. Iran J Nurs Midwife Res. 2013;18(6):439-45.
32. Nobre PJ, Pinto-Gouveia J, Gomes FA. Sexual Dysfunctional Beliefs Questionnaire: An instrument to assess sexual dysfunctional beliefs as vulnerability factors to sexual problems. Sex Relation Therap. 2003;18:171-204. **doi:** 10.1080/1468199031000061281
33. Abdolmanafi A, Azadfallah P, Fata L, Roosta M, Peixoto MM, Nobre P. Sexual Dysfunctional Beliefs Questionnaire (SDBQ): Translation and Psychometric Properties of the Iranian Version. J Sex Med. 2015;12(8):1820-7. **doi:** 10.1111/jsm.12931 **pmid:** 26176716