KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 29 December 2023
Revised 01 February 2024
Accepted 11 February 2024
Published online 01 April 2024

Applied Family Therapy Journal

Volume 5, Issue 2, pp 171-181

E-ISSN: 3041-8798

Comparison of the Effectiveness of Emotion-Focused Therapy and Intensive Short-Term Psychodynamic Therapy on Sexual Dysfunction and Quality of Sexual Life in Women

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Mirzaei, A., & Sharifi, T. (2024). Comparison of the Effectiveness of Emotion-Focused Therapy and Intensive Short-Term Psychodynamic Therapy on Sexual Dysfunction and Quality of Sexual Life in Women. *Applied Family Therapy Journal, 5*(2), 171-181.
http://dx.doi.org/10.61838/kman.aftj.5.2.19

A B S T R A C T

Objective: The present study aimed to compare the effectiveness of emotion-focused therapy and short-term psychodynamic therapy on sexual dysfunction and the quality of sexual life in women attending counseling and psychotherapy centers in Isfahan.

Methods: The research design was a quasi-experimental pre-test, post-test, and follow-up. The population included all women in Isfahan province suffering from sexual dysfunction in 2023. Sixty individuals were selected through purposive sampling and randomly assigned into three groups: twenty in the first experimental group, twenty in the second experimental group, and twenty in the control group. The first experimental group underwent emotion-focused psychological intervention based on the therapeutic protocol by Gilbert (2014) in fifteen 60-minute sessions, and the second experimental group received short-term psychodynamic psychological intervention based on the therapeutic protocol (Davanloo, 2013) in twelve 60-minute sessions held weekly, followed by a one-month follow-up. The control group was placed on a two-month waiting list for the most effective intervention. Data collection for analysis was conducted using the Rosen et al. (2000) Women's Sexual Dysfunction Questionnaire and the Simonds et al. (2005) Women's Sexual Life Quality Questionnaire. Data analysis was performed using mixed ANOVA with SPSS version 25.

Findings: The findings indicated that both treatments were effective in reducing sexual dysfunction in women ($F = 73.08$, $p < .001$) and improving the quality of sexual life ($F = 18.02$, $p < .001$). However, there was a significant difference between the effectiveness of the two therapeutic methods in reducing sexual dysfunction and increasing the quality of sexual life in women ($p < .001$).

Conclusion: It can be concluded that both emotion-focused and short-term psychodynamic therapies are effective in reducing sexual dysfunction and improving the quality of sexual life in women. Both treatments can be used to reduce psychological issues in women attending counseling centers.

Keywords: *Emotion-focused therapy, short-term psychodynamic therapy, sexual function, quality of sexual life, women.*

1. Introduction

Sexual functioning is a multidimensional phenomenon influenced by numerous biological, psychological, and social factors (Alizadeh et al., 2018; Mosadegh et al., 2023; Shadanloo et al., 2023). Recognizing sexual desires is realistic as sexual problems can have various impacts on other aspects of personal and social life (Altunan et al., 2021). Sexual dysfunction is a common issue among women, with nearly half experiencing ongoing problems related to sexual relations (Amor & Van Noort, 2012). According to the Society for Sexual Counseling, one in every three young and middle-aged women suffers from sexual dysfunction. These issues include low sexual desire, failure to achieve orgasm, and pain during intercourse (Arora & Brotto, 2017)The prevalence of sexual dysfunction in women increases with age and can become a progressive and widespread condition (Arrington et al., 2004). Only a small percentage of women seek medical help for this problem (Brotto, Basson, & Luria, 2008; Brotto, Krychman, & Jacobson, 2008; Carnero Contentti et al., 2019). Women's sexual dysfunction involves persistent and recurrent problems related to sex, decreased sexual desire, or lack of interest in sex, difficulty achieving orgasm, and pain during intercourse. Many women will experience sexual dysfunction at some point in their lives; for some, this problem is lifelong (Basat, 2004). An important physical and psychological dimension of women's quality of life is their sexual life quality, which is influenced by many personal factors and plays a decisive role in women's life and health (Basson, 2002).

Women's sexual life quality is a key issue in the field of sexual health and fertility (Benito-León et al., 2003); it includes individuals' assessments of the positive and negative aspects of sexual relationships and responses to these assessments (Benito-León et al., 2003; Benito-León et al., 2013). In fact, sexual life quality is a tool for examining the relationship between sexual problems and quality of life (Benito-León et al., 2013). It serves as a criterion for marital success and performance, predicting the continuity and stability of marriage, and is a major issue in sexual health and fertility (Benedict et al., 2005). Therefore, assessing sexual life quality is crucial for evaluating the short-term and long-term outcomes of sexual problems (Beiske, 2009). Loss or reduction of sexual satisfaction can lead to symptoms of depression, marital conflicts, separation, and divorce (Mosadegh et al., 2023; Rahimi, 2020). The concept of sexual dysfunction component in these therapies involves being aware of emotions and their role in improving sexual relations and resolving unconscious conflicts resulting from individual defenses, which enhance the performance and quality of sexual relationships; insight and conflict resolution, along with understanding and recognizing emotions, can improve sexual performance and quality in women. Among the strategies that are effective in treating sexual dysfunction and enhancing sexual quality is emotion-focused therapy. This therapy is recognized as an experiential approach in contemporary psychological therapy activities (Blycker & Potenza, 2018). It provides conditions for the patient to become aware of their own experiences, others, and the surrounding environment during social interactions (Blackmore et al., 2011). Emotion-focused therapy helps patients acquire new adaptive emotional resources and provide themselves with adaptive emotional responses (Bove & Chitnis, 2014).

Emotion-focused therapy is a therapeutic method that has shown to help individuals correct inappropriate and stressful relationships, leading to engagement in emotions and attachments in individuals under treatment (Love, 2016; Mosadegh et al., 2023). Emotions are inextricably linked with cognitions. They provide a rapid pre-verbal system for assessing danger, determine the salience of memories, affect signaling and interpersonal communication, contribute to social competence, and interact with conscious thoughts to create narratives that define a person's place in the world over time (Rostami et al., 2018; Spengler et al., 2022). Another therapy in this study is intensive short-term psychodynamic therapy, which aims to unlock the unconscious and suppressed emotions of the individual, closely related to personal motivation, sexual desire, and performance (Jarareh & Taleh-Pasand, 2011; Ziapour et al., 2023). Reality orientation in short-term psychodynamic therapy is based on two parts; first, our current emotions and behaviors resulting from past experiences, such that current situations, due to similarities with the past, evoke similar emotions and behaviors that over time, are repeated, reinforced, and institutionalized; the second aspect involves putting the patient under pressure and arousing their emotions in therapy sessions, moving defenses aside, and allowing buried past experiences related to these emotions to emerge, facilitating the linking of these experiences with current and past experiences and providing interpretation and pattern (Mobassem et al., 2012; Parisuz et al., 2019; Sarafraz & Moradi, 2022). In fact, in this approach, the patient finds more satisfactory ways to resolve issues by resolving unconscious conflicts (Kashefi et al., 2023). It has

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been observed that patients unconsciously constantly strive to be freed from illness and suffering, and if the therapist directly makes the patient aware of this, it creates instantaneous healing. The goal of psychodynamic therapy is not to reveal suppressed memories but to help the individual become more aware of their experiences here and now and in treating sexual disorders. Breaking patient resistance occurs through pressure and challenging defenses, complex transference emotions provoke resentment and appreciation because the therapist both reveals the patient's internal emotional problems and strives to free them from these issues (Jarareh & Taleh-Pasand, 2011; Kashefi et al., 2023); the patient, experiencing buried emotions and recognizing defenses and conflicts, refrains from generalizing them to the deepest level of psychological and physical functioning, which is sexual functioning, and has a realistic and adult-based view on their sexual flow, which this recognition leads to improved performance and ultimately increases the individual's sexual quality (Davanloo, 2001, 2013). Therefore, the present study was conducted with the aim of comparing the effectiveness of emotion-focused therapy and short-term psychodynamic therapy on sexual dysfunction and the quality of sexual life in women attending counseling and psychotherapy centers in Isfahan. The research question was whether there is a difference between the effectiveness of emotion-focused therapy and short-term psychodynamic therapy on sexual dysfunction and the quality of sexual life in women attending counseling and psychotherapy centers in Isfahan.

2. Methods

2.1. Study design and Participant

The current study was semi-experimental, employing a pre-test, post-test design with a control group and a one-month follow-up. The study population included all individuals visiting centers in Isfahan city who were diagnosed with sexual dysfunction by a psychologist based on clinical interviews and psychological tests, totaling 100 individuals. The sample size for this study was 100 individuals, from which 60 individuals who met the inclusion criteria were randomly selected after an interview and pre-test, and were then randomly assigned into three groups; two experimental groups (each consisting of 20 individuals) and one control group (20 individuals). The study utilized a convenience sampling method, where 60 women with sexual dysfunction were selected and randomly placed into experimental and control groups, with 40 individuals in the experimental group and 20 in the control group.

Following sampling, participants were evaluated using the designated instruments after obtaining written consent. Selected and volunteer individuals were briefed about the study's subject and session conditions before beginning the therapy sessions conducted by the researcher. The control group received no treatment or education during the intervention periods and was simply placed on a waiting list for psychological and counseling services. The therapeutic interventions focused on emotion and transactional analysis therapy for the experimental group aimed to enhance sexual function and quality of sexual life over 12 one-hour sessions, once a week (one session of emotion-focused therapy and two weekly sessions over 15 weeks). The implementation period for these therapies lasted about three months. At the end of these therapies, post-tests were conducted.

2.2. Measures

2.2.1. Sexual Function

The Women's Sexual Function Index, created by Rosen et al. in 2000, measures women's sexual function across six domains: desire, arousal, lubrication, orgasm, satisfaction, and sexual pain using 19 questions. This index has been extensively used in international research. The validity of the Persian version of the Women's Sexual Function Index, evaluated by Mohammadi, Heidari, and Faghihzadeh (2008), was established through reliability analysis, including internal consistency. The Cronbach's alpha coefficient for each domain and the overall scale was 0.70 or higher, consistent with the findings of Rosen et al. (2000), where it was 0.82 or higher. Rosen et al.'s study also demonstrated the convergent validity of this scale with the marital satisfaction scale. Additionally, the retest reliability for the entire scale was reported as 0.88, and for the subscales, it ranged from 0.79 to 0.86. In the current study, the Cronbach's alpha reliability for the overall scale and subscales ranged from 0.74 to 0.83, aligning with previous research results (Nazari et al., 2022).

2.2.2. Sexual Life Quality

The Sexual Life Quality score refers to the score obtained by participants in the Women's Sexual Life Quality Questionnaire by Simond (2005). The questionnaire contains 18 items and is measured on a six-point Likert scale, assessing various aspects of women's sexual life

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E-ISSN: 3041-8798

quality. The total score ranges from 18 to 108, with higher scores indicating better sexual life quality. The validity and reliability of this scale have been supported for use among married Iranian women, with a Cronbach's alpha reliability coefficient for the overall scale and subscales reported between 0.86 and 0.93. In the current study, the Cronbach's alpha for the overall scale and subscales ranged from 0.79 to 0.88. (Arrington et al., 2004; Salimi & Sodani, 2023).

2.3. Intervention

2.3.1. Emotion-Focused Therapy

The emotion-focused therapy package was based on the therapeutic protocol by Gilbert (2014), tailored to the variables of the current study. The protocol consisted of 12 sessions conducted in individual one-hour sessions, twice a week, totaling 12 sessions for each participant (Gilbert, 2014).

Session 1: Introduction and orientation session. The therapist introduces themselves and explores the participant's motivation and expectations from therapy. Basic concepts of emotion-focused therapy are discussed, and an initial understanding of the participant's problems is established. The pre-test is administered.

Session 2: Empathy building and therapeutic alliance formation. The goals of the therapy and the implementation process are discussed to foster a strong therapeutic relationship. The session focuses on understanding the current relational dynamics and assessing the nature of the problems through ice-breaking exercises.

Session 3: Creating a safe and trusting environment. The participant is encouraged to express their fears, such as fear of rejection, admitting flaws, or discussing their issues openly.

Session 4: Assessment of attachment and intimacy issues. The session explores internal and external barriers to intimacy and tracks emotional traces and emotional states in participants.

Session 5: Accessing unrecognized emotions in interactive situations. The therapist helps the participant to identify primary and secondary emotions associated with different situations.

Session 6: Intensifying emotional experiences. The session aims to enhance the willingness to engage and confront emotional issues, increasing responsiveness to repressed emotions and attachment needs.

Session 7: Enhancing recognition of needs and aspects of self that have been denied. The focus is on increasing self-awareness and engaging with and accepting injuries, damages, and fears.

Session 8: Exploring old issues and facilitating the expression of needs and desires. The session aims to facilitate new solutions for problems and healing wounds through empathy and reinforcing new interaction cycles.

Session 9: Learning to trust and respond to newly revealed emotions and practicing new responses to these emotional triggers.

Session 10: Processing primary emotions identified in earlier sessions more completely. The therapist initiates a rule whereby the participant expresses their desire for a newer type of connection clearly.

Session 11: Encouragement to recognize rejected needs and denied aspects of the self. The participant's attention is drawn to their interaction styles, reflecting their interaction patterns with respect and empathy.

Session 12: Reinforcement of changes made during therapy. This session highlights differences between current interactions and past patterns, evaluates changes, and conducts a post-test.

2.3.2. Intensive Short-Term Psychodynamic Psychotherapy Protocol

The package based on short-term psychodynamic therapy was adapted from the therapeutic protocol by Davanloo (2013), tailored to the variables of the current study, and was executed over 15 sessions for each participant (Davanloo, 2013).

Session 1: Introduction to the patient with an initial interview and detailed history taking. If the patient attributes the problem to external factors, the session focuses on internalizing the issue. A therapeutic relationship is established with unconditional acceptance. Sexual function and quality of life questionnaires are administered, and the treatment process begins with a focus on addressing the problem, noting defense mechanisms and specific examples to clarify feelings.

Session 2: Reiteration of the problem and brief recall of the previous session. The session delves into the conflict triangle, identifying the patient's defenses, and solidifying insights regarding the use of defense mechanisms instead of experiencing real emotions.

Sessions 3 to 10: Continuous focus on the patient's issue, evaluating patient resistance during emotional closeness in transference, identifying primary defenses in interpersonal relationships, recognizing emotions related to triggering situations, and expressing them instead of using defenses.

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E-ISSN: 3041-8798

The patient's feelings towards the therapist and common interaction triangles are examined.

Sessions 10 to 14: Ongoing assessment of the patient's condition and repeated evaluations of the conflict triangle. Insights into the suppression of real emotions are developed, exploring emotions in situations related to the patient's issue, identifying defenses used in these situations, and experiencing and confronting these defenses.

Session 15: Review of the patient's condition and the impact of therapy sessions. Significant changes observed in the patient are solidified, and insights gained during the treatment are reinforced. Post-treatment questionnaires for sexual dysfunction and sexual quality of life are administered again.

2.4. Data Analysis

Data analysis was performed using mixed ANOVA with SPSS version 25.

3. Findings and Results

In Table 1, the descriptive statistics (mean and standard deviation) for the experimental and control groups are presented for the variables of sexual dysfunction and quality of sexual life at two stages: pre-test and post-test.

Table 1

Means and Standard Deviations of Research Variables in Experimental and Control Groups at Pre-test, Post-test, and Follow-up Stages

Components	Groups	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Sexual Function	EFT	82.80	6.46	97.40	5.12	97.60	4.38
	ISTDP	83.20	3.00	100.75	3.49	100.30	3.06
	Control	79.80	4.59	78.35	3.71	78.25	3.66
Sexual Quality	EFT	109.35	9.85	133.06	10.03	128.09	10.05
	ISTDP	105.65	8.81	125.02	4.03	121.01	11.05
	Control	111.80	10.76	114.05	11.08	113.06	10.06

The results presented in Table 1 indicate that both emotion-focused therapy and short-term psychodynamic therapy have led to changes in the mean scores of sexual functioning and the quality of sexual life of women visiting counseling centers in Isfahan during the post-test and follow-up stages. Also, both therapies have led to changes in the average scores of sexual functioning and sexual quality in women attending counseling centers in Isfahan during the post-test and follow-up stages. Prior to presenting the results, the assumptions of parametric tests were evaluated. The Kolmogorov-Smirnov test results for the normality of the variables of sexual dysfunction and quality of sexual life indicated that the distribution of the data is normal ($p < .05$). Furthermore, Levene's test for the equality of variances across groups on the dependent variables showed that the obtained significance level was greater than .05, confirming that the experimental and control groups are equal in terms of score dispersion at the pre-test stage. To assess the homogeneity of the variance-covariance matrix of the variables of sexual dysfunction and quality of sexual life, the M-Box test was used, which confirmed the assumption of covariance homogeneity for these variables.

Table 2

Comparative Tests with and without Corrections (Sexual Dysfunction)

Variable	Source of Variance	SS	Df	MS	F	p	Eta Squared
Repeated Measures (Sexual Dysfunction)	Sphericity Assumed	4141.6	2	2070.8	208.7	.0001	.786
	Greenhouse-Geisser	4141.6	1.09	3797.2	208.7	.0001	.786
	Huynh-Feldt	4141.6	1.13	3649.8	208.7	.0001	.786
	Lower-bound	4141.6	1	4141.6	208.7	.0001	.786
Group and Repeated Measures Interaction	Sphericity Assumed	2774.1	4	693.5	69.9	.0001	.710
	Greenhouse-Geisser	2774.1	2.18	1271.7	69.9	.0001	.710
	Huynh-Feldt	2774.1	2.26	1222.3	69.9	.0001	.710
	Lower-bound	2774.1	2	1387.1	69.9	.0001	.710

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Table 3

Post-Hoc test for Pairwise Comparison of Sexual Dysfunction Across Time Series

Scale	Phase A	Phase B	Mean Difference (A-B)	Standard Error	Significance Level
Sexual Dysfunction	Pre-test	Post-test	-10.23	0.704	0.0001
		Follow-up	-10.11	0.683	0.0001
	Post-test	Follow-up	0.117	0.498	0.498

Table 4

Analysis of Covariance Test for Differences Between Experimental and Control Groups

Coefficients	Value	Hypothesis df	Error df	F	Significance Level	Eta Coefficient	Test Power
Pillai's Trace	0.794	2	56	107.9	0.0001	0.794	1
Wilks' Lambda	0.206	2	56	107.9	0.0001	0.794	1
Hotelling's Trace	3.85	2	56	107.9	0.0001	0.794	1
Largest Root	3.85	2	56	107.9	0.0001	0.794	1

Table 5

Post-Hoc test for Comparing the Impact of Interventions on Sexual Dysfunction Pairwise

Scale	Treatment 1	Treatment 2	Mean Difference	Standard Error	Significance Level
Sexual Dysfunction	EFT	ISTDP	-2.15	1.09	0.053
		Control Group	13.80	1.08	0.0001
	ISTDP	Control Group	15.95	1.08	0.0001

Based on the results reported in Table 2, it is evident that all statistical tests with various corrections indicate that the interaction between the group and repeated measures for sexual dysfunction is significant. This result indicates the effectiveness of emotion-focused therapy and short-term psychodynamic therapy on sexual dysfunction in women visiting counseling centers in Isfahan. The eta squared size for the group and repeated measures factor indicates that approximately 64.8% of the changes in sexual dysfunction are explained by the emotion-focused and short-term psychodynamic therapies. In other words, the research results demonstrate the robust impact of emotion-focused and short-term psychodynamic therapies. Based on the results obtained from testing the first hypothesis that emotion-focused and short-term psychodynamic therapies affect sexual dysfunction in women visiting counseling centers in Isfahan, the first hypothesis of the research is confirmed. Also, the results showed that the scores for sexual dysfunction of the participants, regardless of the group type, follow a linear and nonlinear trend in the post-test and follow-up stages, meaning that with experimental intervention, sexual dysfunction decreases in the post-test phase, and the sexual dysfunction score slightly increases in the follow-up phase. In the section on the interaction between the group and sexual dysfunction, the linear and nonlinear trends of the participants' scores at various levels of the dependent variable are presented depending on the group. The F value of 73.8 indicates that the linear trend of the participants' scores at various levels of the variable of sexual dysfunction in the experimental and control groups is not the same; however, it is quite natural that a linear trend does not occur in the control group.

Table 3 shows that there are significant differences between the mean scores for pre-test and post-test, and follow-up for sexual dysfunction, indicating the effectiveness of the treatments. However, there is no significant difference between the post-test scores and the follow-up phase, suggesting that the score for sexual dysfunction has not decreased in the follow-up phase, and the effect of the training period remains. To examine differences between the experimental and control groups, multivariate analysis of covariance was used, the results of which are presented in Table 4.

Table 4 indicates that at least one of the interventions has impacted the score of sexual dysfunction in participants during the post-test phase, explaining 79.4% of the variance in sexual dysfunction score differences.

Table 5 shows that both emotion-focused therapy and short-term psychodynamic therapy were effective compared to the control group. However, there is no significant difference in the average score of sexual dysfunction between emotion-focused therapy and short-term

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E-ISSN: 3041-8798

psychodynamic therapy. The comparison of means indicates that emotion-focused therapy is not more effective than short-term psychodynamic therapy. In other words, emotion-focused therapy is as effective as short-term psychodynamic therapy in reducing sexual dysfunction. The scores for sexual dysfunction in the pre-test, post-test, and follow-up phases for both the emotion-focused therapy group and the short-term psychodynamic therapy group, as well as the control group, show that the score for sexual dysfunction has decreased in the post-test and follow-up compared to the pre-test of the control group. It also shows that group treatments of emotion-focused and short-term psychodynamic therapies have been effective, but emotion-focused therapy is not more effective than short-term psychodynamic therapy. There is a difference between the effectiveness of emotion-focused therapy and short-term psychodynamic therapy on the sexual quality of women attending counseling centers in Isfahan.

Table 6

Comparative Tests with Greenhouse Correction (Sexual Quality)

Variable	Source of Variance	SS	Df	MS	F	p	Eta Squared
Repeated Factor (Sexual Quality)	Sphericity Assumed	7936.6	2	3968.3	109	0.0001	0.657
	Greenhouse Correction	7936.6	1.80	4402.7	109	0.0001	0.657
	Huynh-Feldt Correction	7936.6	1.92	4126.6	109	0.0001	0.657
	Lower-bound Correction	7936.6	1	7936.6	109	0.0001	0.657
Group and Repeated Factor Interaction	Sphericity Assumed	3022.3	4	755.5	20.75	0.0001	0.421
	Greenhouse Correction	3022.3	3.60	838.3	20.75	0.0001	0.421
	Huynh-Feldt Correction	3022.3	3.84	785.7	20.75	0.0001	0.421
	Lower-bound Correction	3022.3	2	1511.1	20.75	0.0001	0.421

Table 7

Post-Hoc test for Pairwise Comparison of Sexual Quality Across Time Series

Scale	Phase A	Phase B	Mean Difference (A-B)	Standard Error	Significance Level
Sexual Quality	Pre-test	Post-test	-15.38	1.057	0.0001
		Follow-up	-12.26	1.265	0.0001
	Post-test	Follow-up	3.11	0.961	0.002

Table 8

Analysis of Covariance Test for Differences Between Experimental and Control Groups

Coefficients	Value	Hypothesis df	Error df	F	Significance Level	Eta Coefficient	Test Power
Pillai's Trace	0.788	2	56	104.003	0.0001	0.788	1
Wilks' Lambda	0.212	2	56	104.003	0.0001	0.788	1
Hotelling's Trace	3.714	2	56	104.003	0.0001	0.788	1
Largest Root	3.714	2	56	104.003	0.0001	0.788	1

Table 9

Post-Hoc test for Comparing the Impact of Interventions on Sexual Quality Pairwise

Scale	Treatment 1	Treatment 2	Mean Difference	Standard Error	Significance Level
Sexual Quality	EFT	ISTDP	-6.633	2.078	0.021
		Control	10.81	2.078	0.0001
ISTDP		Control	4.183	2.078	0.0001

According to the results reported in Table 6, all statistical tests with various corrections indicate that the interaction between the group and repeated factor for sexual quality is significant. This result signifies the effectiveness of both emotion-focused therapy and short-term psychodynamic therapy on the sexual quality of women visiting counseling centers in Isfahan. The eta squared size for the group and repeated factor interaction indicates that about 42.1% of the changes in sexual quality are explained by the emotion-focused and short-term psychodynamic therapies. In other

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E-ISSN: 3041-8798

words, the research results demonstrate the powerful impact of both emotion-focused and short-term psychodynamic therapies. Based on the results obtained from testing the second hypothesis that both emotion-focused and short-term psychodynamic therapies are effective on the sexual quality of women attending counseling centers in Isfahan, the second hypothesis of the research is confirmed.

Table 7 shows that there are significant differences between the mean scores for pre-test compared to post-test and follow-up for sexual quality, indicating the effectiveness of the treatments. There is also a significant difference between the post-test scores and the follow-up phase, suggesting that the score for sexual quality has increased during the follow-up. To examine differences between the experimental and control groups, multivariate analysis of covariance was used, the results of which are presented in the tables below.

According to Table 8, the results indicate that at least one of the interventions has had a significant effect on the score of sexual quality in participants during the post-test phase and accounts for 78.8% of the variance in differences in sexual quality scores.

Table 9 shows that there are significant differences in the mean scores of sexual quality among the emotion-focused therapy group, short-term psychodynamic therapy group, and the control group. The comparison of means indicates that both emotion-focused therapy and short-term psychodynamic therapy are effective, but the effectiveness of emotion-focused therapy is greater than that of short-term psychodynamic therapy. The scores for sexual quality in the pre-test, post-test, and follow-up phases for both the emotion-focused therapy group and the short-term psychodynamic therapy group, as well as the control group, show that the score for sexual quality has increased in the post-test and follow-up compared to the pre-test of the control group.

4. Discussion and Conclusion

The aim of this study was to compare the effectiveness of emotion-focused therapy and short-term psychodynamic therapy on sexual dysfunction and the quality of sexual life in women attending counseling and psychotherapy centers in Isfahan. The findings indicate that both emotion-focused therapy and short-term psychodynamic therapy are effective in treating sexual dysfunction among women visiting counseling centers in Isfahan. The results showed that both treatments were effective compared to the control group. However, there is no significant difference in the average score of sexual dysfunction between emotion-focused therapy and short-term psychodynamic therapy (Calabrò, 2019). The comparison of means showed that emotion-focused therapy is not more effective than short-term psychodynamic therapy. In other words, emotion-focused therapy was as impactful as short-term psychodynamic therapy. This finding aligns with the prior results (Davanloo, 2001, 2013; Gilbert, 2014; Jarareh & Taleh-Pasand, 2011; Kashefi et al., 2023; Love, 2016; Mobassem et al., 2012; Parisuz et al., 2019; Rostami et al., 2018; Salimi & Sodani, 2023; Sarafraz & Moradi, 2022; Spengler et al., 2022; Ziapour et al., 2023). It can be concluded that emotion-focused therapy is one of the most effective psychological theories that aids in treating sexual dysfunction and improving the quality of sexual life.

Moreover, the results indicate a difference in the effectiveness of emotion-focused therapy and short-term psychodynamic therapy on the quality of sexual life. This finding is consistent with the results of prior studies (Balali Dehkordi & Fatehizade, 2022; Cordeiro et al., 2022; Lafrance Robinson et al., 2016). Sexual functioning is a key area of marital relationships, and disruptions can lead to doubts about mutual affection and increased concerns about the continuity of the relationship, subsequently leading to marital disputes. Additionally, sexual dysfunction can lead to psychological feelings such as despair, frustration, anger, and increased depression, which can affect various dimensions of life and result in a lower quality of life for women (Cordeau & Courtois, 2014).

Sexual dysfunction in women with sexual disorders psychologically causes negative mood changes (depressed mood) and negative self-perception, feeling less attractive, role changes, communication problems with a partner, feelings of guilt, dependency, and fear of rejecting sexual relations, leading to isolation. Thus, these negative feelings caused by sexual dysfunction can lead to feelings of inadequacy and worthlessness in an individual, leading to avoidance of sexual activity or repression of sexuality, which reduces the quality of sexual life (Cupach & Comstock, 1990). Various factors play a role in the quality of sexual life, including age, duration of marriage, education, personality traits, socio-economic status, sexual functioning, and sexual satisfaction, which are influenced by various factors in a person's life and play a decisive role in the life and health of women. An individual's perception of their sexual life, which stems from a combination of human behaviors, interactions, and socio-cultural norms, defines the

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E-ISSN: 3041-8798

quality of their sexual life (Cupach & Comstock, 1990). Dimensions of women's sexual quality of life include sexual psychological feelings, sexual relationship satisfaction, feeling worthless, and sexual repression; cultural issues, upbringing, and individual attitudes towards sexuality and relationship with a sexual partner and their normative view of their existential values all contribute to either increasing or decreasing the quality of an individual's sexual life (Dalgas et al., 2008). The goal of emotion-focused therapy in treating sexual dysfunction and enhancing sexual quality of life is to access maladaptive primary emotions and transform them into adaptive emotional patterns. In emotion-focused psychotherapy, patients with sexual dysfunction should be able to identify their emotions and accept them. The therapist, as a facilitator, helps clients accept and make sense of their emotions; and with awareness of emotion, they can normatively experience their sexual aspect, which contains a very high emotional load. The emotion-focused therapist believes that inefficient emotion and distorted personal views cause feelings of guilt and shame associated with sexual performance and quality of life. The therapist, using therapeutic techniques and empathy, helps the client experience anxiety arising from discussing sexual issues and experience emotion compatible with their inner psychological flow (Darviri et al., 2016). The therapist's role in this context is to be fully present as a facilitator alongside the client. In short-term psychodynamic therapy, the therapist seeks to uncover the individual's defenses related to expressing sexual issues, which are overt factors causing anxiety experienced by the client during therapy sessions. The therapist focuses on this anxiety to make the client aware of their defenses. Common and prevalent defenses that an individual experiences in relation to sexuality often include regressive defenses; the person reverts to more primitive common methods at a lower level of development (Delaney & Donovan, 2017). In these defenses, the person uses very maladaptive methods to control anxiety-provoking emotions arising from sexual issues. Projection, introjection, somatization, acting out, externalization, and denial are examples of regressive defenses; relying on these defenses, the person feels relieved but using them long-term causes sexual dysfunction and disrupts the individual's sexual quality. Other defenses include repressive defenses, which place painful thoughts and feelings outside the realm of awareness. Repression, reaction formation, and displacement fall under repressive defenses. In these defenses, the person does not experience the disorder themselves and usually involves dissatisfaction of the sexual partner. Another defense, obsessive defenses, involves the person insulating emotions related to sexuality. In fact, in this type of defense, the threatening thought and feeling are not repressed but the emotional charge of the issue is separated from its cognitive aspect, and the person confronts it at the thought level. Rationalization, justification, compartmentalization, and rumination are among these defenses; the person minimizes and trivializes the issue if a disorder is experienced using this defense... The therapist in the therapeutic relationship tries to break the client's resistance using therapeutic techniques so that the client, by setting aside defenses which means reducing or eliminating resistance against experiencing emotional and emotional closeness, can experience an emotion compatible with the sexual theme (Arora & Brotto, 2017; Fisher & McNulty, 2008)

5. Suggestions and Limitations

Considering the issues mentioned and reviewing the research background, most therapies have attempted to treat sexual dysfunction and increase the quality of sexual life by focusing on cognition and changing behavior and attitude, which have been somewhat successful. However, given the emotional and motivational unconscious nature of sexual issues, it seems that treatments focused on emotion and the individual's unconscious may be more effective than cognitive treatments, and their effectiveness, considering the individual's unconscious experience, may be more enduring. A limitation of the research was the use of convenience sampling and questionnaires, which requires that the results be generalized to the population with caution.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

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

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E-ISSN: 3041-8798

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

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

Ethical Considerations

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

References

Alizadeh, T., Keshavarz, Z., Mirghafourvand, M., & Zayeri, F. (2018). Investigation of health promoting lifestyle and social support and their correlation among Iranian women with multiple sclerosis. *Int J Women's Health Reprod Sci*, *6*(2), 167-173. https://doi.org/10.15296/ijwhr.2018.28

Altunan, B., Gundogdu, A. A., Ozcaglayan, T. I. K., Unal, A., & Turgut, N. (2021). The effect of pelvic floor exercise program on incontinence and sexual dysfunction in multiple sclerosis patients. *International urology and nephrology*, *53*, 1059-1065. https://doi.org/10.1007/s11255-021-02804-y

Amor, S., & Van Noort, H. (2012). *Multiple Sclerosis*. Oxford University Press. https://books.google.com/books?hl=en&lr=&id=7u8xbSXBp4kC&oi=fnd&pg=PP1&dq=3.+Amor,+S.,+%26+Van+Noort,+H.+(2012).+Multiple+Sclerosis.+Oxford+University+Press.&ots=x57PdDj5Hq&sig=sL4KAzepWalj1Cjtw6-BgIgODXI

Arora, N., & Brotto, L. A. (2017). How Does Paying Attention Improve Sexual Functioning in Women? A Review of Mechanisms. *Sexual Medicine Reviews*, *5*(3), 266-274. https://doi.org/10.1016/j.sxmr.2017.01.005

Arrington, R., Cofrancesco, J., & Wu, A. W. (2004). Questionnaires to measure sexual quality of life. *Quality of Life Research*, *13*, 1643-1658. https://doi.org/10.1007/s11136-004-7625-z

Balali Dehkordi, N., & Fatehizade, M. (2022). Comparison of the effectiveness of Emotion-focused Therapy and Intensive short-term dynamic psychotherapy on marital adjustment of married women with experience of complex childhood trauma. *Counseling Culture and Psycotherapy*, *13*(51), 31-57. https://doi.org/10.22054/qccpc.2022.65682.2871

Basat, Ç. (2004). *An exploration of marital satisfaction, locus of control, and self-esteem as predictors of sexual satisfaction* Middle East Technical University]. https://open.metu.edu.tr/handle/11511/14518

Basson, R. (2002). A Model of Women's Sexual Arousal. *Journal of sex & marital therapy*, *28*(1), 1-10. https://doi.org/10.1080/009262302317250963

Beiske, A. G. (2009). Non-motor symptoms in multiple sclerosis. https://www.duo.uio.no/handle/10852/28138

Benedict, R. H. B., Wahlig, E., Bakshi, R., Fishman, I., Munschauer, F., Zivadinov, R., & Weinstock-Guttman, B. (2005). Predicting quality of life in multiple sclerosis: accounting for physical disability, fatigue, cognition, mood disorder, personality, and behavior change. *Journal of the Neurological Sciences*, *231*(1), 29-34. https://doi.org/10.1016/j.jns.2004.12.009

Benito-León, J., Manuel Morales, J., Rivera-Navarro, J., & Mitchell, A. J. (2003). A review about the impact of multiple sclerosis on health-related quality of life. *Disability and Rehabilitation*, *25*(23), 1291-1303. https://doi.org/10.1080/09638280310001608591

Benito-León, J., Mitchell, A., Rivera-Navarro, J., & Morales-González, J. (2013). Impaired health-related quality of life predicts progression of disability in multiple sclerosis. *European Journal of Neurology*, *20*(1), 79-86. https://doi.org/10.1111/j.1468-1331.2012.03792.x

Blackmore, D. E., Hart, S. L., Albiani, J. J., & Mohr, D. C. (2011). *Improvements in partner support predict sexual satisfaction among individuals with multiple sclerosis* [doi:10.1037/a0023362]. American Psychological Association.

Blycker, G. R., & Potenza, M. N. (2018). A mindful model of sexual health: A review and implications of the model for the treatment of individuals with compulsive sexual behavior disorder. *Journal of Behavioral Addictions*, *7*(4), 917-929. https://doi.org/10.1556/2006.7.2018.127

Bove, R., & Chitnis, T. (2014). The role of gender and sex hormones in determining the onset and outcome of multiple sclerosis. *Multiple Sclerosis Journal*, *20*(5), 520-526. https://doi.org/10.1177/1352458513519181

Brotto, L. A., Basson, R., & Luria, M. (2008). A mindfulness-based group psychoeducational intervention targeting sexual arousal disorder in women. *The Journal of Sexual Medicine*, *5*(7), 1646-1659. https://doi.org/10.1111/j.1743-6109.2008.00850.x

Brotto, L. A., Krychman, M., & Jacobson, P. (2008). Eastern approaches for enhancing women's sexuality: mindfulness, acupuncture, and yoga (CME). *The Journal of Sexual Medicine*, *5*(12), 2741-2748. https://doi.org/10.1111/j.1743-6109.2008.01071.x

Calabrò, R. S. (2019). When Healthcare Providers do not Ask, Patients Rarely Tell: The Importance of Sexual Counselling in Multiple Sclerosis. *Journal of the National Medical Association*, *111*(6), 682-687. https://doi.org/10.1016/j.jnma.2019.05.001

Carnero Contentti, E., Pettinicchi, J. P., Caride, A., & López, P. A. (2019). Sexual Dysfunction in Patients with Multiple Sclerosis from Argentina: What are the Differences Between Women and Men? *Sexuality and Disability*, *37*(4), 521-539. https://doi.org/10.1007/s11195-019-09603-5

Cordeau, D., & Courtois, F. (2014). Sexual disorders in women with MS: Assessment and management. *Annals of Physical and Rehabilitation Medicine*, *57*(5), 337-347. https://doi.org/10.1016/j.rehab.2014.05.008

Cordeiro, K., Wyers, C., Oliver, M., Foroughe, M., & Muller, R. T. (2022). Caregiver Maltreatment History and Treatment Response Following an Intensive Emotion Focused Family Therapy Workshop. *Clinical Psychology & Psychotherapy*. https://doi.org/10.1002/cpp.2739

Cupach, W. R., & Comstock, J. (1990). Satisfaction with Sexual Communication in Marriage: Links to Sexual Satisfaction and Dyadic Adjustment. *Journal of Social and Personal Relationships*, *7*(2), 179-186. https://doi.org/10.1177/0265407590072002

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Dalgas, U., Stenager, E., & Ingemann-Hansen, T. (2008). Review: Multiple sclerosis and physical exercise: recommendations for the application of resistance-, endurance- and combined training. *Multiple Sclerosis Journal*, *14*(1), 35-53. https://doi.org/10.1177/1352458507079445

Darviri, C., Zavitsanou, C., Delikou, A., Giotaki, A., Artemiadis, A., Anagnostouli, M., Varvogli, L., Vasdekis, S., & Chrousos, G. P. (2016). Pythagorean self-awareness serves successfully as a new cognitive behavioral-based technique in multiple sclerosis physical and psychosocial well-being and quality of life. *Psychology*, *7*(4), 572-583. https://doi.org/10.4236/psych.2016.74059

Davanloo, H. (2001). *Intensive short-term dynamic psychotherapy: Selected papers of Habib Davanloo, MD*. John Wiley & Sons. https://books.google.com/books?hl=en&lr=&id=gHuKEAAAQBAJ&oi=fnd&pg=PA1&dq=-Davanloo,+H.+(2000).+Intensive+short-term+dynamic+psychotherapy:+Selected+papers+of+Habib+Davanloo,+MD.+Wiley-Blackwell.&ots=t0A9Z0qztN&sig=eZaLNyykfIOb92LzCMMJ2WwhF-s

Davanloo, H. (2013). Intensive short-term dynamic psychotherapy: extended major direct access to the unconscious. *Eur Psychiat*, *2001a*, 121-155. https://istdp.ch/sites/default/files/downloadfiles/Davanloo-2001.pdf#page=25

Delaney, K. E., & Donovan, J. (2017). Multiple sclerosis and sexual dysfunction: A need for further education and interdisciplinary care. *NeuroRehabilitation*, *41*(2), 317-329. https://doi.org/10.3233/NRE-172200

Fisher, T. D., & McNulty, J. K. (2008). Neuroticism and marital satisfaction: The mediating role played by the sexual relationship. *Journal of Family Psychology*, *22*(1), 112-122. https://doi.org/10.1037/0893-3200.22.1.112

Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, *53*(1), 6-41. https://doi.org/10.1111/bjc.12043

Jarareh, J., & Taleh-Pasand, S. (2011). The Effects of Management of Tactical Defenses in Intensive Short-term Dynamic Psychotherapy on Coupleâ□□s Satisfaction. *Journal of Clinical Psychology*, *3*(2), 13-21. https://doi.org/10.22075/jcp.2017.2050

Kashefi, F., Azkhosh, M., Khanjani, M. S., & Aghaei, H. (2023). The Effectiveness of Intensive Short-Term Dynamic Psychotherapy on Self-Differentiation and Attachment Behavior in Couple Relationships in Women with Tendency to Marital Infidelity. *Iranian Journal of Psychiatric Nursing*, *11*(1), 0-0. https://mail.ijpn.ir/article-1-2100-en.pdf

Lafrance Robinson, A., Dolhanty, J., Stillar, A., Henderson, K., & Mayman, S. (2016). Emotion-Focused Family Therapy for Eating Disorders Across the Lifespan: A Pilot Study of a 2-Day Transdiagnostic Intervention for Parents. *Clinical Psychology & Psychotherapy*, *23*(1), 14-23. https://doi.org/10.1002/cpp.1933

Love, H. A., Moore, Rachel M, Stanish, Natalie A. (2016). Emotionally focused therapy for couples recovering from sexual addiction. *Sexual and Relationship Therapy*, *31*(2), 176-189. https://doi.org/10.1080/14681994.2016.1142522

Mobassem, S., Delavar, A., Karami, A., Sana, amp, #039, i, B., Shafi, amp, #039, & abadi, A. (2012). Evaluating the Effectiveness of Intensive Short-Term Dynamic Psychotherapy in Decreasing Marital Conflict in Women. *Clinical Psychology Studies*, *3*(9), 81-102. https://jcps.atu.ac.ir/article_2048_7cbc75248ae58d9daa28925134978d53.pdf

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

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

Parisuz, A., Najarpourian, S., & Mohammadi, K. (2019). The Effect of Intensive Short-Term Dynamic Psychotherapy on Marital Conflicts and Interpersonal Processing of Married Women with Emotional Divorce [Original]. *Iranian Evolutionary Educational Psychology*, *1*(2), 112-122. https://doi.org/10.29252/ieepj.1.2.112

Rahimi, F., Atashpour, Hamid, Golparvar, Mohsen. (2020). Predicting divorce tendency based on need to love and survival, sexual awareness and sexual perfectionism in couples divorce applicant. *Scientific Journal of Social Psychology*, *8*(55), 113-122. https://sanad.iau.ir/en/Journal/psychology/Article/673784?jid=673784

Rostami, M., Saadati, N., & Yousefi, Z. (2018). The investigation and comparison of the efficacy of emotionally focused couple therapy and solution focused couple therapy on reducing fear of intimacy and increasing couples' sexual satisfaction. *Biannual Journal of Applied Counseling*, *8*(2), 1-22. https://doi.org/10.22055/jac.2018.23429.1509

Salimi, H., & Sodani, M. (2023). The Effectiveness of Solution-Focused Brief Couple Therapy on Increasing Couples' Marital Self-Regulation and Emotional Distress Tolerance. *Research in Clinical Psychology and Counseling*, *13*(1), 5-24. https://doi.org/10.22067/tpccp.2023.76695.1287

Sarafraz, M., & Moradi, S. (2022). The effect of intensive short-term dynamic psychotherapy (ISTDP) on attachment styles in women with marital conflicts [Research]. *Journal of Psychology New Ideas*, *14*(18), 1-20. http://jnip.ir/article-1-802-en.html

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

Spengler, P. M., Lee, N. A., Wiebe, S. A., & Wittenborn, A. K. (2022). A comprehensive meta-analysis on the efficacy of emotionally focused couple therapy. *Couple and family psychology: Research and practice*, No Pagination Specified-No Pagination Specified. https://doi.org/10.1037/cfp0000233

Ziapour, A., Hajiazizi, A., Ahmadi, M., & Dehghan, F. (2023). Effect of short-term dynamic psychotherapy on sexual function and marital satisfaction in women with depression: Clinical trial study. *Health Science Reports*, *6*(6), e1370. https://doi.org/10.1002/hsr2.1370

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E-ISSN: 3041-8798