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Research Paper

The Efficacy of Emotion-Focused Couple Therapy on Self-efficacy, Body Image Concerns, and Couple Burnout in Women with Sexual Dysfunction

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ABSTRACT

Objective: This study examines the effectiveness of Emotion-Focused Couple Therapy (EFT) in addressing self-efficacy, body image concerns, and couple burnout among women experiencing sexual dysfunction.

Methods: The study utilized a semi-experimental pre-test-post-test design with a control group. The target population consisted of women diagnosed with sexual dysfunction in Ardabil City in 2024. Purposive sampling was employed to select 34 participants, divided equally into experimental (n=17) and control (n=17) groups. The experimental group participated in nine 90-minute Emotion-Focused Couple Therapy (EFT) sessions, while the control group received no intervention. Data collection involved administering several measures: the Female Sexual Function Index, General Self-efficacy Scale, Body Image Concern Inventory, and Couple Burnout Scale. Statistical analysis was conducted using multivariate analysis of covariance in SPSS-27.

Results: The findings demonstrated significant improvements in several domains among women receiving EFT compared to the control group. Specifically, EFT led to substantial decreases in body image concerns (F=60.62), physical exhaustion (F=71.82), emotional exhaustion (F=44.34), and mental exhaustion (F=54.22), alongside notable increases in self-efficacy (F=59.40) (P<0.001).

Conclusion: These results underscore the importance of integrating therapeutic approaches that consider both individual and relational dynamics in the treatment of sexual dysfunction.

1. Introduction

Sexual dysfunction in women is a multifaceted and often overlooked aspect of women's health that encompasses a range of challenges, from difficulties with desire and arousal to pain during intercourse and orgasmic disorders (Erdős et al., 2023). While it's a prevalent issue affecting women of all ages and backgrounds, the stigma and societal taboos surrounding discussions of female sexuality often

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hinder open dialogue and access to effective treatment (He et al., 2020). For many women, sexual dysfunction goes beyond mere physical symptoms; it intersects with the emotional, psychological, and relational dimensions of their lives (Madbouly et al., 2021). Factors such as stress, anxiety, depression, trauma, relationship dynamics, body image concerns, and cultural influences can all contribute to the development or exacerbation of sexual difficulties (Zheng et al., 2020). Despite its prevalence and impact, sexual dysfunction in women often receives inadequate attention in healthcare settings, leading to underdiagnosis and undertreatment (Lew-Starowicz & Czajkowska, 2022). Addressing this gap requires a shift towards a more holistic and inclusive approach to women's sexual health, one that acknowledges the diverse and interconnected factors influencing sexual function and satisfaction (Saadedine et al., 2024). Khayer et al. (2024) investigate Compulsive Sexual Behavior Disorder (CSBD) among Iranian married women. The study found a 3.8% prevalence of CSBD among the women. Linear regression analysis identified several factors positively associated with CSBD: lower education, unemployment, substance use, pornography use, paraphilic behaviors, conflicts over sex frequency, relationship issues, orgasm and sexual dissatisfaction, higher sexual arousal, depression, and obsessive-compulsive symptoms.

A key psychological construct in understanding and addressing sexual dysfunction is self-efficacy, originally conceptualized by psychologist Bandura (Ogallar-Blanco et al., 2024). Self-efficacy pertains to an individual's belief in their capacity to execute behaviors necessary to produce specific performance attainments (Hungr et al., 2020). In the realm of sexual health, self-efficacy influences how women perceive and address their sexual difficulties (Banbury et al., 2022). Higher levels of sexual self-efficacy can empower women to seek help, communicate more effectively with partners, and engage in behaviors that enhance sexual satisfaction and well-being (Çağlar et al., 2021). The relationship between self-efficacy and sexual dysfunction is complex and bidirectional (Ryu et al., 2022). Women experiencing sexual dysfunction may develop low self-efficacy, feeling powerless and unable to effect positive changes in their sexual health (Lu et al., 2024).

Body image concerns play a pivotal role in the sexual health and overall well-being of women (Zheng et al., 2020). For many women, sexual dysfunction can be both a cause and a consequence of negative body image (Faubion et al., 2020). The intricate relationship between how women perceive their bodies and their sexual functioning is a critical area of study, as it influences both psychological and physical health outcomes (Maseroli et al., 2021). Women with sexual dysfunction often grapple with heightened body image concerns, which can exacerbate their sexual difficulties (Pavanello Decaro et al, 2021). These concerns may stem from societal beauty standards, personal experiences of body shaming, or internalized negative perceptions (Karaaslan & Hacimusalar, 2018). The pressure to conform to idealized body images can lead to feelings of inadequacy, reduced self-esteem, and anxiety, all of which can interfere with sexual desire and satisfaction (Rodrigues Eberhardt et al., 2022). Moreover, negative body image can result in avoidance behaviors, such as reluctance to engage in intimate activities or disrobing in front of a partner, further impacting sexual relationships and intimacy (Çetinkaya Altuntaş et al., 2022). The connection between body image and sexual dysfunction is multifaceted and influenced by various factors including cultural norms, media portrayals, and personal relationships (Aksoy Derya et al., 2020). For instance, women who feel dissatisfied with their physical appearance may be less likely to seek out sexual experiences or may experience higher levels of sexual distress (Chang et al., 2019). Conversely, positive body image is often associated with greater sexual satisfaction, higher levels of sexual activity, and a more positive overall sexual self-concept (Faubion et al., 2020).

The phenomenon of couple burnout in the context of sexual dysfunction among women is an increasingly recognized area of concern within both mental health and relationship studies (Wang et al., 2022). While sexual dysfunction affects individuals, its impact often extends beyond the individual to encompass intimate partnerships (KARABURÇ & Erhan, 2020). Couple burnout, characterized by emotional exhaustion, decreased satisfaction, and feelings of detachment within a relationship, can significantly exacerbate the challenges faced by women experiencing sexual difficulties (Parker & Smith, 2021). In the context of sexual dysfunction, couple burnout may manifest in various ways (Hu et al., 2023). Partners may experience frustration, resentment, or a sense of helplessness in navigating the complexities of sexual problems, leading to communication breakdowns and relational strain (Koçyiğit & Uzun, 2024). Moreover, the intimate and vulnerable nature of sexual interactions can amplify feelings of disconnect and emotional distance, further contributing to couple burnout (Lin et al., 2024). Conversely, couple burnout can also serve as a contributing factor to sexual dysfunction (Habis & Maalouf, 2019). Emotional exhaustion and relationship distress can diminish intimacy and communication, creating barriers to sexual connection and satisfaction (Papaefstathiou et al., 2020). This cyclical relationship between sexual dysfunction and couple burnout underscores the importance of addressing both individual and relational factors in the treatment and management of sexual difficulties (Chen et al., 2022).

Emotion-Focused Couple Therapy (EFT) stands at the forefront of therapeutic interventions designed to address the complex interplay between emotional intimacy, relational dynamics, and sexual satisfaction within couples facing sexual dysfunction (Bodenmann et al., 2020). This approach acknowledges that sexual difficulties often stem from underlying emotional and relational issues, and it seeks to cultivate a secure emotional bond between partners as the foundation for addressing sexual concerns (Franz et al., 2023). In the context of women experiencing sexual dysfunction, EFT offers a compassionate and holistic framework for understanding and navigating the intricacies of intimate relationships (Jenks et al., 2024). By focusing on the emotional needs and attachment dynamics of both partners, EFT aims to create a safe and supportive space where couples can explore and express their feelings, desires, and vulnerabilities openly (Rezazadeh et al., 2024; Ganz et al., 2022). Central to EFT is the notion of creating secure attachment bonds within the relationship, which serves as a buffer against the stressors and challenges often accompanying sexual difficulties (Kula et al., 2023; Wiesel et al., 2021). Through empathic attunement, validation, and empathic exploration of underlying emotions, EFT helps partners develop greater emotional intimacy and trust, laying the groundwork for addressing sexual concerns collaboratively (Holmström, 2023). Moreover, EFT recognizes the importance of addressing individual and relational factors concurrently, acknowledging that sexual dysfunction can impact both partners and their dynamic as a couple (Dailey et al., 2024). EFT facilitates empathy, validation, and mutual support by fostering a deeper understanding of each partner's experiences and perspectives, enhancing relational resilience, and promoting sexual satisfaction (Şenol et al., 2023; Van Diest et al., 2023).

Despite growing awareness of sexual dysfunction in women, there remains a significant gap in understanding the specific interplay between emotional intimacy, relational dynamics, and sexual satisfaction within the context of interventions like EFT. Existing literature often focuses on individual aspects of sexual dysfunction or general relationship dynamics without sufficiently exploring how interventions targeting emotional intimacy can impact sexual satisfaction among women experiencing sexual dysfunction. This study aims to address this gap by examining the effectiveness of EFT in enhancing self-efficacy, improving body image concerns, and mitigating couple burnout among women with sexual dysfunction. By focusing on emotional intimacy as a core component of therapeutic intervention, this research contributes to a deeper understanding of how relational dynamics influence sexual health outcomes in women.

2. Materials and Methods

The current research design was semi-experimental with a pre-test-post-test design with a control group. The statistical sample of the research included 68 patients referred to psychological clinics and medical centers in Ardabil City in 2024 and selected as available. To identify women with sexual dysfunction, the Female Sexual Function (FSFI) Index Isidori et al. (2010) was first distributed among 68 women who were experiencing marital dissatisfaction. Then, the women who scored below 25 on the FSFI were selected as the final sample for the study. Among these, 34 women who had the necessary symptoms for sexual dysfunction were selected by the available sampling method. Using G*Power software, the sample was 17 women from two groups (Faul et al., 2007). After sampling, the research participants were randomly assigned to experimental (n=17) and control (n=17) groups. Inclusion criteria were personal consent, scoring below 25 on the FSFI, being aged 18 to 35, and not having musculoskeletal problems. Exclusion criteria included being absent for more than two sessions, incomplete responses to the questionnaire, and exacerbation of marital problems. It is important to note that this study adhered to all ethical considerations, including obtaining personal consent, preserving personal information, and ensuring informed participation, by the ethical principles outlined in the Helsinki Declaration. After collecting the research data, all responses were entered into SPSS software version 27. Multivariate Analysis of Covariance (MANCOVA) was employed to analyze the scores. The significance level for testing the assumptions was set at 0.05.

Instruments:

Female Sexual Function Index (FSFI): The short form of the female sexual function index was made by Isidori et al., (2010) in 6 items. This questionnaire evaluates women's function and sexual problems in six areas over four weeks. These areas include sexual desire, sexual arousal, slippage, orgasm, individual satisfaction, and the feeling of pain during intercourse. Items related to sexual desire and satisfaction are scored based on a five-point Likert scale from 1 to 5. The items related to lubrication, arousal, orgasm, and pain are scored based on a six-point Likert scale from 0 to 5. By adding the scores of six sub-scales together, the score of the whole scale is obtained. The total score ranges from 2 to 30; higher scores indicate better sexual function. The appropriate cut-off score of the whole scale for the diagnosis of sexual dysfunction was determined to be 28. In Isidori et al., (2010) research, the internal consistency of 0.78 and the reliability-retest of 0.95 were reported for this index. The questionnaire's

content validity index and content validity ratio index were obtained as 0.85 and 0.86, respectively, which show the desired content validity of the index. Also, this tool has high internal consistency in the studies conducted in Iran. In a study, Ghassami et al. (2014) reported the convergent and divergent validity of the scale of women's sexual function with the scale of women's sexual distress and desirable positive affect (0.82). In the present study, the Content Validity Index (CVI) and Content Validity Ratio (CVR) were obtained as 0.83 and 0.90, respectively. Additionally, the internal consistency reliability, measured by Cronbach's alpha, was found to be 0.89.

General Self-efficacy Scale (GSS): was developed by Sherer et al. in 1982 to assess an individual's belief in their ability to perform tasks and achieve goals. The scale consists of 17 items rated on a Likert scale, with responses ranging from "Strongly Disagree" to "Strongly Agree." Higher scores indicate greater self-efficacy. The GSS is widely used in psychological research to measure self-efficacy across various contexts and populations. In an Iranian sample, the psychometric properties of this scale were deemed acceptable in a study conducted by Qashqai et al. (2023), who reported a Cronbach's alpha coefficient of 0.83. In the present study, the CVI and CVR yielded values of 0.87 and 0.89, respectively. Furthermore, the internal consistency reliability, assessed using Cronbach's alpha, was determined to be 0.85.

Body Image Concern Inventory (BICI): The Body Image Concern Inventory, developed by Littleton et al in 2005, is designed to assess individuals' concerns about their physical appearance. This questionnaire contains 19 items that examine dissatisfaction and appearance concerns. Participants are asked to rate the extent to which each item reflects their feelings or behaviors on a scale from 1 to 5. The total score on this questionnaire ranges from 19 to 95, with higher scores indicating greater dissatisfaction with one's body image or appearance. Littleton et al. (2005) reported that this tool has excellent reliability and validity. The reliability of this questionnaire was assessed using internal consistency methods, yielding a Cronbach's alpha coefficient of 0.93. In Iran, Sharifinia et al (2022) reported a Cronbach's alpha coefficient of 0.84 for this scale. In the present study, the CVI and CVR were found to be 0.82 and 0.92, respectively. The questionnaire also demonstrated a Cronbach's alpha of 0.82.

Couple Burnout Scale (CBS): is a self-assessment tool developed by Pines (2013) to measure the degree of couple burnout among couples. This questionnaire consists of 21 items that encompass three main components: physical exhaustion, emotional exhaustion, and mental exhaustion. The scale is scored on a 7-point Likert scale ranging from never (1) to always (7), where participants indicate the frequency of the described occurrences in their couple relationship. Four items are reverse-scored, and a higher overall score on this scale indicates greater burnout. The reliability of the scale, determined by the test-retest method over one month, was calculated to be 0.76. Additionally, the reliability of this scale using Cronbach's alpha ranged from 0.91 to 0.93 (Pines, 2013). In Iran, Cronbach's alpha for this scale was found to be 0.85 (Nejatian et al., 2021). In the current study, the CVI and CVR were determined to be 0.84 and 0.86, respectively. The Cronbach's alpha coefficients for the total score and the subscales—physical exhaustion, emotional exhaustion, and mental exhaustion—were calculated as 0.89, 0.79, 0.86, and 0.82, respectively.

Emotion-Focused Couple Therapy (EFT): After selecting the participants in both experimental and control groups, research questionnaires were completed by members of both groups in the form of a pre-test. Due to the unfavorable conditions of the disease, it was made to collect the pre-test scores in person and online (Link to the questionnaire in Google Forms). EFT sessions by a couple's therapy specialist in the psychology clinic were then performed in nine 90-minute weekly sessions for the experimental group. At the same time, the control group did not receive any intervention. To prevent the exchange of information between the members of the groups, they were asked not to discuss the content of the meetings with each other. For this reason, there was no dropout in the groups. EFT was designed based on the EFT programs proposed by Johnson (2007) and also considering the key characteristics in the design of EFT programs (Table 1). To comply with ethical principles, after collecting the post-test, treatment sessions were also held for the control group.

Table 1. Summary of Emotion-Focused Couple Therapy Sessions (Johnson, 2007)

Session	Topic
1	Creating empathy with couples, creating a therapeutic alliance between the couple and the therapist regarding the therapeutic goals and how to implement the therapy, and understanding how the relationship is formed. Current and what has motivated couples to seek treatment, evaluating the nature of the problem and relationship, and finding a clear understanding of their problem. At this stage, the couple understands they think that their conflicts are rooted in their need to be attached.
2	Tracing and describing the recurring chains that perpetuate couples' turmoil, finding internal and external barriers to secure attachment and emotional tracking in each of the couples, analysis of emotional states with difficult cycles, and acquaintance of couples with negative cycles of interaction, explanation of how the negative interactive cycle causes the persistence of attachment insecurities and marital disturbances

Session	Topic
3	Achieving the known emotions hidden in the couple's interactive situations and identifying the primary and secondary emotions of each couple, reframing the problem and interactive cycle of couples. In this step of emotion-oriented couple therapy, secondary reactive emotions such as anger, frustration, and emotions related to depression Dorijui are also reflected, but they are not emphasized. Instead, the emphasis is on primary emotions such as sadness, fear, and shame, which are the behavior of spouses' behavior.
4	Emotional experience increases the tendency to conflict and emotional confrontation, increasing responsiveness to the other party so that the problem is again in terms of emotions. Latent and attachment needs are formed and increased responsiveness to attachment needs; The incompatible cycle of "common enemy" reframing is introduced as a source of emotional deprivation of spouses and their marital disturbances.
5	Helping couples to increase awareness of their relationship, interacting with each other, accepting ownership of vulnerabilities, injuries, and fears of attachment, and helping the other party. Opposite for hearing and accepting them and deepening the emotional involvement. Empirical knowledge about marginalized needs and fears and aspects of Experiences that have not yet been absorbed into their creation is promoted.
6	Acceptance of the responsibility of their position and role in the relationship by couples, expressing their expectations from the other party and the effect of the person's acceptance on the part of their spouse; couples identify and accept each other's needs and perceptions and understand and validate them
7	Changing interactive patterns and reconstructing interactions, the effect of expressing needs and desires creates emotional conflict between couples and facilitates the response to requests from the other party. Front side: This step is done for the emotional and emotional interaction of the couple with each other and the emergence of attachment lines and new interactive events. The avoidant couple engages in interaction and the blaming couple calms down.
8	Analyzing the emergence of new solutions for old problems, redefining the relationship between each of the couples, fostering a safe atmosphere and creating trust, facilitating the phenomenon. New solutions to solve old communication problems
9	Identifying and supporting healthy interactive patterns, increasing availability and responsiveness, stabilizing and integrating new interactive situations, and ending treatment. At the end of this step, the strings of attachment between the couple reappear.

3. Results

The experimental group had a mean age of 29.42±7.10 years, while the control group had a mean age of 29.32±5.81 years. A chi-square test was conducted to compare the experimental and control groups regarding age, duration of marriage, number of children, and education levels. The results indicated no significant differences between the groups (P>0.05). The mean and standard deviation (SD) of pre-test-post-test scores of self-efficacy, body image concerns, and couple burnout in women with sexual dysfunction in the experimental and control groups are presented in Table 2. The Shapiro-Wilk test (S-W) findings are also included in this table to examine the normality of the variable distributions in the two groups. This table shows that not all variables are significant using the Shapiro-Wilk statistics. As a result, it may be said that the variables' distribution is normal.

Table 2. Descriptive Indices of the Study's Variables in Control and Experimental Groups

Variables		Groups	Mean	SD	S-W	P*
Sexual Function	Pre-test	Experimental	16.96	2.69	0.124	0.084
		Control	16.84	2.44	0.112	0.092
	Post-test	Experimental	20.14	2.30	0.143	0.053
		Control	16.73	2.84	0.131	0.074
Self-efficacy	Pre-test	Experimental	49.25	2.15	0.120	0.053
		Control	49.35	2.59	0.141	0.070
	Post-test	Experimental	52.53	2.41	0.102	0.061
		Control	49.11	2.83	0.094	0.087
Body Image Concerns	Pre-test	Experimental	62.76	3.60	0.128	0.069
		Control	62.70	3.14	0.145	0.074
	Post-test	Experimental	58.89	3.28	0.133	0.058
		Control	62.88	3.91	0.118	0.084
Physical exhaustion	Pre-test	Experimental	29.52	1.22	0.112	0.059
		Control	29.47	1.65	0.095	0.072
	Post-test	Experimental	25.88	1.29	0.091	0.088
		Control	29.58	1.04	0.125	0.091
Emotional exhaustion	Pre-test	Experimental	28.41	1.84	0.113	0.057
		Control	28.52	1.58	0.105	0.063
	Post-test	Experimental	25.23	1.74	0.094	0.077
		Control	28.29	1.52	0.136	0.095
Mental exhaustion	Pre-test	Experimental	30.41	1.84	0.108	0.051
		Control	30.53	1.59	0.109	0.094
	Post-test	Experimental	26.88	1.36	0.094	0.053
		Control	30.29	1.41	0.118	0.068

** Shapiro-Wilk test*

Multivariate analysis of covariance was used to evaluate the efficacy of EFT on self-efficacy, body image concerns, and couple burnout in women with sexual dysfunction. The results of the Levin test to examine the homogeneity of variance of dependent variables in groups showed that the variance of self-efficacy (F=1.74, P=>0.196), body image concerns (F=2.39, P=>0.132), and couple burnout (F=4.08, P=>0.052) were equal in the groups. The results of the Box M test to evaluate the equality of the covariance matrix of dependent variables between the experimental and control groups showed that the covariance matrix of the dependent variables is equal (Box M 10.91, F=0.604, P=>0.874). The significance of the Box M test is greater than 0.05, so this assumption is valid. Additionally, the findings of the Chi-Square-Bartlett test used to determine the sphericity or importance of the link between self-efficacy, body image concerns, and couple burnout revealed that there is a substantial association between them (χ^2=165.61, df=14, P<0.05).

Table 3. The Results of Multivariate Analysis of Covariance on Mean Post-Test Scores

Test	Value	F	df	Error df	P	Effect Value
Pillai's Trace	0.738	12.94	5	23	0.001	0.73
Wilks Lambda	0.262	12.94	5	23	0.001	0.73
Hotelling Trace	2.814	12.94	5	23	0.001	0.73
Roy's Largest Root	2.814	12.94	5	23	0.001	0.73

According to Table 3, the results showed the effect of the independent variable on the dependent variables; in other words, experimental and control groups have a significant difference in at least one of the variables of self-efficacy, body image concerns, and couple burnout, which according to the calculated effect size, 73% of the total variance of experimental and control groups is due to the effect of the independent variable. Thus, the statistical power of the test is equal to 1, which indicates the adequacy of the sample size. However, to determine in which areas the difference is significant, a univariate analysis of the covariance test was used in the MANCOVA test, the results of which are reported in Table 4.

Table 4. Results of Univariate Analysis of Covariance on the Mean of Post-Test Scores of Dependent Variables in Two Experimental and Control Groups

Variables	SS	SS Error	DF	MS	MS Error	F	P	Effect Value
Self-efficacy	104.657	47.57	1	104.657	1.76	59.40	0.001	0.68
Body Image Concerns	134.616	59.96	1	134.616	2.22	60.62	0.001	0.69
Physical exhaustion	117.180	44.05	1	117.180	1.63	71.82	0.001	0.72
Emotional exhaustion	73.88	44.98	1	73.88	1.66	44.34	0.001	0.62
Mental exhaustion	92.228	45.92	1	92.228	1.70	54.22	0.001	0.66

Based on the contents of Table 4, the F-statistic is significant for self-efficacy (F=59.40), body image concerns (F=60.62), physical exhaustion (F=71.82), emotional exhaustion (F=44.34), and mental exhaustion (F=54.22) at the level of 0.001. These findings indicate that there is a significant difference between the groups in these variables. Furthermore, based on the calculated effect size, 68% of self-efficacy, 69% of body image concerns, 72% of physical exhaustion, 62% of emotional exhaustion, and 66% of mental exhaustion were independent of the effect of the variable; consequently, it can be stated that ETF significantly increases self-efficacy, and decreases body image concerns and couple burnout in women with sexual dysfunction.

4. Discussion and Conclusion

This study examines the effectiveness of EFT in addressing self-efficacy, body image concerns, and couple burnout among women experiencing sexual dysfunction. The findings of the present study underscore the effectiveness of EFT in improving self-efficacy among women experiencing sexual dysfunction. EFT demonstrates its potential as a valuable therapeutic approach in clinical settings by enhancing self-efficacy in women with sexual dysfunction (Çağlar et al., 2021). Through addressing emotional barriers and relational dynamics, EFT empowers women to cultivate a stronger belief in their capacity to manage and enhance their sexual health (Van Diest et al., 2023). This improvement in self-efficacy extends beyond sexual health, potentially enhancing overall well-being, relationship satisfaction, and mental health outcomes (Lu et al, 2024). The holistic impact of EFT is underscored by its focus on emotional factors within the couple's relationship (Bodenmann et al., 2020; Shoaa Kazemi et al., 2022). By facilitating the resolution of immediate sexual concerns, EFT also promotes deeper emotional intimacy and communication between partners (Dailey et al., 2024; Asadpour et al., 2025; Mikaeili et al., 2025). This relational enhancement, in turn, may contribute to sustained improvements in both self-efficacy and sexual functioning (Wiesel et al, 2021). Ogallar-Blanco et al., (2024) investigated the pathways to female sexual satisfaction, revealing a serial mediation process involving sexual behavior and the perceived

importance of healthy sexuality originating from sexual self-efficacy. Their supported mediation model demonstrated that sexual self-efficacy positively influenced sexual satisfaction directly and indirectly. Specifically, sexual behavior and the perceived importance of healthy sexuality sequentially mediated the relationship between sexual self-efficacy and sexual satisfaction. The study's findings indicated a significant total effect, with the full model explaining 7.3% of the variance in global sexual satisfaction and the mediated pathways accounting for 44.3% of this effect.

The results of this study offer compelling evidence supporting EFT as an effective intervention for reducing body image concerns among women experiencing sexual dysfunction. EFT addresses these concerns by focusing on emotional regulation, enhancing relational dynamics, and fostering a supportive therapeutic environment. Women with sexual dysfunction often face significant body image issues, which can stem from a variety of factors including personal insecurities, societal pressures, and negative experiences related to their sexual health. EFT provides a structured framework to explore and address these concerns within the context of the couple's relationship.

EFT helps women manage and regulate their emotions related to body image by promoting emotional awareness and expression (Holmström, 2023; Bagheri-Sheykhangafshe et al., 2023). Therapeutic sessions provide a safe space for discussing insecurities and negative self-perceptions, allowing partners to develop a deeper understanding and empathy toward each other's emotional experiences (Maseroli et al., 2021). Central to EFT is the enhancement of relational dynamics through improved communication, validation, and mutual support. By fostering a secure attachment and emotional intimacy between partners, EFT creates a supportive environment where women feel accepted and valued regardless of their body image concerns (Çetinkaya Altuntaş et al., 2022). EFT establishes a therapeutic environment that encourages women to challenge negative body image beliefs and develop more positive and realistic self-perceptions (Franz et al, 2023). Through guided interventions and exercises, women learn to cultivate self-compassion, resilience, and acceptance toward their bodies (Karaaslan & Hacimusalar, 2018). The study's findings highlight that participation in EFT leads to significant improvements in body image concerns among women with sexual dysfunction (Jenks et al., 2024). These improvements are not only reflective of individual psychological well-being but also contribute to enhanced relationship satisfaction and overall quality of life (Ganz et al., 2022).

The findings of this study provide strong evidence supporting the beneficial impact of EFT's on reducing couple burnout in women with sexual dysfunction. EFT focuses on identifying and addressing underlying emotional barriers within the couple's relationship. For women with sexual dysfunction, these barriers may include feelings of frustration, shame, or inadequacy related to their sexual experiences (Jenks et al., 2024). By providing a safe and structured environment to explore these emotions, EFT helps partners understand each other's perspectives and develop empathy, which can mitigate burnout symptoms (Parker & Smith, 2021). Central to EFT is the promotion of secure attachment bonds between partners (Ganz et al., 2022). Through interventions that encourage emotional expression, validation, and responsiveness, couples learn to communicate more effectively and build mutual support (Kula et al., 2023). This enhancement in relational dynamics is crucial for reducing feelings of detachment and exhaustion that characterize burnout in intimate relationships (Koçyiğit & Uzun, 2024). A significant component of EFT involves improving sexual communication and intimacy (Franz et al., 2023). Women with sexual dysfunction often experience challenges in discussing their needs and desires with their partners, leading to frustration and distance (Dailey et al., 2024).

EFT helps couples navigate these sensitive conversations, fostering a deeper understanding of each other's sexual needs and preferences (Bodenmann et al., 2020). This process can alleviate tension and facilitate a more satisfying sexual relationship, thereby reducing overall relationship strain and burnout (Papaefstathiou et al., 2020). The study findings highlight that as a result of participating in EFT, women reported improvements in relationship quality (Wiesel et al., 2021). This encompasses not only reduced feelings of burnout but also enhanced satisfaction, trust, and emotional connection with their partners (Van Diest et al., 2023). By addressing relational distress and improving emotional intimacy, EFT contributes to a healthier and more resilient relationship dynamic, which is foundational for sustaining long-term relationship satisfaction and stability. Beyond its direct effects on couple dynamics, EFT's impact extends to broader psychosocial benefits for women with sexual dysfunction (Hu et al., 2023). Participants often reported improvements in their overall well-being, including reduced stress levels, increased self-esteem, and a greater sense of emotional security within their relationships (Şenol et al., 2023). These outcomes underscore the holistic approach of EFT, which considers the interplay between emotional, relational, and individual factors in promoting well-being (Wang et al., 2022).

This study is limited by its relatively small sample size of 34 participants, potentially limiting the generalizability of findings to broader populations of women experiencing sexual dysfunction. Furthermore, the study was conducted

exclusively in Ardabil City, which may constrain the applicability of the results to women in diverse cultural or regional contexts. Future research could benefit from employing larger and more varied samples across various geographical locations to enhance the external validity of findings. Additionally, investigating the long-term effects of EFT beyond the immediate post-intervention period would offer valuable insights into its sustained impact on self-efficacy, body image concerns, and couple burnout among women with sexual dysfunction.

In conclusion, these results highlight the importance of integrating therapeutic interventions that address both individual and relational dynamics in the treatment of sexual dysfunction. By emphasizing emotional intimacy and relational well-being, EFT demonstrates promising outcomes in enhancing self-efficacy, alleviating body image concerns, and mitigating couple burnout among women with sexual dysfunction. Further research with larger and more diverse samples across different settings could strengthen these findings and provide deeper insights into the long-term benefits of EFT in improving overall sexual health and relationship satisfaction among women.

5. Ethical Considerations

Compliance with ethical guidelines

Ethical principles in manuscript writing have been adhered to by the guidelines of the National Ethics Committee and the COPE regulations.

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Authors' contributions

Conceptualization and Supervision: KSH & NHB; Methodology: VSN & VSN; Investigation: VSN & FBSH; Writing the original draft, review, and editing: All authors.

Conflicts of interest

There were no conflicts of interest among the authors.

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