

The Effectiveness of Imago therapy on Emotional Orientation in the Sexual Relation, Sexual Self-efficacy, and Sexual Intimacy of Married Women

DOI: 10.22098/JPC.2024.14382.1206

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Abstract

Aim: This study aimed to evaluate the effectiveness of Imago therapy training on emotional orientation, sexual self-efficacy, and sexual intimacy of married women.

Method: A quasi-experimental pretest-posttest control design was used in this study. The study focused on all women in Alborz province, Iran, in 2021. Through purposeful sampling, 30 individuals were selected and randomly assigned to either an experimental group or a control group, with 15 women in each group. The experimental group received ten sessions of Imago therapy, while the control group remained on a waiting list. The data collection tools included the Emotional Orientation in Sexual Relations Questionnaire (Aliabadian & Hassanzadeh, 2018), the Sexual Self-Efficacy Questionnaire (Vaziri & Lotfi, 2012), and the Sexual Intimacy Questionnaire (Shahsiah, 2010). Data analysis involved descriptive and inferential statistics in SPSS 22, with a significance level 0.05.

Findings: Consequently, the affirmation of imago therapy training's influence on emotional orientation, sexual self-efficacy, and sexual intimacy of married women was confirmed.

Conclusion: According to Imago therapy, the subjects in the experimental group demonstrated a considerable impact on their levels of sexual longing, confidence in their sexual abilities, and emotional intimacy. A primary goal of the Imago approach is to help partners stop blaming, criticizing, and negatively reacting to each other and instead become more understanding and empathetic. Clinical psychologists and counselors at suitable facilities are recommended to integrate Imago therapy communication imaging training to improve women's sexual relationships by boosting their confidence and emotional connection.

Keywords: Imago therapy, Emotional orientation, sexual relation, Sexual Self-efficacy, Sexual Intimacy, Married Women.

Introduction

Marriage plays a significant role in society and the emotional connection between two individuals to improve their physical and mental well-being. A prosperous marriage can meet multiple psychological and emotional requirements within a safe environment (Rezapour Mirsaleh & Esmailbeigimahani, 2019). Participating in sexual activity and finding satisfaction in it is a crucial aspect of being human. For women, it is essential to develop a fulfilling sexual bond as it enhances their happiness within the context of marriage and improves the overall strength of their marital bond (Sutter et al., 2019). For women, the ability to build confidence and competence in their sexual skills, known as sexual self-efficacy, is crucial for a prosperous married life (Carlson & Soller, 2019). Sexual self-efficacy, known as confidence and competence in one's own sexual abilities, plays a crucial role in women's success in their married life (Carlson & Soller, 2019). This ultimately leads to a better quality of married life and overall mental well-being (Dorfman et al., 2019).

Thus, the sexual expertise of married women holds significant influence over the sexual conduct within their marriages (Li et al., 2020). However, sexual orientation is a significant distinction between genders among individuals. In actuality, sexual orientation pertains to an individual's physical and emotional attraction to individuals of the opposite gender (Aliabadian & Hassanzadeh, 2018). Basic emotional aspects (masculinity-femininity) act as protective mechanisms against the internalization of mental health problems (Vesely, Siegling, & Saklofske, 2013). The emotional inclination towards sexual activity encompasses the presence of sexual longing within an individual. Women find gratification in their intimate relationships when they experience a robust and unwavering sexual desire, supported by the presence of affection and emotional closeness from their partners (Ghorashi & Merghati Khoei, 2017). In Iranian culture, women often assume a passive role within patriarchal contexts, prioritizing the satisfaction of their husbands' desires over genuine self-expression in their relationships. As a result, it is reasonable to expect that these individuals would likely experience reduced sexual desire and performance, as well as diminished emotional attachment in their relationships, ultimately leading to a compromised quality of their marital partnerships. Therefore, when addressing these issues related to Iranian women, it is essential to utilize psychological interventions aimed at addressing their sexual concerns. Within the context of imago therapy training, promoting and maintaining healthy relationships, including sexual encounters, becomes a crucial goal in the practice of couples therapy (Kramer, 2018).

Sexual self-efficacy is one of the most common factors contributing to sexual problems. Sexual competence is considered a multidimensional construct that encompasses an individual's belief in their ability to perform effectively in sexual activities, their capacity to be compatible with a partner, and their assessment of their skills and capabilities in sexual behavior (Wu & Zheng, 2021). It is evident that sexual self-efficacy, as an intervening variable, plays a crucial role in sexual functioning. Sexual self-efficacy is essential for engaging in appropriate and fulfilling sexual activity, and it is believed that

sexual activity is linked to a deeper understanding of one's sexual competence. Sexual self-efficacy contributes to improved mental well-being in individuals' lives. Based on this, sexual self-efficacy is regarded as a predictor of sexual functioning (Vaziri and Kalvani, 2018). Imago Relationship Therapy is a process in which couples learn to become aware of the unconscious aspects of their relationship and examine the roots of conflicts instead of trying to resolve them. This approach believes that stages of childhood development, especially a person's early relationships with parents, influence marital relationships (Cheraey & Goudarzi, 2020)

Communicative imaging is a tool that helps spouses develop a mindful relationship. One theory suggests that our unconscious desire to find a partner who can make us feel complete plays a significant role in our selection of life partners. This idea is called an "imago" or childhood ideal (Hendrix, 1996). The imago process involves engaging and convincing people to understand their own and their partner's emotional wounds, learn new skills, and address painful and harmful behaviors. During the process of visualization, individuals meet the needs of their partners and reintegrate lost and rejected aspects of their being to attain mental and spiritual growth (Nikoogoftar & Sangani, 2019). To have a sincere relationship in married life, a sexual relationship is fundamental. Couples in a genuine and joyful environment experience more fulfilling sexual relationships, and the allure of these relationships endures. Dissatisfaction and lack of intimacy can erode the vitality and joy of marriage, leading to a reduction in marital quality (Taghiyar & Pahlavanzade, 2019). Various studies indicate that imago therapy effectively improves couples' communication patterns, the quality of relationships, and spouses' understanding of conflicts and marital dissatisfaction (Alipour, Ezazi Bojnourdi, Honarmand Dorbadam, Moosavi, & DashtBozorgi, 2018; Ghasemzadeh Gangan & Samari, 2021; GÜVEN & İSKENDER, 2023; Khalili & Afkari, 2017; Nikoogoftar & Sangani, 2019). The research conducted by Cheraey & Goudarzi (2020) on couples showed that the enhancement of marital intimacy is highly positively correlated with marital satisfaction and stability. Therefore, it can be concluded that these studies indicate that Imago therapy indirectly enhances the stability and strength of marital and family relationships by increasing marital intimacy and satisfaction. The literature review indicates a lack of studies that have examined the variables in question, as stated in the research.

Given the challenges society faces in addressing couples' sexuality and divorce, this research outcome could potentially provide significant benefits to consultants. The importance of conducting current research can be emphasized by focusing on the institution of the family and its significant role, particularly for society. A healthy society is comprised of thriving family units, with the crucial element being the presence of strong bonds and the effective functioning of this essential foundation. Therefore, it is important to identify and implement measures that have the potential to enhance family functioning. The present study emphasizes the importance of addressing this area to improve the communication between families and couples. In previous studies, the treatments used for couples seeking divorce were based on theoretical concepts. Psychological training involving imagery therapy utilizes cognitive, behavioral, and emotional techniques. Therefore, the primary focus of the present study will be to examine the impact of Imago

therapy training on the emotional orientation, self-efficacy, and sexual intimacy of married women.

Methods

This study utilized a quasi-experimental design with a pretest-posttest control group. The target population consisted of all women in the Alborz province. The research was conducted at the Behpouyan clinic in Alborz province, Iran, in 2021. Through convenience sampling, 30 participants were randomly divided into either the experimental or control group, with 15 women in each group. The sample consisted of 30 women who had low average scores on sexual competence, emotional orientation, and sexual intimacy questionnaires, as determined by G*Power software (effect size=1.48, $1-\beta=0.95$, and $\alpha=0.05$) (Safinia, Ebrahimi Moghadam, & Abolmaali, 2021).

In this research, female participants were allocated to different treatment groups through the use of opaque sealed envelopes in a randomized manner. After obtaining consent from the women to partake in the trial, an envelope was opened, and the designated treatment course was administered to them. The selection criteria involved women aged between 18 and 50, with scores below the average on the Sexual Competence, Emotional Orientation, and Sexual Intimacy questionnaires, possessing at least a high school education, and lacking any past medical conditions, mental illness, or hospitalization. On the contrary, the exclusion criteria encompassed participants who displayed uncooperativeness, were incapable of fulfilling weekly tasks, or were absent from more than two sessions.

Upon obtaining a research permit, eligible female participants were then invited to participate in the study. The participants received a comprehensive brochure outlining the study's objectives, benefits, and procedures to encourage their active participation. Once the designated sample collection quota was met, scheduled meetings were arranged to initiate the research process. At first, the first author (The therapist graduated from a Family Counseling program and has also finished workshops in family therapy) employed a preliminary evaluation at the Behpouyan clinic by employing research tools on two distinct groups: one representing the experimental group and the other representing the control group. Following this, the experimental group participated in Imago therapy sessions, while the control group remained on the waiting list. After the treatment sessions concluded, participants from both the experimental and control groups completed a posttest, which involved the administration of a comprehensive questionnaire. By ethical principles, all chosen participants were required to give their informed consent and were assured that their information would be treated with the highest level of confidentiality.

Measures

Emotional orientation in the sexual relation (EOSR)

This questionnaire was developed by Aliabadian and Hassanzadeh in 2018. This questionnaire contains 50 items, and the answering method is based on a 5-point Likert scale, where "completely agree" is rated as five and "disagree" is rated as one. Revised 2: Items 1-3-7-9-11-13-17-19-21-23-27-29-31-33-37-39-41-43-47 and 49 measure the fear

of sex component. Items 2-4-6-8-12-14-16-18-22-24-26-28-32-34-36-38-42-44-46 and 48 assess the desire for sex component. Lastly, items 5-10-15-20-25-30-35-40 and 45 gauge the indifference to the sex component. Reason 2: Clarified the list of items and rephrased them for better readability. Cronbach's alpha coefficient was utilized to assess the internal consistency of the questionnaire. The coefficients for fear of sexual intercourse, desire for sexual intercourse, indifference to sexual intercourse, and all questions were 0.99, 0.86, 0.87, and 0.88, respectively. The construct validity, as measured by Pearson's correlation, is -0.73 for fear of sexual intercourse, 0.96 for desire for sexual intercourse, and -0.66 for indifference to sexual intercourse concerning the total score of the questions, and these correlations are statistically significant (Aliabadian & Hassanzadeh, 2018). In the current study, Cronbach's alpha coefficient was utilized to assess the internal consistency of the questionnaire, and the Cronbach's alpha coefficient for all questions was 0.80.

The Sexual Self-Efficacy Questionnaire (SEQ)

The questionnaire was developed by Vaziri and Lotfi Kashani, based on Schwarzer's General Self-Efficacy Questionnaire (Vaziri & Lotfi Kashani, 2013). The prepared questionnaire consists of 10 questions, each scored on a scale of four consecutive options, ranging from 0 (not true at all) to 3 (completely true). In the preliminary study, the reliability of the self-report sexual questionnaire was reported as Cronbach's alpha 0.86, Spearman-Brown split-half 0.81, and Guttman's method 0.81. Furthermore, the researcher validated the reliability estimates of the Iranian Sexual Competence Questionnaire using a content-based validation method. The researchers have confirmed the validity and reliability of this questionnaire (Vaziri & Lotfi Kashani, 2013). In the present research, Cronbach's alpha coefficient was used to evaluate the questionnaire's internal consistency, and the resulting coefficient for all questions was 0.77.

Description of treatment sessions:

The Sexual Intimacy Questionnaire by Shahsiah was prepared in this context. The (always, sometimes, rarely, and never) scores from 1 to 4 (Shahsiah, 2010). The sexual intimacy questionnaire consists of 30 questions, each with four options. Content validity is used to evaluate the validity of the questions. Furthermore, the reliability of the questionnaire components was assessed using Cronbach's alpha method for the entire questionnaire, yielding a coefficient value of 0.84.

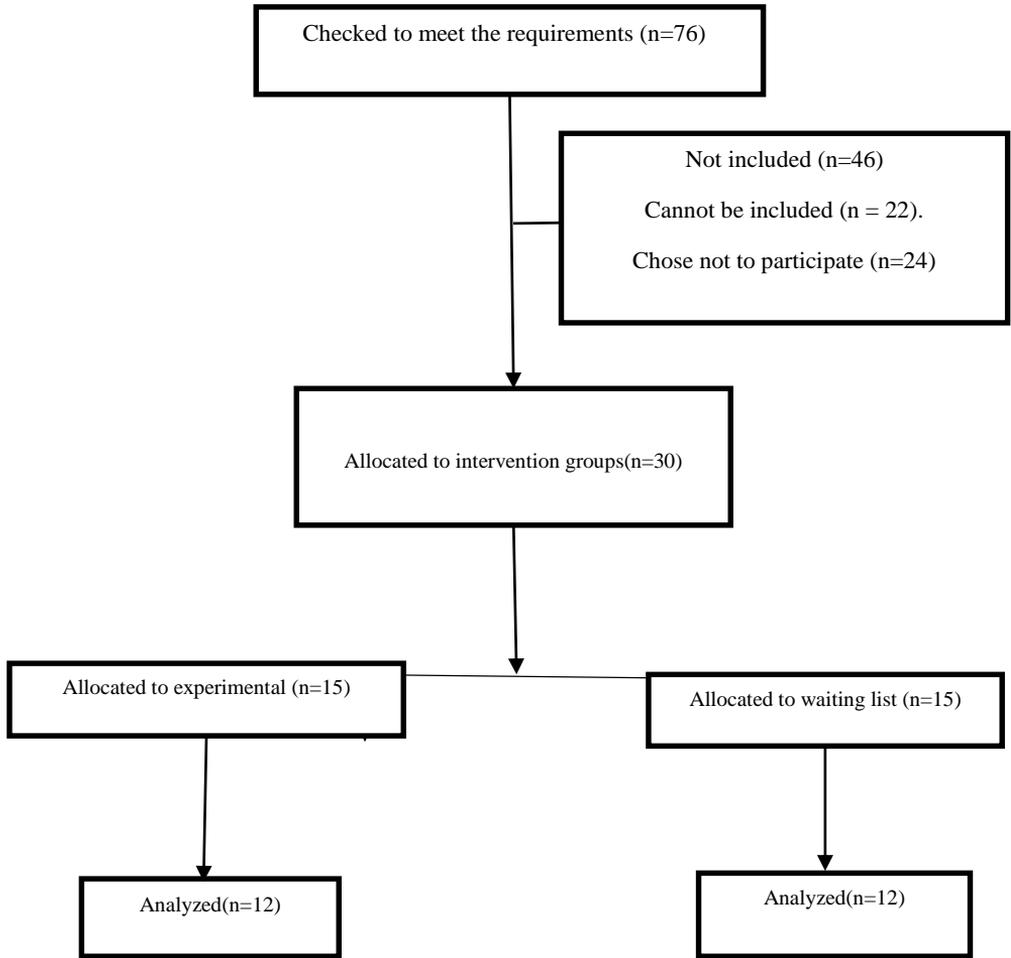


Table 1. Title of the Skills Implemented in Dialectical Behavior Therapy Sessions

The content of the meetings	Meetings
Acquaintance with skills, objectives of skill training (general, partial, personal), introduction to skill training, guidelines for skill training, presuppositions of skill training, examining the benefits and disadvantages of using skills.	Preliminary
Objectives of mindfulness, definitions of mindfulness, advantages and disadvantages of mindfulness, basic mindfulness skills, states of mind (rational, emotional, logical mind), rational mind practice, observation skills (observation), observation practice.	The first

Continuation of what skills (description and participation), description and participation, practice, how skills (non-judgment, unity of conscious mind and efficiency), how skills practice, mindfulness worksheet exercises.	The second
The goals of distress tolerance, the skill of how to survive in a crisis, the skill of stopping, the technique of profit and loss (based on critical desires), the skill of the hands and body, muscle relaxation.	The third
The technique of returning attention, self-soothing, improving the moment.	The fourth
Strategies for acceptance of reality, practice of pure acceptance, passion skill, eager smile and hands, mindfulness of current thoughts.	The fifth
The goals of emotion regulation, the effects of changing emotions, understanding and naming emotions, methods for describing emotions, a brief description of changing emotional responses (checking the facts, opposing action).	The sixth
Problem solving, brief description of reducing vulnerability to the emotional mind, the accumulation of positive emotions (short term), list of pleasant events, the accumulation of positive emotions (long term), list of values and priorities, reaching partial practical steps through Values.	The seventh
Objectives of Effectiveness, Barriers to Effective Communication, Myths Related to Effectiveness, Challenging Myths, Fundamental Interpersonal Effectiveness Skills.	The eighth
Determining goals in interpersonal situations, goal effectiveness skills, guidelines for effective communication (relationship maintenance), guidelines for maintaining self-respect.	The ninth
Evaluating the intensity options of asking or saying no, checking the factors of asking or saying no, identifying the problems of interpersonal efficiency skills, solving the problem of effective communication skills.	The tenth

Data analysis

The collected data were analyzed using descriptive and inferential statistics in SPSS 22, with a significance level set at 0.05. Descriptive measures, such as the mean, standard deviation, chi-square, and t-tests, were utilized to elucidate the variables at the descriptive level. Conversely, at the inference level, analysis of covariance (MANCOVA) and Bonferroni post hoc tests were used for t-tests. The normality of the data was assessed using the Kolmogorov-Smirnov test, while the Levene test was used to evaluate the assumption of equal variances for the dependent variables.

Results

Demographic variables for women are presented in Table 2. According to the results, there was no significant difference in demographic characteristics between the experimental and control groups.

Table 2 . Descriptive statistics (M= Mean; SD= Standard Deviation)

Groups	Mean ± SD age	Duration of marriage	Education			
			Elementry school	Middle school	High school	College
Experimental group	36.43 ± 5.32	7.45 ± 2.77	1 (0.06)	5 (33.3)	4 (26.6)	5 (33.3)
Control group	37.80 ± 6.06	8.33 ± 2.09	2 (13.33)	3(0.2)	3(0.2)	7 (46.6)
P	0.234	0.256	0.361			

Table 3. Means and standard deviations (SD) variables in intervention

Groups	Variables	Mean ± SD	
		Pretest	Posttest
Control	Fear of sex	48.87±5.566	48.20±4.039
	Desire for sex	51.67±7.287	52.87±7.357
	Indifference to sex	23.13±3.833	22.47±4.033
Intervention	Fear of sex	49.60±5.816	44.40±5.026
	Desire for sex	51.33±9.552	56.53±9.117
	Indifference to sex	24.67±3.086	21.73±3.900
Control		15.60±6.631	16.20±6.109
Intervention	Sexual self-efficacy	16.93±3.845	20.07±3.555
Control		65.12±10.666	65.73±10.680
Intervention	Sexual intimacy	63.73±13.101	68.93±13.307

Table 3 presents the mean and standard deviation of variables for participants in both the pre-test and post-test phases. There was little change in the mean scores of the control group during and after a pre-test. Despite this, the experimental group exhibited a further reduction in sexual fear and indifference to sex scores, along with an increase in sexual desire scores at the post-test level compared to those reported at the pre-test level. The results of the experimental group indicated that sexual self-efficacy scores increased more than those of the control group during the post-test. Moreover, the experimental group's scores for sexual intimacy were significantly higher after the test compared to those of the control group.

Table 4: Results to compare the variables in the experimental and control groups in the post-test

Variables	SS	MS	F	P	η^2
Fear of sex	147.014	147.014	14.624	0.001	0.389
	231.223	10.053			
Desire for sex	175.856	175.856	22.837	0.001	0.498
	177.112	7.701			
Indifference to sex	31.874	31.874	8.116	0.009	0.261
	90.329	3.927			
Sexual self-efficacy	42.508	42.508		0.003	
	85.581	3.721	11.424		0.332
Sexual intimacy	160.681	160.681	14.096	0.001	
	262.186	11.399			0.380

In Table 4, the results of a between-subjects test comparing the variables of sexual fear, indifference to sex scores, sexual self-efficacy, and sexual intimacy between subjects in the experimental and control groups are presented in the post-test phase. According to the results presented in Table 3, the F values obtained for all variables are significant ($P < 0.01$). Moreover, the mean scores for sexual fear and indifference to sex in the experimental group decreased compared to the control group during the post-test period, while the mean values for sexual desire, sexual self-efficacy, and sexual intimacy scores increased ($P < 0.01$).

Discussion

The present study aimed to investigate the effects of Imago therapy on the emotional orientation, sexual self-efficacy, and sexual intimacy of married women. The results indicated that Imago therapy improved sexual desire, sexual self-efficacy, and sexual intimacy among married women. Imago therapy, based on relational imagery, increased the sexual self-efficacy and intimacy of married women in the intervention group. The results of the present study are consistent with and confirm the findings of Martin & Bielawski, (2011), Cheraey, & Goudarzi, (2020), Ardalani, Refahi, & Honarparvaran, (2016) and Karimi and Ganji (2016), Safavi, Mohammadkhani, & Sabahi, (2022). When analyzing the results, it is essential to emphasize that Imago therapy aims to educate and raise awareness among couples. It helps individuals understand the hidden aspects of their relationships and the main factors contributing to their conflicts. Overall, it is helpful for all involved. This approach encourages people to examine problems more closely rather

than attempting superficial solutions. Succeeding in this work will lead to mutual recovery, growth, and emotional security (Cheraey, & Goudarzi, 2020).

Imago therapy can enhance positive emotions toward one's spouse. In Imago therapy, activities such as expressing positive and negative emotions in a group setting help women communicate their feelings more comfortably than with their partners. Imago therapy boosts positive emotions and enhances the flexibility of action (Nikoogoftar & Sangani, 2019; Guven & Iskender, 2023). Creating this feeling will lead to a sense of connection and positive feelings toward each other. Therefore, changing unconscious marriage and relationship to conscious marriage will increase compatibility (Khalili & Afkari, 2017). During imago training, participants will explore how their childhood experiences have influenced their current relational dynamics. Understanding the impact of childhood experiences with parents on current interpersonal relationships helps individuals gain insight into their spouse's behavior. Each couple knows that most people, including their partners, have experienced childhood trauma and are looking for a supportive figure to help with their healing process. Their capacity to identify and comprehend their partner's inability to fulfill their requirements, which can be perceived as a form of rejection, and to rectify the illogical beliefs ingrained in them since their early years is hindered. During imago therapy training sessions, couples strengthen their relationship and increase levels of respect and love by developing a deeper understanding of each other. This understanding is further improved by developing communication skills (Soodani, Dehghani, & Dehghanizadeh, 2013).

When interpreting the results, it is evident that the method aims to help couples build a healthy connection, foster empathy and understanding through conscious, collaborative conversation, and create a safe environment to address needs. By practicing mindful communication, couples can share information effectively, leading to a deeper understanding of each other's needs and pain. Additionally, this approach enables couples to express anger and negative emotions healthily, fostering a safe space in the relationship (Khalili, & Afkari, 2017). Reducing negative emotions, including anger, also helps increase positive feelings toward each other, reduce resentment and frustration, and ultimately reduce boredom. In addition, one of the reasons why men and women are attracted to each other is due to people's unconsciousness and aging brain. This is how loving someone can heal our childhood wounds. In fact, we unrealistically hope that after marriage, when our expectations are not met by our spouse, we will be disappointed (Alipour et al, 2018). During couple's therapy sessions, information is provided about the reasons for attraction to men and women so that participants discover that their expectations of their spouse are unrealistic and that they have irrational beliefs. In this way, they come back to the reality of life and realize that their partner has the same needs and pain as they do. Then, by providing appropriate techniques, effective communication methods will be taught so that instead of having inappropriate expectations, they can consciously meet each other's needs. This approach emphasizes thoughtful and caring behaviors and helps couples become sources of satisfaction for each other's emotional needs, experiencing positive feelings through enjoyable and shared experiences to create a safe and supportive atmosphere. Doing exercises like closing emergency exits will help reduce psychological and emotional distance. Refreshing romantic memories of the past,

expressing one's wishes and desires emphasizing current pleasant behaviors, giving unexpected gifts, and engaging in joint recreational activities will create a favorable and satisfying communication atmosphere and ultimately reduce boredom in marriage (Ghasemzadeh Gangan, & Samari, 2021). Imago therapy has shown that the experimental group experienced a greater influence on sexual desire, sexual self-efficacy, and sexual closeness.

The study's limitations include convenience sampling and the participants' residence in Alborz province, which may limit the generalizability of the findings to other subcultures. The inability to assess the control group during the follow-up stage is a significant limitation of the current study. The study has other limitations, such as subjects dropping out, the potential for events to occur alongside the independent variable application, and reliance on self-reported data. It is important to be cautious when generalizing research findings. Moreover, women faced challenges participating in meetings due to marital conflicts. It takes multiple sessions to promote regular attendance. Due to the lack of interview facilities, this research was limited to quantitative methods.

Conclusion

As per Imago therapy, the participants in the experimental group showed a significant effect on their levels of sexual desire, self-assurance in their sexual skills, and emotional closeness. Thus, based on the advantages mentioned above, it is recommended for counselors and clinical psychologists at relevant facilities to utilize communication imaging training (Imago therapy) to enhance sexual self-confidence and emotional connection toward women in sexual relationships. Offering guidance and enhancing necessary abilities on performing sexual activities and marital relationships during premarital and family counseling will play a significant role in enhancing and maintaining marital life.

Acknowledgments

The authors thank the management of Clinic in Alborz Province for their cooperation, who worked hard to establish contact between the researcher and the women in question, as well as providing facilities for them. The authors also thank all women who participated in the study, completed interviews and testing, and provided their personal information to the researcher.

Ethics principles

To adhere to the ethical principles of the current intervention study, we considered the ethical standards outlined by the American Psychological Association and the Iranian Organization of Counseling and Psychology. The study's objectives were explained to all participants, and the voluntary nature of their participation was emphasized. Accordingly, written informed consent was obtained from all participants. They were assured that their information would remain confidential and that they could withdraw from the study at any time. Other aspects of research ethics include upholding ethical values during data

collection, prioritizing the psychological well-being of participants, maintaining objectivity in data analysis, and ensuring the accuracy of citations.

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