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The Effectiveness of Cognitive Behavior Therapy based on Religious Believes on Life Satisfaction and Mutual Interest in the Women with Hypoactive Sexual Desire Disorder

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Abstract

Introduction: The aim of this research was to study the effectiveness of cognitive behavior therapy based on religious believes on life satisfaction and mutual interest in the women with hypoactive sexual desire disorder.

methods: The statistical population of the research included women who referred to the researcher counseling center and specialized women's clinics in Ahvaz due to lack of sexual desire. 30 couples were selected by available sampling method. They were completely matched in terms of age, socio-economic status, lack of acute physical and psychological diseases and other criteria considered in this study. The instruments included Diner Life Satisfaction Scale and Couples Love and Interest Scale. The data were analyzed by univariate analysis of covariance (ANCOA) and multivariate analysis (MANCOVA).

Results: The results revealed that there was a significant difference between experimental and control group in life satisfaction and mutual interest ($p<0.001$). The rate of life satisfaction and mutual interest in experimental group significantly were higher than pretest and control group. These results significantly persisted after three months fallow up ($p<0.001$).

Conclusion: In general, the results showed that cognitive behavioral therapy based on religious believes have a positive effect on life satisfaction and mutual interest. These findings support the role of affective factors on the sexual performance of men and women and emphasis on considering these factors in the therapeutic protocols.

Keywords: cognitive behavior therapy based on religious believes, life satisfaction, mutual interest, hypoactive sexual desire disorder

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Introduction:

Numerous factors have been proposed in the feeling of life satisfaction, among which family factors have played the most important role in the feeling of life satisfaction. Marital satisfaction is one of the most important concepts in the fields of sociology and family psychology. This concept refers to the amount and quality of enjoyment and satisfaction of married couples (1). Life satisfaction is one of the most important factors in the development and achievement of life goals and is influenced by the emotional stability of couples, to the extent that family psychologists often base their level of life satisfaction on couples in assessing the quality of couples' marital relationships. Satisfaction with married life indicates the strength and efficiency of the couple system and is one of the most important determinants of healthy functioning of the family (2).

Glasser and Newton's research showed that unhappy marriages and dissatisfaction with life have detrimental effects on public health (3). Many factors play a role in the success and satisfaction of marriage: the personality of the parties, the level of mutual understanding, intellectual maturity and mental balance, economic factors, sexual satisfaction and love and affection are the most important factors that create a satisfying and pleasant life (4). Another study of 172 couples found that positive perceptions of a spouse's interest led to emotional security and supportive behaviors and life satisfaction (5). It is important to examine the effects of the interest variable in different ways. Among other things, theorists such as Maslow, Rogers and Forum have considered the need for respect and love as one of the most important psychological needs of human beings (6). Another factor that plays a role in life satisfaction is sexual misconduct. There are several factors that can affect sexual function and cause problems in different stages of sexual response such as desire, arousal and orgasm. The main problem facing today's society is the lack of sufficient information about sexual issues and the existence of incorrect attitudes and beliefs about this issue in the family, especially newlyweds (8). Trudeau research has shown that 80% of couples who have attended couple's therapy are dissatisfied with their sex lives. The relationship between marital and sexual function, especially for libido disorder, has been studied (9). The DSM-IV-TR defines sexual dysfunction disorder as "the lack or persistent or frequent lack of sexual imagination and desire for sexual activity" that causes significant discomfort or interpersonal problems (10). A study by Trudeau found that women with sexual dysfunction experienced higher levels of marital problems. On the other hand, these marital problems are associated with symptoms of psychological distress, especially depression and anxiety (9). One of the most important factors affecting sexual dysfunction is the emotional connection between couples. If there is a disturbance in the emotional relationship between couples, it can cause cold sexual relations (11).

The findings of Weinshaw, & et al. Also showed that men and women with sexual dysfunction significantly expressed lower levels of positive emotion and higher levels of negative emotion (12), hence the importance of the role that emotional factors play on men and women have sexual function, it supports. These findings underscore the need to evaluate these dimensions and incorporate them into treatment protocols. The results of another study showed that the sexual function of older women was positively and significantly related to

the feelings of intimacy and mutual interest of couples (13). To improve sexual relations and promote life satisfaction in couples, several therapeutic approaches have been designed, among which couple therapy can be referred to cognitive-behavioral methods.

Weins et al. State that in cognitive-behavioral therapy, one learns to use problem-solving abilities to combat negative thoughts and beliefs about sex and to help improve one's relationship with one's spouse (14). Beliefs such as that a good woman should respond only to her husband's sexual desires and not show her sexual desires herself. These kinds of beliefs that can create feelings of guilt prevent sexual arousal, or even orgasm. People who become distracted by these thoughts have difficulty concentrating on sexual stimuli that enhance sexual desire (15). Achilles et al. Also report the effectiveness of cognitive-behavioral therapy in improving sexual relations and state that this method strengthens and maintains good physical and mental feelings between couples (16). The cognitive-behavioral psychotherapy approach helps clients develop behavioral change skills by discovering distorted thoughts and ideas, useless beliefs and attitudes, and cognitive reconstruction. In religion-based cognitive-behavioral psychotherapy, in addition to cognitive therapist methods that aim to change the patient's misconceptions and turn negative self-efficacy thoughts into rational thoughts; during therapy sessions, the patient is helped to strengthen his or her spiritual beliefs and religious beliefs (17). Religion is a basic factor that protects people from the pressures and stresses of life and helps religious people to have better mental health, such as addiction, suicide, divorce, delinquency and depression. Religious people are significantly less than non-religious people. Researchers believe that religious beliefs make it easier to deal with emotions, distress, and difficult situations (18).

In addition, in patients with chronic and debilitating diseases who face acute health crises; Spirituality is known as a factor that creates purpose and meaning in life and, as a result, improves the situation of life. In a study on the effect of communication skills and problem solving training on marital satisfaction of women referring to Ahvaz counseling center, the results showed that there was a significant difference between the experimental and control groups in terms of marital satisfaction. The level of marital satisfaction in the experimental group was significantly increased compared to the pre-test and the control group. These results continue to significantly increase women's marital satisfaction in follow-up courses, ie, communication skills training and religion-based problem solving (19). Choosing an approach to treating couples regardless of socio-cultural aspects is like riding a train without knowing its origin and destination. Therefore, in this study, an attempt has been made to choose an approach that is even possible with the cultural and social contexts of Iranian families and couples are appropriate, so it is necessary to include the teachings of Islam as a component of Iranian culture in treatment. According to the above research literature on the effectiveness of cognitive-behavioral therapy, the present study aims to answer the question of whether using religion-based cognitive-behavioral therapy can increase life satisfaction and mutual interest of couples.

Methods:

The research method of the present study was quasi-experimental with pre-test, post-test with control group and follow-up period. The statistical population of the study includes women who referred to Mohaghegh Counseling Center and specialized women's clinics in Ahvaz in 2017 due to lack of sexual desire. Using the available sampling method, 30 couples were selected according to the inclusion and exclusion criteria in the study. These people in terms of age, cultural-economic status, gaining a standard deviation below the average in the life satisfaction questionnaire, diagnosis of sexual dysfunction disorder with the approval of specialists and clinical interviews, not suffering from other physical and mental illnesses, not using psychedelics or sex drugs were completely homogeneous during the intervention period and other variables in the study. These subjects were then randomly divided into experimental and control groups. The experimental group underwent ten sessions of cognitive-behavioral therapy with Masters and Johnson therapy, based on religious teachings to reduce possible guilt and the need for sex, but the control group did not receive any intervention. The instruments used in the study were administered to both groups before therapeutic interventions, after the end of the treatment sessions and after a three-month follow-up period.

Life Satisfaction Scale: This scale was prepared by Diner et al. (1985) and consists of 5 statements that measure the cognitive component of actual well-being. Subjects state, for example, how satisfied they are with their life or how close life is to their ideal life. Each statement has seven options and is scored from 1 to 7. (Strongly disagree to strongly agree). Schimek et al. Reported the validity of the Life Satisfaction Scale using the Cronbach's alpha for American, German, and Japanese nationals at 0.90, 0.82, and 0.79, respectively. (17). In order to determine the validity of life satisfaction, its relationship with many tools has been examined. Hayes and Joseph (2003) found a 0.56 correlation between life satisfaction scale scores and the Oxford Happiness Index (18). Bayani et al. Obtained Cronbach's alpha coefficient of 0.83 for the validity of the Life Satisfaction Scale. The Oxford Happiness Index and Beck Depression Inventory were performed simultaneously to determine the construct validity of the Life Satisfaction Scale. The correlation coefficient between the Life Satisfaction Scale and the Oxford Happiness Scale was 0.71 and the correlation coefficient between the Life Satisfaction Scale and the Beck Depression Inventory was -0.59 (19).

The scale of love and affection

To measure the level of love and affection of couples, a love and affection questionnaire developed by Danesh and Heydarian was used (20). These researchers used the questions of two different questionnaires in compiling the love and affection questionnaire. A love questionnaire developed at North Stern University in Boston and a spouse interest rate test developed by Baron and Robert (1992). The content validity of the questionnaire developed by several experts (Dr. Heidar Ali Hooman, Dr. Hadi Bahrami, Dr. Gholamreza Nafisi) has been confirmed. The validity of the questionnaire was 0.98 by Cronbach's alpha method. The Likert questionnaire has 5 options. The minimum score of the subject in each question is 5 and the maximum score of the whole questionnaire is 75.

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Summary of the content of treatment sessions

Session 1: Communicating and expressing goals and attracting cooperation, defining and explaining the lack of sexual desire disorder. Familiarity of group members with each other, introduction and explanation about treatment method, goals, rules and necessities, training to recognize unpleasant emotions, negative motivating events, unpleasant thoughts, positive form of events, emotions, negative thoughts as homework

Session 2: Clinical interview with couples and evaluation of the causes of lack of sexual desire in women. Reviewing negative thoughts and challenging them, quoting verses from the Holy Quran and hadiths about solving problems and facing events, strengthening patience and trust in God, praying and strengthening the continuous relationship with the Creator of the universe.

Session 3: Expressing irrational thoughts and beliefs about sex, the attitude of the individual and the family about this issue. A brief review of previous sessions and review of homework, teaching the art of turning one's attention to the universe and the universe, strengthening life expectancy, activating behavior, quoting Quranic verses and hadiths along with behavioral-cognitive techniques, reviewing negative thoughts and challenging. They refer to the verses of the Holy Quran and hadiths about solving problems and facing events, strengthening patience and trust in God, praying and strengthening the continuous relationship with the Creator of the universe.

Session 4: Cognitive reconstruction and change of attitudes and irrational and negative documents and dysfunctional schemas about it, doing homework in the field of practicing muscle relaxation and establishing verbal and non-verbal relationships that cause couples to love each other. A brief overview of previous sessions and review of homework, teaching the art of turning one's attention to the universe and the universe, strengthening life expectancy, activating behavior, quoting Quranic verses and hadiths along with cognitive behavioral techniques.

Session 5: Citing hadiths and stating verses in the Holy Qur'an about the necessity of sexual intercourse and its spiritual reward in couples. Strengthen positive self-talk and visualization of sexual relations with pleasure and subsequent consequences in married life and spouse satisfaction. A brief overview of previous sessions and review of homework, teaching the art of turning one's attention to the universe and the universe, strengthening life expectancy, activating behavior, quoting Quranic verses and hadiths along with behavioral-cognitive techniques

Session 6: Educating and advising the husband about the woman's expectations of him and establishing sincere emotional relationships with love and strengthening sexual responses against cold temper in the woman. Training muscle relaxation and deep breathing for 10 minutes, visualizing the various phenomena of the universe to gain positive energy and

double power, examining thoughts with the help of patients and replacing logical thoughts with irrational thoughts.

Session 7: Examining irrational family and cultural thoughts about sexual intercourse and using religious beliefs to raise awareness and change insights to combat guilt. Expressing and discussing patients' feelings, examining the changes that patients have experienced in their situation, continuing homework, and the counselor reassuring patients that applying what they have learned is a problem for them will not come.

Results:

Table 1 shows the descriptive findings related to the variables of life satisfaction and mutual interest of couples in the experimental and control groups in the pre-test, post-test and follow-up stages.

Table1 . Mean and standard deviation of life satisfaction scores and mutual interest of couples in experimental and control groups

Variable	Stage	Group	Mean	SD
Life satisfaction	Pre test	experimental	19.22	4.16
		control	21.33	5.29
	Post test	experimental	28.42	3.49
		control	20.39	6.33
	Fallow up	experimental	29.13	3.92
		control	21.08	2.87
Mutual interest of couples	Pre test	experimental	31.12	3.16
		control	32.81	4.25
	Post test	آ experimental	59.36	5.12
		control	31.75	4.36
	Fallow up	experimental	60.12	3.75
		control	30.25	2.91

Table 2). Levin test results on the assumption of equality of variance of life satisfaction variable in experimental and control groups

Table 2. Levin test results on the assumption of equality of variance of life satisfaction variable in experimental and control groups

Variable	F	df_1	df_2	Sig
Life satisfaction	0.759	2	25	0.385
Mutual interest of couples	0.029	2	25	0.831

As can be seen in Table 2, the similarity of variances in the two groups is not significant for the variables of life satisfaction and mutual interest. In other words, the null hypothesis for the homogeneity of the scores of life satisfaction and mutual interest in the two groups is confirmed. Therefore, the assumption of using analysis of covariance has been observed.

Table3. Results of multivariate analysis of covariance (MANCOVA) on the mean scores of post-test marital life satisfaction and mutual interest of couples in experimental and control groups with pre-test control

Test	Rate	Hypotheses df	Error df	F	Sig	Eta Square
Pillay effect test	0.935	2	25	415.26	0.001	0.95
Wilkes Lambda test	0.049	1	25	415.26	0.001	0.95
Hoteling effect test	23.16	1	25	415.26	0.001	0.95
The largest root of Rey	23.16	1	25	415.26	0.001	0.95

As can be seen in Table 3, with pre-test control, there is a significant difference between couples of experimental and control groups in terms of at least one of the dependent variables of marital life satisfaction and mutual interest of couples. (P <0.001 and F = 4/2615). To find out the difference, two one-way covariance analyzes were performed in MANCOVA test.
Table 4) Results of one-way analysis of covariance in MANCOVA test on post-test mean scores of life satisfaction and mutual interest of couples in experimental and control groups

Table4. Results of one-way analysis of covariance in (MANCOVA) on post-test mean scores of life satisfaction and mutual interest of couples in experimental and control groups

Variable	Source of changes	Sum of Squares	Df	Mean Squares	F	Sig	Eta Square
Life satisfaction	Pre test	0/176	1	0.176	2.07	0.097	0.36
	Group	17.26	1	17.26	287.41	0.001	0.87
	Error	2.53	25	0.35			
Mutual interest of couples	Pre test	0.131	1	0.131	3.27	0.019	0.35
	Group	8.25	1	8.25	243.12	0.001	0.85
	Error	1.28	25	0.027			

As can be seen in Table 4, in the post-test phase with pre-test control between the pairs of experimental and control groups in terms of life satisfaction (p <0.001 and F = 287.41) and mutual interest (<0.001). p and 24/243 = F) There is a significant difference.
Table 5) Results of one-way analysis of covariance in MANKOVA test on the mean scores of pursuing life satisfaction and love and mutual interest of couples in experimental and control groups with pre-test control
Table5. Results of one-way analysis of covariance in (MANCOVA) on the mean scores of pursuing life satisfaction and love and mutual interest of couples in experimental and control groups with pre-test control

Variable	Source of changes	Sum of Squares	Df	Mean Squares	F	Sig	Eta Square
Life satisfaction	Pre test	0.143	1	0.143	2.65	0.112	0.26
	Group	17.72	1	17.72	315.24	0.001	0.87
	Error	2.31	25	2.30			
Mutual interest of couples	Pre test	0.171	1	0.171	2.87	0.0911	0.39
	Group	8.57	1	8.57	211.51	0.001	0.81
Variable	Error	1.68	25	0.0039			

As shown in Table 5, there is a significant difference between the experimental and control groups in terms of marital life satisfaction and mutual interest in the follow-up phase with pre-test control of couples. In other words, religion-based cognitive-behavioral therapy has increased life satisfaction and mutual interest in the experimental group couples in the follow-up stage compared to the control group couples.
strengthen Marital life will help a lot. In addition, the importance of studying family issues requires, above all, attention to the indigenous family culture of each community. Interestingly, we have a rich and effective cultural and religious background to deal with family issues (21), so the present study has tried to determine the effect of religion-based cognitive-behavioral therapy on life satisfaction and mutual interest. Examine women with impaired libido. In general, the results of the present study show that religion-based cognitive-behavioral therapy has a positive effect on life satisfaction and mutual interest of couples. In the post-test stage, with pre-test control, there is a significant difference between the couples of the experimental and control groups in terms of life satisfaction and mutual interest. In the follow-up stage, there is a significant difference in terms of life satisfaction and mutual interest in the pre-test control of the experimental and control groups. These results are consistent with the findings of Hosseini (22) and Hort et al. (23). Also in line with the present study, the results of Lotfi and Vaziri study (24) showed a significant effect of sex education on positive emotions of couples, conflict resolution, sex and marital satisfaction. According to their study, sex skills training plays an important role on positive emotions and

spouse interest, creating personal emotions and beliefs about the role of sex in the duration of marriage, improving conflict resolution, personal desire to express emotions and increasing couples' satisfaction with married life. has it. In addition, the results of this study are consistent with the findings of Faqih and Rafi'i Moghaddam (25), which show that psychological training based on Islamic traditions is effective in improving the relationship between spouses and thus their life satisfaction.
The effectiveness of religious cognitive-behavioral therapy can be considered in the components of this treatment. The need to correct negative interpretations and beliefs as a prelude to resolving interpersonal conflicts and increasing mutual interest between couples. The cognitive processes involved in female sexual dysfunction are summarized by Case Witter et al. (27, 26) as follows: Women with sexual misconduct have negative beliefs (such as age-related beliefs) that make them more vulnerable to self-critical schemas (such as I am inappropriate) when experiencing unsuccessful sexual contact. When activated, these schemas evoke spontaneous negative thoughts (such as failure thoughts) that prevent them from concentrating and evoke negative emotions and dysfunctional sexual responses from libido to orgasm, so in research intervention sessions Now these beliefs have been rebuilt. One of the most important limitations of this study was the small sample size due to lack of access to all women with sexual desire disorder. Also, the generalizability of the obtained results requires more research in this field with more samples.
This research has been done in order to obtain scientific data in practical and developmental aspects in the field of the impact of Islamic cognitive-behavioral therapy. Due to the effectiveness of this approach, it is recommended that this method be used in family and marriage counseling centers. Also, the research and practical work of specialists on this educational method in order to increase its application in reducing marital problems and improving the marital relations of couples in Iranian families can be considered due to the fact that their culture is intertwined with Islamic topics and contexts.
Conclusion: The results of the present study showed that religion-based cognitive-behavioral therapy has a positive effect on life satisfaction and mutual interest of couples. These results emphasize the inclusion of religion-based cognitive-behavioral therapy in treatment protocols to increase life satisfaction.

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Ethical confirmation:
The subjects completed and signed a written consent form and announced their readiness to participate in the research. Conflict of interest: No conflict of interest has been expressed by the authors.
Contribution of the authors:
Najmeh Hamid, the author in charge of the religion-based treatment protocol and the supervisor of the dissertation, Hamideh Ghasemi, participated in the distribution of research tools in the pre-test and post-test stages and statistical analysis and preparation of background materials.

Financial resources:
The present study was conducted without using the financial resources of the organization or institution. In fact, it was a pilot study before doing a doctoral dissertation in psychology.

Ethical Considerations:
In order to comply with ethical considerations, after the end of the experiment, the control group underwent two sessions of cognitive-behavioral therapy based on religion.

References

1- Khaniki H, Tabrizi M. Satisfaction of marital life in the way of moral attitude and function. Social Science J 2010; 46:187-227. (Persian).

2- Clayton AH, Goldstein I, Kim NN, Althof SE, Faubion SS, Faught BM, Parish SJ, Simon JA, Vignozzi L, Christiansen K, Davis SR. The International Society for the Study of Women's Sexual Health process of care for management of hypoactive sexual desire disorder in women. InMayo Clinic Proceedings. 2018; 93, 4: 467-487.

3 - O'Loughlin JI, Basson R, Brotto LA. Women with hypoactive sexual desire disorder versus sexual interest/arousal disorder: An empirical test of raising the bar. The Journal of Sex Research. 2018;55(6):734-46.

4- Hamzehgardeshi Z, Malary M, Moosazadeh M, Khani S, Pourasghar M. Body Image and Hypoactive Sexual Desire Disorder Relationship in a Representative Sample of Iranian Women. Journal of Family and Reproductive. Health, 2020 :18:88-94.

5- Kingsberg SA, Clayton AH, Portman D, Williams LA, Krop J, Jordan R, Lucas J, Simon JA. Bremelanotide for the treatment of hypoactive sexual desire disorder: two randomized phase 3 trials. Obstetrics and gynecology. 2019;134(5):899.

6- Goldstein I, Kim NN, Clayton AH, DeRogatis LR, Giraldi A, Parish SJ, Pfaus J, Simon JA, Kingsberg SA, Meston C, Stahl SM. Hypoactive sexual desire disorder: International Society for the Study of Women's Sexual Health (ISSWSH) expert consensus panel review. In Mayo clinic proceedings. 2017; 92, 1: 114-128.

7- Pyke RE, Clayton AH. Assessment of sexual desire for clinical trials of women with hypoactive sexual desire disorder: measures, desire-related behavior, and assessment of clinical significance. Sexual medicine reviews. 2018;6(3):367-83.

8-Rahmani A, Merghati E, Sadeghi N, Allagholi L. Relation between sexual satisfaction and marital satisfaction. Iran Nursing J 2012; 24(70):82-90. (Persian).

9- Trudel G& Goldfarb M.R. Marital and sexual functioning and dysfunctioning, depression and anxiety. Sexology 2010; 19: 137-142.

10-Sadock V & Sadock B. Synopsis of psychiatry. Translated by Rezayi Farzin.Tehran: Arjmand Press: 2007. (Persian).

11- Ramezani MA, Ahmadi K, Besharat M, Noohi S, Ghaemmaghami A. Efficacy of metacognitive therapy for hypoactive sexual desire disorder among Iranian couples. Psychotherapy Research. 2018;28(6):902-8.

12- Vaishnav M, Saha G, Mukherji A, Vaishnav P. Principles of Marital Therapies and Behavior Therapy of Sexual Dysfunction. Indian Journal of Psychiatry. 2020; 62(Suppl 2): S213.
13- Cardoso T& Soares Martins J. The relation between sexual functioning and psychopathology, sexual beliefs and information, intimacy in aging. Sexologies 2010; 19: 123-135.
14- Wincze J, Bach A, Barlow D.H. Sexual dysfunction. Clinical Handbook of Psychological Disorders 2008; Guilford Press: 615-661.
15- Hubin A, De Sutter P & Reynaert C. Etiological factors in female hypoactive sexual desire disorder. Sexology 2011; 20: 149-157.
16- Achilli C, Pundir J, Ramanathan P, Sabatini L, Hamoda H, Panay N. Efficacy and safety of transdermal testosterone in postmenopausal women with hypoactive sexual desire disorder: a systematic review and meta-analysis. Fertility and sterility. 2017;107(2):475-82.
17- Schimmack U, Radhakrishnan P, Oishi S.H, Dzokoto V & Ahadi S. Culture, personality and subjective well-being. Journal of Personality and Social Psychology 2002; 82: 582-593.
18- Hayes N & Joseph S. Big 5 correlates of three measures of subjective well-being. Personality and Individual Differences 2003; 34: 723-727.
19- Bayani A, Mohammad kuchaki A & Gudarzi H. Reliability and validity of life satisfaction scale. Iranian Psyhologist J 2008; 3(11): 259-265. (Persian)
20- Danesh E & Heydarian M. Relation between interest and mutual respect with marital satisfaction in Qom city. Counseling Research 2007; 5(18): 59-76. (Persian)
21- Rezayi J, Ahmadi A, Etemadi O & Rezayi M. The effect of couple therapy based on religious believes in marital commitment. Psychology & Religion 2013;5(1): 37-60. (Persian)
22- Hoseini M. The study of effects of sexual training on sexual satisfaction of Azad university's couples. Family & Sexual problem Conference 2004: Shahed University. (Persian)
23- Orth U, Erol RY, Ledermann T, Grob A. Development of well-being and self-esteem in romantic partners: Disentangling the effects of mutual influence and shared environment. Developmental psychology. 2018;54(1):151.
24- Lotfi Kashani F, Vaziri SH. The effect of sexual skill training on marital satisfaction. Social and Behavioral Scieneces 2011;30: 2581-2585. (Persian)
25-Faghihi A & Rafiyi F. Examine of the effectiveness of psychological training based on religious in marital satisfaction. Psychology & Religion 2010; 2(3): 89-104. (Persian)
26- Kiesswetter M, Marsoner H, Luehwink A, Fistarol M, Mahlknecht A, Duschek S. Impairments in life satisfaction in infertility: Associations with perceived stress, affectivity, partnership quality, social support and the desire to have a child. Behavioral Medicine. 2020;46(2):130-41.
27- O'Loughlin JI, Basson R, Brotto LA. Women with hypoactive sexual desire disorder versus sexual interest/arousal disorder: An empirical test of raising the bar. The Journal of Sex Research. 2018;55(6):734-46.