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# The Effectiveness of Mindfulness-Based Therapy on Marital Intimacy and Women's Sexual Function

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## ABSTRACT

**Objective**: Improving marital life quality is one of the major goals of psychology in the field of family studies. Accordingly, the present study aimed to determine the effectiveness of mindfulness-based therapy on marital intimacy and sexual function among women.

**Methods**: The research employed a quasi-experimental design with a pre-test, post-test, and control group. The statistical population included all women who visited the Counseling Center of District 1, Karaj Department of Education, during the 2022–2023 academic year. Using convenience sampling, 30 participants were selected and randomly assigned to an experimental group (n = 15) and a control group (n = 15). The experimental group received an eight-session mindfulness program, while the control group followed the usual routine. After completing the intervention, both groups completed the post-test. Data were collected using the Bagarozi Marital Intimacy Questionnaire (1990) and the Female Sexual Function Index developed by Rosen et al. (1997). Data were analyzed using SPSS version 24 through analysis of covariance (ANCOVA).

**Results**: Findings indicated that mindfulness-based therapy significantly improved women's sexual function and marital intimacy.

**Conclusions**: Mindfulness-based interventions can be an effective approach to enhancing marital intimacy and potentially improving sexual function in women. Therefore, incorporating mindfulness techniques into counseling and educational programs for couples may help promote healthier marital relationships.

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## Introduction

The family has long been regarded as the fundamental unit of human society and the cornerstone of cultural continuity across generations. As a universal social institution, it plays a vital role in maintaining social order, transmitting values, and nurturing emotional well-being. Within the family system, marital intimacy occupies a central position, shaping the quality of the relationship between spouses and influencing their psychological and physical health. Intimacy involves spending time together, active listening, openness, honesty, and mutual trust (Nurhayati et al., 2019). It is not a static state but a developmental process that begins prior to marriage, evolves over time, and ideally endures throughout life. Sadeghifard, Samavi, and Mohibi (2015) describe marital intimacy as a relational process characterized by care, mutual trust, and acceptance.

Marital intimacy and adaptability play crucial roles in fostering the psychological well-being of couples. From a developmental perspective, the roots of intimacy can be traced to Erikson's psychosocial theory (1950), which positions intimacy in contrast to isolation. According to Erikson, the successful establishment of intimacy represents a key stage in personality development. Failure to achieve intimacy may result in emotional isolation and aversion to love (Mahmoudpour et al., 2020). Thus, understanding the conditions that foster intimacy and the factors that sustain it is essential for promoting marital satisfaction and stability.

Among the various determinants of marital intimacy, sexual functioning plays a particularly significant role. Sexual function is an integral aspect of human life and behavior—dynamic and multifaceted, encompassing physiological, emotional, and behavioral components that interact yet maintain relative autonomy. Healthy sexual functioning contributes to psychological well-being and family stability, preventing the development of mental disorders and the disintegration of family structures (Sandeep et al., 2024). Satisfactory sexual relations not only enhance psychological health but also support reproductive continuity and social cohesion (Moulaeni et al., 2020). Conversely, sexual dysfunctions have been linked to a range of social and psychological problems, including sexual crimes and emotional disorders. A variety of factors influence sexual performance, such as mental and physical health, emotional regulation, and personality characteristics (Samadifar, 2024).

One of the most widely applied contemporary approaches to addressing marital and sexual difficulties is mindfulness-based therapy. Mindfulness has been defined as a heightened state of

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attention and awareness of present-moment experiences, cultivated through nonjudgmental observation and intentional focus (McKee & Benjamin, 2021). Mindfulness-based techniques, often integrated with meditative practices, emphasize specific cognitive orientations toward experience—awareness of the present moment, suspension of judgment, and deliberate regulation of thought and emotion (McCarney et al., 2012). Through repeated practice, individuals become more aware of their automatic cognitive and emotional patterns, gain greater control over their reactions, and achieve a balanced relationship with their internal states (Williams & Penman, 2012).

Mindfulness practices have demonstrated beneficial effects on stress reduction, emotional regulation, and interpersonal functioning, making them promising interventions for enhancing marital quality. By increasing present-moment awareness and empathy, mindfulness may foster emotional closeness and improve communication between partners. Furthermore, mindful awareness of bodily sensations and emotions can positively influence sexual functioning, reducing performance anxiety and enhancing satisfaction.

Given the theoretical and empirical foundations outlined above, identifying the factors influencing marital intimacy and designing educational programs based on these insights are essential for preventing marital conflicts and promoting stronger, more fulfilling relationships. Focusing on the functional balance of the family system and preventing its disintegration requires an in-depth understanding of the variables affecting marital relationships—particularly intimacy and sexual function. Recognizing and modifying these factors can help couples build, strengthen, or restore intimacy in their relationships. Accordingly, the present study aims to determine the effectiveness of mindfulness-based therapy on marital intimacy and sexual function among women. Specifically, it seeks to answer the following research question: Does mindfulness-based therapy significantly affect marital intimacy and sexual function among women?

## Material and Methods

This study employed a quasi-experimental design with a pre-test, post-test, and control group. The statistical population included all women who attended the Counseling Center of District 1 of the Karaj Department of Education during the 2022–2023 academic year. Using a convenience sampling method, 30 women were selected and randomly assigned to two groups: an experimental

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group (n = 15) and a control group (n = 15). Inclusion criteria consisted of informed consent, being married, and having no self-reported psychological disorders. Exclusion criteria included absence from more than two training sessions, incomplete questionnaire responses, or withdrawal of consent at any stage of the study.

**Instruments**

**Marital Intimacy Questionnaire:** The Marital Intimacy Questionnaire developed by Bagarozzi (1990) consists of 41 items that assess nine dimensions of marital intimacy: emotional, intellectual, physical, social–recreational, aesthetic, sexual, spiritual, psychological, and intimacy in shared time. Content and face validity were confirmed by 15 counseling experts and 15 married couples. Reliability testing on 30 couples yielded a Cronbach's alpha of 0.93 (Etemadi, Navabi-Nejad, Ahmadi, & Farzad, 2006). Each item is rated on a 10-point Likert scale ranging from 1 ("This need does not exist in me at all") to 10 ("This need is very strong in me"). Scores are computed for each dimension, and total intimacy scores range from 41 to 410. After converting to percentages, intimacy levels are categorized as low (<33%), moderate (33–66%), and high (>66%) (Motavalli, Azghali, Bakhtiari, & Alavi-Majd, 2009).

**International Index of Sexual Function:** The International Index of Sexual Function (IISF) developed by Rosen et al. (1997) consists of 15 items rated on a 6-point Likert scale. It measures five components:

- Erectile or arousal function: items 1, 2, 3, 4, 5, 15
- Intercourse satisfaction: items 9, 11
- Orgasmic function: items 11, 12
- Sexual desire: items 6, 7, 8
- Overall satisfaction: items 13, 14

Rosen et al. (1997) reported Cronbach's alphas of 0.96, 0.95, 0.93, 0.68, and 0.91 for these subscales, respectively. In an Iranian study by Babazadeh et al. (2020), reliability coefficients were 0.88, 0.87, 0.69, 0.86, and 0.62, and convergent validity with other sexual performance scales was satisfactory. In the present study, the Cronbach's alpha for the entire scale was 0.75.

**Procedure**

After obtaining necessary permissions and ethical approvals, participants were fully informed about the study's purpose, procedures, and confidentiality measures. All participants provided

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written informed consent. Both groups completed the questionnaires as a pre-test. The experimental group then participated in an eight-session mindfulness-based therapy program, while the control group received no intervention and continued with their usual routine. Upon completion of the sessions, both groups completed the post-test measures.

**Intervention**

The mindfulness-based intervention consisted of eight structured sessions, each lasting approximately 90 minutes, conducted weekly. The content was adapted from standard Mindfulness-Based Cognitive Therapy (MBCT) protocols, modified for marital and interpersonal contexts.

**Table 1**. Summary of Mindfulness-Based Therapy Sessions

| Session | Topic | Activities |
|---|---|---|
| 1 | Introduction to therapeutic goals, conducting pre-test, automatic pilot, awareness training (using the body as an anchor) | Raisin-eating mindfulness exercise |
| 2 | Facing obstacles; awareness of pleasant events | Body scan practice |
| 3 | Awareness of breathing; sitting meditation as a mindfulness practice; wandering mind | "Seeing" and "hearing" mindfulness exercises |
| 4 | Staying in the present moment; exploring attachment and aversion | Mindful yoga and meditation practice |
| 5 | Developing a different relationship with experiences; intentionally recalling difficulties | Three-minute breathing space |
| 6 | Dealing with thoughts through mindful observation; "seeing the movie of the mind" | "Standing behind the waterfall" exercise |
| 7 | Recognizing when stress becomes overwhelming; strategies for stress prevention | Observing the link between activities and mood |
| 8 | Review of previous sessions; forward-looking reflection; mindfulness in daily life; closure and post-test administration | Body scan and review of assignments |

All ethical principles were strictly observed. Participants provided informed consent and were assured of confidentiality**,** anonymity, and the right to withdraw at any stage without penalty. Data were analyzed only for research purposes. Data were analyzed using SPSS version 24, applying Analysis of Covariance (ANCOVA) to compare pre-test and post-test scores between the experimental and control groups.

## Results

Each group—experimental and control—consisted of 15 participants. According to the Chi-square test, there was no statistically significant difference in age distribution between the two groups ($p = 0.306$), indicating demographic comparability.

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Prior to conducting the main analyses, several assumptions of Multivariate Analysis of Covariance (MANCOVA) were examined. Results of the Kolmogorov–Smirnov test showed that the distributions of marital intimacy and sexual function scores at both pre-test and post-test stages did not deviate significantly from normality for either group.

The homogeneity of regression slopes assumption was verified for both dependent variables (marital intimacy and sexual function), confirming that the relationship between the covariate (pre-test scores) and dependent variables was consistent across groups. Similarly, Levene's test indicated equality of variances across the groups for both dependent variables, and Box's M test confirmed equality of covariance matrices. The Bartlett's test of sphericity also demonstrated significant correlations among the dependent variables, supporting the suitability of the data for multivariate analysis.

After confirming all assumptions, a MANCOVA was conducted to assess the effect of the mindfulness-based intervention on marital intimacy and sexual function, controlling for pre-test scores. The results revealed a statistically significant multivariate effect of group membership on the combined dependent variables (Wilks' Lambda = 0.528, $p < .001$), indicating that the mindfulness-based therapy produced significant changes across the two outcome measures.

Follow-up univariate ANCOVAs were performed to examine the individual effects on each dependent variable. The descriptive statistics and ANCOVA results are presented in Table 2**.**

**Table 2.** Descriptive Statistics and ANCOVA Results for Marital Intimacy and Sexual Function (Adjusted for Pre-test Scores)

| Variable | Group | Pre-test M (SD) | Post-test M (SD) | F | p | Partial $\eta^2$ |
|---|---|---|---|---|---|---|
| Sexual Function | Experimental | 13.48 (1.76) | 18.53 (1.58) | 19.467 | < .001 | 0.432 |
| | Control | 13.01 (1.28) | 13.12 (1.12) | | | |
| Marital Intimacy | Experimental | 60.47 (2.57) | 80.60 (1.24) | 21.144 | < .001 | 0.478 |
| | Control | 60.48 (2.92) | 60.77 (1.88) | | | |

As shown in Table 2, participants in the experimental group demonstrated a substantial increase in both marital intimacy and sexual function scores from pre-test to post-test, while scores in the control group remained relatively stable. The differences between groups at post-test were statistically significant for both variables ($p < .001$). Higher scores indicate greater marital intimacy and sexual function. Partial $\eta^2$ values of 0.01, 0.06, and 0.14 are typically interpreted as small, medium, and large effects, respectively.

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The effect sizes, represented by partial eta squared ($\eta^2$), were 0.432 for sexual function and 0.478 for marital intimacy. These indicate large effects according to Cohen's (1988) guidelines, suggesting that the mindfulness-based intervention accounted for approximately 43% of the variance in sexual function improvement and 48% of the variance in marital intimacy enhancement.

## Discussion

Improving marital life is one of the primary goals of psychology in the field of family studies. Accordingly, the present study was conducted to examine the effectiveness of mindfulness-based therapy on marital intimacy and sexual function among women. The results demonstrated that mindfulness training significantly enhanced marital intimacy. This finding is consistent with previous research in this area. For example, Adair et al. (2018) found that mindfulness increases closeness and intimacy between partners. Similarly, Mosalla et al. (2016) reported that mindfulness-based therapy reduces marital boredom and enhances couple intimacy.

This finding can be explained through the mechanisms by which mindfulness influences interpersonal relationships. Mindfulness helps individuals reduce negative thoughts, emotional tension, marital boredom, and conflicts, thereby fostering greater closeness and emotional connection (Alizadeh-Asli & Jafarnejad Langaroudi, 2018). In other words, when individuals learn to detach themselves from habitual reaction patterns and cultivate awareness, they become more capable of responding to relationship problems with calmness and wisdom. Such mindful awareness promotes emotional regulation, empathy, and openness to one's partner, resulting in higher relationship satisfaction and intimacy.

Another key finding indicated that mindfulness-based intervention was also effective in improving women's sexual function. This result aligns with previous research. For instance, Malvordi Deshjordi et al. (2022) found that mindfulness-based therapy had a significant positive impact on the quality of sexual relationships among couples in Isfahan. Likewise, Shabani and Jafari (2020) reported that mindfulness training alleviated sexual dysfunction and increased sexual satisfaction in women whose partners engaged in extramarital relationships.

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This finding can be interpreted through the cognitive and emotional processes targeted by mindfulness-based interventions. Techniques such as cognitive flexibility training, attentional control, decentering, mental enrichment, and reduction of rumination help individuals become less preoccupied with intrusive thoughts, fears, and worries. Repeated exercises that involve focused attention on neutral stimuli and intentional awareness of bodily sensations lead to greater self-acceptance and reduced anxiety. As a result, mindfulness helps individuals experience sexual activity with more presence and less anxiety, improving overall sexual satisfaction and functioning.

Despite its promising findings, this study had several limitations. The small sample size and non-random sampling method may limit the external validity and generalizability of the results. Moreover, some demographic variables such as socioeconomic status were not controlled, which might have influenced the outcomes.

Therefore, future studies are recommended to recruit larger and more diverse samples from different regions and cities to minimize potential biases and increase the generalizability of results. It is also suggested that mindfulness-based interventions be applied either as stand-alone treatments or in combination with pharmacological and behavioral management approaches to support families experiencing relational and sexual difficulties. Such integrative approaches could further enhance marital intimacy and sexual functioning, contributing to overall family well-being.

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### Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

### Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

### Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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### Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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