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Comparing the Effectiveness of Emotion-Oriented Therapy and Schema Therapy on Sexual Schemas, Fear of Intimacy and Self-Confidence in Prostitutes

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ABSTRACT

Objective: The present study was conducted with the aim of comparing the effectiveness of emotional therapy and schema therapy on sexual schemas, fear of intimacy and self-confidence in prostitutes.

Methods: The method of the current research was semi-experimental and applied, with a pre-test and post-test design with a control group and a three-month follow-up phase. The statistical population included all prostitutes with files in the women's rehabilitation center of Kermanshah welfare organization in 2022, 60 people were selected from the mentioned population by purposive sampling and randomly assigned to three equal groups, 15 people in each group. The research tools include the sexual schema questionnaire (Andersen and Cyranowski, 1994), the fear of intimacy questionnaire Descutner and Thelen (1991), the self-confidence questionnaire. The schema therapy protocol of Yang et al. (1996) and emotion-oriented therapy were carried out in experimental groups.

Results: The results showed that the F value of the within-subject effects of time and group interaction and time and group effects were significant in the variables of sexual schema, self-confidence and fear of intimacy, and the scores of the experimental groups were improved in comparison with the control group in the post-test and follow-up stages. The mean scores of sexual schema variables and fear of intimacy in the schema therapy and emotion-oriented groups in the post-test and follow-up stages had a significant change compared to the pre-test stage.

Conclusions: The study demonstrated that both emotional therapy and schema therapy effectively improved sexual schemas, fear of intimacy, and self-confidence among prostitutes.

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Introduction

Prostitution is perceived as an intricate and multi-faceted social issue, encompassing suffering from early childhood to advanced age. As per data from 2011, the average age at which women enter prostitution in England is 20 years. The statistics further reveal that over 57% of prostitutes in England commenced their involvement before reaching the age of 10, with the age limit dropping to 70 in countries like Canada and America. Despite stringent laws and harsh penalties, the allure and profitability of the prostitution industry have fueled its expansion on a global scale. In the Swedish model of prostitution, where buyers of sexual services face severe consequences, the official centers may have seen a decline in activity, but the market continues to thrive clandestinely within apartments and private residences (Sukhanova et al., 2022). Prostitution, as a social phenomenon, is deeply ingrained in the societal, economic, and cultural frameworks. The level of advancement within these structures is deemed a crucial and impactful element in the genesis of social detriments, particularly prostitution, spanning across macro, meso, and micro levels. Factors such as diminished social capital, absence of social welfare, and a lack of widespread security and well-being contribute significantly to the genesis of such societal challenges (Newstrom et al., 2021). Consequently, a pivotal aspect concerning social ills, notably prostitution, involves pinpointing the elements and constituents within the macro-level structures of society that impede social, economic, and cultural progress, thereby influencing the emergence of social irregularities (Nosratabadi & Afzali Grouh, 2020).

In the interim, marriage serves as a catalyst in establishing marital bonds between individuals of the opposite gender. Following marriage, various relationships emerge within the familial context. Among these relationships is the management of sexual interactions, which have the potential to impact the physical and psychological well-being of the individuals involved. The act of sexual intercourse is instigated by a psychological inclination where an individual experiences a pleasing attraction towards their spouse, typically within the institution of marriage. The level of sexual contentment significantly influences the couple's life, the unity of the family, and the mental wellness of both partners. Instances of inappropriate relationships among partners lead to discontentment, with sexual dissatisfaction being a notable aspect, capable of significantly influencing their overall quality of life and optimism for resolution (Mam Salehi et al., 2019). The presence of sexual dissatisfaction is linked to escalating tension and discord within the family unit,

while also diminishing self-assurance. Conversely, sexual satisfaction represents the antithesis of sexual dissatisfaction. It encompasses more than just physical gratification, requiring a certain level of psychological and emotional contentment (Chan et al., 2021).

Meanwhile, sexual schemas constitute a fundamental basis for attitudes towards sexual engagements, demonstrating an association with sexual conduct and sentiments. These schemas are regarded as the core beliefs of an individual, shaped by past encounters, and influencing the interpretation of sexual stimuli, thereby impacting current sexual encounters and behaviors. Researchers have identified three types of sexual schemas categorized into two groups. The first group pertains to positive sexual schemas, encompassing the passionate-romantic schema, while the second group includes the frank-open schema and the negative sexual schema, incorporating the shy-cautious schema. In women characterized by a passionate-romantic schema, placing importance on romance and dedication to sustaining the relationship is paramount. Conversely, women with a frank-open schema exhibit high levels of romanticism in relationships but display lesser commitment compared to the former group (Brotto et al., 2021).

Self-confidence is also one of the variables that is of significant importance in sexual and marital life, along with the ability to establish intimate relationships (Shabani & Abdi, 2020). Self-confidence is commonly regarded as a crucial element influencing human behavior within social contexts, serving as a safeguard against psychological challenges and contributing to a positive outlook on life. This concept, a prominent subject in psychology, has garnered significant attention from researchers and psychologists, leading to the development of numerous theories aimed at enhancing and cultivating self-confidence. The importance of self-confidence as a fundamental necessity in various life processes cannot be overstated, as it facilitates personal growth, well-being, and authenticity. Without a healthy level of self-assurance, an individual's psychological development may stagnate, highlighting the vital role self-confidence plays akin to a conscious immune system, bolstering one's resilience and adaptability in life. Conversely, diminished self-esteem hampers an individual's adaptability when faced with challenges.

Concurrently, investigations in the realm of marital contentment reveal that intimacy stands out as a pivotal factor influencing the satisfaction levels of couples. Tabatabaee et al. (2021) define intimacy in relation to emotional expression, communication of thoughts and experiences, compatibility, commitment, sexual desire, conflict resolution, self-disclosure, and identity.

Perrotta (2021) asserts that intimacy necessitates close interactions along with the capacity and environment conducive to fostering intimacy. Intimate interactions encompass emotional, cognitive, and behavioral aspects, with the behavioral dimension involving the sharing of personal details and experiences, both verbally and non-verbally. The cognitive dimension articulates the standards, beliefs, and desires of each partner regarding intimacy, facilitating mutual understanding. Emotional dimension encompasses the positive sentiments partners harbor towards themselves and each other during interactions, underscoring the need for intimacy and the apprehension surrounding its absence. According to Prager, the context and capacity for intimacy denote each couple's ability for intimate connections, encompassing behaviors like attentive listening, empathetic expression, articulating inner experiences, and comprehending the experiences of others. Depletion in one's capacity to express intimacy can lead to a fear of intimacy. Descutner and Thelen (1991) characterize the fear of intimacy as an individual's limited ability to share personal thoughts and feelings with a significant individual, such as a spouse. This fear impacts various emotional, cognitive, and behavioral facets of intimacy, greatly disrupting couples' relationships and marital contentment. As the fear of intimacy intensifies, establishing and maintaining communication, fostering positive sentiments in close relationships, and expressing emotions become challenging, subsequently diminishing relationship and marital satisfaction (Descutner & Thelen, 1991). Hence, in light of these findings, the current study aims to address whether there exists a variance in the efficacy of two therapeutic approaches (schema therapy and emotion-oriented therapy) concerning sexual schema, fear of intimacy, and self-confidence among individuals engaged in sex work.

Material and Methods

The research conducted in this study is of a semi-experimental and practical nature. It involved a pre-test and post-test design with a control group, followed by a three-month post-intervention period. The experimental and control groups were randomly assigned, with three experimental groups and one control group. Intervention programs were then administered to the experimental groups in specific sessions, occurring twice a week for one hour each. Post-treatment assessments were conducted after the completion of the intervention sessions. A follow-up period was also carried out three months later. Participants meeting the study criteria and willing to cooperate were

selected using purposeful sampling for the pre-test phase. They were then randomly allocated into groups of 15 individuals each, consisting of three experimental groups and one control group. Interventional and therapeutic sessions were held for the intervention groups based on specific protocols, while the control group remained on a waiting list without any intervention during this period. Post-test evaluations were conducted for all participants after the treatment sessions, including both the experimental and control groups. The research plan overview can be found in Table 1.

Table 1. Overview of the research design

Groups	Assignment	N	Pretest	Independent variable	Posttest
Experimental 1	R_{E1}	15	T1	X	T2
Experimental 2	R_{E2}	15	T1	X	T2
Control	RC	15	T1	-	T2

Instruments

Sexual schema questionnaire: This self-report questionnaire was compiled and validated by Andersen and Cyranowski (1995) in order to measure sexual schemas. This tool evaluates 52 attributes. The questions of this tool are scored on a 7-point Likert scale (no option at all = zero to very high = 6). Since people do not talk freely about their sexual issues, 24 adjectives have been used as fillers in this tool so that the main nature of the assessment is hidden from the subject. This tool has 26 main questions with 3 subscales including passionate-romantic, frank-relaxed and shy-cautious. The reliability and validity of this tool has been reported by its creators as appropriate, and the Cronbach's alpha coefficient of this tool has been reported in the range of 0.66 to 0.81 for the three subscales and 0.82 for the whole tool. In the study of Mojtabaei et al. (2015), the Cronbach's alpha coefficient of this tool was 0.81. In the present study, the Cronbach's alpha coefficient of the whole tool was equal to 0.78 and the subscales were calculated in the range between 0.73 and 0.85.

Fear of intimacy questionnaire: This self-report questionnaire was compiled and validated by Descutner and Thelen (1991) in order to measure the fear of intimacy in close relationships. This questionnaire has 35 questions. Questionnaire questions are scored on a 5-point Likert scale (I am not like this at all = score 1 to I am completely like this = score 5). In the preliminary validation of the Persian form of this tool in an Iranian sample, Besharat (2012) reported a Cronbach's alpha

coefficient of 0.91, which is a sign of high internal consistency of the scale. The correlation coefficients between the subjects' scores on two occasions with an interval of four weeks was 0.87, which is a sign of high test-retest reliability of the Persian form of this scale (Besharat, 2012). In the present study, Cronbach's alpha coefficient of the whole tool was calculated as 0.82.

Self-confidence questionnaire: This self-report questionnaire was compiled and validated by Azadi in 2019 in order to measure self-confidence based on the self-confidence model of Smith et al. This questionnaire has 21 questions with 2 subscales of self-esteem and efficiency. Questionnaire questions are scored on a 5-point Likert scale (not true = 1 point to true = 5 points). The face validity of the questionnaire was determined by Saivandi (2012) by quantitative measurement method and its rate was 0.95. In order to determine the reliability of the tool, Cronbach's alpha coefficient method was used and its reliability coefficient was calculated as 0.95. In the study of Tajalifar et al. (2021), the Cronbach's alpha coefficient of this tool was obtained at 0.89, which indicates the appropriate reliability of the tool. In the present study, Cronbach's alpha coefficient of the whole tool was calculated as 0.81.

Summary of the content of intervention sessions

A- schema therapy protocol: Schema therapy was performed according to Yang et al.'s (2003) treatment protocol during 10 group sessions and each session lasted 60 minutes (1 hour).

Table 2. Summary of schema therapy sessions

Session	Content
1	Acquaintance and creating a friendly relationship, expressing the importance and purpose of schema therapy and clients' problems in the form of schema therapy
2	Hypothesizing about schemas and identifying and naming them, recognizing coping styles and moods of clients, mental imagery in the evaluation stage.
3	Conceptualization of clients' problems according to the schema approach, collecting information obtained in the assessment stage, examining objective and emphasizing and rejecting schemas based on the evidence of clients' lives.
4	Documenting evidence confirming schemas to childhood experiences and dysfunctional coping styles, dialogue between schemas and the healthy side, learning healthy side responses by clients.
5	Preparation and compilation of schema training cards when faced with schema triggering situation, writing schema registration form in daily life and when schemas are triggered.
6	Presenting the logic of using experimental techniques and implementing imaginary dialogue, strengthening the concept of a healthy adult in the mind of clients, identifying unsatisfied emotional needs and fighting against schemas.
7	Creating an opportunity for clients to identify their feelings towards their parents and their unfulfilled needs, helping clients to vent forbidden emotions and providing support for clients.
8	Finding new and fresh ways to communicate and abandoning defective coping styles, preparing a comprehensive list of problematic behaviors, determining priorities for change, and specifying treatment goals.
9	Mental imaging of problematic situations and facing the most problematic behavior, practicing healthy behaviors through role playing, doing tasks related to new behavioral patterns.
10	Reviewing the advantages and disadvantages of healthy and unhealthy behaviors, overcoming obstacles to change behavior, summing up.

B- Emotional therapy protocol: Emotional therapy was performed according to Johnson's treatment protocol during 8 group sessions and each session lasted 60 minutes (1 hour).

Table 3. Summary of emotional therapy sessions

Session	Content
1	Getting to know and creating a friendly relationship, clarifying the main issues and problems of the clients according to the attachment theory.
2	Identifying problems related to the person's interaction cycle that has perpetuated insecurity and helplessness in his life. Trying to understand the interactive patterns of clients and putting the ineffective cycle of interpersonal interactions in the concept of attachment.
3	Identifying unexpressed emotions in the basic situations of interpersonal interactions, reviewing primary and secondary emotions of clients by the therapist.
4	Reframing the problem in terms of negative cycle, primary emotions and unfulfilled attachment needs
5	Reconstruction of interactive situations (second stage), raising awareness of denying needs and aspects of self and integrating these towards mutual relations.
6	Increasing the experienced acceptance of each person by important others in his life and facilitating the expression of special wishes and creating an emotional bond to rebuild interactions based on new perceptions.
7	Facilitating the emergence of new solutions for previous issues and problems.
8	Consolidation of the new situation and the new cycle of attachment behavior and checking the client's ability to continue the changes made and summarizing.

Ethical considerations

In this research, all relevant ethical considerations, including confidentiality of personal information, informed consent, and the right to withdraw from the research, have been observed. Also, the current research, identified by the ethical code IR.IAU.KHUISF.REC. 1402.122, has been officially recorded at the Isfahan branch of Islamic Azad University (Khorasgan).

Statistical Analysis

In this research, descriptive findings were first presented. Before statistical analysis, statistical assumptions including Kolmogorov-Smirnov test, Shapiro-Wilks test, Levene Test for Equality of Variances, M-Box test and Mauchly's sphericity test were performed. Then, analysis of variance with repeated measurements was used to analyze the hypotheses of the research with statistical software SPSS version 24. Bonferroni's post hoc test was also used to compare treatment effects.

Results

Table 4 showed that the within-subject effects of time and the interaction of group and time as well as the between-subject effects of the group are significant for all research variables ($p<0.01$). The value of F for the effect of time for the variables of sexual schema, fear of intimacy and self-confidence is equal to 53.418, 323.18 and 88.751, respectively, which is significant at the 0.01 level and shows that there was a significant difference in the pre-test, post-test and follow-up

stages. Also, the F value for the interaction effect of time and group for the variables of sexual schema, fear of intimacy and self-confidence is equal to 15.049, 55.16 and 8.20, respectively, which is significant at the 0.01 level and shows that there is a significant difference between test stages in three groups. Also, the value of F in the group variable for the variables of sexual schema, fear of intimacy and self-confidence is 4.654, 28.004 and 6.13, respectively, which is significant at the 0.01 level and shows that intervention had an effect on the studied variables.

Table 4. Variance analysis of within-subject and between-subject effects of research variables

Variable	Level	Effect	SS	DF	MS	F	P	Eta	Power
Sexual schema	Within subjects	Time	2378.43	1.47	740.03	53.41	0.001	0.60	1
		Group * Time	1261.47	1.43	284.49	15.04	0.001	0.40	1
		Error	1564.75	82.77	18.95				
	Between subjects	Group	1765.70	3	588.86	4.65	0.006	0.20	0.87
		Error	708.17	56	126.46				
Fear of intimacy	Within subjects	Time	4248.30	1	4248.30	323.18	0.001	0.85	1
		Group * Time	2175.56	3	725.18	55.16	0.001	0.74	1
		Error	736.13	56	13.14				
	Between subjects	Group	7014.95	3	2338.31	28.004	0.001	0.60	1
		Error	4676.04	56	83.51				
Self-confidence	Within subjects	Time	4109.87	1.55	2637.79	88.75	0.001	0.61	0.19
		Group * Time	1139.54	4.67	243.79	8.20	0.001	0.30	
		Error	2593.24	87.25	29.72				
	Between subjects	Group	2020.75	3	673.58	6.13	0.001	0.24	0.95
		Error	6152.22	56	1097.86				

Table 5 showed that the difference between the average scores of the emotion-oriented group and the control group for all research variables is significant at the 0.01 level. The pairwise comparison of other groups showed that for the variables of sexual schema and self-confidence, their mean difference is not significant at the 0.05 level, while the mean difference of the schema therapy and emotion-oriented groups for the fear of intimacy variable is at the level 0.01 is also significant. Also, the emotion-oriented group was more effective in increasing the sexual schema variable, and the schema therapy group was more effective in increasing the self-confidence variable.

Table 5. Results of Bonferroni's post hoc test comparing research variables in experimental and control groups

Variable	Group	Comparison group	Mean difference	Std. error	P
Sexual schemas	Schema therapy	EFT	-1.60	2.37	1
		Control	6.62	2.37	0.04
	EFT	Schema therapy	1.60	2.37	1
		Control	8.22	2.37	0.006
	Control	Schema therapy	-6.62	2.37	0.04
		EFT	-8.22	2.37	0.006
Fear of intimacy	Schema therapy	EFT	-4.55	1.92	0.13
		Control	-15.82	0.92	0.001
	EFT	Schema therapy	4.55	1.92	0.13
		Control	-11.26	1.92	0.001
	Control	Schema therapy	15.82	1.92	0.001
		EFT	11.26	1.92	0.001
Self-confidence	Schema therapy	EFT	5.48	2.21	0.09
		Control	822.8	2.21	0.001
	EFT	Schema therapy	-5.48	2.21	0.09
		Control	2.33	2.21	0.82
	Control	Schema therapy	8.82	2.21	0.001
		EFT	-3.33	2.21	0.82

Discussion

The findings of the study revealed that when elucidating the efficacy of schema therapy, the components of this approach encompass cognitive-behavioral techniques, gestalt, attachment theory, thematic relations, constructivism, and psychoanalysis within a therapeutic framework. Despite the significant role played by negative thoughts associated with sexual schema or body image in sexual dysfunctions, such as self-critical schemas and negative self-perception hindering one's focus on sensual scenarios and perpetuating negative emotions like anxiety, shame, and guilt that impede the achievement of sexual responses, including sexual desire towards climax. Furthermore, it has been demonstrated that sexual schema represents an individual's cognitive generalizations regarding sexual facets derived from past encounters, manifested in present situations, and influencing sexual conduct. Another aspect of the schema therapy approach involves addressing the ineffective coping mechanisms rooted in patients since childhood and persisting into adulthood. Notably, maladaptive coping strategies like neglect, inattention, symptom denial, and self-medication are prevalent among individuals grappling with sexual issues. Thus, schema therapy, targeting the correction of coping styles in this cohort, proves beneficial in managing sexual disorders and ameliorating schema-related challenges, yielding positive outcomes.

The results concerning the fear of intimacy indicated that due to the activation and arousal of schemas triggering anxiety, negative emotions, and feelings of helplessness, individuals resort to maladaptive responses and coping strategies from early childhood to suppress schema-induced anxiety. Although these coping mechanisms provide temporary relief from communication anxiety, they reinforce and perpetuate it in the long term. Schema therapy, characterized by a multidimensional outlook, delves into the origins of issues in the individual's past besides considering cognitive influences, aiming to foster awareness and insight, particularly in communication realms. By utilizing this approach, individuals can comprehend the underlying causes of communication difficulties and fear of intimacy within relationships, thereby channeling their efforts towards personal growth and advancement with heightened motivation. Identifying schemas enables individuals to gain a more precise understanding of their deep-seated issues, redefine them accurately, and throughout therapy, therapists aid in dismantling these schemas through emphasis on emotional connections spanning from childhood to the present. This methodology prompts individuals to introspect and unearth the roots of their current communication challenges and fear of forming intimate emotional bonds, empowering them to combat such fears with increased determination.

The utility of emotion-focused therapy in alleviating the fear of intimacy can be elucidated. Additionally, the impact of this approach on reducing cognitive distortions within interpersonal relationships can be highlighted. Interpersonal distortions entail individuals engaging in erroneous and irrational thoughts, leading to issues like rejection and unrealistic expectations post-failure in relationships. These negative thoughts often stem from internal attributions that are stable and uncontrollable, causing disruptions in interpersonal and emotionally taxing situations. Unrealistic relationship expectations can result in recurrent negative emotions, linking these beliefs to challenging life circumstances and fostering emotional issues. Such cognitive distortions may give rise to misunderstandings, rejection, and unrealistic expectations in intimate relationships.

Emotion-oriented therapy, particularly for interpersonal challenges, employs techniques like the empty chair method to guide individuals in revisiting past emotional wounds related to significant figures in their lives (Amini & Jafarinia, 2021). By expressing suppressed emotions and acknowledging underlying feelings, such as sadness, individuals can address unresolved issues and ultimately achieve emotional resolution. Through this process, unrealistic expectations within

relationships can be confronted, leading to a reduction in cognitive distortions and consequently easing the fear of intimacy. In some instances, individuals may recognize misperceptions and cognitive errors in their past relationships, fostering personal growth and enhancing intimacy in future interactions.

Self-belief and schema therapy enable individuals to enhance their self-efficacy beliefs during training sessions through modifying their negative self-perceptions. Consequently, their problem-solving skills, perseverance, as well as intellectual and practical abilities are enhanced. This leads to an improvement in resolving life challenges and issues at a suitable pace. Consequently, enhancing this trait in individuals helps counterbalance the negative impacts of unsupportive environmental factors from social and economic perspectives to some extent. Moreover, individuals with a robust self-concept encounter reduced anxiety and stress when facing potential risks. They can effectively manage anxiety-inducing situations, experience decreased distress, and concentrate on adapting to the circumstances. Instead of fixating on failure and the inability to adjust, individuals focus on what they can achieve in that scenario. Furthermore, mutual assistance among group members during therapy sessions, where they provide support, reassurance, suggestions, and insights, eases the therapeutic process by altering negative thoughts and boosting self-belief. Essentially, schema therapy serves as a potent intervention method by transforming cognitions and maladaptive behaviors. It utilizes cognitive strategies to mitigate conflicting schemas, reinforce interpersonal skills, enhance social cognition, and improve interactions with the environment and others. Consequently, this intervention proves beneficial in enhancing an individual's self-assurance through fostering positive interactions, better emotional regulation, and achieving favorable outcomes.

Based on the outcomes of previous research, emotion-focused therapy diminishes the processing of emotional data and its elements in individuals with diverse psychological and behavioral symptoms, aligning with the current study's findings. The rationale behind this is that prolonged suppression of emotions can result in the buildup of physical tension, leading to health issues, anxiety, or maladaptive anger. Concerning psychopathology, patients experiencing physical and at times psychological symptoms struggle with emotional regulation deficits and enduring emotional instability. Frequently, they lack insight into the psychological facets of their condition, impeding the treatment process. They are pertinent and well-timed.

Emotion-focused therapy employs empathic exploration techniques to assist individuals in initially connecting with their narrative. In this therapy, emotion devoid of narrative and narrative devoid of emotion are deemed meaningless. The approach focuses on emotion, guiding the client's attention to the physical sensations they experience, stimulating appropriate emotional arousal. This activation prompts the recall of past experiences within a secure therapeutic setting. Subsequently, by undergoing emotional processing, the individual first recognizes their emotion, then feels and expresses it. If the emotion remains unregulated, the therapist intervenes, employing techniques like regulatory self-soothing to regulate the emotion. Following this, the individual gains a comprehensive understanding of the emotional experience and, if deemed fitting, expands upon it. Otherwise, transformation techniques such as self-soothing (e.g. self-imagining oneself in a vulnerable state and practicing self-compassion rather than self-blame) or methods like the empty chair and two-chair techniques are utilized to re-experience and establish corrective emotions. This systematic approach also reduces emotional data processing components, subsequently enhancing the individual's self-belief and self-expression.

As this study was conducted in Isfahan city using a cross-sectional design and participants were selected via purposive sampling, caution is advised when generalizing the findings. Another constraint of this study was the exclusive use of questionnaires, potentially impacting the research results. Future studies should consider employing alternative measurement methods alongside questionnaires, such as interviews.

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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