Special Issue: Psychology: Challenges and Current Research

Available online at **www.ijmrhs.com**

International Journal of Medical Research & Health Sciences, 2016, 5, 5(S):259-266

ISSN No: 2319-5886

The effectiveness of cognitive behavioral therapy in self-dissociation, sexual intimacy and alexithymia of married women

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ABSTRACT

The present article aimed to investigate the effectiveness of cognitive behavioral therapy in self-dissociation, sexual intimacy and alexithymia among married women. This research was a semi-experimental study (pretest-posttest design with unequal control group). The target population included all the married women who referred to psychological services clinics in Mashhad. The research sample comprised 30 of these married women (15 people in the experimental group and 15 people in the control group) who were selected voluntarily and through available sampling method. For data collection, Self-Dissociation Questionnaire by Oppenheimer and Estrogel (1999), Halbert Sexual Desire Inventory (1992) and Toronto Alexithymia Scale were used. To analyze the data, analysis of covariance (ANCOVA) was applied. The results obtained from data analysis demonstrated that cognitive behavioral therapy leads to reduced self-dissociation and alexithymia and increased sexual intimacy among married women in the experimental group compared to the control group (P<0.05).

Keywords: Cognitive behavioral therapy, self-dissociation, sexual intimacy and alexithymia.

INTRODUCTION

Family hearth includes a healthy and constructive environment and warm relationships as well as friendly interpersonal interaction and can lead to the growth and development of family members [7]. Family is the site of satisfying different physical, intellectual and emotional needs. A person's satisfaction with his married life is considered as the satisfaction with the spouse's behavior and satisfaction with the family means the satisfaction with mutual behavior, constructiveness and lack of conflict, which consequently causes to facilitate the growth of material and spiritual dimensions of society. Family is the foundation of any community and when the family hearth contains an unhealthy environment and cold relationships plus conflicts, this can lead to marital problems. Gros (2014) in a study on 100 couples examined the relationship between self-dissociation and marital satisfaction and came to the conclusion that there is a significant negative relationship between them and the higher the rate of self-dissociation, the lower the level of marital satisfaction will be. Moreover, it was found that self-dissociation greatly predicts low marital satisfaction. It should be mentioned that those who are placed in a special situation in the married life due to emotional deficiencies in the family become involved in self-dissociation. These individuals gradually keep more distance from the environment and do not attempt to assimilate into the environment; they provide a different persona for themselves and the rate of their resiliency becomes unstable . The level of marital satisfaction in the family environment of couples can be influenced by numerous cognitive, social, emotional, and physical factors. Sexual intimacy is one of the aspects that increase the happiness of married people. In the interpersonal exchange model, the quality of couples' relationship depends on their satisfaction and sexual intimacy. Further, the results of the study by Greef and Malherbe [4] indicate a positive correlation between sexual intimacy

and marital satisfaction in both sexes. It is worth noting that intimacy embraces instances like commitment and emotional, cognitive and sexual intimacy, which makes positive effects on marital satisfaction. Sexual intimacy is the fundamental capacity of individuals in the regulation of marital relations . Sexual intimacy is regarded asan essential element for successful interpersonal functions and happiness in married life and is a person's emotional response to the emotional reactions of the opposite side . Right expression of sexual intimacy requires sexual and cognitive skills. If sexual intimacy in couples' life is low, this leads to inappropriate interactions in their life and happiness and satisfaction in relationships are impaired . Another aspect that makes negative effects on married life is the rate of alexithymia in women. Alexithymia as a cognitive emotional phenomenon is applied to a specific disorder in mental function, which consequently leads to automatic inhibition of information and emotional feelings . In the research done by David (2012), it was revealed that a significant negative relationship exists between alexithymia and marital satisfaction. The existence of alexithymia in married people limits the characteristics such as the inability for recognition and verbal description of personal emotions, extreme poverty of symbolic thinking and detection of feedbacks, feelings, desires and drives, and the inability to use feelings as a sign of emotional problems, reducing dream recall, difficulty in distinguishing between emotional states and physical senses, strict and formal appearance and lack of emotional effects of the face have a limited capacity for empathy and self-awareness, which can affect an individual’s performance . But to reduce self-dissociation and alexithymia and increase sexual intimacy in married women whose health of family environment can make a direct impact on family function, we can use a new approach that has been demonstrated in studies to be effective in healthy relationships, i.e. training cognitive behavioral sex therapy. Veen (2014) conducted a research and demonstrated that training cognitive behavioral sex therapy in eight sessions can cause a difference in the score of sexual intimacy and marital satisfaction and consequently, cognitive behavioral sex therapy is an effective intervention. In the theory of sexual incompatibility, Schwartz (1998) states that of all the factors that exist behind the family problems, especially problems leading to divorce, it is the lack of sexual success or a good sex that takes precedence over other underlying factors. If a couple is successful in sexual relationship, they easily pass many problems and spend a good life. In contrast, lack of a good sexual relationship prepares the ground for fueling minor problems and turning them into great difficulties. Money, occupation, religious beliefs, children and the influence of other family members do not have a considerable effect on family breakdown as long as there is sexual success and in the absence of a good sexual relationship, none of these factors can prevent family disintegration (Veen, 2014). Cognitive behavioral sex therapy strengthens women's marital relationship through making an impact on their thoughts and feelings in the sexual relationship and establishing sexual intimacy and giving a positive response to the spouse including smiling, showing empathy and sexual intimacy. Sex therapy caused women to respond with more positive affect in the sexual relationship with their spouse and this type of sexual intimacy leads to an increase in intimacy-based marital relations and sexual pleasure and a reduction in marital conflicts of women. It should be noted that sex therapy causes the place and time to be considered in responding to sexual needs and in this way, people become more involved in emotional states and awareness of their spouse’ feelings in the sexual relationship. In addition, through training the desire for establishing relationship, arousal and psychological stimulation, physiological stimulation (caressor kiss) or a combination of both, sex therapy can reinforce people's subjective feeling and help the cognitive development of individuals in marital relationships, appropriate feelings and reactions to emotional state and relationship with spouse .Finally, it should be said that married life in women who have family conflicts makes cognitive and emotional structures fraught with problems and on the other hand, new and necessary trainings can help to improve the cognitive and emotional status of married women. The aim of this study is to investigate the effectiveness of cognitive behavioral therapy in self-dissociation, sexual intimacy and alexithymia in married women. Therefore in this research, this issue is raised as to whether cognitive behavioral therapy (sex therapy) affects self-dissociation, sexual intimacy and alexithymia of married women?

Research methodology

In this study, a semi-experimental research method (pretest-posttest control group design) was applied. This design was used because the present study sought to examine the change resulting from the implementation of cognitive-behavioral therapy on self-dissociation, sexual intimacy and alexithymia of married women. The statistical population of this research included the married women referring to counseling clinics in Mashhad. The research sample comprised 30 married women who were selected from among the 60 married women referring to counseling centers. The method of choosing them was based on the rate of their willingness to participate in this study and achieving a score higher than the cutoff point of self-dissociation (a score above 75), a score higher than the cutoff point of alexithymia (a score above30) and a score lower than the cutoff point of sexual intimacy (a score below 30). 30 individuals who were qualified to be included in the study were selected through available sampling method and then from among the research sample, 15 married women were randomly assigned to each of the experimental and control groups.

Research tool

A) Self-Dissociation Questionnaire: This questionnaire has been prepared based on the dissociation theory of Higgins (1987) and a preliminary study. It has been developed by Oppenheimer and Estrogel (1999) and consists of 27 items. Scoring of the questionnaire was conducted on the basis of the Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) .In the research carried out by Hoseini, Cronbach's alpha coefficients were used to determine the internal consistency of questions. Alpha coefficient for the whole sample was reported to be 0.79. The questionnaire validity was estimated to be 0.65 using the test- retest method and at the level of 0.001, which indicates the high validity of the questionnaire. Besides, in another study, Mohammadi reported the questionnaire reliability to be 0.90 through Cronbach's alpha method. In the present research, reliability coefficient of the questionnaire was obtained to be 0.77 through Cronbach's alpha method.

B) Sexual Desire Inventory: This questionnaire has been designed by Halbert (1992) and includes 25 items, which evaluates the rate of sexual desire. Low scores in this questionnaire show that sexual desire is weak. Scoring of this questionnaire is based on the Likert scale ranging from 1 (most often) to 4 (I never have such desire). Questions 1, 3, 5, 7, 8, 9, 10, 12, 13, 17, 18, 19 and 20 are scored reversely [9]. In a study, Yousefi[9] obtained the questionnaire validity to be 0.48 at the level of 0.01 through correlating with Spector sexual performance and estimated the questionnaire reliability to be 0.90 and 0.89 respectively through Cronbach's alpha and split-half methods. Additionally, Afraei[1] in another research reported the questionnaire reliability to be 0.87 and 0.90 respectively through Cronbach's alpha and split-half methods. In the present study, reliability coefficient of the questionnaire was obtained to be 0.74 though Cronbach's alpha method.

C) Alexithymia Scale: This questionnaire has been developed by Toronto and evaluates the alexithymia construct of three subscales of difficulty in identifying feelings, difficulty in describing feelings and externally-oriented thinking. The first subscale includes 7 items (3, 1, 6, 7, 9, 13, 14) that evaluate the subject's ability to identify feelings and distinguish these feelings from physical senses. The second subscale contains 5 items (2, 4, 11, 12, 17) that assess a person's ability to express feelings and whether or not he is able to express his feelings into words. The third subscale comprises 8 items (5, 8, 10, 16, 15, 20, 19, 18) and measures the rate of a person's introspection and thinking of his own and others' inner feelings. The method of test scoring is based on the Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Only the items 19, 18, 10 and 4 are scored reversely [8]. Mohammadi[2] has calculated the reliability of the whole scale to be 0.87 using Cronbach's alpha method. Besharat[2] also calculated the reliability of the above-mentioned questionnaire through Cronbach's alpha method for the whole questionnaire and three components of difficulty in identifying feelings, difficulty in describing feelings and externally-oriented thinking (objective thinking), which were respectively 0.88, 0.82, 0.80 and 0.70. Further, the questionnaire validity was obtained to be from 0.87 to 0.80 using test-retest method in a sample of 67 students on two occasions with an interval of four weeks. In the present study, reliability coefficient of the questionnaire was calculated to be 0.81 through Cronbach's alpha method.

Cognitive behavioral therapy sessions (sex therapy)

First session

Conducting a pretest; reviewing the pretreatment assignments; first lesson: welcome, reviewing the structure of the sessions, relevant rules and regulations; exercise: to become familiar with each other; second lesson: thinking and feeling, absolute beliefs about sexual relations and others, our established standards for ourselves and others, suitcase metaphor for the stages of cognitive therapy; exercise: guided visual comfort; homework for the next session.

Second session

A review of the previous session's assignments; theory of emotional disorder; the relationship between thinking and mentality; 10 cognitive errors; practicing self-awareness, negative automatic thoughts and how to identify them; how to change our feelings; 4 steps to live a happier life; relaxation through guided mental imagery; homework for the next session.

Third session

A review of the previous session's assignments; briefly reviewing the contents of the last session; ten ways for healthy thinking; home assignments; relaxation through guided mental imagery.

Fourth session

A review of the previous session's assignments; how to build a healthy value system; destructive fears and attitudes; types of perfectionism; vertical arrow technique; a three-step plan for achieving healthier perceptions; relaxation through guided mental imagery; home assignments for the next session.

Fifth session
Briefly reviewing the contents of the last session; checking the previous session's assignments; sex therapy training; physical time; overcoming the reluctance; guidelines for modified sexual intercourse; determining the appropriate time for sexual intercourse; sexual health.

Sixth session
Briefly reviewing the contents of the last session; checking the previous session's assignments; problem-solving skills; guided mental imagery; home assignments.

Seventh session
Briefly reviewing the contents of the last session; checking the previous session's assignments;5 secrets for intimate relationship; three methods relating to the listening skill; two methods for self-expression; how to establish a better relationship; home assignments; relaxation through guided mental imagery.

Eighth session
Briefly reviewing the contents of the last session; anger management; signs of anger; three steps for anger management; relaxation through breathing; summing up; providing final recommendations and implementing the posttest.

RESULTS

Table 1: Mean and standard deviation of pretest and posttest scores in the questionnaires on self-dissociation, sexual intimacy and alexithymia of experimental and control groups in the stage

Variable	Stage	Statistical indicator / Group	Mean	Standard deviation	Number
Self-dissociation	Pretest	Experimental	91.66	8.71	15
		Control	95.86	9.56	15
	Posttest	Experimental	54.53	12.01	15
		Control	99.85	6.25	15
Sexual intimacy	Pretest	Experimental	16.73	3.51	15
		Control	17.40	3.06	15
	Posttest	Experimental	58.40	16.21	15
		Control	13.53	2.94	15
Alexithymia	Pretest	Experimental	55.33	7.77	15
		Control	48.46	4.42	15
	Posttest	Experimental	28.86	4.59	15
		Control	50.85	3.71	15

As can be observed in Table 1, in the pretest stage, mean and standard deviation of self-dissociation were respectively 91.66 and 8.71 in the experimental group and 95.86 and 9.56 in the control group. Also, these values in the posttest stage were 54.53 and 12.01 for the experimental group and 99.85 and 6.25 for the control group. Mean and standard deviation of sexual intimacy in the pretest stage were respectively 16.73 and 3.51 for the experimental group and 17.40 and 3.06 for the control group. These values in the posttest were 58.40 and 16.21 in the experimental group and 13.53 and 2.94 in the control group. Additionally, mean and standard deviation of alexithymia in the pretest stage were respectively 55.33 and 7.77 for the experimental group and 48.46 and 4.42 for the control group. These values in the posttest were 28.86 and 4.59 in the experimental group and 50.85 and 3.71 in the control group.

Table 2: Summary of Kolmogorov-Smirnov test results regarding the assumption about the normality of the distribution of scores

Normality of the distribution of scores	Groups	Kolmogorov-Smirnov		Groups	Kolmogorov-Smirnov	
		Statistic	Significance		Statistic	Significance
Self-dissociation	Experimental	0.15	0.19	Control	0.16	0.18
Sexual intimacy	Experimental	0.21	0.07	Control	0.11	0.20
Alexithymia	Experimental	0.20	0.10	Control	0.13	0.19

As can be seen in Table 2, the null hypothesis for the normal distribution of scores of both groups in the variables of self-dissociation, sexual intimacy and alexithymia is confirmed. That is, the assumption of the normal distribution of scores in the pretest and in both experimental and control groups was approved.

Table 3: Results of the test for investigating the assumption about the homogeneity of regression slopes of the research variables of both groups in the population

Variable	Source of changes	F	Significance level
Self-dissociation	Group interaction * pretest	2.45	0.12
Sexual intimacy		2.94	0.14
Alexithymia		1.90	0.17

As shown in Table 3, F value of the interaction for all the variables of self-dissociation, sexual intimacy and alexithymia is not significant. Thus, the assumption of regression homogeneity is confirmed.

Table 4: Results of Levene's test regarding the assumption about the equality of the score variance of the research variables of both groups in the population

Variable	F	First degrees of freedom	Second degrees of freedom	Significance level
Self-dissociation	0.44	1	18	0.51
Sexual intimacy	0.82	1	18	0.61
Alexithymia	0.13	1	18	0.57

According to Table 4, Levene's test is not significant in the variables of self-dissociation, sexual intimacy and alexithymia. Therefore, the variance of experimental and control groups in the variables of self-dissociation, sexual intimacy and alexithymia is not significant. Consequently, the assumption of the homogeneity of variances is confirmed and the null hypothesis for the equality of score variances of the two groups in the variables of self-dissociation, sexual intimacy and alexithymia is also confirmed. That is, the assumption of the equality of score variances of variables in two groups was verified.

Table 5: Results of multivariate analysis of covariance on the mean posttest scores of self-dissociation, sexual intimacy and alexithymia of experimental and control groups with controlling the pre-test

Test name	Value	Hypothesis DF	Error DF	F	P	Effect size	Statistical power
Pillai's trace test	0.94	3	23	125.48	0.001	0.90	1
Wilks Lambda test	0.05	3	23	125.48	0.001	0.90	1
Hotelling's trace test	16.36	3	23	125.48	0.001	0.90	1
Roy's largest root test	16.36	3	23	125.48	0.001	0.90	1

Considering the above table, with controlling the pretest, the significance levels of all tests suggest that there is a significant difference between the married women in experimental and control groups at least regarding one of the dependent variables (self-dissociation, sexual intimacy and alexithymia) ($F=125.48$, $P<0.001$). To understand in terms of which variable a difference exists between the two groups, three one-way analyses of covariance were conducted in the context of MANCOVA and the achieved results have been provided in tables 6 to 8. The rate of effect or difference is equal to 0.90. In other words, 90% of the individual differences in the posttest scores of self-dissociation, sexual intimacy and alexithymia of the married women are related to the impact of cognitive behavioral therapy. Statistical power is equal to 1;that is, there has been no possibility of a Type II error.

Table 6: Results of one-way analysis of covariance in the context of MANCOVA on the mean posttest score of self-dissociation in the experimental and control groups with controlling the pretest

Variable	Sum of squares	DF	Mean Square	F	P	Effect size	Statistical power
Self-dissociation	11023.12	1	11023.12	114.21	0.001	0.82	1

As shown in Table 6, with controlling the pretest, there is a significant difference between the married women in the experimental and control groups in terms of self-dissociation ($F=114.21$, $P<0.001$). In other words, given the mean of self-dissociation of married women in the experimental group compared to the mean of the control group, cognitive behavioral therapy as caused to reduce the self-dissociation of married women in the experimental group. The rate of effect or difference is equal to 0.82. In other words, 82% of the individual differences in the posttest scores of self-dissociation of the married women are related to the impact of cognitive behavioral therapy.

Table 7: Results of one-way analysis of covariance in the context of MANCOVA on the mean posttest score of sexual intimacy in the experimental and control groups with controlling the pretest

Variable	Sum of squares	DF	Mean Square	F	P	Effect size	Statistical power
Sexual intimacy	10272.26	1	10272.26	87.76	0.001	0.77	1

As can be observed in Table 7, with controlling the pretest, there is a significant difference between the married women in the experimental and control groups in terms of sexual intimacy ($F=87.76$, $P<0.001$). In other words,

given the mean of sexual intimacy of married women in the experimental group compared to the mean of the control group, cognitive behavioral therapy has caused to increase the sexual intimacy of married women in the experimental group. The rate of effect or difference is equal to 0.77. In other words, 77% of the individual differences in the posttest scores of sexual intimacy of the married women are related to the impact of cognitive behavioral therapy.

Table 8: Results of one-way analysis of covariance in the context of MANCOVA on the mean posttest score of alexithymia in the experimental and control groups with controlling the pretest

Variable	Sum of squares	DF	Mean Square	F	P	Effect size	Statistical power
Alexithymia	2882.20	1	2882.20	186.55	0.001	0.88	1

As can be seen in Table 8, with controlling the pretest, there is a significant difference between the married women in the experimental and control groups in terms of alexithymia($F=186.55$, $P<0.001$). In other words, given the mean of alexithymia of married women in the experimental group compared to the mean of the control group, cognitive behavioral therapy has caused to reduce the alexithymia of married women in the experimental group. The rate of effect or difference is equal to 0.88. In other words, 88% of the individual differences in the posttest scores of alexithymia of the married women are related to the impact of cognitive behavioral therapy.

DISCUSSION AND CONCLUSION

The present study aimed to investigate the effectiveness of cognitive behavioral therapy in self-dissociation, sexual intimacy and alexithymia of married women. With regard to the results of Table 6, it was revealed that with controlling the pretest, there is a significant difference between the married women in the experimental and control groups in terms of self-dissociation. In other words, considering the mean of self-dissociation of married women in the experimental group compared to the mean of the control group, cognitive behavioral therapy led to a reduction in the self-dissociation of married women in the experimental group. The result obtained is consistent with the studies conducted by Rezaei[5], Brecker (2015), Mc and Bil (2015), Gros(2014), Peel (2014) and Jorj (2014) who demonstrated that cognitive behavioral sex therapy causes a change in the posttest scores of self-dissociation compared to the pretest and these changes indicated that cognitive behavioral sex therapy leads to reduced self-dissociation. In explaining this research result, it can be stated that self-dissociation in marital life leads to interpersonal problems of married women because the integrity of self in relationships is damaged. In this study, it was determined that cognitive behavioral therapy (sex therapy) is effective in reduced self-dissociation of married women. In this respect, it can be said that as Wilson (2013, cited in Rezaei [5] stated in his comments, cognitive behavioral sex therapy leads to an understanding of self and avoidance of negative self-criticism and adverse judgments towards self, improves the inconsistency of self and reinforces the integrity of self. Besides, it can be mentioned that the effectiveness of cognitive behavioral therapy causes the married women to resolve their conflicts in their relationships, which lead to self-dissociation, since it creates compassion, acceptance and non-judgment of the spouse. Also, this therapy reduces the source of individuals' resistance against dos and don'ts, which increases self-dissociation and decreases self-alienation, despair and hopelessness through enhancing the self-integrative role of married women in marital life. The effectiveness of cognitive behavioral sex therapy caused the married women to enjoy more stable personality and have promoted and strengthened solidarity in relationships since it could modify the distress caused by the negative experiences of self-dissociation and feelings that threaten the self and made the married women further understand the nature of the discomfort of their disappointing experiences through the techniques of cognitive behavioral sex therapy. It can be stated that cognitive behavioral sex therapy caused the individuals to be more kind to themselves and their spouse and attempt to understand the events. This intervention led to increased self-integrity of married women and reduced their self-dissociation so that they became more powerful against the cognitive problems of anxiety and depression. It can be mentioned that cognitive behavioral therapy (sex therapy) led to increased passion for kindness to self and self-understanding instead of self-judgment and caused women to have more sense of self-integrity and internal-external stability; as a result, self-dissociation of married women in the marital relationship was reduced. Accordingly, it can be said that cognitive behavioral therapy (sex therapy) decreases married women's self-dissociation, creates a sense of unity and solidarity between women and their husbands and results in the growth of hopefulness and reduced hopelessness and self-alienation among married people. So, it can be concluded that cognitive behavioral sex therapy reduces the rate of women's self-dissociation. According to the results of Table 7, it was found that with controlling the pretest, a significant difference exists between the married women in the experimental and control groups in terms of sexual intimacy. In other words, with regard to the mean of sexual intimacy in the married women of the experimental group relative to the mean of the control group, cognitive behavioral therapy led to an increase in sexual intimacy of the experimental group. This result is congruent with the findings obtained by Tarviji[3], Morin et al. (2015) and Michel (2012) who showed that cognitive behavioral sex therapy has a great impact on increasing sexual intimacy in marital relationships. In explaining this research result, it should be noted that in marital life, sexual intimacy can strengthen

marital satisfaction. Remarkably, sexual intimacy in marital life leads to constructive interactions and establishment of a romantic relationship based on intimacy and if this sexual intimacy is promoted with proper training, it can improve the marital life quality of married women. In this research, it was demonstrated that the effectiveness of cognitive behavioral therapy (sex therapy) causes an increase in sexual intimacy of married women. Neuf (2013)observed that sex therapy with cognitive behavioral techniques leads to the growth of insight in marital relations and creates new experiences for the establishment of sexual relationship with the spouse. It is also an intervention that enhances married women's sense of power and confidence in sexual relationships. Training sex therapy with cognitive behavioral techniques leads to the development of kindness and intimacy in sexual relationships among women. It can be mentioned that this intervention increases the rate of women's sexual intimacy since it empowers the individual in the establishment of a sexual relationship based on intimacy. Given that women's cognitions about the non-establishment of sexual verbal and nonverbal relationships were recognized and tested, these women recognized the accuracy of the dimensions of problems in the perception of their own sexual intimacy with their husbands. In this treatment, married women learned to promote their cognitions, feelings and reactions towards the emotional state of sex and intimate relationship with their husband. Moreover, through looking at an intimate sexual relation without shyness, women can establish more intimate relationships with their spouse. This type of treatment influenced the perception of the spouse's behavior and higher understanding and the incidence of emotion resulting from the sexual relationship and caused women to provide more sexual intimacy and empathy and show positive self-regulation when faced with the experience of failure in establishing sexual relations with their spouse. Also, by increasing self-esteem in marital relationships, this therapy enhanced the sexual intimacy of married women in order to have a life with sexual quality. Cognitive behavioral sex therapy caused that married women feel a sense of solidarity and belonging in their sexual relations and enjoy a more verbal relationship. Furthermore, the distress arising from the negative experiences in sexual relationships was reduced through training how to establish sexual relations, resulting in the strengthening of positive responses in married women, including smiling, empathy and sexual intimacy in marital relationships. Consequently, women respond with positive affect in establishing a sexual relationship and induce high sexual intimacy. It should be said that cognitive behavioral sex therapy in married women facilitates the acceptance of positive feedbacks and reinforces empathy in responding to the feelings of one's spouse and leads to the sharing of the emotional states of sexual relations, awareness of the spouse's feelings and interpersonal problems in sexual relationships. Generally, it can be stated that cognitive behavioral sex therapy creates a passion for being kind to the spouse and helps the continuation of a proper sexual relationship based on intimacy and seeks to maintain and improve intimacy-based sexual relationships. As a result, it can be mentioned that the effectiveness of cognitive behavioral therapy (sex therapy) in married women boosts sexual intimacy, creates a sense of solidarity between women and their spouses and causes attractiveness, good and proper behavior and trust between married individuals and prepares the ground for having pleasure, happiness and positive emotions in marital satisfaction. Accordingly, cognitive behavioral sex therapy increases the rate of sexual intimacy in married women. Based on Table 8, with controlling the pretest, there is a significant difference between the married women in the experimental and control groups in terms of alexithymia ($F=186.55$, $P<0.001$). In other words, considering the mean of alexithymia in the married women of the experimental group compared to the mean of the control group, cognitive behavioral therapy led to reduced alexithymia in the married women of the experimental group. This result is consistent with the studies performed by Veen (2014), Jenifer (2014) and Loz (2012) who came to the conclusion that cognitive behavioral sex therapy can reduce alexithymia in couples. In explaining this finding, it can be stated that married women who are not in a good situation due to perception of mental challenges and their conflicts and stressful situations perceive high difficulty in the description of their emotions and the emotions of these individuals are chaotic. But in this research, it was demonstrated that the effectiveness of cognitive behavioral therapy (sex therapy) can reduce alexithymia in married women. It should be noted that sex therapy intervention with cognitive behavioral techniques causes that people with the ability to express emotions actively participate in the improvement process since this therapy leads to a stop in the pattern of inability to describe emotions and paves the way for starting new emotions based on the motivation for changing the individual. Considering the fact that in this treatment, small emotional changes were rewarded and strengthened, the rate of understanding and describing one's and other's emotions raised. Through focusing on self-awareness practice and relaxation through breathing, this treatment protocol could make married women perceive that they are able to monitor, supervise, control and evaluate their negative emotions. Also, this therapy increased self-regulation and problem solving of emotions and by arousing the emotions using anger management techniques in married women, the inability in recognition and verbal description of personal emotions and extreme poverty of symbolic thinking, feeling, desires and drives were limited and this therapy caused that married women less avoid emotionally challenging situations in married life. Cognitive behavioral sex therapy led to a reduction in married women's emotional problems and concerns about sexual function, sexual feelings and sexual characteristics and improved the inability to describe the emotions associated with sexual function through the removal of concerns about sexual-emotional desire, interest and arousal and modified the emotional concerns about sex. Hence, it can be concluded that by changing the pattern of married women's emotions, cognitive behavioral therapy decreased the inability to apply feelings, difficulty in distinguishing between emotional states and physical senses and lack of emotional

effects in married women's face and caused a reduction in their alexithymia. Consequently, cognitive behavioral sex therapy is effective in reducing alexithymia of married women.

Limitations of the study

Due to lack of proper cooperation, the sample was selected through available sampling method, which is among the research limitations and may affect the results. The amount of consuming hypnotic drugs was out of the researcher's control. Another limitation was the lack of control over financial and economic condition and social class of married women.

Research suggestions

It is recommended that a follow-up be conducted in future research to assess the effect of cognitive behavioral therapy (sex therapy) on self-dissociation, sexual intimacy and alexithymia. It is also suggested that family counseling centers pay special attention to the effectiveness of cognitive behavioral therapy (sex therapy) due to its positive impacts on self-dissociation, sexual intimacy and alexithymia of married women. Custodians of family matters in courts and welfare organizations are recommended to further consider the influence of effective methods including cognitive behavioral therapy (sex therapy) and to provide policies in referring the couples who dispute in cognitive, emotional and social dimensions such that cognitive behavioral therapy can be widely used for couples. It is suggested that cognitive behavioral therapy sessions become available to couples in the form of educational packages so that effective use of cognitive behavioral therapy (sex therapy) is made to reduce marital problems.

REFERENCES

[1] Afraei, B. (2014). Investigating the relationship between identity crisis and gender identity in high school students of Dezfoul. BA Thesis. ShahidChamran University of Ahvaz.
[2] Besharat, MA. (2007). The relationship between alexithymia and personal problems. [3]-Journal of Educational and Psychological Studies, Ferdowsi University, 1 (10): 130-142.
[3] Tarviji, N. (2012). The effectiveness of cognitive behavioral sex training in resilience, marital satisfaction and marital intimacy.Master'sthesis.ShahidChamran University.
[4] Hamidi, S. (2014).Examining the relationship between sexual intimacy and forgiveness with marital satisfaction of couples.Master'sthesis.Islamic Azad University of Arsanjan.
[5] Rezaei, M. (2014). The impact of training cognitive behavioral sex therapyon the rate of forgiveness, emotional empathy andself-dissociation in married students. Master's thesis.Islamic Azad University of Central Tehran.
[6] Sa'ati, M., Kamkari, K. &Asgarian, M. (2011).Psychological tests. Tehran: Virayesh Publications.
[7] Setoudeh, H. (2010). Social pathology. Twenty-first edition. Tehran: Avaye-no Publications.
[8] Mas'oudifar, M. (2012).The relationship between coping styles and alexithymia with happiness of students in AhvazAzad University. Master's thesis. Islamic Azad University of Ahvaz.
[9] Yousefi, N. (2011). The relationship between emotional intelligence and intimacy with sexual desire of married students. Master's thesis. Science and Research University of Karaj.