

Effectiveness of Cognitive-Behavioral Counseling Based on Film Therapy on the Marital Satisfaction of Women with Low Sex Drive

Alizadeh M¹, Akbari Turkestani N^{2*}, Oohadi B³, Mehrabi Rosaveh F⁴

¹MSc. Counseling in Midwifery, Dept. of Midwifery, School of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran

²MSc. Dept. of Midwifery, School of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran

³Psychiatrist

⁴PhD. Dept. of Psychology, Assistant Professor, School of Nursing and Midwifery, Arak University of Medical Science, Arak, Iran

***Corresponding Author:** Dept. of Midwifery, School of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran

Email: seyedmd@yahoo.com

Received: 25 Sep 2018

Accepted: 29 Apr 2019

Abstract

Background: Given the importance of sex drive in marital satisfaction, evaluating the effectiveness of easy and cost-effective therapies in this regard is essential.

Objectives: The present study aimed to evaluate the effectiveness of cognitive-behavioral counseling (CBC) based on film therapy on the marital satisfaction of women with low sex drive.

Methods: This clinical trial was conducted on 300 women referring to health centers, and 50 women with low sex drive were selected based on the inclusion criteria via permuted block randomization. The selected subjects were allocated to the intervention (n=25) and control (n=25) groups. The intervention group received seven sessions of CBC based on film therapy, while the control group received no intervention. Data were collected using the marital satisfaction scale proposed by Afrooz before and after the intervention. Data analysis was performed in SPSS version 20 using Chi-square and MANCOVA.

Results: The results of Chi-square indicated that the groups were homogeneous in terms of demographic characteristics. In addition, the intervention and control groups had no significant difference in terms of marital satisfaction before the intervention. However, in the post-intervention phase, marital satisfaction significantly increased in the intervention group compared to the control group.

Conclusion: According to the results, CBC based on film therapy could improve marital satisfaction. Therefore, it is recommended that this therapeutic approach be adopted to enhance the relationship of the couples with low sex drive.

Keywords: marital satisfaction, CBC, film therapy, sexual desire

Introduction

Marital relationship is considered to be the most fundamental human bond since it provides the basic structure for building a family and social relationships, as well as the upbringing of the next generation. Marital satisfaction is an attitude, which is a personal attribute of a married couple [1]. According to the literature, an average of 50% of married couples experience sexual dysfunction during their marital life [2,3]. Sexual disorders

play a pivotal role in marital satisfaction [4,5]. Long-term sexual dissatisfaction could cause significant risks in marital life, such as divorce [6].

As the longest and most profound form of communication, marriage has constantly attracted the attention of researchers in various fields [7]. Sexual dysfunction is often influenced by various predisposing, precipitating, maintaining, and contextual factors [8]. In general, marital

satisfaction is positively correlated with sexual satisfaction [9].

Several psychological approaches have been adopted to reduce sexual problems and enhance marital satisfaction [10,11]. Cognitive-behavioral counseling (CBC) is a well-known psychological therapy in this regard, which has been shown to be effective in addressing various issues, including marital conflicts [12]. However, some subjects have not been adequately successful in CBC due to the high number of the therapy sessions, treatment costs, timeliness, and incomplete treatment. Therefore, a new therapeutic approach to CBC has been developed, which is known as CBC based on film therapy. Watching a movie is a multivariate experience, which transforms film therapy into an ideal instrument that not only helps with the training of new skills and concepts, but it also could be used as a catalyst that exerts emotional excitement. Film therapy has four main stages, including identification, emotional evacuation, insight, and globalization [13].

In a study in this regard, Zarei et al. (2016) concluded that the communication and interaction of couples and their mental health were the foremost influential factors in marital satisfaction [10]. In a review study, Lavner (2017) stated that communication problems were preceded by marital dissatisfaction, as well as a question that was not easy to answer and required further investigations [14]. In another research by Omidi et al. (2016), the comparison of drug therapy and CBC indicated that CBC was more effective in resolving sexual problems and enhancing the satisfaction of married couples [15].

A recent study by Warnock et al. (2017) suggested that film-based therapy could reduce social anxiety and increase communicative skills in the individuals with social anxiety [16]. In another review study, Franco (2016) concluded that using film therapy in all the areas of treatment could be a cost-efficient and effective treatment method [17]. Moreover, Hernandez et al. (2016) investigated a sample population with mental health problems, concluding that watching movies enhanced the social communication skills of the patients, allowing them to express and discuss their mental problems [18].

According to the literature, there is strong correlation between marital satisfaction and sex

drive. Therefore, the design and implementation of effective interventions in this regard are essential [19].

The present study aimed to assess whether CBC based on film therapy could affect the communication skills of women with low sex drive.

Methods

Study Design and Subjects

This randomized clinical trial was conducted with a pretest-posttest design and a control group on all the married women referring to the health centers of Gonbad-e-Kavoos city, Iran during July-December 2017.

This study was conducted in accordance with the guidelines of the Helsinki Declaration (1975), and the study protocol was approved by the Ethics Committee of Arak University of Medical Sciences, Iran (code: 2014-1-03-1396, registration number: IR.ARAKMU.REC.1396.43). The objectives of the study were explained to the participants, and they were allowed to withdraw from the study at any given time. In addition, written informed consent was obtained from the participants prior to the study.

Sample Size

The number of the required samples was calculated using the following formula and estimated at less than 24 subjects, which was determined to be 25 cases considering 5% sample loss in each group [20].

$$P_1=0.85 \quad P_2=0.5$$

$$\alpha=0.05 \quad \beta=0.2$$

$$N = \frac{(Z_{1-\frac{\alpha}{2}} + Z_{\beta})^2 \times P_1(1-P_1) + P_2(1-P_2)}{(P_1 - P_2)^2} =$$

Sampling

Gonbad-e-Kavos city (Iran) has 15 comprehensive urban health service centers, five of which were selected randomly in this study. As the demographic data of the entire population of the city were recorded in the Narm Afzar Behdasht (NAB) system, and all the centers were connected to this system, 50 subjects were selected via purposive sampling based on the inclusion criteria of the study, and a total of 300 cases were enrolled in the study.

The inclusion criteria of the study were as follows: 1) Arizona sexual experience scale (ASEX) scores of less than 14 [21]; 2) Muslim

Shia; 3) age range of 15-49 years; 4) being married within the past one year; 5) minimum education level of high school diploma and 6) no smoking habits. The exclusion criteria were as follows: 1) pregnancy; 2) traumatic experiences within the past six months (e.g., losing a family member); 3) history of ovarian surgery; 4) hormonal diseases; 5) addiction to any medications or alcohol; 6) failure to complete the sessions (absence in more than one session) and 7) receiving treatment for mental or physical illnesses.

In total, 50 subjects met the inclusion criteria and selected as the samples. The final samples were randomly divided into two groups of control (n=25) and intervention (n=25) via permuted block randomization. Among 25 subjects in the control group, two cases and three out of 25 subjects in the intervention group were excluded from the posttest phase due to incomplete questionnaires, and two other subjects were excluded due to absenteeism in the sessions. Two cases out of 25 subjects in the control group and three cases out of 25 subjects in the intervention groups were also excluded from the post-test phase due to incomplete questionnaires, and two other cases were excluded due to failure to complete the sessions.

All the subjects had the same chance to be allocated to the intervention and control groups. After explaining the objectives of the research, written informed consent was obtained from the participants, and they were assured of the confidentiality terms regarding their information. Afterwards, blocks with two letters of A and B were formed, with A considered as the intervention group and B considered as the control group. The sequence letters was as follows:

1: B 2: B 3: A 4: A 1: B 2: B 3: A 4: A 1: B 2: A 3: B 4: A 1: A 2: B 3: B 4: A 1: A 2: B 3: A 4: B 1: B 2: B 3: A 4: A 1: B 2: A 3: A 4: B 1: A 2: A 3: B 4: B 1: A 2: B 3: A 4: B 1: A 2: B 3: B 4: A 1: B 2: A 3: B 4: A 1: A 2: B 3: A 4: B 1: A 2: B 3: A 4

Research Instruments

Afroz Marital Satisfaction Scale (AMSS)

AMSS has been developed by Dr. Afroz to evaluate and measure satisfaction among spouses based on a new approach. AMSS is highly consistent with the Iranian-Islamic culture of Iran.

AMSS consists of 47 items, which are scored based on a four-point Likert scale (Totally Disagree=1, Totally Agree=4). The high scores in the entire scale indicated the higher satisfaction level. In addition, AMSS had 10 subscales, including couple's positive thinking (six items), personal behaviors (six items), relational and social behaviors (seven items), problem-solving (106 items), finances (five items), economic activity (three items), religious inclinations and behaviors (four items), parenting (four items), free time (three items), and emotional relationship (four items).

The correlation between AMSS and Enrich marital satisfaction has been estimated at 0.43 ($P>0.05$), which is considered appropriate. Moreover, AMSS has proper criterion, construct, and content validity. The Cronbach's alpha coefficient of the scale has been calculated to be 0.95 [22].

Arizona Sexual Experience Scale (ASEX)

ASEX was used to measure the sex drive of the subjects in the sampling stage in order to select the women with low sex drive. The items in ASEX are scored based on a five-point scale to evaluate the sexual performance in terms of sexuality, arousal, and ability of orgasm. According to previous studies, scores of less than 14 are considered as the cut-off point in this instrument; as such, the subjects achieving higher scores than 14 were considered to have low sex drive [21].

According to the findings of McGee (2000), the items in ASEX have proper correlations, and the reliability of this scale has been estimated at $\alpha=0.70$ [23]. In Iran, Bayrami et al. (2008) have reported the Cronbach's alpha of ASEX to be 0.90, and the correlation of the scale with the other similar questionnaires has been considered significant [24].

Intervention

In this study, the sessions were held in the conference hall of the main health center in Gonbad-e-Kavoos city. The researcher held the therapy sessions under the supervision of a clinical psychologist. It is notable that the researcher had attended CBC-based film therapy for three month prior to the study. The films were selected based on the protocol designed by Dr. Oohadi (an experienced film therapist), which was revised by two nurses and psychologists. The

films included marital and communication axis in seven dimensions. The subjects in the intervention group were divided into two groups (10-15 cases) and voluntarily enrolled to attend early morning (9-11 AM) or late morning sessions (11-13 AM). The sessions were administered in seven weekly sessions (120 minutes each), in addition to one introduction session (eight weeks) [25].

At the next stages, the participants met in a group every week and shared their notes with the entire group. If the participants failed to comprehend the main messages of the film, the researcher would ask the participant to watch the movie again. Each session started with the review of the tasks assigned in the previous sessions. Every session, the participants read their statements and expressed their emotions. The participants were asked to listen empathically and comment in turn. The researcher noted the expressed emotions and performed group discussions based in the CBC steps (identifying the automatic thoughts, evaluating the automatic thoughts, challenging the automatic thoughts, and replacing the thoughts). This process was repeated until the completion of the sessions for each film. During this period, the control group received no intervention. After the posttest, the same films were provided to the subjects in the control group.

-Session One (rapport/cohesion building, rules/disclosures, and goal identification): The subjects in the intervention group participated in an introduction session, and the group were briefed about the goals and expectations of the researcher. Afterwards, the questions of the participants were answered, and the participants were provided with a notebook and pen. The procedures of the study were explained, and the first DVD with family drama content was provided to the participants.

-Session Two: Each participant shared their notes, and the other subjects listened. If needed, the researcher provided some comments. In this session, the first 30-45 minutes of the film was displayed again, and the participants were asked whether they had the same emotions. Moreover, the researcher noted the points relating to marital relationship, which were expressed by the participants, and encouraged the group to share more emotions. The worksheet of identifying the automatic thoughts was also provided, and the participants were asked to identify the automatic

thoughts relating to their marital life after watching the film. Afterwards, the second DVD with romantic family contents was provided to be watched at home before the next session.

-Session Three: After reviewing the notebooks, the researcher asked the participants to explore their own stories, plots, and problems in regards to their notes. Furthermore, they were asked to discuss their emotions one by one. Finally, the researcher collected the feedbacks and provided the worksheets of automatic thoughts evaluation. The participants were asked to evaluate and score their thoughts within the range of 0-100. Afterwards, the third DVD was provided with romantic war drama contents to be watched at home before the next session.

-Session Four: The session started with the sharing of the notes, expressing the emotions, and reading the results of the thoughts evaluation. The participants were asked to relate their notes with their real marital life gaps and note their most repeated thoughts for further evaluation. Afterwards, the worksheet of challenging with the automatic thoughts was provided, and the completion of the worksheet was explained with an example. The fourth DVD was also provided with epic genre contents to be watched at home before the next session.

-Session Five: After reviewing the notes, the participants were asked to share their worksheet contents with the group to determine whether the evaluation score had changed after challenging with thoughts. After discussing the challenging results, the worksheets of replacing thoughts was provided to the subjects, and the completion of the worksheet was explained with an example. Following that, the fifth DVD with pleasurable melodrama genre contents was provided to be watched at home before the next session.

-Session Six: This session started with the sharing of the notes and expressing the emotions of the participants after watching the film. In addition, the results of cognitive counseling were discussed and criticized to decide whether the counseling was successful in changing the thoughts of the participants. The subjects were also asked to go through their thoughts gradually and generate a list of pleasurable activities for the next week. Afterwards, the sixth DVD with romantic genre contents was provided to be watched at home before the next session.

-Session Seven: This session also started with the review of the home tasks and expressing the emotions of the participants after watching the film. The subjects were asked to share their lists of pleasurable activities with the group and add two more activities. This session ended by providing another DVD with marital conflict contents to be watched at home before the next session.

-Session Eight: This session was the conclusion session. The participants were asked to share their experiences, thoughts, and the changes they experienced. Finally, the post-intervention phase was administered.

Statistical Analysis

Data analysis was performed in SPSS version 20 using descriptive statistics (mean and standard deviation), inferential statistics, t-test and Chi-square for the independent variables. Moreover, multivariate analysis of covariance (MANCOVA) was used to compare the intervention and control groups before and after the intervention in terms of the changes in the marital satisfaction scores; the baseline scores were considered as the covariate. Chi-square was applied to compare the demographic characteristics of the participants in

the intervention and control groups, and independent t-test was used to compare the baseline scores. In all the statistical analyses, P-value of less than 0.05 was considered significant.

Results

The majority of the women were housewives, and 36% had a bachelor's degree. In addition, the majority had two children. Mean age of the participants was 30.64 ± 7.10 years, and the mean duration of marriage was 5.36 ± 5.09 years. Comparison of the age, duration of marriage, and baseline scores showed no significant differences between the intervention and control groups (Table 2).

The results of Chi-square indicated no significant differences between the intervention and control groups in term of the education level, age, and duration of marriage (Table 1). On the other hand, comparison of the groups in terms of marital satisfaction and its subscales indicated significant differences between the intervention and control groups in the total score, as well as the scores of the subscales of marital satisfaction ($F(1, 50) = 63.24; P > 0.05$) (Table 3).

Table 1: Comparison of Intervention and Control Groups in Terms of Demographic Characteristics

Variables	Control	Intervention	Results of Comparison (χ^2, P)
	N (%)	N (%)	
Education Level	High School, Diploma	10 (43.5)	0.19, 0.70
	Undergraduate	6 (26.1)	
	Graduate	7 (30.4)	
Duration of Marriage (year)	1-5	11 (47.8)	0.57, 0.50
	5-10	8 (34.8)	
	10-15	4 (17.4)	
	19-25	7 (30.4)	
Age (year)	26-32	3 (13)	6.42, 0.09
	33-39	9 (39.1)	
	>40	4 (17.4)	
		2 (9.1)	

Table 2: Results of comparing with independent t-test of age, marital duration, baseline scores of marital satisfaction and ASEX

variables	groups	mean	SD	t	Sig
age	Intervention	31.04	7.36	0.57-	0.56
	control	32.31	7.40		
Marital duration	Intervention	5.52	3.69	1.04	0.30
	control	4.36	3.72		
Marital satisfaction	Intervention	103.56	7.84	1.25	0.21
	control	100.13	10.37		
ASEX	Intervention	12.21	3.19	1.06	0.29
	control	11.18	3.36		

Table 3: Comparison of marital satisfaction between and within the film therapy and control group

Variables		Film therapy group	Control group	P
Marital satisfaction	Pre	103.56±7.84	100.13±10.37	0.74
	Post	113.26±9.22	101.13±9.57	0.05
couple's positive thinking	Pre	24.34±6.28	25.27±5.10	0.59
	Post	29.91±5.15	25.45±4.09	0.02
personal behavior	Pre	13.04±3.84	15.04±6.13	0.90
	Post	20.17±4.35	14.90±5.91	0.04
relational & social behaviors	Pre	13.30±4.03	13.27±4.46	0.68
	Post	19.26±4.20	13.22±4.54	0.01
problem solving	Pre	12.21±3.19	11.18±3.36	0.89
	Post	17.43±3.78	11.00±3.62	0.01
finance	Pre	25.08±5.49	24.16±5.65	0.89
	Post	30.87±4.06	23.86±5.69	0.01
economic activity	Pre	10.95±2.53	10.63±2.76	0.68
	Post	16.30±2.68	10.04±2.55	0.01
religious feeling & behavior	Pre	26.26±5.25	24.95±5.62	0.43
	Post	27.78±5.15	25.00±5.73	0.09
parenting	Pre	15.06±6.89	17.22±6.30	0.19
	Post	22±6.21	18.27±6.12	0.04
free time	Pre	24.34±4.22	23.5±4.97	0.54
	Post	26.30±4.28	23.27±4.91	0.03
emotional relationship	Pre	15.78±6.76	16.22±7.21	0.83
	Post	19.95±6.74	25.72±5.22	0.03

Discussion

The present study aimed to investigate the effects of CBC based on film therapy on the marital satisfaction of women with low sex drive. Evaluation of marital satisfaction at the post-intervention stage and its comparison with the pre-intervention phase indicated no significant difference before the intervention, while in the post-intervention phase, a significant difference was observed in this regard. Therefore, it could be concluded that the participants in the intervention

group had higher marital satisfaction after the therapy sessions. Furthermore, improvements were observed in the couple's positive thinking, personal behaviors, relational and social behaviors, problem-solving, finances, economic activity, religious inclinations and behaviors, parenting, free time, and emotional relationship. This finding is consistent with the previous findings denoting the effectiveness of CBC in the enhancement of marital satisfaction and sexual function in married couples [26,27].

According to the current research, the women had higher satisfaction with their marital life after the intervention, which could be attributed to the tasks performed during the intervention since the participants noted and expressed their emotions during the therapy sessions. In this regard, Shafaturk et al. (2017) [28] and Asalian (2017) [29] reported that writing emotions resulted in awareness and insights toward suppressed emotions. Attending the group sessions, sharing experiences, and listening to the emotions of others helped the participants to access their emotions and express them in the group, as well as in their family. However, the results obtained by Hummel et al. (2017) regarding CBC based on internet therapy after 24 weeks indicated that women experienced lower stress levels in their sexual functions, while no significant differences were observed in their sexual satisfaction, orgasm, and frequency of sex in the intervention group compared to the control group [30]. This discrepancy could be due to the differences in the research instruments and diagnostic methods for the malignancies associated with the samples. On the other hand, the treatment course was conducted in a virtual manner, which could be another reason for the diminished effect of the therapy sessions.

Within the past decade, cognitive-behavioral couple therapy has been considered to be a powerful and effective approach to addressing marital life problems [31]. In addition, this method has been reported to be an effective treatment to alleviate sexual dysfunctions in the general population when provided in a face-to-face setting. Several studies have investigated the effectiveness of CBC targeting sexual function [28]. The cognitive-behavioral approach considers marital problems a result of the ineffective skills of couples, inability to solve conflicts and problems effectively, irrational expectations and beliefs, and negative behavioral exchanges [32].

The main goals of CBC in couple therapy include increasing the reinforcing agents and positive exchanges, communication skills training, and modification of thought patterns and methods of conflict resolution. Cognitive processes are the foundation of cognitive-behavioral methods for the treatment of relationship malfunctions and could effectively enhance intimacy and low sex drive [26]. Furthermore, the findings in this

regard have indicated that cognitive therapy increases the marital satisfaction of married couples, especially if implemented in the form of group therapy [33]. However, evidence is scarce in the case of film therapy, and the mechanism of the efficacy of this method in counseling requires further investigation, particularly in the individuals with complicated marital relationships where it is challenging to disclose sexual function. In such cases, film therapy may be less resistant since the couples could spend a considerable time disclosing or processing in a less formal manner regarding the film contents until they finally comprehend their issues. In general, film therapy affords clients the opportunity to recount their life stories to therapists. This is a potentially valuable means for clients to arrive at insights, organize emotional experiences, and recognize their personal values. Since films encourage clients to tell their stories, they will relate to narrative therapy movements as outlined by authors such as Payne (2000) and McLeod (1997) [34].

According to the results of the present study, CBC based on film therapy was effective in the enhancement of marital satisfaction in the women with low sex drive. However, no other research was found in the literature based on film therapy interventions in case of marital conflict, and data is scarce regarding the effectiveness of CBC based on film therapy, specifically in the field of marital relations. Considering the high prevalence of low sex drive, there is the need for easy, cost-effective, and short-term, accessible treatments, such as film therapy.

This trial had several limitations. Firstly, few women were willing to participate in the therapy session and express their sexual problems in a group. As such, we anticipated that the indirect effect of films and group discussion process will be more attractive to the participants. Another limitation was that power analysis was not calculated, and the study had a small sample size. In addition, marital satisfaction and sexual desires are complicated issues, and implementing fundamental treatments in this regard would be time-consuming. The current research was focused on women without their spouses, which is another limitation of the study. Also, we enrolled the women based on their self-reports about their physical and hormonal problems, and no laboratory testing facilities were available.

Another limitation was the extend age range of the participants since sex drive largely depends on age.

Some of the main strengths of this trial were the randomized trial design, comparison of the intervention group with a waiting-list control group, considering several inclusion and exclusion criteria to reduce bias in selecting the subjects, and adopting an easy, cost-effective counseling approach.

According to the results, CBC based on film therapy is an effective approach to addressing low sex drive, which leads to no complications and is cost-effective

Acknowledgments

This article was extracted from an MSc thesis conducted by the corresponding author and submitted to the Department of Nursing at Arak University of Medical Sciences, Iran.

Conflict of interest: None declared.

Funding:

This study was financially supported by the Research Committee of Arak University of Medical Sciences.

References

1. Aliakbari DM. Relationship between women sexual function and marital adjustment. 2010; 4(3): 199-206.
2. Raisi M, Jafarbegloo E, Khoramirad A, Noroozi M. Association of body mass index with sexual dysfunction in women referred to health centers of Qom city, 2010, Iran. *Qom Univ Med Sci J* 2013, 7(5): 53-59. [In Persian]
3. Nezhad MZ, Goodarzi AM. Sexuality, intimacy, and marital satisfaction in Iranian first-time parents. *J Sex Marital Ther.* 2011; 37(2): 77-88.
4. Masoumi SZ, Kazemi F, Nejati B, Parsa P, Karami M. Effect of Sexual Counseling on Marital Satisfaction of Pregnant Women Referring to Health Centers in Malayer (Iran): An educational randomized experimental study. *Electron physician.* 2017; 9(1): 3598.
5. Althof SE, Needle RB. Psychological and interpersonal dimensions of sexual function and

dysfunction in women: An update. *Arab J Urol.* 2013; 11(3): 299-304.

6. Barati M, Salehi O, Samavati A, Moeini B. Assessment of communication skills level among medical college students: verbal, listening, and feedback skills. *J Urmia Nurs Midwifery Fac.* 2012; 10(2): 145-54. [In Persian]

7. Moeini B, Karimi-Shahanjarini A, Soltanian AR, Valipour Matlabi Z. The effect of communication skills training on females referred to health centers in Bahar; applying the social support theory for increasing marital satisfaction among couples. *J Educ Community Health.* 2016;3(3):9-16.

8. Tadayon M, Rezaei Kheirabadi A, Molaiezhad M, Shiralinia K. Efficacy of Cognitive Behavioral Therapy on Catastrophic thoughts on Women with primary Vaginismus: A Single-Case trial. *Iranian J Obstetrics, Gynecology and Infertility.* 2017;19(39):25-34. [In Persian]

9. Shakerian A, Nazari A-M, Masoomi M, Ebrahimi P, Danai S. Inspecting the Relationship between Sexual Satisfaction and Marital Problems of Divorce-asking Women in Sanandaj City Family Courts. *Procedia Soc Behav Sci.* 2014; 114: 327-33.

10. Zaheri F, Dolatian M, Shariati M, Simbar M, Ebadi A, Azghadi SBH. Effective Factors in Marital Satisfaction in Perspective of Iranian Women and Men: A systematic review. *Electron physician.* 2016; 8(12): 3369- 77.

11. Zarnaghash M, Zarnaghash M, Shahni R. The influence of family therapy on marital conflicts. *Procedia Soc Behav Sci.* 2013; 84(9): 1838-44.

12. Kavitha C, Rangan U, Nirmalan PK. Quality of life and marital adjustment after cognitive behavioural therapy and behavioural marital therapy in couples with anxiety disorders. *J Clin Diagn Re.* 2014; 8(8): WC01- WC04.

13. Navidian A, Saadat S, Bahari F. The impact of movie therapy on vulnerable women's self-esteem referring to non-governmental social service clinics of Tehran. *J Kermanshah Univ Med Sci.* 2015;18(10):569-78.

14. Lavner JA, Karney BR, Bradbury TN. Does couples' communication predict marital satisfaction, or does marital satisfaction predict communication? *J Marriage Fam.* 2016; 78(3): 680-94.

15. Omidi A, Ahmadvand A, Najarzadegan MR, Mehrzad F. Comparing the effects of treatment with sildenafil and cognitive-behavioral therapy on treatment of sexual dysfunction in women: a randomized controlled clinical trial. *Electron physician*. 2016; 8(5): 2315- 24.
16. Warnock-Parkes E, Wild J, Stott R, Grey N, Ehlers A, Clark DM. Seeing is believing: Using video feedback in cognitive therapy for social anxiety disorder. *Cogn Behav Pract*. 2017; 24(2): 245-55.
17. Franco GE. Videogames and therapy: a narrative review of recent publication and application to treatment. *Front psychol*. 2016; 7: 1085.
18. Hernandez MY, Mejia Y, Mayer D, Lopez SR. Using a narrative film to increase knowledge and interpersonal communication about psychosis among Latinos. *J Health Commun*. 2016; 21(12): 1236-43.
19. Sánchez-Fuentes MdM, Santos-Iglesias P, Sierra JC. A systematic review of sexual satisfaction. *Int J Clin Health Psychol*. 2014; 14(1): 67-75.
20. Abbasi A, Jalilpour N, Kamkar A, Zadehbaghri G, Mohamed F. The Effects of Life Skills Training on Marital Satisfaction of Married Women: A Case Study in Dogonbadan, Iran. *Armaghane danesh*. 2012; 16(6): 587-94.
21. Krishna K, Avasthi A, Grover S. Validation of sexual functioning questionnaire in Indian patients. *Indian J Psychol Med*. 2014; 36(4):.404-407.
22. Parsa A, Afrouz G, Lavasani MG, Jashni Motlagh A. Relationship between marital Satisfaction of Pregnant Women and Infant Birth weight. *MEJDS*. 2017; 7: 88.
23. McGahuey CA, Gelenberg AJ, Laukes CA, et al. The Arizona sexual experience scale (ASEX): reliability and validity. *J Sex Marital Ther*. 2000; 26(1): 25-40.
24. Bayrami R, Sattarzade N, Ranjbar koocheksarai F ,Pezeshki Mz. Male Sexual Behavior and its Relevant Factors during the Partner's Pregnancy. *J Ardabil Univ Med Sci*. 2008. 2008;8(4):356-63. [In Persian]
25. Hosseini F-a, Khodabakhshi-koolae A, Taghvaei D. Effectiveness of group film therapy on happiness and quality of life among elderly adults of Kahrizak nursing home. *J. Health Lit*. 2016; 1(2): 109-17. [In Persian]
26. Babakhani N, Taravati M, Masoumi Z, Garousian M, Faradmal J, Shayan A. The effect of cognitive-behavioral consultation on sexual function among women: a randomized clinical trial. *J Caring Sci*. 2018 Jun 1;7(2):83-88
27. Shayan A, Taravati M, Garousian M, Babakhani N, Faradmal J, Masoumi SZ. The effect of cognitive behavioral therapy on marital quality among women. *Int J Fertil Steril*. 2018; 12(2): 99-105.
28. Şafak Öztürk C, Arkar H. Effect of Cognitive Behavioral Therapy on Sexual Satisfaction, Marital Adjustment, and Levels of Depression and Anxiety Symptoms in Couples with Vaginismus. *Turk Psikiyatri Derg*. 2017; 28(3): 172-180.
29. Assalian P. Psychological and interpersonal dimensions of sexual function and dysfunction. *Arab J Urol*. 2013; 11(3): 217-21.
30. Hummel SB, Van Lankveld JJ, Oldenburg HS, et al. Efficacy of internet-based cognitive behavioral therapy in improving sexual functioning of breast cancer survivors: results of a randomized controlled trial. *J Clin Oncol*. 2017 ; 35(12): 1328-40.
31. Schofield MJ, Mumford N, Jurkovic D, Jurkovic I, Bickerdike A. Short and long-term effectiveness of couple counselling: a study protocol. *BMC Public Health*. 2012; 12: 735.
32. Ammari S, Amini N, Rahmani MA. The effectiveness of cognitive-behavioral couple therapy in increasing the marital compatibility of the divorce applicant couples. *Int J Human Cultur Stud*. 2016; 1214-19.
33. Bélanger C, Laporte L, Sabourin S, Wright J. The effect of cognitive-behavioral group marital therapy on marital happiness and problem solving self-appraisal. *Am J Fam Ther*. 2015;43(2):103-18.
34. Sharp C, Smith JV, Cole A. Cinematherapy: Metaphorically promoting therapeutic change. *Couns Psychol Q*. 2002; 15(3): 269-76.