

## Prediction of Sexual Satisfaction Based on the Difficulty of Emotion Regulation, Early Maladaptive Schemas and the Quality of Relationship in Infertile Women in Tehran

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### Abstract

The purpose of this research aimed to predict sexual satisfaction based on the difficulty of emotion regulation, early maladaptive schemas and the quality of relationship in infertile women in Tehran. To this end, 100 infertile women with the age range of 30 to 45 years old living in Tehran were selected who referred to infertility clinics of Royan, Avicenna, and Navid in Tehran in 2018. They were selected through purposive sampling method and using Difficulties in Emotion Regulation Scale (DERS) [1], Marital Status Inventory (GRIMS) (Golombok-Rust, 1998), Young Schema Questionnaire-Short Form (YSP-SF) [2] and Sexual Satisfaction Questionnaire [3]. In order to analyze the data, Pearson correlation method and multiple stepwise regression method were used in SPSS version 23 using descriptive statistics method. The results showed that among the dimensions of the difficulty of emotion regulation, the lack of acceptance of emotional responses ( $\beta = 0.198$ ), difficulty in controlling impulse, limited access to paths, and lack of emotional resolution, positively predict sexual satisfaction and the difficulty in performing purposeful behavior; and lack of emotional awareness, negatively predict sexual satisfaction. The schema such as emotional deprivation, abandonment/instability, vulnerability, involved/self-untransformed, obedience, Entitlement/grandiosity, positively and significantly predict sexual satisfaction and distrust malpractice scales, social isolation/alienation, Defectiveness/shame, failure, dependence/Incompetence, self-sacrifice, emotional inhibition, stubbornly criteria, continence/inadequate discipline, negatively predict sexual satisfaction. Moreover, the quality of the relationship positively and significantly predicts sexual satisfaction in infertile women.

**Keywords:** Sexual Satisfaction; Difficulty of Emotion Regulation; Early Maladaptive Schemas; Relationship Quality; Infertile Women

### Introduction

Infertility as a complex crisis in couples' life has profound emotional-psychological consequences and can affect the process of their mental health [4]. In addition, many studies have examined the effect of infertility on women's sexual satisfaction [5]. For this reason, current studies indicate that infertility is like a psychological stress experience that affects the psychological state of infertile women. Since it is influenced by the infertile couple's problems, from this perspective, infertility treatment is also part of a stressful situation and in part creates a psychological blow to women [6]. In general, understanding the infertility stress and its implications in the infertile women's mind and its mental and sexual health implications for women has led to the formation of the concept of infertility psychology, which reflects the psychological and social implications of this phenomenon [7]. Some scholars consider the psychological consequences

of infertility for couples due to the need for parenthood during an adult period as a transition point for them and this phenomenon is associated with a variety of negative health and sexual consequences in such couples [8].

Fertility has a high value in most cultures and having a child is one of the most effective ways to induce a sense of being perfect to human beings. Several psychological problems arose due to infertility at the cognitive and emotional levels for the individual [9-11]. Problems with Past traumatic stress disorder (Colier, 2010) are complications such as sleep disturbances, job failures, marital disturbances and social relationships, and sensitivity to any environmental stimulus related to generation and childbirth in people who suffer from infertility [12]. Many couples definitely consider infertility the main crisis in life and a stressor. Mental pressure and stress increase due to the inappropriate conditions that infertility creates and a defective cycle is created that can undermine the couple's ability to fertilize more often [13]. Therefore, couples' adjustment with infertility is very important. Anxiety and depression in infertile women are more common than infertile men [14]. In men, it often causes erectile dysfunction and early ejaculation, and in women it is associated with problems with arousal and orgasmic experience [15,16].

Studies show that approximately 70% to 80% of infertility is caused by men or women and only 10% of infertility is related to both couples [17]. In a study in Tehran, the infertility rate is as much as 21.9% [18]. Infertility can be primary or secondary type. Primary infertility means a disability in pregnancy at the present, with no history of pregnancy [19]. While secondary infertility occurs when a woman has fertility in the past, but she does not have the ability now. Moreover, there is a difference between infertility and not having child voluntary [20], since some women may not want to have children for economic, social or biological reasons. Studies have shown that infertile women have more psychotic symptoms than fertile women and suffer from psychiatric disorders such as depression and anxiety. Infertile women also have the lack of emotional maturity, over-supporting, emotional duality, masculinity, aggression, and mastery [21]. Moreover, scientific results from the 1930s to the present witnessed the formation of Infertility Mental Health profession, which emphasizes a variety of problems such as psychoanalysis during the period of infertility. The profession now emphasizes the provision of social support, crisis prevention, education for reducing stress, and improving the quality of life with couple mental health in infertility [22]. Finally, studies indicate that infertile women have more sexual dissatisfaction than normal couples, and more or less have sexual malfunction disorders [8,23]. The present study deals with infertile women. Since emotions play a key role in the relationship between infertile couples, this should be given special attention. The emotion regulation is a special form of self-discipline and is defined as internal and external processes involved in reviewing, evaluating and modulating the emergence, severity, and duration of emotional responses [24]. Emotion regulation affects emotional well-being, marital satisfaction, self-harm reduction, depression reduction symptom, anxiety and stress [25]. In some studies, it has been shown that emotion regulation leads to solving problems in marital communication and psycho-emotional well-being [26]. According to Kumar (2009), the perception of person plays an important role in a person's feelings towards his/her spouse, and positive thinking, especially regarding relationships with a spouse, leads to higher levels of marital satisfaction. Infertility is a factor that can affect interpersonal, social, and helpless schemas, which can lead to psychological imbalance between couples, divorce and disconnect between them and reduce their mental well-being. Responses to infertility are associated with more severe negative reactions (Ghaffari, *et al.* 2008).

The quality of the relationship is a high-level structure formed by several heterogeneous dimensions that are interconnected. The quality of the relationship of structures involves belief, satisfaction, and commitment. The importance of the quality of the relationship is that it can affect physical and psychological well-being (Pierce, Saramon, and Saramon, 1991).

Sexual satisfaction is largely influenced by the consequences of infertility, such as decreased self-esteem, depression, and anxiety, as well as sexual intercourse with failure in fertilization [27]. Sexual pleasure of humans is more about the mind than the body. Depression, anger, anxiety, and fear can interfere with the ability to diagnose pleasure in sexual activity [5]. Infertility-related depression acts as a catalytic activity that reveals sexual problems. Loss of sexual desire, changes in the stage of orgasm, reduction of sex and sexual dissatisfaction are the common problems of these couples (Khoei Marqati, 1997). Depressed people feel sustained numbness, frustration, helplessness, worthlessness and sin, and tend to lose their attachment to life, work, and other activities that they previously enjoyed,

including sexual activity [28]. Many women and men feel that their femininity and masculinity have been reduced as a result of infertility, and this has also reduced sexual satisfaction [27]. Most types of research has focused on the effect of infertility on common life, and has only been studied in some types of research of infertile couples' sexual life [27]. According to the research, it can be said that if the infertile couples have high marital satisfaction, the infertility stresses less damage to their marital relationship and can better adapt to infertility problems. As can be observed in various definitions, the difficulty of emotion regulation early maladaptive schemas, and the quality of the relationship between couples are important factors affecting the sexual satisfaction of infertile women. Therefore, the purpose of this research was to predict sexual satisfaction based on the difficulty of emotion regulation, early maladaptive schemas, and relationship quality in infertile women in Tehran.

Izadi Sajjadian [29] conducted a study to investigate the relationship between marital adjustment and infertility-related stress: the mediating role of compassion and self-judgment. The results of this study showed that the effect of marital adjustment on infertility-related stress was significant and the structural relationship between marital adjustment and infertility-related stress had a desirable processing. Also, the self-mediating compassion is a part of relationship between marital adjustment and infertility related stress, and complete mediating self-judgment and infertility-related stress.

Basharat, Khalili Khezrabadi, Rezazadeh (2016) conducted a research to investigate the mediating role of difficulty of emotion regulation in the relationship between mental initial incompatible structures and marital problems. The results of this study showed that there is a significant positive correlation between mental initial incompatible structures, marital problems and difficulty of emotion regulation. The results of path analysis have shown that the difficulty of emotion regulation in the relationship between mental initial incompatible structures and marital problems has a mediating role.

Basharat, Lashkari, Rezazadeh (2014) carried out a research to explain infertility adjustment based on the quality of the relationship, couple beliefs and social support. The results of this study showed that there is a negative relationship between marital problems and couples' adjustment with infertility.

Sahraeian, Jafarzadeh, Poursamar [30] conducted a research to determine the relationship between social support and marital satisfaction in infertile women based on the infertility factor. The findings show that women who are the cause of infertility receive less social support than those women whose husbands are infertile. Also, marital satisfaction in women with male infertility factor is more than women who are the cause of infertility. There is also a significant relationship between social support and marital satisfaction in infertile women.

Hashemian, Shayan, Omidvar, Modarres Ghoravi [31] investigated the relationship between early maladaptive schemas and sexual satisfaction in women employed by Ferdowsi University of Mashhad and Shiraz. The findings showed that among the early maladaptive schemas, four schemes including emotional deprivation, distrust, abandonment and defect, from high to low, had a significant contribution to predict the variable of sexual satisfaction.

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Tabrizi, Tabrizi, Vatankhah [32] have investigated the effect of women infertility on the occurrence of sexual dysfunction and spouse abuse. Findings show that psychological, physical, and economic violence on infertile women is more than fertile women. Also, there is not a significant interactive relationship between any male spouse abuse pattern regarding their wives, infertile women's sexual dysfunction and the degree of education of women.

Sattarzadeh, Bahrami, Ranjbar Kouchaksarai [4] conducted a study to compare the sexual satisfaction and depression among fertile and infertile couples referred to Alzahra Tabriz Educational Center. The findings indicated that the mean scores of depression in infertile women were significantly higher than their spouses, but the mean score of sexual satisfaction between men and infertile women was not significantly different. There is a significant negative correlation between sexual satisfaction and depression.

## Methods

This research is a descriptive correlation study. The population consisted of all infertile women aged 30 to 45 years old living in Tehran who were referred to specialized gynecological clinics of Navid, Royan, and Ibn Sina in 2018. The cases were selected through non-random sampling method and completed the research questionnaires after a detailed description of the research objectives and filled out the informed consent form. In this research according to the software, 96 people were selected, but 100 people were selected for more accuracy. G\*Power method was used to obtain the appropriate sample for collecting data. The inclusion criteria in this study were age range of 30 to 45 years old and primary infertility of women, and secondary exclusion criteria were considered. The information in this research was collected by 4 questionnaires. The information is as follows:

- 1. The Larson's sexual satisfaction questionnaire (1998) [3]:** The questionnaire has 25 items and 4 components of desire to have sex, sexual attitude, quality of sexual life, and sexual compatibility. According to the 5-point Likert scale examines sexual satisfaction with questions such as (I feel my spouse is enjoying sexual relations). The minimum possible score is 25 and the maximum is 125. The score between 25 and 41 is a low level of sexual satisfaction, a score of 42 to 84 is the average sexual satisfaction level, and a score above 84 is the highest level of sexual satisfaction. Validity of the questionnaire is measured in the research by Bahrami., *et al* [4]. The reliability of this tool is calculated through the Cronbach's alpha coefficient in the research [4], which was over 0.7 for this questionnaire.
- 2. The difficulties in emotion regulation scale [1]:** This is a 36-item tool that measures the levels of defect and insufficiency of emotion regulation of individual in 5 degrees from 1 (almost never) to 5 (almost always) in six areas including nonacceptance of negative emotions, difficulties engaging in goal-directed behaviors, difficulty in controlling impulsive behavior during frustration, limited access to effective emotion regulation strategies, lack of emotional awareness and lack of emotional clarity. From the total score of six subtest scales, the total score of the individual is calculated for the difficulty of emotion regulation. The higher score in each of the sub-scales and the entire scale, is a sign of more difficulty in emotion regulation. Psychometric properties on the scale of the difficulty of emotion regulation including internal consistency, rehearsal reliability, and construct validity and prediction of clinical and non-clinical samples have been confirmed in foreign studies [1,25].
- 3. Young schema questionnaire-short form (YSQ-SF):** This questionnaire is based on the observations that have been experienced by clinical experts. This self-report questionnaire contains 250 items and is designed to measure sixteen initial non-adaptive schemas, but the short form of the questionnaire is due to the features of the original version and, on the other hand, the ease of implementation are further welcomed. Young Schema Questionnaire-Short Form (YSQ-SF) was developed by Young [33] to measure 15 schemas. This scale contains 75 substances that are answered in the 6-point Likert scale (completely false to completely correct). The high score on a given microscale indicates the likelihood of a non-adaptive schema for that individual. Waller, Miller and Hannian (2001) reported an internal consistency as much as 0.96. In addition, the internal consistency for all ejected scales was above 80%. The retest reliability of the scales was also between 0.5 and 0.82. Sadoughi and Agilar Vafaie (2008) have reported the internal consistency of the scales between 0.62 and 0.90, and the total scores as much as 0.94.
- 4. Golombok rust inventory of marital state (GRIMS):** The questionnaire has 28 questions. Questions measures the marital problems of couples from zero to three in a 4-point Likert scale in terms of the level of sensitivity and attention of couples to each other's needs, commitment, loyalty, cooperation, sympathy, affection, trust, intimacy, and empathy of couples. The minimum score for this scale is zero and the maximum score is 84. Rust, Benom, Gravon, Golombok (1998) highlighted the content validity of this tool in terms of its feature. Also, the validity of this questionnaire was calculated with the help of comparing its mean scores with the diagnoses given by therapists and marital clinics indicates the high diagnostic validity of the questionnaire. Rust., *et al.* (1998)

reported 0.89 for women and 0.85 for men for reliability by Cronbach's Alpha. The retest reliability coefficient in the two month period was as much as 0.80 for men. The reliability of the study was reported in two-half method of 0.65 for women and 0.94 for men.

For data analysis, multi-step correlation coefficient and stepwise regression were used.

**Result**

Of the total number of 100 respondents, 67 people (67%) were in the age group of 30 - 35 years old, 15 people (15%) were in the age group of 40 - 36 years old, and 18 people were in the age group of 41 - 45 years old. Of the 100 respondents surveyed, the largest number i.e. 60 people had a bachelor's degree. Subsequently, 14 people had an associated degree, 12 had a master's degree, 11 people had a PhD and 3 people had a diploma.

Descriptive indicators of research factors multiple regression is used to determine the predictive role of the difficulty of emotion regulation early maladaptive schemas, and the quality of the relationship in sexual satisfaction of infertile women.

	<b>Component</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Standard deviation</b>
Early maladaptive schemas	Emotional deprivation	5	26	8.47	4.86
	Abandonment/instability	5	30	17.45	7.71
	Mistrust/abuse	5	30	11.21	4.84
	Social isolation/alienation	5	20	8.20	3.42
	Defectiveness/shame	11	29	20.35	3.75
	Failure	5	22	8.20	4
	Dependence/incompetence	5	17	8.04	3.41
	Vulnerability to harm or illness	5	28	12.01	8.05
	Enmeshment/Undeveloped self	5	25	10.51	5.36
	Subjugation	5	30	11.48	5.29
	Self-sacrifice	5	30	15.03	6.80
	Emotional inhibition	5	25	10.52	4.33
	Unrelenting standards/ hypercriticalness	5	30	19.56	6.11
	Entitlement/grandiosity	5	29	15.94	6.25
Insufficient self- control/self-discipline	5	28	9.77	3.40	
	<b>Difficulties in Emotion Regulation</b>	63	146	105	11.43
Difficulties in Emotion Regulation	Nonacceptance emotional responses	5	30	13.23	3.73
	Difficulties engaging in goal-directed behaviors	7	21	16.25	2.39
	Impulse control disorder	10	24	20.11	2.90
	Lack of emotional awareness	14	46	20.06	3.56
	Limited access to strategies	11	33	21.80	5.37
	Lack of emotional clarity	8	17	13.58	2.26
	<b>Sexual satisfaction</b>	64	84	72.96	4.51
Sexual satisfaction	The desire to have sex	11	24	14.06	2.53
	Sexual attitude	14	21	17.08	1.54
	Quality of sexual life	12	29	20.56	3.17
	Sexual adjustment	11	29	20.35	3.75
	Relationship quality	34	59	44.18	4.48

**Table 1:** Descriptive indicators of research components by groups.

In addition, the Durbin - Watson (DW) test was used to check correlation between errors and the Kolmogorov-Smirnov test was used to normalize the dependent variable.

Table 2 shows the result of the step wise regression.

Model							Change statistic				
	R	F	P	R <sup>2</sup>	R <sup>2</sup> Adjusted	Estimated standard error	R <sup>2</sup> Δ	FΔ	df1	df2	PΔ
Vulnerability	0.614	59.314	0.000	0.377	0.371	3.58	0.377	59.31	1	98	0.000
Vulnerability Sacrifice	0.694	45.03	0.000	0.481	0.471	3.28	0.104	19.54	1	97	0.000
Vulnerability Sacrifice Limited access to strategies	0.726	35.62	0.000	0.527	0.512	3.153	0.045	9.18	1	96	0.003
Vulnerability Sacrifice Limited access to strategies Lack of emotional clarity	0.749	30.299	0.000	0.561	0.542	3.05	0.034	7.311	1	95	0.008

**Table 2:** Stepwise multiple regression analysis (criterion variable: sexual satisfaction).

Model	Non-standard coefficients		Standard coefficients	T	P
	B	Standard error	Beta		
Constant	74.268	2.890		25.699	0.000
Vulnerability	-0.351	0.057	-0.626	-6.164	0.000
self- sacrifice	0.227	0.058	0.342	3.921	0.000
Limited access to strategies	0.217	0.071	0.258	3.032	0.003
Lack of emotional clarity	-0.385	0.142	-0.193	-2.704	0.008

**Table 3:** Coefficients.

The stepwise regression analysis was used to answer the question posed in this research (how much is the contribution of each of the variables of difficulty of emotion regulation early maladaptive schemas, and the quality of the relationship in predicting sexual satisfaction of infertile women?) As can be seen, in model, the vulnerability dimension of the early maladaptive schemas entered the model. As can be seen, in Mode 1, the adjusted determination coefficient adjusted R<sup>2</sup> is as much as 0.371 according to table 3. This means that vulnerability variable explains 37% of the sexual satisfaction variable. In the second mode, both dimensions of sacrifice and vulnerability are introduced into the model (Model 2). As can be seen, in the second mode, the adjusted determination coefficient is as much as 0.471. Therefore, it can be claimed that the two variables of sacrifice and vulnerability together can explain 47% of the variance in the sexual satisfaction of individuals, and according to ΔR<sup>2</sup>, 10.4% of the sexual satisfaction variance is explained by the self-esteem variable. In model 3, one of the dimensions of difficulty in emotion regulation (limited access to strategies), along with two dimensions of early maladaptive schemas (sacrifice and vulnerability), entered the model. The explained sexual satisfaction amount of these 3 variables is 51%. This can be deduced from the adjusted determination coefficient obtained in mode 3 of the regression analysis, which is as much as 0.512. According to ΔR<sup>2</sup>, 4.5% of the sexual satisfaction variance is explained by the limited access variable. The model 4 of the study also includes four variables of vulnerability, self- sacrifice, limited access to strategies, and lack of emotional clarity. With regard to the adjusted determination coefficient as much as 0.542, the share of these four variables in predicting sexual satisfaction is considered as much as 54%. According to ΔR<sup>2</sup>, 3.4% of the variance of sexual satisfaction is determined by the variable of the lack of emotional clarity.

## **Discussion and Conclusion**

The purpose of this research was to predict sexual satisfaction based on the difficulty of emotion regulation, early maladaptive schemas, and relationship quality in infertile women in Tehran. The statistical population of the study consisted of infertile women in Tehran. In this regard, 100 women with infertility who referred to specialized gynecological clinics of Navid, Royan, and Ibn Sina in 2018 were selected as a statistical sample.

Regarding the results obtained from the analyses performed in the statistical section of this study, four models in stepwise regression have been observed. In each model, a variable is entered into a regression. In step one, the vulnerability variable, in step two, the sacrificial variable, in step three, the variable of limited access to the strategies, and in step four, the variable of lack of emotional clarity entered the regression equation. In other words, these four variables could predict some degree of fluctuation in sexual satisfaction. The results are consistent with Moghaddam and Shah Nazari [34]. In their research using hierarchical regression method, they found that early maladaptive schemas can predict marital satisfaction. The result of this research complies with the conclusion of research done by Besharat, Khalili Kheyr Abadi and Reza Zade [35], these researchers discovered that the difficulty of emotion regulation in early maladaptive schemas and the quality of relationship has an explicit and overall there is a noticeable coloration between these two factors.

Also, the conclusion abstracted from this research is in compliance with the research has been done by Heidari and Eghbaal (2018) which in their research titled analyzing the correlation between difficulty of emotion regulation, attachment styles and intimacy with marital satisfaction found that there are multiple relations between difficulty of emotion regulation with marital satisfaction the opposite correlation between Impulse control disorder and sexual satisfaction, it can be said that gaining low marks in this category leads to sexual dissatisfaction in individuals, in other words, when the individuals who gain a high mark in this area, get sad, they lose the control of their behavior the other societies that are stem from sadness anxiety, lead to more profound impacts.

These points result in the distribution in sexual activities between couples with can finally lead to unsatisfactory in sexual relations between them.

Considering the limits in accessing the solutions of controlling the anxiety, when the candidates that have a high level of this trait in their personality, feel sad or anxious, this situation would linger on for a longer time for them and suffer from this sadness for longer time, and the reason is that these people cannot find a solution to make themselves have a better feeling about their current situation, therefore this situation continues which affects all the various aspects of their life such as the condition of their sexual life and its quality.

The information stem from this current research also complies with what other researchers such as Patouei, Kargar and Shafigh (2017) have reached. these researchers discovered that enables the capability of anticipation of sexual satisfaction among couples and also there is an opposite correlation between early maladaptive schemas and sexual relation's satisfaction.

Hashemian and his colleagues in research that has been done in (2014) [31] in order to analyze the relation between early maladaptive schemas and sexual satisfaction among women, confirmed the correlation between these factors.

Obedience aspect means the obsessive compelling feeling of surrendering the control to others, this matter as a process of a defense mechanism in the individuals for avoiding anger and despite and deprivation, in the obedience aspect we can see that the individuals with high marks in this area, neglect their needs and tendencies and prioritize the needs and feelings of the opposite side which eventually leads to emotional outburst in people, by concentrating on sexual activities, it can be claimed that this situation can cause sexual dissatisfaction.

In correlation test regarding the current correlation between sexual satisfaction and sex quality, a noticeable correlation can be observed between them, given this the discoveries in Besharat's research, are complying with the same results of Lashkari and Rezazadeh (2013) in this assumption.

People who have the privilege of a qualified sexual relationship, are aware and sensible regarding their partner's needs and this awareness is an essential factor in improving the quality of their relationship which leads to sexual satisfaction in them.

In the vulnerability schema, the individual has a negative psychological vulnerability from future events. This means that these people feel very tense and worried about the possible and negative consequences of an event in the future. This feeling affects all social and communicative aspects of an individual and having such an approach in sexual relations is not a result of sexual dissatisfaction. Hence, this scheme has significant predictive power in explaining the sexual satisfaction of individuals. Regarding the sacrificial dimension of early maladaptive schemas, it can be said that those with this schema are radically endearing themselves to the needs and desires of others and feel very responsive to the wishes of others. This extreme feeling will not only frustrate the needs of the individual but also the other person will disdain such extreme sensitivities in the long run. This schema in marital relationships leads to a decrease in the level of satisfaction with one's sexual relations [36-42].

Emotion regulation can provide the individual the ability to control the outcomes of a person's life due to the power of control that the individual gives in order to control the condition. Therefore, the difficulty in regulating emotions is an important factor in the transformation of the state of life; the difficulty in regulating emotions is the lack of control over behavior because individual behaviors are a function of emotions, feeling, and mood of an individual. Hence, sexual behavior of a person is also a function of such emotions. Thus, the inability to regulate the emotion of a person in areas such as adjustment or neutralizing negative emotions and promoting positive emotions that strongly determines sexual satisfaction of individuals. So, the difficulty in regulating emotions is the predictive factor of sexual satisfaction.

Limited access to emotion regulation strategies results in prolonged and lasting negative emotions because the individual is in an inappropriate psychological state and cannot acquire ways and means of exiting from a negative emotional state. Therefore, this person's limitation in finding suitable strategies for achieving mental and emotional balance leads to sexual dissatisfaction.

Lack of emotional clarity creates conditions that people do not know about their current state of affairs. So, they cannot do the right thing and the conditions they are in. Obviously, such a situation can be generalized to marital relations, and the existence of such a situation in common life, and in particular in marital relations, causes many disorders in the sex of individuals, thereby affecting the level of sexual satisfaction between the parties. Therefore, the lack of emotional clarity is a factor in predicting the level of sexual satisfaction of individuals. As other studies, this study has limitations that are described. A large number of questions in the questionnaire have prolonged the response time, so it has certainly not been ineffective in reducing the accuracy of respondents. This research has only been conducted on infertile women who have been referred to specialized gynecologic clinics and maternity clinics of Navid, Royan, and Ibn Sina in Tehran at a specific time. Therefore, its generalization to other geographic regions, with different conditions of quality of health and care, should be done with caution. Access to infertile women and satisfaction of these individuals to complete the questionnaire have been considered as other research limitations to complete the statistical sample. Since some of the research questions have a negative value, and also with respect to people's desire to create a positive image of themselves, so there is a possibility of bias in answering negative questions. In line with research constraints, it is suggested to use samples with higher numbers in future research. This research can be done on other groups than infertile women (such as unwanted pregnancy or women with premenstrual syndrome).

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