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Comparison of women's and men's sexual desires based on the emotional atmosphere of the family and the initial incompatible schemas with the mediating role of self-compassion

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Abstract

This study examined gender differences in sexual desire in relation to family emotional climate and early maladaptive schemas, with self-compassion as a mediating factor. A sample of 300 married adults in Yazd, Iran (150 women, 150 men; aged 20–50) completed validated measures of sexual desire, family emotional climate, early maladaptive schemas, and self-compassion. Structural equation modeling was used to test direct and indirect relationships.

Results showed that self-compassion was significantly associated with sexual desire in women ($\beta = -0.33$), but not in men ($\beta = -0.11$). The indirect effect of family emotional climate on sexual desire through self-compassion was small but significant among women ($B = -0.05$), whereas it was nonsignificant among men. Women reported higher difficulties in sexual desire than men; however, these gender differences should be interpreted with caution because measurement invariance was not formally tested.

Overall, the findings suggest that self-compassion and family emotional climate play a more prominent role in shaping women's sexual desire compared to men's. These results may inform culturally sensitive interventions in couples therapy and sexual health programs, especially those targeting emotional regulation, family dynamics, and self-compassion.

Keywords Sexual desire, Family emotional climate, Early maladaptive schemas, Self-compassion

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Introduction

The family is one of the most fundamental social institutions, serving as the primary context for transmitting values, beliefs, and knowledge. It is the nucleus of love and support, the foundation of human reproduction, and the central environment for fostering healthy development and well-being [1]. Within the family context, gender differences become particularly pronounced, including differences in sexual desire, which is a critical determinant of intimacy, relationship quality, and psychological well-being [2].

Sexual desire has been widely studied within several established theoretical frameworks. The Dual Control Model proposes that sexual desire reflects a balance between excitatory and inhibitory mechanisms, while biopsychosocial perspectives emphasize the interaction of biological, psychological, and sociocultural factors in shaping sexual motivation. These frameworks help clarify how emotional dynamics within the family, cognitive schemas, and self-directed emotional responses may jointly influence sexual desire.

Sexual desire is generally higher in men than in women, a difference supported by both biological and sociocultural evidence [3, 4]. However, relatively few studies have examined hormonal, social, and psychological correlates of sexual desire [5].

Recent theoretical and meta-analytic research (2022–2025) has advanced our understanding of gender differences in both self-compassion and sexual desire. Comprehensive reviews highlight that men tend to report slightly higher levels of self-compassion compared to women, a pattern attributed to gendered socialization and women's greater tendency toward self-criticism and emotional caregiving roles [6, 7]. These findings suggest that sociocultural expectations emphasizing empathy and self-sacrifice in women may constrain their ability to respond to themselves with kindness and acceptance. Self-compassion, however, has been shown to buffer stress and enhance emotional regulation and relational well-being across both genders [6].

Regarding sexual desire, recent meta-analyses reveal consistent but nuanced gender differences [8], analyzed over 200 studies and found that men, on average, report higher spontaneous sexual desire, whereas women's sexual desire tends to be more context-dependent and shaped by relational and emotional factors. Likewise, newer evidence suggests that gender norms and sexual double standards continue to influence desire and satisfaction, especially across diverse cultural contexts [9]. Finally, emerging biopsychosocial models emphasize that both biological drives and interpersonal processes including self-compassion, emotional closeness, and trust jointly shape sexual motivation and satisfaction [10, 11].

Taken together, these recent findings underscore that gender differences in self-compassion and sexual desire are multifaceted and culturally embedded, reinforcing the theoretical rationale for examining how self-compassion mediates the link between family emotional climate, early maladaptive schemas, and sexual desire within the Iranian context.

Although sexual dysfunction or disparities in sexual desire are not life-threatening, they are strongly associated with differences in marital relationships, quality of life, and psychological stability [12]. For example [13], demonstrated that sexual boredom among Portuguese women was strongly associated with relationship quality and marital satisfaction. Women who experienced greater emotional closeness, acceptance, and affection from their partners were less likely to report sexual distress.

Other research highlights the importance of psychological and relational variables in shaping sexual desire. These include family emotional climate, early maladaptive schemas, and self-compassion [14–16]. Within the framework of the interpersonal model of emotional regulation in female sexual dysfunction, adaptive regulation strategies such as self-compassion have been shown to be associated with lower levels of sexual and psychological distress and with higher levels of marital satisfaction for both partners [14]. Recent Iranian research also supports the role of emotional processes in shaping women's sexual desire. For example [17], showed that emotional self-regulation and experiential avoidance were significant predictors of reduced sexual desire in female teachers.

Researchers typically approach sexual desire from two perspectives. The first, a biological viewpoint, conceptualizes sexual desire as an intrinsic motivational force akin to hunger or thirst, arising from biological needs and drives. The second, a sociocultural perspective, situates sexual desire within broader cultural and relational contexts, framing it as a social phenomenon embedded in interpersonal dynamics and cultural expectations [15]. From a biological perspective, desire is often associated with internal drives; however, sexual motivation cannot be fully explained by biology alone, as attraction and interpersonal dynamics also play central roles.

In this context, self-compassion has emerged as an important psychological construct. Humans have an innate drive for self-preservation, but many individuals, particularly those with histories of stress or inadequate emotional care, struggle with self-criticism, shame, or self-punishment. These tendencies can intensify emotional distress and impair relationships [18]. Self-compassion defined as treating oneself with kindness, recognizing common humanity, and practicing mindful awareness has been shown to buffer against such vulnerabilities and to foster psychological resilience [6]. In the

Iranian context, self-compassion-based interventions have shown promising psychological benefits [19], for instance, found that self-compassion training improved emotional regulation and anger control among students.

Equally important are early maladaptive schemas enduring, dysfunctional patterns of thinking and feeling that originate in childhood and shape adult cognition, behavior, and relationships [20]. When activated, these schemas can intensify negative emotions and maladaptive coping, contributing to psychological distress and relational problems. In the context of intimate relationships, maladaptive schemas may distort the way individuals perceive themselves and their partners, thereby affecting intimacy and sexual desire [21].

Despite the importance of these variables, previous studies have rarely examined all three constructs family emotional climate, early maladaptive schemas, and self-compassion within a single model to explain sexual desire, particularly in conservative non-Western cultures. This gap highlights the need for integrative research addressing these interconnected psychological and relational factors.

The present study seeks to investigate sexual desire among men and women in relation to family emotional climate and early maladaptive schemas, with self-compassion as a mediating factor, within the cultural context of Iran.

The cultural context of Iran provides a meaningful framework for interpreting these relationships. Iranian society is characterized by strong collectivistic and family-oriented values, modesty norms, and gendered expectations that shape emotional expression and sexual communication. Such cultural dynamics may reinforce self-criticism, inhibit emotional openness, and contribute to schema patterns related to self-sacrifice particularly among women thereby influencing sexual desire [22–24].

This study is among the first to examine these variables simultaneously in an Iranian context, thereby extending the literature on cultural and gendered differences in sexual desire.

Method

This study is applied in its objective and comparative in terms of method. The statistical population consists of all married couples residing in Yazd. A sample size of 150 women and 150 men, aged between 20 and 50 years, was selected using convenience sampling.

Although the population included married couples, male and female participants were not recruited as dyadic pairs. Instead, they were sampled as independent individuals, and no couple-level matching or paired analysis was performed.

Participants were selected using a convenience sampling method from various community settings in Yazd

(e.g., local health centers, educational institutions, and public venues). Inclusion criteria included being married, aged 20–50 years, literacy in Persian, and willingness to participate. Individuals with a self-reported history of severe mental illness or current use of medications affecting sexual function were excluded. Of the 357 individuals approached, 300 provided complete and eligible responses (response rate = 84%).

Data were collected through self-administered questionnaires, which participants completed privately and anonymously. Questionnaires were provided either in person in a quiet setting or through a secure online survey link, depending on participant preference. Participants were explicitly assured of confidentiality, and instructions emphasized honest responding particularly for sensitive questions related to sexual desire to minimize social desirability bias.

For statistical analysis, SPSS and LISREL software were employed. Descriptive statistics, including frequency, mean, and standard deviation, were used to describe the data, while inferential statistics such as regression analysis, coefficient of determination, and significance tests of coefficients were applied to analyze the data.

Structural Equation Modeling (SEM) was conducted using LISREL to test direct and indirect effects among variables. A Confirmatory Factor Analysis (CFA) was performed to evaluate the measurement model before estimating structural paths. Bootstrapping with 5,000 resamples was used to compute bias-corrected confidence intervals for indirect effects.

Research instruments

In the present study, data collection was conducted through standardized questionnaires corresponding to the research model. The following instruments were utilized:

A) Self-Compassion Scale

This instrument consists of 26 items and assesses both the positive and negative aspects of the three core dimensions of self-compassion: self-kindness (5 items) versus self-judgment (5 items), common humanity (4 items) versus isolation (4 items), and mindfulness (4 items) versus over-identification (4 items). Responses are rated on a five-point Likert scale ranging from almost never to almost always. The overall self-compassion score is obtained by calculating the mean across the six subcomponents, with negative subscales (self-judgment, isolation, and over-identification) reverse-scored. Reported Cronbach's alpha coefficients for the subscales are as follows: self-kindness (0.83), self-judgment (0.87), common humanity (0.91), isolation (0.88), mindfulness (0.92), and over-identification (0.77).

Concurrent and convergent validity of the self-compassion instrument have also been reported as satisfactory in Iranian samples for instance, [25] found significant negative correlations of the short-form Self-Compassion Scale with perfectionism ($r = -0.33$), negative affect ($r = -0.38$), and external shame ($r = -0.21$), alongside internal consistency and CFA indices indicating acceptable psychometric quality [26].

B) Early Maladaptive Schema Questionnaire

This questionnaire was developed to measure early maladaptive schemas. Its short form includes 75 items derived from the original version. Each item is scored on a five-point Likert scale, with higher scores indicating stronger early maladaptive schemas. The internal consistency of the instrument has been confirmed, with a Cronbach's alpha coefficient of 0.94 [27, 28].

C) Sexual Desire Inventory (SDI / SDI-2; Spector, Carey, & Steinberg)

Sexual desire was assessed using the Sexual Desire Inventory (SDI / SDI-2), a brief self-report instrument developed to measure both dyadic (desire for sexual activity with a partner) and solitary (desire for sexual activity alone) aspects of sexual desire. The SDI-2 is commonly used in research and clinical practice and has been described in the literature as a 14-item measure [29, 30]. Each item is scored so that higher scores reflect greater sexual desire; no items are reverse-scored. Given the limited availability of a published Persian SDI-2, related Persian instruments for assessing sexual desire/interest (e.g., the Persian SIDI-F) have been validated in Iran and provide convergent evidence on the measurement of desire in Iranian samples [31]. In the present study, the total score was used as an overall indicator of sexual desire. The Sexual Desire Inventory [29] consists of 25 items that assess levels of sexual desire. Each item is rated on a five-point Likert scale ranging from 0 (always) to 4 (never). Items 1, 3, 5, 7, 8, 9, 10, 12, 13, 17, 18, 19, and 20 are reverse-scored. The total score is obtained by summing all items after reverse coding. Higher total scores indicate lower levels of sexual desire (i.e., greater sexual difficulties). In the present sample, Cronbach's alpha was 0.89, indicating satisfactory internal consistency.

D) Family Emotional Climate Questionnaire (Hilburn, 1964)

The family emotional climate was measured using the Family Emotional Climate / Affective Family Atmosphere questionnaire based on [32] conceptualization of affective family dimensions (e.g., loving, validating, shared experiences, gift-giving, encouraging, trusting, and feeling safe). This

instrument (and closely related adapted forms) has been used and psychometrically evaluated in recent Iranian studies of family functioning. For example, [33] and [34] describe the use of Hilburn/Hilburn affective-family scales and report acceptable reliability indices when applied in Iranian samples. In the present study we used a Persian translation prepared via standard forward backward procedures and pilot-tested for clarity ($n = 30$). The total scale demonstrated good internal consistency in our sample (Cronbach's $\alpha = 0.85$). Where relevant, subscale reliabilities are reported in the Results section.

Statistical analysis

Data were analyzed using SPSS (version 24) for preliminary analyses and LISREL (version 8.8) for SEM. Missing data were minimal ($< 5\%$) and were handled using listwise deletion, consistent with common SEM and regression guidelines. Descriptive statistics (mean, standard deviation, skewness, and kurtosis) were computed to examine the distributional properties of the study variables. Independent t-tests were conducted to compare men and women on sexual desire and self-compassion. Pearson correlation coefficients were calculated to explore bivariate associations.

Multicollinearity among predictor variables was assessed using tolerance and variance inflation factor (VIF) values, and the Durbin-Watson statistic was applied to examine the independence of residuals. Structural equation modeling was employed to test the hypothesized relationships between family emotional climate, early maladaptive schemas, and sexual desire, with self-compassion as a mediating variable. Both direct and indirect effects were estimated, with 5,000 bootstrap resamples used to obtain bias-corrected 95% confidence intervals for indirect effects.

In addition to age, other demographic variables such as duration of marriage, educational level, and socio-economic status were recorded descriptively but were not entered as control variables in the main analyses. Preliminary checks indicated no significant group differences in these factors; therefore, they were not included as covariates in the structural model. This issue was acknowledged as a limitation in the Discussion section.

Model fit was evaluated using multiple indices recommended by [35]: chi-square statistic (χ^2), degrees of freedom (df), p-value, Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA) with its 90% confidence interval, and the Standardized Root Mean Square Residual (SRMR). Following conventional guidelines, CFI and

Table 1 Frequency distribution of the research sample by gender

Gender	Frequency	Percentage
Female	150	50.0
Male	150	50.0
Total	300	100.0

TLI ≥ 0.90 , RMSEA ≤ 0.08 , and SRMR ≤ 0.08 were considered indicative of acceptable fit.

To assess potential common method bias, Harman's single-factor test was conducted. The first unrotated factor accounted for 38% of the total variance, which is below the recommended 50% threshold, indicating that common method bias was unlikely to be a major concern in this dataset.

Higher scores on the Sexual Desire Scale indicate greater sexual desire (i.e., lower difficulty), while higher scores on the Self-Compassion Scale indicate higher levels of self-compassion. Therefore, negative path

coefficients represent an inverse association between the constructs.

Findings

According to the demographic results of the study (Table 1), 150 participants (50.0%) of the sample were male and 150 (50.0%) were female, resulting in a total sample size of 300 individuals.

Based on the results of the independent t-test (Table 2), no significant difference was observed between men and women in age (years) ($p > 0.05$).

As shown in Table 3, the descriptive statistics (mean, standard deviation, skewness, and kurtosis) of the study variables are reported for the entire sample ($N = 300$). The skewness and kurtosis values fall within the range of -1.5 to $+1.5$, indicating that the study variables were normally distributed.

As the correlation matrix forms the basis for factor model analyses, Table 4 presents the correlation coefficients of the study variables along with their significance

Table 2 Descriptive statistics for participants age (in years)

Variable	Gender	N	Minimum	Maximum	Mean	SD	Skewness	Kurtosis	t
Age (years)	Female	150	21	50	35.82	8.81	-1.24	-0.22	0.75
	Male	150	21	50	35.05	9.06	-1.36	-0.07	
Total		300	21	50	35.44	8.93	-1.31	-0.15	

Age values are reported in years. Mean (M) and Standard Deviation (SD) are shown for each gender group

Table 3 Descriptive statistics of the study variables

Variable	Gender	N	Minimum	Maximum	Mean	SD	Skewness	Kurtosis
Low Sexual Desire	Female	150	31	83	59.74	13.14	-0.52	-0.52
	Male	150	30	80	50.09	12.58	-0.59	0.66
	Total	300	30	83	54.91	13.72	-1.14	0.07
Self-Compassion	Female	150	1	54	26.38	10.58	-0.32	0.86
	Male	150	14	59	31.00	11.03	-0.75	0.29
	Total	300	13	59	28.69	11.04	-0.71	0.54
Family Emotional Climate	Female	150	22	60	37.63	9.88	-0.63	-0.72
	Male	150	21	66	39.04	11.91	-0.76	-0.76
	Total	300	21	66	38.34	10.94	-0.61	-0.61
Impaired Autonomy/Performance	Female	150	20	85	43.40	15.45	-1.54	0.35
	Male	150	20	75	31.76	13.78	1.27	1.45
	Total	300	20	85	37.58	14.92	-0.71	0.88
Impaired Limits	Female	150	12	49	34.21	10.09	-0.98	-0.33
	Male	150	11	48	28.39	10.22	-1.09	-0.05
	Total	300	11	49	31.30	10.55	-1.08	-0.13
Disconnection/Rejection	Female	150	27	106	63.66	23.00	-1.26	-0.21
	Male	150	27	107	53.22	18.84	-0.28	0.64
	Total	300	27	107	58.44	21.63	-0.87	0.47
Other-Directedness	Female	150	10	49	27.08	10.30	-0.98	-0.38
	Male	150	10	48	21.24	8.10	1.51	1.28
	Total	300	10	49	24.16	9.70	-0.31	0.79
Hypervigilance/Inhibition	Female	150	12	50	27.54	10.81	-1.23	-0.29
	Male	150	11	48	21.37	8.06	0.99	1.19
	Total	300	11	50	24.45	10.01	-0.60	0.73

For the Sexual Desire Inventory, higher scores indicate lower levels of sexual desire (i.e., greater sexual desire difficulties)

Table 4 Correlation matrix of the study variables

Variables	1	2	3	4	5	6	7	8
1. Sexual Desire	1							
2. Self-Compassion	-0.416**	1						
3. Family Emotional Climate	-0.278**	0.229*	1					
4. Impaired Autonomy/Performance	0.545**	-0.425**	-0.063	1				
5. Impaired Limits	0.524**	-0.476**	-0.207**	0.510**	1			
6. Disconnection/Rejection	0.484**	-0.362**	-0.044	0.608**	0.521**	1		
7. Other-Directedness	0.566**	-0.398**	-0.082	0.692**	0.565**	0.602**	1	
8. Hypervigilance/Inhibition	0.509**	-0.400**	-0.146*	0.662**	0.577**	0.559**	0.641**	1

($p < 0.05$, $p < 0.01$)

Table 5 Results of the independent t-test comparing men and women in sexual desire and self-compassion

Variable	F-test	Sig. (F)	T	df	Sig. (2-tailed)	Mean Difference
Sexual Desire	0.48	0.49	6.49	298	0.001**	9.64
Self-Compassion	0.54	0.38	-3.70	298	0.001**	-4.62

$p < 0.01$, significant at the 0.01 level

levels. According to Table 4, self-compassion and family emotional climate were negatively and significantly associated with sexual desire, with all coefficients significant at the 0.01 level. Early maladaptive schemas including impaired autonomy/performance, impaired limits, disconnection/rejection, other-directedness, and hypervigilance/inhibition were positively and significantly related to sexual desire, with correlation coefficients of 0.545, 0.524, 0.484, 0.566, and 0.509, respectively ($p < 0.01$).

Multicollinearity diagnostics indicated acceptable predictor correlations (i.e., none exceeding 0.70). Tolerance values were 0.94 (self-compassion), 0.44 (family emotional climate), 0.40 (impaired autonomy/performance), 0.92 (impaired limits), 0.38 (disconnection/rejection), 0.27 (other-directedness), and 0.35 (hypervigilance/inhibition). Corresponding variance inflation factor (VIF) values were 1.05, 2.23, 2.45, 1.08, 2.61, 3.67, 2.84, and 3.25, all within acceptable limits (tolerance > 0.10 , VIF < 10), indicating no multicollinearity among exogenous and mediating variables. The Durbin–Watson statistic was 1.83, within the acceptable range of 1.5 to 2.5, confirming no autocorrelation among residuals, and justifying the use of path analysis.

Given the dichotomous nominal scale of the gender variable, an independent t-test was used to examine differences between men and women in sexual desire and self-compassion. Results (Table 5) showed a significant difference in sexual desire between men and women ($t = 6.49$, $p = 0.001$). Descriptive results indicated that the mean score for women ($M = 59.74$) was significantly higher than for men ($M = 50.09$), indicating lower levels of sexual desire among women, as higher scores on the Sexual Desire Inventory reflect greater sexual difficulties (i.e., lower sexual desire).

For self-compassion, the independent t-test results indicated a significant difference between the two groups

($t = -3.70$, $p = 0.001$). Women had a lower mean score ($M = 26.38$) compared to men ($M = 31.00$), indicating that women reported significantly lower levels of self-compassion than men.

The results indicate a significant difference in sexual desire between women and men, with women reporting higher levels of lower sexual desire than men. Conversely, self-compassion was significantly lower among women compared to men.

Model fit evaluation

Because the hypothesized structural model was saturated ($df = 0$), global fit indices such as χ^2 and RMSEA were not informative and therefore were not reported. In a saturated model, the number of estimated parameters equals the number of unique variances and covariances in the observed data, resulting in a perfect fit by definition. Consequently, indices such as χ^2 , RMSEA, and CFI cannot be meaningfully interpreted. This clarification is provided for readers who may be less familiar with structural equation modeling conventions.

Instead, the evaluation of model adequacy focused on the significance and direction of structural path coefficients, standardized estimates, explained variance (R^2) for endogenous variables, and bias-corrected bootstrap confidence intervals for indirect effects.

To verify that the latent constructs were appropriately represented prior to testing the structural model, a CFA was performed. The CFA demonstrated acceptable model fit according to conventional guidelines [$\chi^2(340) = 512.7$, $p < 0.001$; CFI = 0.93; TLI = 0.91; RMSEA = 0.056, 90% CI (0.044–0.068); SRMR = 0.052], supporting the adequacy of the measurement model.

This two-step approach evaluating the measurement model through CFA followed by testing the fully saturated structural model is consistent with established

Table 6 Evaluation of the saturated path model

Criterion	Reported	Note
Model type	Saturated (df = 0)	Global fit indices (χ^2 , RMSEA) not applicable
Basis for evaluation	Path significance, standardized coefficients, R^2 , bootstrap CIs	Used for inference
Measurement Model Fit	$\chi^2(340) = 512.7, p < 0.001$; CFI = 0.93; TLI = 0.91; RMSEA = 0.056 [0.044–0.068]; SRMR = 0.052	Indicates adequate measurement model fit

Table 7 Composite reliability (CR) and average variance extracted (AVE) for study constructs

Construct	CR	AVE	$\sqrt{AVE}$
Self-Compassion	0.89	0.57	0.75
Family Emotional Climate	0.84	0.52	0.72
Early Maladaptive Schemas	0.91	0.46	0.68
Sexual Desire	0.78	0.79	0.70

recommendations for reporting saturated models in SEM and ensures that the structural paths were estimated on a well-fitting measurement framework. A summary of the saturated path model evaluation is presented in Table 6.

To assess convergent and discriminant validity of the latent constructs, composite reliability (CR) and average variance extracted (AVE) were calculated. As shown in Table 7, all constructs demonstrated acceptable reliability ($CR > 0.70$) and satisfactory convergent validity ($AVE \geq 0.45$).

Hypothesis testing

Hypothesis 1. Sexual desire in men and women differs based on self-compassion as a mediating factor.

Results (Table 8) showed a significant negative relationship between self-compassion and sexual desire in the total sample ($B = -0.21, p < 0.01$). This relationship was also significant among women ($B = -0.33, p < 0.01$), but nonsignificant among men ($B = -0.11, p > 0.05$).

Hypothesis 2. Sexual desire in men and women differs based on family emotional climate.

In the total sample, family emotional climate was negatively and significantly related to sexual desire ($B = -0.16, p < 0.01$). For women, this relationship was nonsignificant ($B = -0.12, p > 0.05$), whereas for men, the relationship was significant and negative ($B = -0.17, p < 0.01$).

Hypothesis 3. Sexual desire in men and women differs based on early maladaptive schemas.

In the total sample, impaired autonomy/performance ($B = 0.15, p < 0.05$), impaired limits ($B = 0.14, p < 0.05$), and other-directedness ($B = 0.20, p < 0.01$) were positively and significantly associated with sexual desire. Disconnection/rejection and hypervigilance/inhibition showed no significant relationships ($p > 0.05$). Among women, none of the maladaptive schema domains were significantly associated with sexual desire. Among men, impaired autonomy/performance ($B = 0.18, p < 0.05$), impaired limits ($B = 0.19, p < 0.05$), and other-directedness ($B = 0.22, p < 0.01$) were positively and significantly related to sexual desire.

Hypothesis 4. Sexual desire in men and women differs based on family emotional climate, with self-compassion as a mediating factor.

According to the results in the total sample, family emotional climate was negatively and significantly associated with sexual desire through the mediating role of self-compassion ($B = -0.03, p < 0.05$). Although statistically significant, this indirect effect was small in magnitude. Despite the small effect size, this indirect pathway may still have practical relevance, as even modest changes in family emotional climate and self-compassion can meaningfully influence sexual well-being in culturally

Table 8 Direct effects of self-compassion, family emotional climate, and maladaptive schemas on sexual desire in men and women

Predictor Variable	Women (B, t)	Men (B, t)	Total (B, t)
Self-Compassion → Sexual Desire	-0.33**, -4.23	-0.11, -1.51	-0.21**, -4.08
Family Emotional Climate → Sexual Desire	-0.12, -1.73	-0.17**, -2.79	-0.16**, -3.73
Impaired Autonomy/Performance → Sexual Desire	0.08, 0.73	0.18*, 2.24	0.15*, 2.32
Impaired Limits → Sexual Desire	0.14, 1.54	0.19*, 2.38	0.14*, 2.42
Disconnection/Rejection → Sexual Desire	0.13, 1.40	0.08, 1.09	0.08, 1.47
Other-Directedness → Sexual Desire	0.14, 1.38	0.22**, 2.64	0.20**, 3.12
Hypervigilance/Inhibition → Sexual Desire	0.03, 0.28	0.08, 1.03	0.04, 0.64

($p < 0.05, p < 0.01$)

Table 9 Indirect effects of family emotional climate and early maladaptive schemas on sexual desire in men and women

Predictor	Total Sample (B, t)	Men (B, t)	Women (B, t)
Family emotional climate → Sexual desire	−0.03*, −2.30	−0.02, −1.23	−0.05*, −1.96
Impaired autonomy/performance → Sexual desire	0.04*, 2.11	−0.01, −0.76	0.15**, 2.96
Impaired limits → Sexual desire	0.06**, 3.06	0.05, 1.46	0.02, 0.52
Disconnection/rejection → Sexual desire	0.01, 0.97	0.02, 1.19	−0.01, −0.32
Other-directedness → Sexual desire	0.01, 0.60	0.01, 0.35	0.03, 0.76
Hypervigilance/inhibition → Sexual desire	0.001, 0.30	0.01, 0.97	0.01, 0.22

$p < 0.05$, $p < 0.01$

Table 10 Variance explained in sexual desire by predictor variables

Predictor Variables	Women (R^2)	Men (R^2)	Total (R^2)
Self-Compassion, Family Emotional Climate, and Early Maladaptive Schemas	0.638	0.510	0.699
Family Emotional Climate and Early Maladaptive Schemas	0.500	0.576	0.678

The effect sizes (standardized coefficients and explained variance) indicate that the predictive strength of the model is substantially higher for women compared to men, which is consistent with the multigroup results

conservative contexts. Among women, this indirect effect was also significant and negative ($B = -0.05$, $p < 0.05$). In women, the magnitude of the indirect effect was modest despite its statistical significance. However, among men, the indirect effect of family emotional climate on sexual desire via self-compassion was nonsignificant ($B = -0.02$, $p > 0.05$).

Although some indirect paths were statistically significant, their standardized coefficients were small (e.g., $B = -0.03$), suggesting limited practical influence. In psychological research, even small effects can be meaningful when they are consistent with theoretical expectations and occur within complex, multifactorial phenomena such as sexual desire [36]. However, these results should be interpreted with caution, as their practical impact on real-world outcomes may be modest. Future studies employing longitudinal or experimental designs could further clarify the strength and practical relevance of these mediated effects.

Hypothesis 5. Sexual desire in men and women differs based on early maladaptive schemas, with self-compassion as a mediating factor.

As shown in Table 9, in the total sample, impaired autonomy/performance ($B = 0.04$, $p < 0.05$) and impaired limits ($B = 0.06$, $p < 0.01$) were positively and significantly related to sexual desire through the mediating role of self-compassion. Other domains including other-directedness, disconnection/rejection, and hypervigilance/inhibition were not significantly associated with sexual desire ($p > 0.05$). Among women, impaired autonomy/performance demonstrated a significant positive indirect effect on sexual desire via self-compassion ($B = 0.15$, $p < 0.01$). In contrast, among men, none of the early maladaptive schema domains exhibited significant indirect effects on sexual desire through self-compassion ($p > 0.05$).

Higher scores on the self-compassion scale reflect lower levels of self-kindness and higher levels of self-judgment due to reverse-coded items. Therefore, negative path coefficients indicate that greater self-compassion (i.e., lower self-judgment) is associated with fewer sexual desire difficulties. Conversely, positive coefficients indicate that higher maladaptive schema scores correspond to increased sexual desire or compensatory mechanisms.

Explained variance

The amount of variance in sexual desire explained by predictor variables is reported in Table 10. Across the total sample, the combined effects of self-compassion, family emotional climate, and early maladaptive schemas accounted for 69.9% of the variance in sexual desire. Among women, these predictors explained 63.8% of the variance, whereas among men, they explained 51%. When considering only family emotional climate and early maladaptive schemas, the predictors explained 67.8% of the variance in the total sample, 50.0% among women, and 57.6% among men. These findings suggest that self-compassion is more strongly associated with sexual desire among women, whereas this association appears weaker or nonsignificant among men.

Discussion and interpretation

The aim of the present study was to compare sexual desire among men and women based on family emotional climate and early maladaptive schemas, with self-compassion as a mediating variable. The study was applied in purpose and comparative in method.

Findings revealed that self-compassion was not significantly associated with sexual desire among men, whereas in women it showed a stronger negative association. Specifically, in men the relationship between self-compassion and sexual desire was nonsignificant ($\beta = -0.11$, $p > 0.05$), while in women the relationship was negative and strong

($\beta = -0.33$, $p < 0.01$). These findings align with prior research indicating that self-compassion tends to show stronger associations with women's sexual and relational well-being than men's, as noted in several cross-cultural studies.

The present study also showed that women experienced more difficulties in sexual desire, a finding consistent with previous research such as [37], who reported that women are more prone to diminished sexual desire. Although women reported overall greater sexual desire difficulties, the SEM results indicated that certain maladaptive schemas were positively associated with sexual desire among men. This reflects different schema desire dynamics across genders rather than a contradiction in the findings. In the Iranian cultural context, this pattern may reflect traditional gender norms emphasizing modesty, emotional restraint, and caregiving expectations for women, which can limit open communication about sexual needs and emotional intimacy. Moreover, religious and cultural scripts often associate female sexual expression with shame or moral judgment, leading to internalized inhibition and lower sexual responsiveness. Conversely, men may experience greater sexual autonomy and less social restriction, which could partly explain the gender differences observed in the present study.

Self-compassion defined as the capacity to respond to oneself with kindness and acceptance was associated with fewer sexual desire difficulties among women. This is in line with [11], who reported that self-compassion was associated with sexual well-being in women. Women may be more vulnerable to self-judgment, and self-compassion may mitigate these effects.

Among men, however, the impact was less pronounced, potentially reflecting social or biological differences. This gender difference may be understood in light of sociocultural and gender-role factors within the Iranian context. Women are often socialized to be more emotionally expressive and relationally attuned, making their self-evaluative processes such as self-criticism and self-compassion more influential in shaping sexual desire. In contrast, men are typically encouraged to adopt norms of emotional control, independence, and performance-oriented self-worth, which may limit the role of self-compassion as an internal regulatory mechanism. In collectivistic societies, women's self-concept and sexual well-being are often intertwined with interpersonal harmony and perceived relational security; thus, higher self-compassion may buffer against shame, body dissatisfaction, and relational guilt, indirectly sustaining sexual desire. Biological and hormonal differences, such as gender-specific patterns of stress reactivity and oxytocin-mediated bonding, may also contribute to why self-compassion functions as a more salient mediator in women. Evidence from recent Eastern studies further

supports this interpretation [38]. showed that adherence to traditional masculinity norms was negatively related to self-compassion and positively related to anxiety among Turkish men, suggesting that masculine role expectations may discourage self-kindness. Conversely [39], found that self-compassion mediated the relationship between environmental identity and pro-environmental behavior in young Turkish men, indicating that when self-compassion aligns with culturally valued male roles such as responsibility and self-control, it may operate more effectively. These findings suggest that gender-role norms may be associated with differences in the accessibility and function of self-compassion. Women, who are socialized toward emotional attunement and relational care, tend to show stronger associations between self-compassion and emotional well-being, whereas men may demonstrate lower engagement with self-compassion, possibly reflecting performance-oriented cultural ideals. In the Iranian context, similar gender-role expectations may be related to the observation that self-compassion was observed as a mediator only among women. Family emotional climate which encompasses affection, security, and positive communication, was significantly associated with sexual desire among men whereas among women this effect was mediated by self-compassion. This suggests that among men, family environment is strongly associated with sexual attitudes, whereas among women, self-compassion appears to be related to variations in this association. Although the descriptive results indicated that women reported higher overall sexual desire difficulties compared to men, the structural model revealed that certain maladaptive schemas (e.g., entitlement/grandiosity, unrelenting standards) were positively associated with sexual desire among men. This pattern suggests that, for some men, specific schema domains may correspond with elevated sexual motivation or compensatory desire mechanisms rather than diminished desire. In contrast, among women, maladaptive schemas were generally associated with lower sexual desire, consistent with the broader literature emphasizing emotional self-evaluation and relational sensitivity in female sexuality. Therefore, the gender differences observed in this study reflect distinct schema desire dynamics rather than inconsistencies in the results. As reported in Table 9, for women the combination of self-compassion and family emotional climate had a stronger association with early maladaptive schemas, whereas for men family emotional climate alone exhibited a stronger relationship with maladaptive schemas. Overall, the combined effect of the three variables indicated a stronger link with maladaptive schemas, highlighting the potential regulatory or mediating role of self-compassion consistent with the findings of [40].

Early maladaptive schemas, such as feelings of worthlessness or rejection, were associated with sexual

problems among men, while in women these associations were moderated by self-compassion. This suggests gender differences in coping mechanisms. These findings align with those of [41]. Marriage, as a universal human institution, represents more than the union of two individuals; it reflects a transformation of two family systems and the creation of a subsystem within each. Consequently, the perceptions and expectations of men and women in marital life differ according to their families of origin and prior experiences. Healthy psychological development occurs within families where members, particularly spouses, are more compatible and capable of resolving conflicts effectively. According to schema therapy, many interpersonal difficulties are shaped by individuals' perceptions of themselves and others, known as schemas. Early maladaptive schemas are enduring, dysfunctional themes that originate in childhood, persist into adulthood, and are strongly associated with patterns of thought, emotion, and behavior. They are also associated with marital intimacy and, when activated, are often related to variations in sexual attraction within romantic relationships. Relationship problems between couples may therefore be associated not only with current relational dynamics but also with long-standing lifestyle patterns shaped by schemas. Maladaptive beliefs about sexuality and intimacy are often related to lower sexual desire and a higher likelihood of difficulties in sexual relationships. These findings are consistent with those reported by [42–44].

Overall, results showed that family emotional climate was negatively and significantly associated with sexual desire in the total sample when mediated by self-compassion. Among women, family emotional climate exhibited a significant negative association with sexual desire, whereas in men the association was nonsignificant. Emotional climate refers to the individual's psychological and affective state in relation to self and others, influencing multiple aspects of life including sexual desire. Healthy sexual functioning is an essential element of marital life, promoting mutual satisfaction and resilience against stressors. Compassion, defined as the capacity to show empathy, care, and concern toward those in distress, when directed inward as self-compassion, enables individuals to accept themselves particularly when facing failure. Many compassionate individuals struggle with self-compassion due to fears of self-indulgence or self-pity, yet inability to accept personal shortcomings can hinder emotional well-being. Studies show that women in the United States often report lower levels of self-compassion than men, partly due to socially reinforced caregiving roles and gender norms emphasizing nurturance and self-sacrifice. Cultivating self-compassion may therefore be associated with a more positive family emotional

climate and, consequently, higher sexual desire. These findings are in line with those reported by [42–44].

Results further indicated that impaired autonomy/performance and impaired limits were positively and significantly associated with sexual desire through the mediating role of self-compassion in the total sample. Schemas such as other-directedness, disconnection/rejection, and hypervigilance/inhibition, however, showed no significant indirect effects. Among women, impaired autonomy/performance was positively and significantly related to sexual desire through self-compassion, whereas in men none of the schemas were significantly related to sexual desire via self-compassion. Early maladaptive schemas, once formed, often dominate cognitive processes, influencing how individuals interpret others' behavior, how they feel, and how they act. They selectively filter information, ignoring evidence that contradicts them. For example, individuals whose sexual desires were punished or denied in childhood may develop schemas portraying such desires as inappropriate or shameful, leading them to suppress sexual needs and struggle with self-acceptance. Self-compassion may serve as a corrective mechanism, moderating these maladaptive schemas and enabling acceptance of one's authentic sexual desires. These findings align with those reported by [45–47]. Theoretically, the present study extends existing models in several ways. First, by integrating self-compassion within the schema therapy framework, the findings suggest that self-compassion may function as a regulatory mechanism buffering the impact of early maladaptive schemas on sexual desire. This expands schema theory beyond cognitive and behavioral domains to include affective self-regulation processes. Second, the study highlights that self-compassion's role in sexual functioning is not universal but moderated by gender and cultural context an aspect often overlooked in prior Western-based self-compassion research. Third, by linking family emotional climate, early maladaptive schemas, and sexual desire within one structural model, the study bridges family systems and individual schema perspectives, providing a more holistic understanding of sexual well-being. Finally, the findings contribute to cross-cultural psychology by illustrating how gender-role expectations in collectivist societies, such as Iran, shape emotional processes relevant to intimacy and sexual desire. Cross-cultural evidence indicates that the gendered patterns observed in this study are not unique to Iran. Research from Western societies has shown that women often report lower self-compassion than men [6], yet self-compassion tends to play a stronger protective role for women's emotional and relational well-being. Similarly, studies from other Eastern cultures, such as Turkey and South Korea, have found that traditional gender-role norms moderate the effects of self-compassion and sexual desire [38]. However, in

Iranian culture, religious and social expectations surrounding modesty and emotional restraint may amplify these gender differences. Thus, while the general direction of the findings aligns with other societies, the magnitude and meaning of self-compassion and sexual desire are culturally shaped. These results highlight the importance of examining psychological constructs within their sociocultural context rather than assuming universal patterns. In interpreting these findings, several alternative explanations should be considered. From an applied perspective, the findings offer several directions for clinical and counseling practice. In schema-focused therapy, integrating self-compassion training may help clients regulate the emotional distress associated with maladaptive schemas, particularly shame, rejection, and defectiveness. In couple and family counseling, interventions that enhance family emotional climate for example improving empathic communication, mutual support, and emotional responsiveness can indirectly promote sexual desire and intimacy. Finally, culturally adapted self-compassion programs (targeted, for example, at women experiencing low sexual desire) that address body image, shame, and self-criticism may foster healthier sexual attitudes and relational connection. These implications suggest that combining cognitive schema interventions with compassion-focused approaches could be especially beneficial in collectivist cultural settings such as Iran. Beyond clinical practice, the findings carry policy-level implications for family education and sexual health promotion in conservative societies. Integrating emotional literacy and self-compassion components into premarital and marital education programs could strengthen couples' capacity for empathy, communication, and mutual understanding. Public health initiatives might also incorporate culturally sensitive discussions of sexual well-being, emphasizing respect, intimacy, and emotional connection rather than merely biological aspects. Moreover, policymakers and mental health organizations could support the development of compassion-based and schema-informed interventions aimed at reducing stigma and enhancing marital satisfaction. These initiatives could foster healthier family dynamics and promote sexual well-being within culturally appropriate boundaries.

First, social desirability bias may have influenced participants' responses, particularly regarding sensitive topics such as sexual desire and family relationships. In conservative cultural contexts like Iran, individuals may underreport sexual desire or emotional dissatisfaction to align with perceived moral and social expectations. Second, gender-related reporting differences could also account for part of the observed effects, as men may be more inclined to overreport sexual interest, whereas women may minimize such expressions due to cultural taboos surrounding female sexuality. Third, religious

and cultural norms emphasizing modesty, emotional restraint, and marital harmony may indirectly shape how both self-compassion and sexual desire are experienced and reported. Future studies could address these factors through multi-method assessment or implicit measures to help minimize potential self-report bias.

These findings point to several practical applications. Integrating self-compassion training into schema-focused therapy may help reduce shame, self-criticism, and emotional inhibition among women experiencing low sexual desire. Likewise, interventions targeting family emotional climate such as communication skills training and emotion-focused couple therapy may be particularly beneficial for men. In culturally conservative contexts, psychoeducational programs that promote healthy emotional expression and reduce stigma around sexual issues may further support marital well-being.

Limitations

Several limitations should be noted when interpreting the findings of this study. First, the cross-sectional design precludes any causal inference regarding the relationships among family emotional climate, early maladaptive schemas, self-compassion, and sexual desire. Longitudinal or experimental studies would be necessary to confirm the directionality of these effects. Second, the use of convenience sampling limits the representativeness of the sample; participants were married men and women from Yazd, and the findings may not generalize to other regions, age groups, or unmarried populations. Third, all measures relied on self-report questionnaires, which are subject to social desirability and response biases particularly for sensitive constructs such as sexual desire and family relations. Finally, cultural and religious factors unique to the Iranian context may further constrain generalizability, underscoring the need for replication in more diverse cultural settings.

Due to the sensitive nature of the data particularly the measures related to sexual desire and family emotional climate and in accordance with the confidentiality assurances provided to participants and the terms of ethical approval, the raw dataset cannot be publicly shared. Future research should address these limitations by employing longitudinal, multi-method, and cross-cultural designs to strengthen the external validity of the findings.

Recommendations

Future studies should examine expert perspectives and academic recommendations in related fields to address existing gaps between the current and optimal situation. It is also recommended that alternative questionnaires and models assessing additional dimensions of the studied variables be utilized, and that results be compared

across studies. Replication of this research in different cities of the country is encouraged to strengthen the evidence base and allow for better assessment of generalizability. Moreover, future investigations could examine the role of demographic and contextual factors such as age, occupational history, cultural and social conditions, and educational level in shaping the relationships among the studied variables.

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Authors' contributions

Azade Abooei and Arefe Pourakbari contributed to the study conception, design, and data collection. Data analysis and interpretation were performed by Hamed Saleman. The first draft of the manuscript was written by Azade Abooei, and all authors revised and approved the final version of the manuscript.

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Data availability

The datasets generated and/or analyzed during the current study are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki. Ethical approval was obtained from the Research Ethics Committee of the Academic Center for Education, Culture and Research (ACECR), Jihad Daneshgahi Mashhad Branch (Approval Code: IRACECR.JDM.REC.1402.015). All participants were informed about the objectives of the study, confidentiality of their responses, and their right to withdraw at any stage without penalty. Written informed consent was obtained from all participants prior to data collection.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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References

- Hajilou F, Golabi F, Ranjekar Galekandy B. The relationship between sexual satisfaction and gender perspective with family breakdown (Case study: Citizens of Tabriz City). *J Fam Res*. 2023;19(3):437–59. <https://doi.org/10.48308/jfr.19.3.437>.
- Ertl N, Mills EG, Wall MB, Thurston L, Yang L, Suladze S, et al. Women and men with distressing low sexual desire exhibit sexually dimorphic brain processing. *Sci Rep*. 2024;14(1):11051. <https://doi.org/10.1038/s41598-024-61190-4>.
- Baumeister RF, Catanese KR, Vohs KD. Is there a gender difference in strength of sex drive? Theoretical views, conceptual distinctions, and a review of relevant evidence. *Pers Soc Psychol Rev*. 2001;5(3):242–73. https://doi.org/10.1207/S15327957PSPR0503_5.
- Lippa RA. Gender differences in personality and interests: when, where, and why? *Soc Pers Psychol Compass*. 2010;4(11):1098–110. <https://doi.org/10.1111/j.1751-9004.2010.00320.x>.
- Santana LM, Perin L, Lunelli R, Inácio JFS, Rodrigues CG, Eibel B, et al. Sexual dysfunction in women with hypertension: a systematic review and meta-analysis. *Curr Hypertens Rep*. 2019;21(3):25. <https://doi.org/10.1007/s11906-019-0925-z>.
- Neff KD. Self-compassion: theory, method, research, and intervention. *Annu Rev Psychol*. 2023;74(1):193–218. <https://doi.org/10.1146/annurev-psych-032420-031047>.
- Ferrari M, Beath AP, Einstein DA, Yap K, Hunt C. Gender differences in self-compassion: a latent profile analysis of compassionate and uncompassionate self-relating in a large adolescent sample. *Curr Psychol*. 2022;42:24132–47. <https://doi.org/10.1007/s12144-022-03408-0>.
- Frankenbach J, Weber M, Loschelder DD, Kilger H, Friese M. Sex drive: theoretical conceptualization and meta-analytic review of gender differences. *Psychol Bull*. 2022;148(9–10):621–61. <https://doi.org/10.1037/bul0000366>.
- Carville O, Álvarez-Muelas A, Jimeno Fernández L, Sierra JC. Relation between desire and sexual satisfaction in different typologies of adherence to the sexual double standard. *Sex Cult*. 2024;28(4):1626–42. <https://doi.org/10.1007/s12119-024-10196-1>.
- Cartier L, Guérin M, Saulnier F, Cotocea I, Mohammedi A, Moussaoui F, et al. Sex and gender correlates of sexually polymorphic cognition. *Biol Sex Differ*. 2024;15:3. <https://doi.org/10.1186/s13293-023-00579-8>.
- Fraser AM, Leavitt CE, Yorgason JB, Price AA. Feeling it": links between elements of compassion and sexual well-being. *Front Psychol*. 2023;13:1017384. <https://doi.org/10.3389/fpsyg.2022.1017384>.
- Leeman RF, Rowland BH, Gebru NM, Potenza MN. Relationships among impulsive, addictive and sexual tendencies and behaviours: a systematic review of experimental and prospective studies in humans. *Philos Trans R Soc Lond B Biol Sci*. 2019;374(1766):20180129. <https://doi.org/10.1098/rstb.2018.0129>.
- de Oliveira L, Vallejo-Medina P, Carvalho J. The mediating role of sexual boredom in women's sexual desire and satisfaction. *J Sex Marital Ther*. 2025;51(1):96–109. <https://doi.org/10.1080/0092623X.2024.2442958>.
- Massé-Pfister M, Rosen NO, Bigras N, Girouard A, Perrier-Léonard D, Bergeron S. Cross-sectional and prospective associations between self-compassion and sexual distress in couples coping with sexual interest/arousal disorder. *J Sex Med*. 2025;22(3):404–15. <https://doi.org/10.1093/jsxmed/qdaf007>.
- Mark KP, Lasslo JA. Maintaining sexual desire in long-term relationships: a systematic review and conceptual model. *J Sex Res*. 2018;55(4–5):563–81. <https://doi.org/10.1080/00224499.2018.1437592>.
- Alimoradi Z, Zarabadipour S, Arrato NA, Griffiths MD, Andersen BL, Bahrami N. The relationship between cognitive schemas activated in sexual context and early maladaptive schemas among married women of childbearing age. *BMC Psychol*. 2022;10(1):131.
- Abooei A, Demehri F, Akrami R, Asihaddad F. Prediction of sexual desire based on emotional self-regulation, experiential avoidance, and depressive symptoms in female teachers. *Shenakht J Psychol Psychiatry*. 2023;10(3):134–46. <https://doi.org/10.32598/shenakht.10.3.134>.
- Hoyer J, Uhlmann S, Rambow J, Jacobi F. Reduction of sexual dysfunction: By-product of cognitive-behavioural therapy for psychological disorders? *Sex Relatsh Therapy*. 2009;24(1):64–73. <https://doi.org/10.1080/14681990802649938>.
- Afshani SA, Abooei A. The effectiveness of self-compassion training on anger control in students. *Family Res*. 2019;44(16):103–23. [in Persian].
- Young JE, Klosko J, Weishaar ME. Schema Therapy: A Practitioner's Guide. Guilford Press; 2003.
- Kover L, Szollosi GJ, Frecska E, Bugan A, Berecz R, Egerhazi Á. The association between early maladaptive schemas and romantic relationship satisfaction. *Front Psychol*. 2024;15:1460723. <https://doi.org/10.3389/fpsyg.2024.1460723>.
- Nazari A, Hosseinnia M, Najafi E. Sexual satisfaction and attitude toward marital infidelity among married people in Iran: the role of social media and entertainment preferences. *BMC Public Health*. 2024;24(1):1693. <https://doi.org/10.1186/s12889-024-19073-w>.
- Ahmadi Sanori A, Sorbi MH, Abdi Kazaj S, Ardian N. Comparison of family awareness, emotional climate, and emotional divorce among married men and women. *J Social Behav Community Health*. 2023;7(2):23–32. <https://doi.org/10.18502/jsbch.v7i2.14098>.
- Malary M, Hamzehgardeshi Z, Keramat A, et al. Predictors of genital self-image in Iranian women: A cross-sectional study. *BMC Psychol*. 2024;12(1):541. <https://doi.org/10.1186/s40359-024-02042-8>.
- Khanjani S, Foroughi AA, Sadeghi K, Bahrainian SA. Psychometric properties of the Iranian version of the Self-Compassion scale (short form).

- Pajoohandeh. 2016;21(5):282–9. [in Persian]. <http://pajoohande.sbmu.ac.ir/article-1-2292-en.html>.
26. Raes F, Pommier E, Neff KD, Van Gucht D. Construction and factorial validation of a short form of the Self-Compassion scale. *Clin Psychol Psychother*. 2011;18(3):250–5. <https://doi.org/10.1002/cpp.702>.
27. Jafari M, Ahmadi E. The role of dysfunctional schemas, dark personality traits, emotional inhibition and shame in predicting unsatisfactory sexual relationships. *J Family Relations Stud*. 2024;4(15):23–31. <https://doi.org/10.22098/jfrs.2024.13084.1137>.
28. Calvete E, Orue I, Hankin BL. Transactional relationships among cognitive vulnerabilities, stressors, and depressive symptoms in adolescents. *J Abnorm Child Psychol*. 2013;41(3):399–410. <https://doi.org/10.1007/s10802-012-9691-y>.
29. Spector IP, Carey MP, Steinberg L. The sexual desire inventory: Development, factor structure, and evidence for reliability. *J Sex Marital Ther*. 1996;22(3):175–90. <https://doi.org/10.1080/00926239608414655>.
30. Moyano N, Vallejo-Medina P, Sierra JC. Sexual desire inventory: two or three dimensions? *J Sex Res*. 2017;54(1):105–16. <https://pubmed.ncbi.nlm.nih.gov/26756821/>.
31. Malary M, Pourasghar M, Khani S, Moosazadeh M, Hamzehgardeshi Z. Psychometric properties of the sexual interest and desire Inventory-Female for diagnosis of hypoactive sexual desire disorder: the Persian version. *Iran J Psychiatry*. 2016;11(4):262–8. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5206330/>.
32. Hilburn RA. The family emotional climate questionnaire. PhD dissertation, University of Texas at Austin, Austin, TX, USA; 1964.
33. Shahriari Shaghaghi Z, Ghanbaripanah A, Tajalli P. Modeling the effect of family atmosphere, school atmosphere, and social support on aggressiveness and addiction preparedness among students: the mediating role of extroversion. *J Res Health*. 2020;10(6):365–74. <https://doi.org/10.32598/JRH.10.6.1688.1>.
34. Sorbi MH, Ardian N, Qane-Mokhlesoon S, Habib SE. Psychometric features of the emotional climate scale for couples in divorce applicants. *J Social Behav Community Health*. 2024;8(2):1380–93. <https://doi.org/10.18502/jsbch.v8i2.16974>.
35. Hu L, Bentler PM. Cutoff criteria for fit indexes in covariance structure analysis: conventional criteria versus new alternatives. *Struct Equ Model*. 1999;6(1):1–55. <https://doi.org/10.1080/10705519909540118>.
36. Funder DC, Ozer DJ. Evaluating effect size in psychological research: sense and nonsense. *Adv Methods Pract Psychol Sci*. 2019;2(2):156–68. <https://doi.org/10.1177/2515245919847202>.
37. Bilal A, Rasool S. Marital satisfaction and satisfaction with life: mediating role of sexual satisfaction in married women. *J Psychosexual Health*. 2020;2(1):77–86. <https://doi.org/10.1177/2631831820912873>.
38. Kantar A, Kök M. Masculinity and its association with English-speaking anxiety, self-compassion, and perfectionistic self-presentation. *Gend Issues*. 2025;42(4):1–26. <https://doi.org/10.1007/s12147-025-09374-8>.
39. Kantar A, Yilmazcan B. From self-care to Earth care: uncovering the role of self-compassion in the link between environmental identity and pro-environmental behaviors in young men. *Environ Res Technol*. 2025;8(2):345–53. <https://doi.org/10.35208/ert.1499294>.
40. Carvalho A, Traeen B, Stulhofer A. Correlates of men's sexual interest: a cross-cultural study. *J Sex Med*. 2014;11(1):154–64. <https://doi.org/10.1111/jsm.12345>.
41. Sadeghi Bidmeshki F, Mir Hashemi M. Relationships between attachment styles and early maladaptive schemas with sexual dysfunction. *J Fam Res*. 2016;12(1):155–69.
42. Arab U. Investigating the relationship between self-compassion and perceived social support with psychological distress in psoriasis patients. Master's thesis, Al-Zahra University, Faculty of Educational Sciences and Psychology, Tehran, Iran; 2022. [in Persian].
43. Wei L, Xie J, Wu L, Yao J, Zhu L, Liu A. Profiles of self-compassion and psychological outcomes in cancer patients. *Psycho-Oncol*. 2023;32(1):25–33. <https://doi.org/10.1002/pon.5931>.
44. Amani R, Khosroshahi AS. The structural model of marital quality based on secure attachment style through the mediating role of self-compassion, resilience, and perspective-taking. *Am J Fam Ther*. 2021;49(1):16–36. <https://doi.org/10.1080/01926187.2020.1813653>.
45. Rezaei R. The relationship between self-compassion, sense of coherence, and psychological flexibility with referential thinking in students. Master's thesis, Malayer University, Malayer, Iran; 2019. [in Persian].
46. Khalvandi Z. Comparison of self-compassion and social support in bereaved individuals with and without depression after the Sar-e-Pul-Zahab earthquake. Master's thesis, Malayer University, Malayer, Iran; 2019. [in Persian].
47. Jennings RE, Lanaj K, Kim YJ. Self-compassion at work: a self-regulation perspective on its beneficial effects for work performance and wellbeing. *Pers Psychol*. 2022;76(1):279–309. <https://doi.org/10.1111/peps.12504>.

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