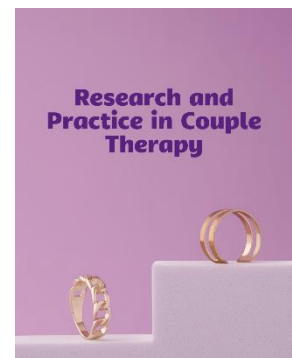


Impact of Body Image Intervention on Sexual Confidence and Marital Intimacy in Women

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ABSTRACT

This study aimed to evaluate the effectiveness of a structured body image intervention program on enhancing sexual confidence and marital intimacy in married women. A randomized controlled trial was conducted involving 30 married women aged 25–45 years in Athens, Greece. Participants were randomly assigned to either an intervention group ($n = 15$) that received eight weekly sessions of a body image-based therapy or a control group ($n = 15$) placed on a waitlist. Standardized instruments—the Sexual Self-Confidence Scale (SSCS) and the Marital Intimacy Questionnaire (MIQ)—were administered at three time points: pre-test, post-test, and five-month follow-up. Data were analyzed using repeated measures ANOVA to assess group-by-time interactions, and Bonferroni post-hoc tests were conducted to identify within-group changes. Analyses were performed using SPSS-27. The results indicated significant Time $\times$ Group interaction effects for both sexual confidence ($F(2, 54) = 35.41, p < .001, \eta^2 = .56$) and marital intimacy ($F(2, 54) = 39.03, p < .001, \eta^2 = .59$). The intervention group showed significant improvements in sexual confidence from pre-test to post-test (mean difference = +12.74, $p < .001$) and from pre-test to follow-up (mean difference = +11.41, $p < .001$), with no significant decline at follow-up ($p = .082$). Similarly, marital intimacy improved significantly from pre-test to post-test (mean difference = +12.43, $p < .001$) and remained stable at follow-up ($p = .119$). No significant changes were observed in the control group. The body image intervention effectively enhanced sexual confidence and marital intimacy in married women, with improvements sustained over a five-month period. Addressing body-related cognitive and emotional patterns appears crucial for promoting sexual and relational well-being in women.

Keywords: Body image, sexual confidence, marital intimacy, women.

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Introduction

In contemporary psychosocial health research, body image and sexual intimacy have emerged as deeply interrelated constructs that significantly affect the quality of marital relationships among women. The intricate linkage between how women perceive their bodies and their experiences of sexual and relational intimacy has been repeatedly affirmed, particularly in sociocultural contexts that amplify appearance ideals and perpetuate gendered expectations of desirability and performance (Brink & Vollmann, 2022; Farhan & Ismail, 2022). For many women, disruptions in body image—whether resulting from sociocultural pressures, medical conditions like mastectomy, or aging—can lead to diminished sexual self-confidence and strained emotional intimacy with partners (Arthur et al., 2022; Hamzehrad et al., 2024; Kim & Ahn, 2019). Consequently, a

growing body of research underscores the importance of psychosocial interventions that target body image dissatisfaction as a pathway to enhancing both sexual and marital well-being (Alizadeh & Farnam, 2021; Dubé et al., 2024).

Sexual self-confidence is a crucial element of women's sexual well-being and is intricately linked to body image. Negative body perceptions can create psychological barriers to sexual expression, such as shame, self-monitoring, or fear of rejection, which in turn reduce sexual satisfaction and assertiveness (E. & A., 2024; Wu & Zheng, 2021). This internalized body surveillance is often heightened during sexual encounters, leading to self-consciousness that detracts from sexual responsiveness and authentic intimacy (Brink & Vollmann, 2022; Kiss et al., 2019). Studies among breast cancer survivors, for instance, demonstrate that even in the absence of physiological sexual dysfunction, body image concerns significantly predict reduced sexual confidence and emotional detachment during intimacy (Hamzehrad et al., 2024; Tahir & Khan, 2020). Moreover, body-related avoidance behaviors, such as reluctance to be seen naked or avoidance of physical closeness, are robust predictors of sexual dissatisfaction in women with body esteem issues (Alizadeh & Farnam, 2020; Wu & Zheng, 2021).

Marital intimacy, encompassing emotional, cognitive, and physical connection between partners, is similarly impacted by body image disturbances. Women who experience body-related shame or fear of negative evaluation often struggle to engage in the vulnerability required for emotional closeness and physical intimacy (Amundsen, 2020; Erez et al., 2024). This phenomenon is particularly salient in couples dealing with chronic illness or surgical changes, such as mastectomy, where the female partner's sense of bodily wholeness and desirability is threatened, often leading to relational withdrawal (Arthur et al., 2022; Kim & Ahn, 2019; Sheriff et al., 2020). In such contexts, intimacy is no longer a purely emotional process but becomes infused with the psychological aftermath of bodily alteration and societal ideals of femininity (Dubé et al., 2024; Yelverton, 2025). This form of embodied vulnerability can manifest as communication breakdowns, reduced physical affection, and even misattributed partner dissatisfaction (Costello et al., 2025; Rasmussen & Søndergaard, 2022).

Body image and intimacy are not experienced in a vacuum but are shaped by sociocultural and technological influences. Media portrayals of idealized female bodies, particularly on social media and digital intimacy platforms, reinforce unattainable standards of beauty that intensify self-scrutiny and disembodiment during intimate encounters (Grasskamp, 2021; Rasmussen & Søndergaard, 2022; Scarpato et al., 2023). This phenomenon has been termed "sexualized platforming," where women's bodies are objectified within virtual and real-world relationships, thus exacerbating disconnection from authentic bodily experiences (Rasmussen, 2023; Sarkar, 2025). Moreover, surveillance-driven technologies, such as fitness trackers and reproductive monitoring apps, further intrude upon bodily privacy, introducing new forms of biopolitical control and gendered shame (Balfour, 2024). As Balfour (Balfour, 2024) notes, these platforms do not simply measure the body; they reconstitute it as an object of discipline, impacting women's ability to access sexual freedom and relational spontaneity.

A critical mechanism connecting body image to diminished sexual and relational intimacy is emotional avoidance. Women who experience body dissatisfaction often fear judgment, leading to avoidance of intimate situations or concealment of vulnerable emotions (E. & A., 2024; Thériault et al., 2019). This pattern of self-withdrawal can become cyclical, whereby unmet intimacy needs reinforce the original feelings of inadequacy or undesirability (Hassan et al., 2021; Morzyńska-Wrzosek, 2021). In some cases, such dynamics may manifest in broader marital dysfunctions, including reduced trust, increased conflict, or decreased sexual frequency (Farhan & Ismail, 2022; Hamzehrad et al., 2024). Alarming, a meta-analytic review indicated that body image dissatisfaction was not only associated with sexual dissatisfaction but also with lower relationship satisfaction, regardless of partner feedback (Costello et al., 2025; Thakur et al., 2022).

Given these findings, interventions focused on improving body image have demonstrated promise in enhancing both sexual confidence and intimacy outcomes. Cognitive-behavioral and mindfulness-based body image programs have shown efficacy in reducing appearance-related distress, improving sexual assertiveness, and increasing marital closeness (Alizadeh & Farnam,

2021; Dubé et al., 2024). Such programs typically incorporate cognitive restructuring of negative body beliefs, exposure-based exercises (e.g., mirror work or sensate focus), and communication skill training between partners (Arthur et al., 2022; Hamzehrad et al., 2024). Importantly, a growing emphasis is being placed on addressing the embodied aspects of sexual confidence—focusing on bodily sensations and non-judgmental self-touch—as a means of cultivating body acceptance (Kiss et al., 2019; Tahir & Khan, 2020).

One prospective study by Dubé et al. (Dubé et al., 2024) showed that postpartum women who experienced body dissatisfaction and perfectionistic tendencies were more likely to report genitopelvic pain and avoidance of intimacy—a finding that supports the argument for integrated body-focused therapy. Similarly, Thakur et al. (Thakur et al., 2022) emphasized the lasting psychological impact of body image disturbances in breast cancer survivors, pointing to a need for sustained psychosocial support targeting both individual and relational domains.

Beyond the clinical domain, addressing body image in intimate relationships has implications for gender equity and social justice. Women often bear the cultural burden of maintaining physical attractiveness as a condition for relational value, while men are rarely held to parallel standards (Alizadeh & Farnam, 2020; Scarpato et al., 2023). This imbalance can create emotional labor for women who, in addition to managing their own insecurities, may also feel obligated to preserve sexual satisfaction within their partnerships (Amundsen, 2020; Hassan et al., 2021). The psychological toll of this dynamic becomes particularly salient when physical changes (e.g., illness, childbirth, aging) challenge women's conformity to normative beauty expectations (Sheriff et al., 2020; Thériault et al., 2019).

Moreover, cultural variations shape the experience and expression of body-related concerns. For instance, in collectivist societies, relational harmony may take precedence over individual needs, leading women to suppress body dissatisfaction or sexual dissatisfaction for fear of disrupting marital stability (Farhan & Ismail, 2022; Tahir & Khan, 2020). Thus, culturally sensitive interventions are critical to ensure that women are not further pathologized for reacting to patriarchal norms but are instead empowered to reauthor their bodily and relational narratives (Erez et al., 2024; Sarkar, 2025).

Despite the growing recognition of the interplay between body image, sexual confidence, and marital intimacy, few intervention-based studies have systematically examined these variables together, particularly within a randomized controlled design. While existing literature underscores the correlational links among these domains, there remains a need for experimental research that tests whether improvements in body image can causally enhance sexual confidence and intimacy outcomes over time (Dubé et al., 2024; Hamzehrad et al., 2024; Yelverton, 2025). Furthermore, most available interventions lack long-term follow-up data, making it difficult to assess the sustainability of improvements. This study aims to fill that gap by implementing a structured eight-session body image program and measuring its effects on sexual confidence and marital intimacy.

Methods and Materials

Study Design and Participants

This study employed a randomized controlled trial design to evaluate the effectiveness of a structured body image intervention on sexual confidence and marital intimacy in women. Participants were recruited from community health centers and family counseling clinics in Athens, Greece, through posters, online forums, and referrals by mental health professionals. A total of 30 married women between the ages of 25 and 45 who expressed concerns regarding body image and its impact on their intimate relationships were selected based on inclusion criteria (married for at least one year, no diagnosed sexual dysfunction or psychiatric disorder, and not undergoing concurrent psychological treatment). Participants were randomly assigned to either the intervention group ($n = 15$) or the control group ($n = 15$) using a computerized randomization procedure.

The intervention group received eight weekly sessions of a body image program, while the control group received no intervention during the study period but were placed on a waitlist. Both groups were assessed at three time points: pre-test, post-test, and five-month follow-up.

Measures

The Sexual Self-Confidence Scale (SSCS) was developed by Bentley and Gorzalka in 2004 to assess individuals' confidence in their sexual expression and performance. The SSCS consists of 15 items rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale includes subscales measuring sexual assertiveness, body-related sexual confidence, and sexual self-efficacy. Higher scores indicate greater sexual self-confidence. The SSCS has demonstrated excellent psychometric properties, with Cronbach's alpha values typically above 0.85 across studies. Its validity has been confirmed through correlations with related constructs such as self-esteem, sexual satisfaction, and relationship satisfaction, and it has been widely used in both clinical and non-clinical populations.

The Marital Intimacy Questionnaire (MIQ) was developed by Thompson and Walker in 1983 to assess the emotional, sexual, and cognitive dimensions of intimacy between spouses. The scale includes 31 items rated on a 5-point Likert scale from 1 (never) to 5 (always), with higher scores indicating greater levels of marital intimacy. The MIQ encompasses several subscales such as emotional intimacy, sexual intimacy, intellectual intimacy, and recreational intimacy. The instrument has been validated in multiple cultural contexts and has shown strong internal consistency, with Cronbach's alpha coefficients reported between 0.80 and 0.90. Its reliability and construct validity have been confirmed in various empirical studies, making it a robust tool for evaluating the impact of psychological interventions on intimate relationships.

Intervention

This body image intervention program is designed to improve women's sexual confidence and marital intimacy by addressing negative body image beliefs, enhancing self-acceptance, fostering body appreciation, and promoting emotional and physical connection within intimate relationships. The eight-session structure integrates psychoeducation, cognitive restructuring, guided imagery, body-centered mindfulness, communication skills, and relational strategies tailored to the needs of married women. Each session builds on the previous one, with homework assignments to consolidate skills and encourage personal reflection.

Session 1: Introduction and Psychoeducation on Body Image

The first session introduces the purpose, structure, and confidentiality of the program, establishing group norms and therapeutic rapport. Participants are educated about body image, its cognitive, emotional, and behavioral components, and how it is shaped by cultural, media, and interpersonal influences. The connection between body image, self-esteem, sexual confidence, and intimacy is discussed. Participants are encouraged to reflect on their personal body image histories and identify common negative beliefs.

Session 2: Identifying Body Image Distortions and Cognitive Restructuring

This session focuses on helping participants recognize their automatic thoughts and distorted beliefs about their bodies. Using cognitive-behavioral strategies, they learn to challenge and reframe negative body-related thoughts. Techniques such as thought records, evidence testing, and positive reframing are introduced. Group members practice replacing self-critical internal dialogues with more compassionate and realistic ones.

Session 3: Body Appreciation and Self-Compassion

Participants explore the concept of body appreciation and learn to shift their focus from appearance to body functionality and self-worth. The session introduces self-compassion exercises, including guided self-kindness meditations and letter writing to the body. The role of gratitude toward one's body and daily practices to cultivate body positivity are emphasized.

Session 4: Mindfulness and Body Awareness

This session introduces mindfulness techniques specifically tailored to body awareness. Practices include body scan meditation, mindful breathing, and mirror exposure in a nonjudgmental manner. Participants learn to attend to bodily sensations without criticism, aiming to strengthen the mind–body connection and reduce shame or avoidance related to physical presence and touch.

Session 5: Sexual Self-Image and Positive Sexual Identity

Focusing on sexual self-concept, this session guides participants to explore how body image affects sexual expression, desirability, and confidence. Through guided imagery and journaling, participants reflect on their sexual identity and learn to embrace a positive, empowered sexual self-image. Discussions also include myths and societal scripts about female sexuality and body ideals.

Session 6: Enhancing Emotional Intimacy and Communication

This session shifts to the interpersonal domain, teaching emotional intimacy skills such as vulnerability, active listening, and emotion labeling. Participants practice expressing needs, fears, and appreciations to partners using structured communication tools. Role-play and feedback enhance their capacity to foster connection and trust within the marital relationship.

Session 7: Sensate Connection and Physical Intimacy

Using principles of sensate focus and touch exercises (non-sexual and sexual), this session encourages safe, mindful, and non-demand intimacy. Participants learn how to experience physical closeness with attention, consent, and emotional presence. Techniques to reduce performance pressure and body-based avoidance in sexual settings are practiced and reflected upon.

Session 8: Integration, Relapse Prevention, and Closure

In the final session, participants review the skills and insights gained throughout the program. Each participant creates a personalized self-care and body image maintenance plan. Potential challenges and relapse scenarios are discussed, and strategies for coping are generated collectively. The session concludes with emotional closure, mutual feedback, and celebration of progress.

Data analysis

Data were analyzed using SPSS version 27. Descriptive statistics (mean, standard deviation, frequency, and percentage) were calculated to summarize demographic and baseline variables. To examine the effects of the intervention over time, analysis of variance with repeated measures (RM-ANOVA) was used. A 2 (group: intervention vs. control) $\times$ 3 (time: pre-test, post-test, follow-up) mixed-design ANOVA was conducted separately for each dependent variable (sexual confidence and marital intimacy). Mauchly's test was used to assess sphericity, and Greenhouse-Geisser corrections were applied when assumptions were violated. Bonferroni-adjusted post-hoc comparisons were employed to identify pairwise differences across time points.

Findings and Results

Participants ranged in age from 26 to 44 years, with a mean age of 34.87 (SD = 5.41). The majority of participants (63.3%, $n = 19$) held a university degree, while 26.7% ($n = 8$) had completed secondary education, and 10.0% ($n = 3$) held postgraduate

qualifications. Regarding employment status, 53.3% (n = 16) were employed full-time, 23.3% (n = 7) part-time, and 23.3% (n = 7) were homemakers. Most participants (76.7%, n = 23) reported a medium household income, while 13.3% (n = 4) reported low income, and 10.0% (n = 3) high income. The average length of marriage was 8.12 years (SD = 3.46), and all participants were cohabiting with their partners.

Prior to conducting repeated measures ANOVA, key statistical assumptions were examined and satisfied. The assumption of normality was confirmed using the Shapiro-Wilk test, with all dependent variables showing non-significant values (sexual confidence pre-test: $W = 0.972$, $p = 0.639$; marital intimacy follow-up: $W = 0.963$, $p = 0.480$). Levene's test indicated equality of variances between groups at each time point (e.g., marital intimacy post-test: $F = 1.04$, $p = 0.319$). Mauchly's test of sphericity was non-significant for sexual confidence ($\chi^2(2) = 4.21$, $p = 0.122$), confirming that the assumption of sphericity was met. Where violations occurred (e.g., marital intimacy: $\chi^2(2) = 6.87$, $p = 0.041$), Greenhouse-Geisser correction was applied ($\epsilon = 0.79$).

Table 1. Descriptive Statistics (Mean and Standard Deviation) for Sexual Confidence and Marital Intimacy by Group and Time

Variable	Group	Pre-Test M (SD)	Post-Test M (SD)	Follow-Up M (SD)
Sexual Confidence	Intervention	52.47 (5.38)	65.21 (4.92)	63.88 (5.10)
	Control	53.03 (4.91)	54.66 (4.73)	54.10 (5.05)
Marital Intimacy	Intervention	58.92 (6.47)	71.35 (5.94)	70.26 (6.12)
	Control	59.08 (6.12)	60.27 (6.18)	59.73 (6.41)

As shown in Table 1, participants in the intervention group demonstrated substantial improvements in sexual confidence, increasing from a pre-test mean of 52.47 to a post-test mean of 65.21, with a slight reduction at follow-up (63.88). In contrast, the control group showed only minor fluctuations across time points. Similarly, marital intimacy scores in the intervention group increased from 58.92 at pre-test to 71.35 at post-test and remained high at follow-up (70.26), while the control group showed negligible change.

Table 2. Summary of Repeated Measures ANOVA for Sexual Confidence and Marital Intimacy

Variable	Source	SS	df	MS	F	p	η^2
Sexual Confidence	Time	972.41	2	486.21	38.64	<.001	.58
	Group	841.52	1	841.52	66.87	<.001	.54
	Time $\times$ Group	890.66	2	445.33	35.41	<.001	.56
	Error	700.15	54	12.96			
Marital Intimacy	Time	1153.27	2	576.63	42.03	<.001	.61
	Group	922.80	1	922.80	67.37	<.001	.55
	Time $\times$ Group	1034.14	2	517.07	39.03	<.001	.59
	Error	740.46	54	13.71			

Interpretation:

The ANOVA results in Table 2 revealed statistically significant main effects for Time and Group for both sexual confidence and marital intimacy ($p < .001$). Additionally, there were significant Time $\times$ Group interactions for both outcomes ($F = 35.41$ for sexual confidence; $F = 39.03$ for marital intimacy), indicating that the improvements observed in the intervention group were significantly greater than in the control group. Effect sizes (η^2) were large, ranging from .54 to .61, confirming the intervention's substantial impact.

Table 3. Bonferroni Post-Hoc Test Results for Sexual Confidence and Marital Intimacy (Within-Group Comparisons)

Variable	Group	Comparison	Mean Difference	p
Sexual Confidence	Intervention	Post-Test vs Pre-Test	+12.74	<.001
		Follow-Up vs Pre-Test	+11.41	<.001
		Follow-Up vs Post-Test	-1.33	.082
	Control	Post-Test vs Pre-Test	+1.63	.184
		Follow-Up vs Pre-Test	+1.07	.297
		Follow-Up vs Post-Test	-0.56	.538
Marital Intimacy	Intervention	Post-Test vs Pre-Test	+12.43	<.001
		Follow-Up vs Pre-Test	+11.34	<.001
		Follow-Up vs Post-Test	-1.09	.119
	Control	Post-Test vs Pre-Test	+1.19	.223
		Follow-Up vs Pre-Test	+0.65	.362
		Follow-Up vs Post-Test	-0.54	.489

The Bonferroni-adjusted comparisons in Table 3 show that the intervention group experienced significant improvements from pre-test to post-test and pre-test to follow-up for both sexual confidence and marital intimacy ($p < .001$). The changes between post-test and follow-up were not statistically significant, indicating that the intervention's effects were maintained over time. In contrast, no significant differences were observed within the control group across any of the time points.

Discussion and Conclusion

The present study aimed to evaluate the effectiveness of a body image intervention program on enhancing sexual confidence and marital intimacy in married women. The findings demonstrated a significant improvement in both variables in the intervention group compared to the control group across three time points—pre-test, post-test, and five-month follow-up. The repeated measures ANOVA confirmed that the participants who received the eight-session intervention reported sustained increases in sexual confidence and marital intimacy, indicating not only immediate gains but also enduring psychological and relational benefits. These findings offer compelling support for the therapeutic potential of body-focused interventions in addressing the relational sequelae of body dissatisfaction among women.

The improvement in sexual confidence observed in the intervention group aligns with growing evidence that negative body image contributes to reduced sexual agency, inhibition, and disembodiment during intimacy (Brink & Vollmann, 2022; E. & A., 2024; Wu & Zheng, 2021). By implementing cognitive restructuring and body appreciation exercises, the program appears to have disrupted maladaptive cognitive schemas surrounding appearance, desirability, and sexual worthiness. Participants reported increased comfort with their own bodies, reduced appearance-related anxiety during intimacy, and greater willingness to initiate or enjoy sexual contact. This resonates with Wu and Zheng's (Wu & Zheng, 2021) study showing that body image positively predicts sexual function through the mediating role of sexual self-esteem and communication. Similarly, Brink and Vollmann (Brink & Vollmann, 2022) emphasized the role of positive body image and reduced self-consciousness in enhancing women's sexual satisfaction.

In terms of marital intimacy, the intervention group showed meaningful improvements in emotional closeness, affectionate communication, and shared physical space with their partners. This supports the view that body dissatisfaction disrupts not only sexual intimacy but also broader relational dynamics (Farhan & Ismail, 2022; Hamzehrads et al., 2024). According to Hamzehrads et al. (Hamzehrads et al., 2024), body image concerns among women with mastectomy significantly mediate the relationship between sexual function and marital intimacy. The therapeutic activities—such as mirror exposure, sensate focus, and self-disclosure exercises—not only promoted acceptance of the body but also facilitated emotional vulnerability and

communication, thereby deepening relational trust. The continuity of these effects at five-month follow-up indicates the program's long-term utility in strengthening intimate bonds.

The results of the current study further affirm the interpersonal nature of body image distress, as discussed by Alizadeh and Farnam (Alizadeh & Farnam, 2021), who demonstrated that both intra- and inter-personal contexts mediate the level of sexual distress in women. Women who internalize negative body beliefs often avoid physical or emotional intimacy for fear of judgment or rejection—a dynamic that this intervention aimed to address directly. The structure of the sessions provided a safe context for participants to dismantle the internalized shame and rigid appearance standards that undermine relational connection. This effect echoes Dubé et al.'s (Dubé et al., 2024) findings where perfectionism and body concerns in new mothers predicted genitopelvic pain and impaired intimacy postpartum.

Another relevant implication of the findings concerns the role of illness-related bodily changes, such as those associated with breast cancer, in shaping women's sexual and relational experiences. The results are consistent with Sheriff et al.'s (Sheriff et al., 2020) and Kim and Ahn's (Kim & Ahn, 2019) work, both of which highlighted how body-related anxieties following mastectomy reduce not only sexual satisfaction but also the emotional security needed for open marital communication. The present study supports these findings by showing that targeting the psychological meanings attached to the body can mitigate the negative interpersonal consequences of such experiences.

The outcomes of this intervention also engage with broader sociocultural critiques of how women's bodies are surveilled and controlled in intimate spaces. As Balfour (Balfour, 2024) and Rasmussen and Søndergaard (Rasmussen & Søndergaard, 2022) suggest, women's bodies are subject to constant regulation via digital media, societal expectations, and internalized norms. The intervention program, in helping women reclaim agency over their bodies, implicitly resists the societal scripting of female desirability and compliance. This aligns with Amundsen's (Amundsen, 2020) concept of “mediated intimacy work,” where digital and sociocultural scripts define acceptable sexual behaviors and self-presentation, often at the expense of authenticity and embodiment.

Moreover, the intervention reflects a critical response to structural gender dynamics that place disproportionate pressure on women to uphold relational harmony through physical appearance. As Scarpatto et al. (Scarpatto et al., 2023) note, violations of bodily privacy and appearance-based control can lead to psychological and moral distress, especially in the context of gender-based expectations. The participants in this study, through guided reflection and body-centered mindfulness, began to reclaim self-worth that was previously contingent on meeting unrealistic appearance ideals. Similarly, Sarkar's (Sarkar, 2025) review emphasized how urban intimacy structures are built on gendered performances, reinforcing the salience of this study's feminist undercurrent.

A particularly novel contribution of the study lies in its incorporation of sensory-based and communication-focused exercises to reestablish embodied intimacy. Kiss et al. (Kiss et al.) emphasized that body image self-consciousness during physical intimacy disrupts emotional closeness even when sexual desire is intact. The use of non-sexual touch and mindful awareness in this intervention aimed to reduce performance anxiety and enhance sensory receptivity. Participants reported that being present with their bodily sensations—without judgment—allowed them to re-engage with their partners more openly and without fear of inadequacy. This finding also supports Thériault et al.'s (Thériault et al., 2019) argument that body-related concerns are critical mediators between psychological distress and social engagement in women.

Additionally, the long-term efficacy observed at follow-up lends support to Yelverton's (Yelverton, 2025) findings, which emphasized that sustained intimacy outcomes in cancer survivors require both physical recovery and emotional body acceptance. The sustained gains in sexual confidence and intimacy suggest that the intervention addressed not only surface-level symptoms but also deeper emotional scripts surrounding the body, love, and worth. This durability is crucial, especially

in light of previous findings by Rasmussen (Rasmussen, 2023), who explored how cultural representations of the female body contribute to persistent identity fragmentation and objectification.

In sum, the current study offers strong evidence that body image-focused interventions can have a significant and lasting impact on the sexual and relational well-being of women. By shifting the focus from external appearance to bodily acceptance, mindful awareness, and emotional authenticity, the intervention provided a multifaceted approach to healing relational disconnection. This contributes to an evolving literature that situates the body not merely as an aesthetic object but as a lived, communicative medium through which intimacy is felt, shared, and sustained.

Despite the promising findings, the study is not without limitations. First, the sample size was relatively small ($n = 30$), limiting the generalizability of the results. Although the randomized controlled design enhances internal validity, larger and more diverse samples across different age ranges, cultures, and relationship statuses would be necessary to confirm the findings on a broader scale. Second, all participants were married and cisgender women, which excludes the experiences of unmarried women, LGBTQ+ individuals, or those in non-monogamous or non-traditional relational structures. Third, the reliance on self-report measures may have introduced social desirability bias, especially on sensitive topics such as body dissatisfaction and sexual intimacy. Finally, while a five-month follow-up period is a strength compared to immediate post-tests, future studies should incorporate longer-term assessments (e.g., one year or more) to evaluate the durability of intervention outcomes.

Future research should replicate this intervention using larger and more demographically diverse samples, including women of different ethnic backgrounds, sexual orientations, and medical histories. Comparative studies across cultures could illuminate how sociocultural standards of femininity interact with body image and intimacy processes. Additionally, researchers may investigate the efficacy of integrating this intervention with couples-based formats to include partner responses and improve dyadic outcomes. Future studies could also benefit from mixed-method designs that incorporate in-depth qualitative interviews to explore participants' lived experiences, emotional shifts, and relational transformations throughout the intervention. Finally, exploring the role of digital media exposure and internalization of social appearance ideals as moderating variables could offer deeper insight into contemporary body-image dynamics.

Practitioners working in the fields of marital therapy, sexual health, and body image counseling should consider integrating body-focused modules into relationship-focused interventions. The use of cognitive restructuring, mindfulness-based exercises, and non-sexual touch activities can help clients re-engage with their bodies and partners in affirming ways. Therapists should be trained in addressing the emotional and relational dimensions of body dissatisfaction, particularly in the context of chronic illness, trauma, or postpartum changes. Couple-based adaptations of this intervention may also enhance communication and mutual understanding. Moreover, public health initiatives should aim to reduce stigma around body image distress by promoting media literacy and encouraging open dialogue about appearance-related anxiety within intimate partnerships.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

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Authors' Contributions

All authors equally contributed to this study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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