



ORIGINAL ARTICLE

Investigating the effect of Training Positive Thinking on Intimacy, Satisfaction and Sexual Performance in Housewives of 5th region in Tehran

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ABSTRACT

The present research was efficacy of positive thinking on sexual intimacy, satisfaction and function in housewives in Tehran. The method of this research was semi- experimental, with a pretest-posttest study design and control group. The population was all housewives of 5th area in Tehran. In this procedure 30 of the woman's who gained lower average scores in Mostafavi's Sexual Satisfaction Questionnaire, Thompson and Walker's Sexual Intimacy and Rosen's Female Sexual Function Index were randomized into 2 groups, one as control group while as others as experimental group. Experimental group received positiveness skills through 8 sessions. Both groups were tested and evaluated 2 times(pre-test, post-test). The information and finding gained from the descriptive statistics (frequency, percentage, average and standard deviation) and the covariance analysis test were analyzed.

The results of the research showed that positiveness increased sexual intimacy ($p < 0/001$) but it had no effect on female sexual satisfaction ($p > 0/05$) and sexual function index ($p > 0/05$).

Keywords: positive thinking, Sexual intimacy, Sexual satisfaction, Sexual function

Received 22 /01/2014 Accepted 25/02/2014

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INTRODUCTION

Every human is constantly thinking, in fact thinking is the only and major work we do. As a result, the primary factor in determining our lives is the quality of our thinking. Skillful thinking is useful in every situation we are, every role we play and in every field we study in life and in contrast poor thinking and without hesitation would be inevitably problematic, it wastes time and energy and it brings frustration and hurt. Knowledge and skill, on their own, cannot lead to performance improvement. An important factor in this issue is the mentality that if it is positive, enables us to take the internal barriers of the path and conversely, when we have a negative mindset, the internal obstacles control us and eventually overcome us. [19]. Because of this, psychologists often order people to leave negative and pessimistic thoughts and to look positively and optimistically to themselves, the people around, the world of creation and its events [13].

Positive psychology is an emerging movement in the field of contemporary psychology that emphasizes the need to understand the positive aspects of human experiences; and understanding that what makes life worth of living in. Positive psychology is nothing more than scientific study of human virtues and abilities. This scientific area seeks to understand fully the range of human experiences of loss, suffering and illness to prosperity, health and well-being . Positive psychology is a psychology of twenty-first century, that instead of saying how to reduce our stress, how to treat diseases or how to fix impotence and weaknesses, is seeking to understand how to facilitate welfare, how to promote health and create positive potentials. For this reason, they believe that the question of what is welfare and mental health and how to create them should be the goal of all public policies. However, positive psychology which has developed in these ten years, especially in the area of treatment indebted to Carl Rogers and Abraham Maslow. Positive oriented psychologists believe that today we can provide a condition by combining the ideas of Carl

Rogers' theory of positive psychology in which people can move toward a happy and healthier life by reducing stresses and help to facilitate in boosting their abilities [23]. The most important principle in positive psychology is prevention, i.e. discovering human abilities and that there is a series of traits opposed to psychopathology named human positive characteristics which composed of the main core of positive prevention. People with high feeling of happiness mainly experience positive excitements and have a positive assessment about events surrounding them, while those with low sense of well-being assess the events and situations of life adversely and they mostly experience negative excitements such as anxiety, depression and anger. Seligman based on documentary genre believes that as depression is caused by formation of documentary errors, it can be found through establishment of healthy attributional styles, optimism and joy in people. So the main work of positive prevention is learning optimism, that is, recognition of catastrophic thoughts and learning a series of skills to challenge these ideas and creating self-reinforcing [23]. In primary prevention, the question of positive psychology is that how happiness comes to a general policy. In secondary prevention, positive psychology argues that the therapists' role is not simply reducing distress and leaving the person with no symptoms, but facilitating welfare and prosperity can be considered as a factor in prevention [14]. Family formation and marriage have a history as old as human history that is commended in different ways in various religions and traditions and it is remembered as a sacred event in human life [16]. The main reasons for marriage and spouse's expectations have changed dramatically. The need for love, intimacy and intimate relationship between couples and satisfaction of emotional-psychological needs are among main reasons for today couple's marriages. clinical experiences and researches show that one of the issues that marriage counselors are faced with is problems related to intimacy and helping to improve and increase them [2]. Several researches showed that the problem in sexual relationship is the reason for couple's incompatibility and incompatibility of the couples is the main reason in sexual relationship. Sexual satisfaction is a pleasant feeling that one obtains through mixing mental and physical joy and enjoyment of sexual intercourse [12]. Studies have shown that lack of sexual satisfaction in couples is closely related with increased social problems including crimes, sexual assault, betrayal of wife, mental illness and sense of absurdity and inconsistency [7]. Existence of pleasant sexual relationship so that can provide satisfaction of two parties has a main and fundamental role in success and sustainability of the family. By understanding the quality of sexual function and its components reach to sexual satisfaction and ultimately spouses satisfaction that plays a main role in consistency of couples [13].

Accordingly, the aim of this study is to investigate the effect of positive thinking training on intimacy, satisfaction and sexual function of housewives in district 5th of Tehran.

METHODOLOGY

The present study was semi-experimental and using pre-test and post-test with control group. The population of present study included all housewives of district 5 of Tehran. Sampling in this study was carried out as accessible. In this way that 30 people were selected by call as accessible among the volunteers in Health Home of 5th Region of Tehran and from among the applicants, 15 were randomly assigned to experimental group and 15 in control group. After selecting subjects, first two groups were evaluated initially (pre-test) by marital intimacy questionnaire (to measure the levels of marital intimacy), sexual satisfaction questionnaire (female forms) and female sexual function index, scale of Rosen et.al [19] and then subjects in groups were trained in one of the classes of Kouhsar Health Home in 5th region of Tehran in 8 sessions.

The control group was placed in waiting list and it intervened after completing the training sessions of the group and completing evaluation of both groups. The obtained data were analysed by software SPSS 16 and through Covariance analysis method. In the present study, 3 questionnaires marital intimacy scale (MIS) sexual satisfaction (female forms), and female sexual function index scale of Rosen et al [19] were used for data collection.

- A. Marital intimacy scale (MIS): this scale was made by Thompson and Walker which has 17 questions and it is configured for measuring the marital intimacy. The range of scores is from 1 (never) to 7 (always) that the higher the score is a sign of more intimacy. This scale with alpha coefficient 0.91 to 0.97 has a good consistency [9]. Subject score is obtained through summing the questions scores and dividing it to 17. This scale is translated by Sanaei [9]. To determine the content and nominal validity, the questionnaire was first reviewed by 15 counseling professors and 15 couples and its nominal and content validity was verified. Then the questionnaire was performed on 100 couples who were randomly selected in Isfahan. The reliability coefficient of the total scale was obtained 0.96 by Cronbach's Alpha method, indicating the acceptable reliability of the questionnaire. Calculation of reliability coefficient by eliminating every single question showed that removal of none of the question has a tangible impact on reliability coefficient [3].

- B. Sexual satisfaction questionnaire (female form): Sexual satisfaction questionnaire (female form) which is produced by Seyed Azam Mostafavi is an objective tool in self-evaluation to measure the marital satisfaction in sexual issues (sexual barriers) will review phrases such as sexual satisfaction, sexual shame, sexual assertiveness, sexual anxiety, sexual health, sexual fears, and sexual coercion in the relationship of husbands and wives. This questionnaire has 36 questions 5 choices. The reliability of the questionnaire is concerned with its accuracy in measuring, stability and validity. In one hand, the stability and reliability of the questionnaire over time is intended and in other hand its internal consistency is intended . The Cronbach's alpha test was used to determine the reliability of the measurement tool. In sample of 23 people the Cronbach's alpha is reported 0.865. Considering that calculated Cronbach's alpha coefficient is more than 0.70, it can be concluded that the questionnaire reliability is acceptable.
- C. Female Sexual Function Index: a convenient tool is Female Sexual Function Index which measures the female sexual function by 19 questions in 6 domains: Desire, Arousal, Lubrication, Orgasm, Satisfaction and Pain. This scale is created by Rosen et al [19] and it is validated in a group of women with sexual arousal disorders. The mentioned questionnaire has been used in many studies abroad and has shown a high degree of internal consistency and reliability and also conducted studies have shown considerable significant differences between the scores of patients group and control group in all 6 domains. Given the high scores and due to the shortness of the questionnaire it seems that Female Sexual Function Index is a suitable tool for assessing the sexual function. According to Mohammadi's studies, the index reliability for each of 6 domains and the total scale for subject, control and total people group was calculated $r=0.85$ using Cronbach's Alpha Coefficient. Also, according to results obtained from Mohammadi's study, the cut point for all the scale and sub-scales is obtained. Respondents must have at least a literacy of fifth grade; otherwise, the questionnaire must be completed with a married woman or a psychotherapist.

Method of performing Research

After implementation of Marital Intimacy Questionnaire (to measure the levels of marital intimacy), the questionnaire of sexual satisfaction (Female form) and Female sexual Function Index scale of Rosen et al [19] and the selection and replacement of people in two groups, experimental and control, the experimental were trained for 8 sessions 90 minutes about a month in June 2013 to July 2013, twice a week and in groups in one of the classes of Kouhsar Health home located in 5th region of Tehran. In this way that each session consists of several sections. In the first part, the work and activities of the previous meeting were reviewed. In the next part, trainings related to the session were provided and clients makes familiar and trained one of the main concepts of positive thinking including meaning and concept of positive thinking, understanding the manner of shaping thoughts and attitudes, being positive through challenging negative thoughts and leaning social skills. In meetings it was tried to encourage members in class activities and expressing opinions and questions and materials and subjects were presented objectively and practical for members to learn the concepts well and to apply in practice. At the end of each session, an assignment was provided for next session. These assignments are provided for consolidation of materials and making members familiar with provided materials in daily life. Control group, during this period, didn't receive any kind of training. Then at the end of 8th session both groups were examined again.

A brief description of training sessions

First session: welcoming and introducing experimental group members. Introduces the structure and goals of the curriculum and expression of the meaning and concept of positive thinking
Second session: Creating a therapeutic relationship. Reviewing previous assignments. Expressing the necessity for positive thinking, coping styles and brief review of the coping theories, learning about how to shape the thinking and attitude, expression Adler's theory about lifestyle and Press button
Third session: Understanding the negative thoughts and the ways of adjusting it and positive thinking and its impact on health and longevity based on the cognitive - behavioral theory, implying that before starting negative thoughts, sadness and stress, a series of negative thoughts about himself and others is running in human mind and the more this repeats, more it will stick in mind.
Session Four: being positive through challenging negative thoughts, changing mental images, using language of constructive and revision of beliefs. To achieve the above objectives, the theory (A-B-C) Ellis has been used.
Fifth Session: Learning to be positive through establishment of positive thinking strategies in life, continuing the practice of positive thinking, positive thinking opportunities and coping and adapting with problems that cannot be solved.
Session VI: Learning social and communication skills
Session VII: Training the relaxation techniques, thought stopping, and changing attitudes by binding assay, control and challenging.
Session Eight: Learning to live into laughter, create confidence, create good habits of exercise, re-run the tests

RESULTS

Table 1 shows the mean and standard deviation of marital intimacy, sexual satisfaction (women) and Female Sexual Function Index of control and experimental group.

Table 1: mean and standard deviation of marital intimacy, sexual satisfaction (women) and Female Sexual Function Index

Variables	Group	Mean	Standard deviation
Sexual Intimacy	Pretest	Experiment	4.51
		Control	3.98
	Posttest	Experiment	5.39
		Control	3.92
Sexual function	Pretest	Experiment	29.99
		Control	21.34
	Posttest	Experiment	29.52
		Control	22.87
Sexual Satisfaction	Pretest	Experiment	101.60
		Control	70.40
	Posttest	Experiment	99.27
		Control	75.53

As it can be seen in table 1, mean and standard deviation of the intimacy score increased in experimental group at post-test stage than pretest. But the mean and standard deviation in sexual satisfaction (women) and female sexual function index show no increase. To use covariance analysis, it is first necessary to examine the pre assumption the equality of variances. Levine's test was used to test the hypothesis. Control group and experimental group were confirmed based on results of Levine's test, meaning that assumptions of equal variances of scores are confirmed in both groups ($p>0.05$). Therefore, using covariance analysis is allowed and the analysis was continued.

Table 3. Test of one-way covariance analysis in context of multi-variables covariance analysis.

Variables Index	Source of change	SS	F	Significance level	Effect size	Test power
Intimacy	Group	11.879	1	122.058	0.001	0.819
Sexual function	Group	395/123	1	631/174	0.001	0.866
Sexual Satisfactio	Group	339/4851	1	119/405	0.001	0.938

The contents of table 3 show that there is a significant relationship between students in experimental and control group in intimacy by controlling pretest. $F=122.058$, $p<0.01$. In other words, positive thinking training has increased the intimacy in test group according to mean of intimacy in test group compared to control group. However, by controlling pretest there is no significant relationship between test and control group in terms of sexual function, ($F=174.631$ and $P<0.01$) and in sexual satisfaction ($F=405.119$ and $P<0.01$), in other words, positive thinking training increased the intimacy in test group considering the mean of intimacy in test group compared to control group. However, according to mean sexual function and sexual satisfaction in test group compared to mean of control group, has not increased the sexual function and sexual satisfaction.

DISCUSSION AND CONCLUSION

The present study aimed at investigating the effect of positive thinking training on sexual intimacy, satisfaction and function of housewives in region 5th of Tehran.

Examining first hypothesis of the research: positive thinking training has an impact on sexual intimacy of housewives.

Covariance analysis results show that the difference among groups and pretest is significant statistically ($P<0.01$). The hypothesis of no differences between groups was rejected according to the value of obtained P. So we can accept that there are differences between groups (control and test groups) and also pretests and post-tests. Also the amount of the effect of intervention is 72 percent.

So as a result, the null hypothesis of research (H_0) is rejected and the main and number one hypothesis of the research (H_1) is confirmed based on positive thinking training has an impact on sexual intimacy of housewives. No research was found in this area, but the following researches have examined the effect of

various factors on sexual intimacy. Nasr [1] concluded in his study that group training of improving attitudes and sexual expectations in cognitive-behavioral has a significant impact on commitment and intimacy of couples. Thus, training to improve attitudes and sexual expectation will increase the commitment and intimacy in couples. Botlani [7] in his study concluded that couple therapy based on attachment theory reforms the couple's relationship by improving sexual satisfaction and intimacy. In this study, in addition to explaining the challenges many men face with, introduces some strategies for couples to apply to maintain their sexual intimacy after prostate cancer treatment. And finally this research shows that prostate cancer is effective in maintaining the sexual intimacy. Gianten [23] has concluded in his research that cancer and its treatment can be involved in sexual function, directly by reducing the potential of sexual response and indirectly through interference in proper physical condition for enjoying sexual function. According to the study, cancer seriously can destroy the intimacy in couples in which different factors are involved. Fear and emotional disorder in some couples can decrease the intimacy but in some other can increase it. Differences in people in facing with fear, despair, and frustration can lead to separation or another reason for decreasing physical intimacy. Despite all the negative outcomes of cancer, we should not forget that cancer diagnosis and its treatment will increase the intimacy and sexual relationship in some couples.

Examining second research hypothesis: positive thinking training has an impact on sexual function in housewives.

Covariance analysis results show that difference in total scores between two groups (test and control) is not significant statistically ($P > 0.05$). But the difference between pretest and post-test is significant statistically ($P < 0.001$). In other words, the factor of training was not effective. Also the effectiveness of interference training is 0.04. So the null hypothesis of the study (H_0) is confirmed and number 2 main hypotheses (H_A) is rejected by this fact that positive thinking training is effective in sexual function of housewives.

Investigation which follows examined the role of sexual function in marital consistency and in people with different mental states and the research on the impact of different factors in sexual function was not found. Based on Ali Akbar Dehkordi research [12] there is a positive and significant relationship between sexual function and its components in women with their husbands and their marital consistency. Bears and Wang (2004) showed in their study that there is a positive interaction between sexual function and marital adjustment [12]. According to investigations, more sexual function disorders are observed in people with undesirable mental state and addicted people and also most of these researches have been done on couples and as the study is done on healthy subjects and women only, it is reasonable that the hypothesis is rejected. For a more detailed statement, further research can be codified and performed in this area specially the impact of different factors on sexual function.

Examining third hypothesis of the research: Positive thinking training is effective on the sexual function of housewives.

Covariance analysis results show that the difference between groups is not significant statistically ($P > 0.05$), but the difference between pretest and post-test is significant statistically ($P < 0.001$). In other words, the training factor was not effective. So we can accept the difference between pretest and post-test. Also the effectiveness of training intervention is 0.084 percent. Therefore null hypothesis of the research (H_0) is confirmed and the main hypothesis number 2 (H_A) is rejected based on that positive thinking training has an impact on sexual satisfaction of housewives. The result of the research is inconsistent with the results of some of the previous studies. Farnam and Pakgohar [9] in their research concluded that sexual health, satisfaction and marital satisfaction in couples in test group was higher significantly than control group. Shams Mofarrah study [11] showed that marital counseling has a positive impact on sexual satisfaction in couples. Rostami results [10] showed that there is a relationship between optimism-pessimism, with marital satisfaction in all teachers (men & women) and between optimism-pessimism with psychology public health in all high school teachers of Karaj city; of course the recent relationship was not confirmed in men teachers. Marija Pitel [21] in her research found that patients with schizophrenia which have been Catholic had a greater sexual satisfaction, while among depressed people those who were Muslims they were stronger sexual satisfaction.

Santio study results [22] showed that there is a significant and positive correlation between the components of optimism and emotional intelligence and marital satisfaction. Since sexual satisfaction is in relationship with various factors such as intelligence, education, economics issues, religion, behavior patterns, social support ... and most of studies are carried out on couples; we can understand why this hypothesis is rejected. It seems that if the skills of positive thinking are learned by couples (both men and women) and this training last longer, we can observe its effect on sexual satisfaction because sexual satisfaction is a matter which is obtained over time and it depends on couples' satisfaction of their marital life especially those learning they received in area. In order to comment more precisely we can develop and implement another research.

RESEARCH LIMITATIONS

1. Women of a health house or a city don't represent whole women, so conducting the present study on more samples can cause more generalized data.
2. Possible limitation due to participants being honest or other factors that have not been achieved in control and it may have effect on differences in control group, such as: motivation level of participants for attending training sessions or their motivation to meetings.
3. We found very little internal researches regarding sexual intimacy. Limited internal and external researches related to thinking positive or more about optimism, positive psychology, happiness and so on.

RESEARCH SUGGESTIONS

1. Subject of study carry out in other geographical regions and to compare the results with the results of present study.
2. Considering that the present study is carried out on housewives, it is recommended that in future studies carry out the present study on employed women and men especially couples and compare them with the results of present study.
3. Changes resulting from implementation of experimental procedure must be followed.
4. This study is needed to be conducted in larger samples and in more cities.
5. Considering the importance of positive thinking, it is recommended to use the results of the research to all psychologists, psychiatrists, counselors and all professionals involved in consultation work.

APPLICABLE SUGGESTIONS

1. Since the intimacy and sexual satisfaction are considered as main factors in life satisfaction, it is recommended to consultants that the role and the impact of different factors must be examined in increasing sexual satisfaction and intimacy.
2. Since the sexual intimacy has a considerable impact on marital relationship and it is considered as one of the rings in sexual satisfaction and also with regard to the impact of positive thinking skills on sexual intimacy, it is recommended to hold workshops in this area for couples.
3. Given that sexual satisfaction depends on several factors including economics, intelligence, lack of stress, personality of couples and ... it is recommended that other methods for increasing sexual satisfaction in different people be explored.
4. Given that sexual function disorder can disrupt the marital relationship and due to the limited information of families about this issue, it is recommended that training courses in the field of sexual issues be hold before marriage for couples.

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How to cite this article:

Fatemeh N N, Ali Mohammad N , Abdolmajid B. Investigating the effect of Training Positive Thinking on Intimacy, Satisfaction and Sexual Performance in Housewives of 5th region in Tehran. Bull. Env. Pharmacol. Life Sci. 3 (4) 2014: 26-32