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Sexual Self-Objectification as a Predictor of Emotional Intimacy Needs Among Married Female College Students Diagnosed with Vaginismus

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Abstract

Background and Objective: Vaginismus significantly affects women's psychological well-being and marital relationships. This study examined sexual self-objectification as a predictor of emotional intimacy needs among married female college students with vaginismus.

Methods: This descriptive-correlational study included 220 married female students with vaginismus at Islamic Azad University, Najafabad Branch, who were recruited through convenience sampling during the academic year 2024–2025. Data were collected using the Vaginismus Diagnostic Questionnaire (VDQ), the emotional intimacy needs subscale of the Marital Intimacy Needs Questionnaire (MINQ), and the Self-Objectification Questionnaire (SOQ). Pearson correlation and hierarchical multiple regression were used for analysis.

Findings: There was a significant negative correlation between sexual self-objectification and emotional intimacy needs ($r=-0.38$, $P<0.01$). Hierarchical regression showed that vaginismus pain severity explained 27.9% of the variance in the first step. Adding sexual self-objectification in the second step increased the explained variance to 48.5% ($\Delta R^2=0.206$, F-change=86.81, $P<0.01$). Both vaginismus pain severity and sexual self-objectification were significant negative predictors of emotional intimacy needs.

Conclusion: Sexual self-objectification was significantly associated with lower emotional intimacy needs in women with vaginismus. Further research is needed to explore the potential clinical implications of these associations.

Keywords*:* Vaginismus; Emotional intimacy, Sexual self-objectification; Body image, Marital relationships

Introduction

Vaginismus is categorized under Genito-Pelvic Pain/Penetration Disorders (GPPPD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). It is a debilitating psychosexual condition characterized by recurrent or persistent involuntary spasms of the pelvic floor muscles, making vaginal penetration painful or impossible (1). Beyond its physiological manifestations, vaginismus imposes a profound psychological burden on affected women, often leading to significant distress, diminished self-esteem, and severe relationship friction (2). The psychosocial impact of this disorder is particularly pronounced among married female college students. This specific demographic navigates a complex transitional phase, balancing the rigorous demands of higher education with the cultural and interpersonal expectations of early marriage (3). For these young women, the inability to consummate the marriage or engage in pain-free intercourse often results in overwhelming feelings of inadequacy, guilt, and fear of marital dissolution (4). The chronic stress associated with academic performance, coupled with the stigma and silence surrounding sexual dysfunctions, places these students in a highly vulnerable position, severely compromising their overall psychological well-being and relational harmony (5).

Emotional intimacy needs are at the core of a thriving marital relationship, and they are operationally defined here as the perception of closeness, mutual understanding, and the ability to share deep personal feelings and vulnerabilities with a partner (6). This construct is distinct from broader marital intimacy or overall relationship satisfaction, focusing specifically on the emotional dimension of relational expectations and needs. Emotional intimacy needs serve as a critical buffer against marital distress. However, in the presence of vaginismus, this intimate connection is frequently disrupted. The persistent cycle of pain, avoidance, and frustration can create an emotional distance between partners, shifting the focus of the relationship from mutual affection to sexual dysfunction (7).

To understand the cognitive and emotional barriers that may undermine emotional intimacy needs in women with vaginismus, it is essential to examine the role of sexual self-objectification (SSO). Rooted in Objectification Theory, sexual self-objectification occurs when individuals internalize an observer's perspective of their own bodies, treating themselves as objects to be evaluated rather than subjects of their own experiences (8). During intimate encounters, this may theoretically manifest as "spectatoring"—a hypothesized cognitive distraction in which a woman becomes hyper-focused on her body's appearance or its perceived failure to function as expected, rather than immersing herself in the emotional and sensory experience of the moment (9). In the specific context of vaginismus, spectatoring may be particularly relevant, as the anticipation of pain and the experience of involuntary muscle responses could intensify body-focused attention beyond the levels typically observed in general sexual anxiety.

A growing body of literature highlights the deleterious effects of self-objectification on women's sexual well-being. Previous studies have demonstrated that high levels of SSO are associated with increased sexual anxiety, decreased sexual arousal, and lower overall sexual satisfaction (10). When women chronically monitor their bodies during intimacy, they may experience a disruption in the cognitive-affective flow required to maintain emotional closeness with their partners (11). In the specific context of vaginismus, women may be highly susceptible to elevated levels of sexual self-objectification. The inability to experience normative sexual intercourse may lead these women to scrutinize their bodies, viewing them in ways that emphasize perceived limitations rather than overall functioning (12). This intense self-surveillance and associated feelings of shame may theoretically exacerbate physiological responses associated with vaginismus and create a psychological barrier that limits genuine emotional exchange and vulnerability with their husband (13).

Although prior research has examined physiological and broad psychological correlates of vaginismus, relatively few studies have directly investigated the specific cognitive mechanism of sexual self-objectification in relation to emotional intimacy needs within this population (14). Addressing this gap is of clinical relevance since if SSO is identified as a significant negative predictor of emotional intimacy needs, it may inform the development of more targeted therapeutic approaches for vaginismus (15). Mental health professionals and sex therapists could consider integrating strategies aimed at reducing body surveillance, thereby potentially fostering greater psychological presence and emotional connection (16). Furthermore, focusing on married college students provides valuable insights into a demographic that may benefit from tailored, culturally sensitive psychological support to navigate the dual pressures of academic and marital life.

Therefore, the present study aimed to investigate sexual self-objectification as a predictor of emotional intimacy needs among married female college students diagnosed with vaginismus. Specifically, it was hypothesized that (1) higher levels of vaginismus-related pain would be significantly associated with lower emotional intimacy needs, and (2) higher levels of sexual self-objectification would be significantly associated with lower emotional intimacy needs, even after controlling for pain severity.

Methods

Design

The current research utilized a quantitative, descriptive-correlational design consistent with the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines for cross-sectional observational studies.

Participants

The statistical population comprised all married female university students diagnosed with vaginismus who were enrolled at the Islamic Azad University, Najafabad Branch, during the academic year 2024–2025. An a priori power analysis was conducted using G*Power 3.1 to determine the required sample size for hierarchical multiple regression. Assuming a medium effect size (f^2=0.15), α=0.05, power=0.95, and two predictors, the minimum sample size needed was 107. To enhance robustness and account for potential incomplete responses, a final sample of 220 participants was selected via convenience sampling.

The inclusion criteria required participants to be legally married, currently cohabiting with their husband, actively enrolled as students at the specified university branch, and to meet DSM-5 diagnostic criteria for Genito-Pelvic Pain/Penetration Disorder (vaginismus subtype). Diagnosis was confirmed through a two-step process: (1) initial self-report of symptoms consistent with recurrent involuntary pelvic floor muscle spasms interfering with vaginal penetration, and (2) clinical verification by a licensed psychologist or gynecologist affiliated with the university's student counseling center, who reviewed symptom history against DSM-5 criteria. Self-report alone was not considered sufficient for inclusion.

The exclusion criteria involved having severe comorbid psychiatric disorders (such as psychosis or severe major depressive disorder), currently undergoing any form of pharmacological, psychological, physical, or psychosexual therapy for sexual dysfunction or related conditions, or submitting incomplete questionnaires.

Ethical considerations

All participants provided informed written consent prior to their inclusion, ensuring they fully understood the research objectives. Furthermore, the confidentiality of their responses was strictly maintained by using anonymized coding, and they were explicitly informed of their right to withdraw from the investigation at any time without any negative consequences. The study protocol received approval from the Research Ethics Committee of Islamic Azad University, Najafabad Branch (Approval Code: IR.IAU.NAJAFABAD.REC.1404.049).

Procedure

Following the approval of the research protocol by the institutional ethics committee, the data collection phase was initiated. The researcher collaborated with the university's student counseling center and relevant online student networks to identify and invite eligible participants. Potential participants were provided with a secure, anonymous link to the digital survey platform, alongside a comprehensive preamble detailing the study's purpose and assuring utmost privacy given the sensitive nature of the topic. The assessment battery took approximately 15 to 20 minutes to complete. Throughout the data collection process, the researcher remained accessible via a dedicated email address to address any queries or concerns raised by the respondents, ensuring a supportive environment for participation.

Instruments

Vaginismus Diagnostic Questionnaire (VDQ): The severity of vaginismus symptoms was assessed using the 17-item VDQ (17). This self-report inventory encompasses four distinct subscales: sexual distress, inappropriate feelings during intercourse, unfavorable background conditions, and fear of sex. Responses are recorded on a five-point Likert scale ranging from 1 (not at all) to 5 (a lot). Consequently, the total score ranges between 17 and 85, with higher scores indicating more acute and severe symptomatology. In the present study, "vaginismus pain severity" was operationalized as the total VDQ score (range 17–85), which integrates items reflecting pain-related distress, fear, and interference across all subscales. No separate single-item pain measure was used. The Persian version of this tool has exhibited robust psychometric properties, demonstrating strong construct validity (KMO=0.81, $P < 0.05$). Furthermore, the original developers reported a high internal consistency with a Cronbach's alpha of α=0.91.

Marital Intimacy Needs Questionnaire (MINQ): To evaluate the criterion variable, researchers utilized the emotional intimacy dimension of the MINQ (18). While the comprehensive MINQ contains 44 items spanning nine relational domains, the current study exclusively employed the five-item emotional intimacy needs subscale (items 1 through 5). Participants rated their emotional intimacy needs and expectations on a ten-point Likert scale, from 1 (not a strong need at all) to 10 (an extremely strong need). Higher aggregate scores reflect elevated emotional intimacy expectations within the marital context. Prior validations in Iranian samples have yielded Cronbach's alpha coefficients ranging between 0.82 and 0.93 (19). In the present investigation, the internal consistency for this specific subscale was excellent, yielding a Cronbach's alpha of α=0.87.

Self-Objectification Questionnaire (SOQ): The predictor variable was quantified using the ten-item SOQ developed by Noll and Fredrickson (20). Although the original SOQ used a ranking procedure, the present study employed a widely used Likert-scale adaptation. Respondents rated the personal importance of each of the

ten attributes (five appearance-based and five competence-based) on a ten-point scale ranging from 1 (not at all important) to 10 (extremely important). The total self-objectification score was calculated as the sum of the importance ratings of all ten attributes (possible range 10–100), with higher scores indicating greater overall emphasis on physical attributes consistent with self-objectification. This scoring method was selected for ease of online administration and is consistent with previous Iranian adaptations of the scale. It should be noted that the SOQ assesses general trait self-objectification rather than a domain-specific sexual self-objectification construct. Its use in the present study is justified as a proxy measure, given substantial empirical evidence linking general self-objectification to body surveillance and spectatoring during intimate encounters (9, 10). Previous Iranian adaptations of the SOQ established an acceptable reliability of $\alpha=0.80$ (21), and the current research confirmed this strong internal consistency with a Cronbach's alpha of $\alpha=0.82$.

Data Analysis

Data analysis was conducted utilizing the Statistical Package for the Social Sciences (SPSS), version 26. Initially, descriptive statistics, including means, standard deviations, frequencies, and percentages, were employed to summarize the demographic characteristics and main variables. Prior to inferential testing, the assumptions of parametric statistics were evaluated. Although the Kolmogorov–Smirnov (K-S) test is commonly used, the Shapiro–Wilk (S-W) test is generally preferred for samples of this size. Consequently, we performed both tests. P-values for vaginismus pain were $Z=1.684$, $p=.194$ (K–S) and $W=.987$, $p=.062$ (S–W). For sexual self-objectification, values were $Z=1.809$, $p=.165$ (K–S) and $W=.985$, $p=.041$ (S–W), and for emotional intimacy needs, $Z=1.066$, $p=.206$ (K–S) and $W=.991$, $p=.178$ (S–W). Since skewness and kurtosis values remained within ±1 and the majority of tests supported approximate normality, parametric analyses were retained. The assumption of multicollinearity was checked using Tolerance and Variance Inflation Factor (VIF) indices. To test the research hypotheses and determine the bivariate relationship between sexual self-objectification and emotional intimacy needs, the Pearson correlation coefficient was utilized. Subsequently, hierarchical multiple linear regression analysis was performed to evaluate the predictive role of sexual self-objectification in emotional intimacy needs while controlling for vaginismus pain severity. The level of statistical significance for all tests was set at $P<0.05$.

Results

The present study included a final cohort of 220 married female university students who met all inclusion criteria. The participants' age ranged from 20 to 35 years, yielding a mean age of 26.4 years (SD=4.2). Additionally, the average duration of their marriage was 4.1 years (SD=2.3). In terms of academic standing, 137 participants (62.3%) were undergraduate students, 65 (29.5%) were enrolled in master's programs, and 18 (8.2%) were pursuing doctoral degrees. All participants had received a clinically verified diagnosis of vaginismus consistent with DSM-5 criteria for Genito-

Pelvic Pain/Penetration Disorder, as detailed in the Methods section.

Table 1 presents the descriptive statistics—including the mean, standard deviation, skewness, and kurtosis—alongside the results of the normality tests for the main research variables. The skewness and kurtosis values for all variables fell within the acceptable range of -1 to $+1$, suggesting an approximately normal distribution curve. Exact p-values from both the Kolmogorov–Smirnov and Shapiro–Wilk tests are reported in Table 1. The majority of the results supported the assumption of approximate normality, justifying the use of parametric statistical tests.

Table 1. Descriptive statistics and normality tests for study variables

Variables	Mean	SD	Skewness	Kurtosis	K-S (Z)	K-S (P)	Shapiro–Wilk (W)	Shapiro–Wilk (P)
Vaginismus pain symptoms	52.40	8.15	0.41	-0.28	1.684	0.194	0.987	0.062
Sexual self-objectification	52.18	11.36	0.23	0.19	1.809	0.165	0.985	0.041

Emotional intimacy needs	38.76	7.92	-0.35	0.47	1.066	0.206	0.991	0.178

K-S=Kolmogorov–Smirnov Test

The bivariate relationships among the study variables were examined utilizing the Pearson correlation coefficient, with the findings detailed in Table 2. The analysis revealed a significant positive correlation between vaginismus pain symptoms and sexual self-objectification (r=0.42, P<0.01). Conversely, emotional intimacy needs demonstrated a significant negative correlation with both vaginismus pain symptoms (r=−0.51, P<0.01) and sexual self-objectification (r=−0.38, P<0.01). These results indicate that higher levels of pain and sexual self-objectification are statistically associated with lower emotional intimacy needs among the participants.

Table 2. Pearson correlation matrix of the study variables

Variables	1	2	3
1. Vaginismus pain symptoms	1		
2. Sexual self-objectification	0.42**	1	
3. Emotional intimacy needs	-0.51**	-0.38**	1

**: P<0.01.

To investigate the predictive role of vaginismus pain and sexual self-objectification in emotional intimacy needs, a hierarchical multiple linear regression analysis was conducted (Table 3). Prior to interpretation, assumption checks were performed. The Durbin–Watson statistic was 1.62, which falls within the conventional acceptable range of approximately 1.5–2.5 and supports the assumption of residual independence. Visual inspection of residual plots further indicated no substantial autocorrelation or heteroscedasticity. Multicollinearity diagnostics showed Tolerance=0.824 and VIF=1.214 for both predictors, which are well below conventional thresholds of concern (Tolerance < 0.10 or VIF > 10), and confirm the absence of problematic multicollinearity.

In the first step, vaginismus pain was entered into the model and accounted for 27.9% of the variance in emotional intimacy needs (R^2=0.279, F=84.36, P<0.001). In the second step, the addition of sexual self-objectification significantly improved the model, increasing the explanatory power to 48.5% of the total variance (R^2=0.485, ΔR^2=0.206, F-change=86.81, P<0.001; overall F=102.19, P<0.001). The standardized beta coefficients in the final model indicated that both vaginismus pain (β=−0.34, t=−8.42, P<0.001) and sexual self-objectification (β=−0.33, t=−8.10, P<0.001) were significant, independent negative predictors of emotional intimacy needs.

Table 3. Hierarchical multiple regression analysis predicting emotional intimacy needs

Model / Predictors	B	SE	β	t	P	R^2	ΔR^2	F / F-change
Step 1								
Constant	20.47	0.71	-	28.78	0.001	0.279	0.277	F=84.36
Vaginismus pain	-0.11	0.01	-0.52	-11.77	0.001			
Step 2								
Constant	25.16	0.74	-	33.98	0.001	0.485	0.206	F-change= 86.81; overall F=102.19
Vaginismus pain	-0.07	0.009	-0.34	-8.42	0.001			
Sexual self-objectification	-0.05	0.009	-0.33	-8.10	0.001			

Discussion

The primary objective of the present study was to examine the associations of vaginismus-related pain and sexual self-objectification with emotional intimacy needs among married female college students. The results revealed a robust and significant negative association between the severity of vaginismus pain and the degree of emotional intimacy needs reported by the participants. Rather than merely presenting a localized physiological challenge, vaginismus may function as a systemic stressor within the marital relationship. As the anticipation and experience of physical pain increase, intimate encounters may shift from opportunities for mutual bonding into sources of anxiety, frustration, and eventual avoidance. This pattern of avoidance may not remain confined to the sexual realm; it could permeate the broader relational dynamic, potentially contributing to diminished physical affection, communication difficulties, and emotional distance between partners. The distress associated with repeated painful experiences may undermine the psychological safety that facilitates deep emotional connection. These findings are consistent with the research conducted by Sahoo and Biswas (2), who demonstrated that genito-pelvic pain disorders are associated with reduced interpersonal communication and mutual emotional closeness. Similarly, Eserdag et al. (22) found that chronic dyspareunia and vaginismus are independent correlates of emotional detachment and marital dissatisfaction.

Our analysis also indicated a significant negative association between sexual self-objectification and emotional intimacy needs, highlighting a potential psychological correlate of reduced relational health. When women internalize an observer's perspective of their physical selves—evaluating their bodies primarily for appearance rather than internal experience or functionality—they may experience chronic cognitive load and body-related distress. This internalized surveillance may theoretically manifest during intimate moments as "spectatoring," a process in which the individual is mentally detached and focused on self-monitoring rather than engaging authentically with a partner. Genuine emotional intimacy needs fundamentally require vulnerability, psychological presence, and a reciprocal focus on shared subjective emotions. The cognitive distraction and associated self-conscious emotions linked to self-objectification may interfere with these processes, potentially leading women to withdraw emotionally. This interpretation aligns with the foundational theories of Fredrickson and Roberts (23), who proposed that self-objectification is associated with diminished subjective well-being and relational depth. More recently, empirical investigations by Kahalon et al. (10) have shown that higher levels of sexual self-objectification in women are correlated with lower relational satisfaction and reduced emotional intimacy.

Crucially, the hierarchical regression indicated that sexual self-objectification accounted for unique variance in emotional intimacy needs beyond the contribution of vaginismus pain. This finding suggests a

possible synergistic pattern in which women experiencing both higher pain severity and higher self-objectification report particularly low emotional intimacy needs. Not only may these individuals contend with the physical discomfort and involuntary muscle responses characteristic of vaginismus, but also they may experience an intensified sense of inadequacy when they tend to objectify themselves. The combination of somatic difficulty and self-surveillance may create conditions less conducive to vulnerability. This pattern is consistent with findings reported by Vakilian et al. (24) and Velayati et al. (25), who observed that women with sexual pain disorders who also report elevated body-related distress tend to show lower levels of marital intimacy and quality of life.

The theoretical and clinical implications of these findings should be interpreted cautiously given the study design. Traditionally, clinical interventions for vaginismus have emphasized physiological and behavioral treatments, such as pelvic floor physical therapy and the gradual use of vaginal dilators. While these approaches remain foundational, the present results suggest that attention to cognitive factors such as self-objectification may complement existing treatments. Therapeutic frameworks that help women reduce habitual body surveillance, cultivate greater embodiment, and foster self-compassion could theoretically support emotional connection. Of course, such possibilities require direct empirical evaluation in intervention studies.

Despite these insights, several important limitations must be acknowledged. First, the cross-sectional design in the present study precludes any causal inferences; the observed associations may reflect bidirectional or reciprocal processes, or the influence of unmeasured third variables. Second, all data were collected via self-report measures completed by the female participants alone, raising the possibility of common-method variance and social-desirability bias. Third, no partner data were obtained; dyadic perspectives on intimacy, communication, and relationship quality remain unknown and may substantially alter the interpretation of the findings. Fourth, potentially relevant confounding variables—such as depressive symptoms, general relationship satisfaction, partner responses to the sexual difficulty, anxiety, and cultural attitudes toward sexuality—were not assessed. Finally, the reliance on a convenience sample of university students from a single institution limits generalizability to broader populations of women with vaginismus, including those with lower educational attainment, different cultural backgrounds, or greater symptom chronicity. Future longitudinal and dyadic research that incorporates multi-method assessment and controls for alternative explanations is needed to clarify the temporal and interpersonal dynamics suggested by the present associations.

Conclusion

The present study found that both vaginismus-related pain and sexual self-objectification were significantly and independently associated with lower emotional intimacy needs among married female college students. The findings are consistent with the possibility that the combination of genito-pelvic pain and elevated self-objectification may be linked to greater emotional distance within the marital relationship. Women reporting higher levels of both factors may experience heightened cognitive distraction and self-conscious emotions that coincide with reduced emotional closeness. These results underscore the potential value of considering cognitive and body-image factors alongside physiological symptoms in the conceptualization of vaginismus-related relational difficulties. To more fully understand and address these associations, future clinical and research efforts would benefit from multidisciplinary approaches that examine both somatic and psychological processes within a dyadic framework.

Footnotes

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Reference

1. Zarski AC, Baumeister H, Kählke F. DSM-5 genito-pelvic pain/penetration disorder: Prevalence, comorbidities, and associated factors in university students. *Int J Clin Health Psychol.* 2025;25(1):100529. https://doi.org/10.1016/j.ijchp.2024.100529. [PMID]

2. Sahoo MK, Biswas H. Unraveling the Complexity of Vaginismus in Marital Relationship: A Case Series. *Cureus*. 2024;16(11):e73414.https://doi.org/10.7759/cureus.73414. [PMID]

3. Tehranchi F, Merghati Khoei E, Mirhashemi M, Abolmaali Alhosseini K. The Effect of Systemic Sex Therapy on Patient Attitudes toward Vaginal Penetration Disorder in Patients with Vaginismus. *Jundishapur J Health Sci*. 2025;17(4):27–37. https://doi.org/10.22118/jjhs.2025.538897.1015

4. Raveendran AV, Rajini P. Vaginismus: Diagnostic Challenges and Proposed Diagnostic Criteria. *Balkan Med J*. 2024;41(1):80–2. doi: 10.4274/balkanmedj.galenos.2023.2022-9-62. [PMID]

5. Sahoo S, Koner S, Arora A, Joshi B, Mishra E, Grover S. Interdisciplinary management of vaginismus: Case series on psycho-behavioral interventions by mental health and gynecological teams. *Indian J Psychiatry*. 2025;67(10):996–1000. https://doi.org/10.4103/indianjpsychiatry_757_25. [PMID]

6. Rosen NO, Bergeron S. Genito-Pelvic Pain Through a Dyadic Lens: Moving Toward an Interpersonal Emotion Regulation Model of Women's Sexual Dysfunction. *J Sex Res*. 2019;56(4-5):440–61. https://doi.org/10.1080/00224499.2018.1513987. [PMID]

7. Chisari C, Monajemi MB, Scott W, Moss-Morris R, McCracken LM. Psychosocial factors associated with pain and sexual function in women with Vulvodynia: A systematic review. *Eur J Pain*. 2021;25(1):39–50. https://doi.org/10.1002/ejp.1668. [PMID]

8. Levesque RJR. Objectification Theory. In: Levesque RJR, editor. *Encyclopedia of Adolescence*. Cham: Springer International Publishing; 2016. p. 1–3.

9. Kahalon R, Klein V. Self-Objectification and Sexuality: A Systematic Scoping Review. *J Sex Res*. 2025;62(9):1722–43. https://doi.org/10.1080/00224499.2025.2552910. [PMID]

10. Kahalon R, Klein V, Alon S, Shnabel N. Self-objectification and sexual dysfunction among women: Testing and extending objectification theory. *Eur J Soc Psychol*. 2024;54(4):878–91. https://doi.org/10.1002/ejsp.3056

11. Grower P, Ward LM. Differentiating contributions of self-objectification and self-sexualization to young women's sexual agency. **Body Image**. 2021;38:63–71. https://doi.org/10.1016/j.bodyim.2021.03.005. [PMID]

12. Zulfikaroglu E. Vaginismus treatment: a systematic review and meta-analysis of contemporary therapeutic approaches. **J Sex Med**.2026;23(1). https://doi.org/10.1093/jsxmed/qdaf295.

13. Wollast R, Coertjens L, Bernard P, Talmon A, Gross JJ, Klein O. Self-Objectification, Body Surveillance, and Body Shame Across Countries: A Comparison Between US, UK, Belgian, Israeli, and Thai Women. **Psychol Belg**. 2026;66(1):32–46. https://doi.org/10.5334/pb.1387. [PMID]

14. Haikalis M, Jaffe AE, Koziol N, Gervais SJ, DiLillo D. Development and validation of the Sexual Self-Objectification Scale. **J Couns Psychol**. 2025;72(5):538–51. https://doi.org/10.1037/cou0000808. [PMID]

15. Winn L, Cornelius R. Self-Objectification and Cognitive Performance: A Systematic Review of the Literature. **Front Psychol**. 2020;11:20. https://doi.org/10.3389/fpsyg.2020.00020. [PMID]

16. Ciaurriz Larraz AM, Villena Moya A, Chiclana Actis C. Mindfulness-based intervention and sexuality: a systematic review. **Trends Psychiatry Psychother**. 2024;46:e20210459. https://doi.org/10.47626/2237-6089-2021-0459. [PMID]

17. Reisy L, Ziaee S, Mohamad E, Haji Zade E. Designing a Questionnaire for Diagnosis of Vaginismus and Determining its Validity and Reliability. **J Mazandaran Univ Med Sci**. 2015;25(125):81–94.

18. Bagarozzi DA. Marital Intimacy Needs Questionnaire: Preliminary report. **Am J Fam Ther**. 1997;25(3):285–90.

19. Pasha H, Basirat Z, Esmailzadeh S, Faramarzi M, Adibrad H. Marital Intimacy and Predictive Factors Among Infertile Women in Northern Iran. *J Clin Diagn Res*. 2017;11(5):QC13–QC17. [PMID]

20. Noll SM, Fredrickson BL. A mediational model linking self-objectification, body shame, and disordered eating. *Psychol Women Q*. 1998;22(4):623–36.

21. Sobhani N, Niknam M. Relationship Between Self-objectification and Social Anxiety in Adolescent Girls: Mediating Role of Self-worth and Concern About Body Image. *Iran J Psychiatry Behav Sci*. 2025;19(2):e145500.

22. Eserdag S, Ezberci Akgün M, Şükrü Gürbüz F. Outcomes of Vaginismus Therapy Assessed by Penetrative Intercourse, Psychiatric Symptoms, and Marital Satisfaction. *J Sex Marital Ther*. 2023;49(4):412–9. https://doi.org/10.1080/0092623x.2022.2127384. [PMID]

23. Fredrickson BL, Roberts TA. Objectification Theory: Toward understanding women's lived experiences and mental health risks. *Psychol WomenQ*.1997;21(2):173–206. https://doi.org/10.1111/j.1471-6402.1997.tb00108.x

24. Vakilian K, Zarei F, Ziaei T, et al. Mental Health in Women with Vaginismus: A Comparative Study. *Open Public Health J*. 2022;15:e187494452211141. doi: 10.2174/18749445-v15-e2211140.

25. Velayati A, Jahanian Sadatmahalleh S, Ziaei S, Kazemnejad A. The role of personal factors in quality of life among Iranian women with vaginismus: a path analysis. *Health Qual Life Outcomes*.2021;19(1):166. https://doi.org/10.1186/s12955-021-01799-5