Archives of Psychiatry and Psychotherapy, 2026; 1: 29–44

10.12740/APP/219978

Emotional intelligence as a factor in the effectiveness of psychotherapy for sexual dysfunctions

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Abstract:

The study aimed to identify the key dependencies between the level of emotional intelligence of patients and the effectiveness of psychotherapy for sexual dysfunctions, as well as to determine practical approaches to improving the therapeutic process with this factor in mind. A study was conducted based on psychotherapeutic centres in the cities of Kyiv and Lviv in the period from September to December 2024. The research methodology included the use of emotional intelligence testing using the Mayer-Salovey-Caruso Emotional Intelligence Test, 12 weeks of psychotherapy, including cognitive-behavioural and emotionally focused therapy, questionnaires using scales for assessing female and male sexual function, emotional regulation difficulties, self-compassion and empathy, as well as interviews and focus groups with psychotherapists (10 specialists, divided in 2 groups, each consisting of 5). The participants of the study were 60 patients (30 men and 30 women) aged 25 to 50 years with diagnosed sexual dysfunctions. They were divided into two groups according to the results the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT), namely Group A (n=30) with a high level of emotional intelligence, and Group B (n=30) with a low level of emotional intelligence. The average increase in scores on the female sexual function scale for women in group A was +3.1, while for women in group B it was only +1.4; similarly, the increase in scores on the male sexual function scale for men in group A was +4.2 points, and for men in group B +1.9 points. Difficulties in emotional regulation decreased in 92% of participants with high emotional intelligence, while in group B, this figure was only 47%. The interviews confirmed a higher level of adaptability and effectiveness of emotional response in patients with high emotional intelligence. The results obtained indicate that emotional intelligence is a significant factor in the effectiveness of psychotherapy in sexual dysfunctions.

therapy; erectile dysfunction; anorgasmia; hypoactive sexual desire disorder; premature ejaculation

INTRODUCTION

The study of emotional intelligence as a factor in the effectiveness of psychotherapy for sexual dysfunctions is of particular importance due to the growing number of referrals with similar problems and the need to increase the effectiveness of psychological assistance. The level of development of emotional intelligence determines a person's ability to interact effectively with a partner, to determine emotional triggers and to form a positive emotional background, which are substantial conditions for successful psychotherapy. The study of this issue contributes to the improvement of psychotherapeutic approaches aimed to harmonise the emotional sphere and improving the quality of life of people with sexual dysfunctions. The study of

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the problem of the influence of emotional intelligence on the effectiveness of psychotherapy for sexual dysfunctions was based on scientific works. Many studies addressed this topic and identified different views on it. For instance, Chernyavska et al. [1] studied sexual satisfaction as a factor of psychological well-being, emphasising its connection with emotional regulation and self-esteem, which are substantial components of emotional intelligence. The study also noted that the level of sexual satisfaction can affect the overall psycho-emotional stability of an individual. The study emphasised the need for further research into the mechanisms of emotional regulation in the context of sexual health.

The relationship between emotional intelligence and self-realisation in wartime was studied by A. Hocher et al. [2], noting that a high level of emotional competence contributed to better adaptation to traumatic events. The study also emphasised the importance of teaching self-reflection and emotional self-control skills to improve the quality of life of war survivors. A. Ivanchenko et al. [3] studied the relationship between psycho-emotional well-being and personal qualities of Ukrainian youth, outlining ways to overcome emotional difficulties, which is a substantial aspect of psychotherapy. The study determined that the development of emotional intelligence positively correlates with the level of stress resistance and adaptive abilities of young people. The study also emphasised the need to introduce educational programmes to develop emotional literacy.

The development of emotional intelligence was addressed by V. Mendelo et al. [4] as a means of preventing addiction syndromes, emphasising its role in regulating behavioural and psychological aspects of the individual. The study noted that insufficient emotional regulation can contribute to the formation of destructive behavioural patterns, including addictions. The study proposed psychotherapeutic strategies aimed to increase self-reflection and emotional awareness. N. Pylypenko et al. [5] studied approaches to the diagnosis, psychotherapy, and neuropsychocorrection of emotional disorders in psychosomatic illnesses, which confirmed the effectiveness of integrated methods in psychotherapeutic practice. The study noted that the use of cognitive behavioural therapy in combination with emotional regulation methods significantly improves treatment outcomes. L. Spytska [6] conducted a clinical study of psychocorrection of male sexual dysfunctions in Ukraine, noting that the effectiveness of psychotherapy depended largely on emotional regulation. The study emphasised that patients with a higher level of emotional awareness responded better to therapeutic interventions and showed faster improvement. A gap in the above studies was the lack of empirical research comparing the effectiveness of cognitive behavioural therapy and emotionally focused therapy in the context of sexual dysfunction treatment.

The study aimed to identify the key links between the level of emotional intelligence of patients and the effectiveness of psychotherapy for sexual dysfunctions to develop practical recommendations for professionals. The objectives of the study were to analyse the impact of the level of emotional intelligence on the dynamics of patients' psycho-emotional state during therapy, to study the experience and approaches of psychotherapists to working with patients with different levels of emotional competence, and to formulate practical recommendations for improving the effectiveness of psychotherapy, incorporating emotional intelligence of clients.

MATERIALS AND METHODS

The study of the impact of emotional intelligence on the effectiveness of psychotherapy for sexual dysfunctions is based on a comprehensive approach that includes an experimental study, questionnaires, focus groups with psychotherapists, and the development of recommendations. The study was conducted at psychotherapy centres: the Dr Zhyvago Clinic for Psychiatry and Psychotherapy (Kyiv) and the Verde Psychotherapy Centre (Lviv) between September and December 2024. The experimental study used various methods of data collection, including questionnaires and interviews, each with its specifics and purpose. The questionnaires (Appendices A, B) was conducted without preliminary division into groups, as this method prioritised expanded perception of personal experiences and changes in the emotional state of participants, which did not require preliminary classification. This ap-

proach provided diverse data that complemented the results of quantitative methods and assessed the effectiveness of therapy for different groups of patients in more detail. At the same time, the interviews were divided into groups depending on the level of emotional intelligence, where these characteristics were substantial for comparing the results.

The participants of the study were 60 patients (30 men and 30 women) aged 25 to 50 years with diagnosed sexual dysfunctions (erectile dysfunction, anorgasmia, hypoactive sexual desire disorder, and premature ejaculation) Before therapy, all participants were tested for emotional intelligence (EI) using the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) [7], which assesses the perception, use, awareness, and regulation of emotions. According to the test results, patients were divided into two groups, namely Group A (n=30) with a high level of emotional intelligence, and Group B (n=30) with a low level of emotional intelligence. The data were collected using standardised questionnaires, interviews and focus groups conducted offline in psychological centres with the voluntary participation of patients. For the statistical analysis of the results before and after therapy, the paired Student's t-test was used, which determined statistically significant differences between the mean values within each group and between groups.

Both groups underwent a 12-week course of psychotherapy, which included cognitive behavioural therapy (CBT) and emotion-focused therapy (EFT). The sessions were held once a week (12 sessions in total). The Female Sexual Function Index (FSFI) [8] for women and the International Index of Erectile Function (IIEF) [9] for men were used to assess the effectiveness of therapy. To avoid overloading the questionnaires, the study included 10 key questions from each index that assess sexual function, emotional comfort, and relationship satisfaction (Appendix A). All questions were scored on a 5-point scale (from 1 "never" or "completely dissatisfied" to 5 "always" or "completely satisfied").

The survey (Appendices A, B) was conducted before the start of therapy (for baseline assessment) and after completion of the 12-week course (to analyse the dynamics of changes). Participants filled out the questionnaires online through secure platforms (Qualtrics, Google Forms). Before filling out the questionnaires, each patient was provided with instructions, and if necessary, the study psychologist explained unclear points. The questionnaire included three standardised methods, from which 5 key statements from each scale were selected for the study, which most fully reflect the aspects relevant to the topic (Appendix B). The study used the Interpersonal Reactivity Index (IRI) [10], Self-Compassion Scale Short Form (SCS-SF) [11] and Difficulty in Emotion Regulation Scale (DERS) [12].

As part of this method, semi-structured interviews with 60 patients (30 people in each group, a group with high emotional intelligence and a group with low emotional intelligence) were conducted. The interviews included 12 questions (Appendix C) aimed to assess the emotional state, level of emotional regulation, and self-awareness of the participants before and after therapy. Each interview was conducted individually, and respondents provided only one answer to each question. This collected specific information from each patient to compare changes after therapy. As the interviews were conducted separately for each participant, this was used for detailed insights into changes in their emotional state, which complemented the results of other data collection methods.

In addition, focus groups with psychotherapists were held. The discussion involved 10 specialists (5 in each group), aged 32 to 55 years, with 7 to 20 years of experience in the field of psychotherapy of sexual dysfunctions. The specialists were divided into two groups based on the patients' group. The focus groups lasted 90 minutes and covered various topics, including the difficulties of working with patients with low levels of emotional intelligence, methods of increasing emotional regulation in psychotherapy, and the impact of emotional competence on the therapeutic process. Based on the data obtained, practical recommendations for psychotherapists have been developed. Thus, the application of an integrated approach not only assessed the relationship between emotional intelligence and the effectiveness of psychotherapy but also developed specific recommendations for improving therapeutic methods. The study complied with the provisions

of the American Sociological Association Code of Ethics [13].

RESULTS

Evaluation of the influence of emotional intelligence on the dynamics of patients' psycho-emotional state during therapy

In psychotherapeutic practice, it is becoming increasingly relevant to study not only the cognitive and behavioural characteristics of the patient, but also emotional sphere. Emotional intelligence is one of the key psychological factors that significantly affect the course and effectiveness of the therapeutic process. Developed emotional intelligence contributes to greater openness to change, adaptability and emotional self-reflection, which are critical in the context of psychotherapy. Emotional intelligence is of particular importance when working with patients who have sexual dysfunctions, i.e., disorders in sexual functioning that can be both psychogenic and psychophysiological in nature [14]. Such dysfunctions include erectile dysfunction, anorgasmia, hypoactive sexual desire disorder, and premature ejaculation. Sexual problems are often accompanied by emotional anxiety, low self-esteem, feelings of shame, and interpersonal conflicts [15, 16]. In this regard, the effectiveness of therapy largely depends not only on the choice of psychotherapeutic model, but also on the patient's emotional capacity to cooperate in the treatment process. Psychotherapy for sexual dysfunctions includes several methods, among which cognitive behavioural therapy and emotionally focused therapy are particularly common [17-19]. Both approaches involve the patient's active involvement in the process of precepting the inner world, emotional reactions, behavioural patterns, and relationships with their partner. In this context, the patient's emotional competence is a relevant factor in therapeutic progress [20]. In particular, the ability to recognise and articulate one's feelings, manage emotional arousal, and formulate requests to a partner greatly facilitates the process of correcting sexual disorders [21-23]. The dynamics of changes in the sexual function of women and men with different levels of emotional intelligence are confirmed by the results of quantitative analysis presented in Tables 1 and 2 (data were obtained by averaging the responses based on FSFI and IIEF questionnaires).

Table 1. Comparison of results before and after therapy for women

Question	Group	Before therapy	After therapy	Changes	Comment
1. How often have you experienced sexual desire?	A	2.3	4.1	1.8	Increase in libido
	B	2.2	3.0	0.8	Noticeable, but less pronounced
2. How high was your sexual arousal during sexual activity?	A	2.5	4.2	1.7	Improved arousal
	B	2.4	3.3	0.9	Gradual improvement
3. How often did you reach arousal during sexual activity or stimulation?	A	2.6	4.0	1.4	Increased sensitivity
	B	2.3	3.1	0.8	Less pronounced improvement
4. How satisfied have you been with your sexual arousal?	A	2.2	4.0	1.8	Increase in pleasure
	B	2.1	3.0	0.9	Easy improvement
5. How often have you been able to reach orgasm?	A	1.8	3.8	2.0	Significant improvement
	B	1.6	2.4	0.8	Visible, but with limitations
6. How difficult was it to reach orgasm?	A	3.2	2.1	-1.1	Improvements to make it easier to achieve
	B	3.4	3.0	-0.4	Smaller changes
7. How painful was your sexual activity?	A	3.5	2.0	-1.5	Reduction of pain
	B	3.6	3.3	-0.3	Slight improvement

8. How satisfied were you with your sex life in general?	A	2.9	4.5	1.6	A big improvement in the quality of life
	B	2.8	3.6	0.8	Moderate improvements
9. How often did you feel emotionally connected to your partner during sexual activity?	A	3.0	4.4	1.4	Improved emotional intimacy
	B	2.9	3.5	0.6	Increase, but less pronounced
10. To what extent did sexual activity bring you emotional relief or relaxation?	A	2.7	4.3	1.6	Increase the feeling of relaxation.
	B	2.5	3.3	0.8	Improved sense of relaxation

Source: compiled by the author.

The women in Group A experienced improvement in sexual function, including libido, arousal, and orgasmic performance. It is reflected by a +3.1 point increase in their FSFI scores. The interviews further confirmed this: women in Group A reported improved emotional intimacy and more open communication with their partners. These patients also expressed greater emotional stability and confidence post-therapy. In contrast, women in Group B, with lower emotional intelligence, showed more moderate improvements, with an average increase of +1.4 points in their FSFI scores. Their interview responses highlighted difficulties in emotional regulation and communication, which may have potentially slowed substantial progress.

Table 2. Comparison of results before and after therapy for men

Question	Group	Before therapy	After therapy	Changes	Comment
1. How often have you been able to achieve an erection during sexual activity?	A	2.4	4.5	2.1	Improved erection ability
	B	2.3	3.2	0.9	Significant improvement, but not as pronounced
2. How confident did you feel in your ability to maintain an erection?	A	2.6	4.4	1.8	Increased confidence
	B	2.5	3.3	0.8	Improved confidence
3. How satisfied were you with the quality of your erection?	A	2.7	4.6	1.9	Increased pleasure in erection
	B	2.6	3.5	0.9	Positive changes, but less pronounced
4. How often have you been able to complete sexual intercourse?	A	2.2	4.3	2.1	Improved ability to finish
	B	2.1	3.1	1.0	Average changes, but positive
5. How often have you experienced pleasure from sexual intercourse?	A	2.5	4.4	1.9	Increased pleasure in sex
	B	2.4	3.3	0.9	Easy improvement
6. How often did you reach orgasm during sexual activity?	A	2.3	4.2	1.9	Improved ability to reach orgasm
	B	2.2	3.1	0.9	Less improvement, but positive changes
7. How emotionally comfortable was your sex life?	A	2.6	4.5	1.9	Improved emotional comfort
	B	2.4	3.3	0.9	Easy increase in emotional comfort
8. To what extent did sexual activity help you feel emotionally close to your partner?	A	2.7	4.3	1.6	Increased emotional intimacy
	B	2.5	3.5	1.0	Improved emotional connection

9. How often have you experienced sexual desire?	A	2.8	4.7	1.9	Increased sexual desire
	B	2.7	3.7	1.0	Gradual improvement
10. How important is a regular sex life to you?	A	2.9	4.6	1.7	Increasing the importance of sexual life
	B	2.8	3.6	0.8	Improved attitude towards sex

Source: compiled by the author.

According to the male sexual function assessment scale (IIEF), men in Group A showed an increase of +4.2 points, while in Group B it was +1.9 points. This demonstrates not only an overall increase in scores, but also a consistent improvement in almost all aspects of sexual functioning: libido, arousal, orgasmic performance, emotional intimacy, etc. After the therapy, women and men in both groups showed an improvement in sexual functioning, as evidenced by both overall scores on standardised scales and local changes in individual questionnaire items. In addition, 92% of participants with a high level of emotional intelligence showed a decrease in emotional regulation difficulties, while in the other group, this figure was only 47%. In-depth testing of the participants confirmed a higher level of adaptability, emotional stability, and effectiveness in responding to sexual and interpersonal challenges in patients with developed emotional intelligence. Thus, the study confirms the importance of emotional intelligence as a key factor in the process of psychotherapy for sexual dysfunctions.

The numerical improvements observed in both women and men align with the narratives provided by patients and therapists. These numerical improvements were further supported by patient interviews, where Group A participants reported better emotional regulation, improved communication with their partners, and enhanced sexual satisfaction. Therapists also noted that patients with higher emotional intelligence engaged more deeply in therapy, resulting in more stable therapeutic outcomes. Meanwhile, interviews of Group B reflected ongoing struggles with emotional regulation, self-awareness, and intimacy, which therapists identified as factors that slowed progress.

Analysis of patients' emotional development and psychotherapists' approaches to working with different levels of emotional competence

In addition to assessing sexual function, the study included an analysis of changes in emotional regulation, empathy, self-awareness, and self-compassion, which traced the broader impact of emotional intelligence on the overall psycho-emotional state of participants. Comparative results of the questionnaire before and after the therapeutic intervention are presented in Table 3.

Table 3. Questionnaire results before and after therapy

Scale	Question	Responses before therapy	Responses after therapy
DERS (Difficulties in emotional regulation)	1. When I am upset, it is difficult to focus on other things	Often – 40%, Rarely – 20%, Sometimes – 40%	Often – 15%, Rarely – 60%, Sometimes – 25%
	2. I feel helpless when faced with negative emotions	Often – 45%, Rarely – 25%, Sometimes – 30%	Often – 20%, Rarely – 55%, Sometimes – 25%
	3. When I am upset, I find it difficult to find ways to calm myself down	Often – 40%, Rarely – 30%, Sometimes – 30%	Often – 25%, Rarely – 50%, Sometimes – 25%
	4. I don't know how to control my emotional reactions	Often – 45%, Rarely – 20%, Sometimes – 35%	Often – 15%, Rarely – 55%, Sometimes – 30%
	5. I avoid situations that cause strong emotions	Often – 50%, Rarely – 20%, Sometimes – 30%	Often – 20%, Rarely – 50%, Sometimes – 30%
SCS-SF (Self-consciousness)	1. I often reflect on my actions and decisions	Often – 35%, Rarely – 10%, Sometimes – 55%	Often – 50%, Rarely – 5%, Sometimes – 45%
	2. I care about how others evaluate my behaviour	Often – 40%, Rarely – 20%, Sometimes – 40%	Often – 30%, Rarely – 15%, Sometimes – 55%
	3. I tend to analyse my emotional reactions	Often – 35%, Rarely – 25%, Sometimes – 40%	Often – 25%, Rarely – 20%, Sometimes – 55%
	4. I am often aware of how I look from the outside	Often – 30%, Rarely – 30%, Sometimes – 40%	Often – 35%, Rarely – 15%, Sometimes – 50%
	5. I care about the impression I make on others	Often – 40%, Rarely – 20%, Sometimes – 40%	Often – 30%, Rarely – 20%, Sometimes – 50%
IRI (Empathy)	1. I can easily imagine how I would feel in another person's situation	Often – 25%, Rarely – 10%, Sometimes – 65%	Often – 35%, Rarely – 15%, Sometimes – 50%
	2. When I see someone in trouble, I feel a strong desire to help	Often – 35%, Rarely – 15%, Sometimes – 50%	Often – 45%, Rarely – 10%, Sometimes – 45%
	3. I often think about how other people feel	Often – 30%, Rarely – 20%, Sometimes – 50%	Often – 40%, Rarely – 10%, Sometimes – 50%
	4. I tend to care about the feelings of others	Often – 35%, Rarely – 10%, Sometimes – 55%	Often – 40%, Rarely – 15%, Sometimes – 45%
	5. I feel an inner response to emotional stories or films	Often – 40%, Rarely – 15%, Sometimes – 45%	Often – 45%, Rarely – 10%, Sometimes – 45%

Source: compiled by the author based on DERS [12], SCS-SF [11], and IRI [10].

A significant proportion of respondents (45%) often felt helpless in the face of negative emotions before therapy, but after completing the course, only 20% continued to feel this way often, while a large group (55%) now reported that they rarely experienced such states. There was also a decrease in the proportion of those who often had difficulty focusing when upset from 40% to 15%, while the proportion who rarely had such difficulties increased from 20% to 60%. Only a small proportion (15%) did not know how to manage emotions after therapy, compared to 45% before therapy. In terms of self-awareness, a large group of participants (50%) often reflected on their actions and decisions after therapy, which indicates an increase in the level of reflection, compared to only 35% before therapy. At the same time, the proportion of those who often worried about others' evaluation decreased (from 40% to 30%), which may indicate a decrease in social control and anxiety. There was also a positive shift in the area of empathy. A large proportion of participants (45%) often felt a strong desire to help others in need after therapy, compared to 35% before therapy. The proportion of those who often worried about the feelings of others increased from 35% to 40%, as well as those who could easily imagine themselves in the shoes of others, from 25% to 35%. This indicates an increase in both cognitive and emotional components of empathy. Thus, the results of the study confirm that psychotherapy, in particular cognitive-behavioural and emotionally focused therapy, has a significant positive impact on the development of emotional intelligence, which in turn contributes to the improvement of sexual function and satisfaction with sexual relationships among patients. The conclusions based on the qualitative analysis of semi-structured interviews with participants are summarised in Table 4.

Table 4. Results of interviews with patients about the impact of emotional intelligence on the therapeutic process

Interview questions	Typical answers of group A (high EI)	Typical answers of group B (low EI)
1. How did you perceive your emotions before starting therapy?	Aware of my emotions, but sometimes unable to control them	I did not understand what I was feeling; my emotions seemed chaotic
2. How has your emotional well-being changed since completing the course?	I feel more stable and confident.	It has become a little easier, but it is still difficult to control reactions.
3. Have you noticed any changes in your communication with your partner?	Communication has become more open, and there is more trust	I often avoid talking about intimate topics, and I am afraid of misunderstandings
4. Have you found it easier to express your emotions in a relationship?	Yes, I can talk about my feelings better	It's still hard, although I'm trying
5. What were the most difficult moments of therapy for you?	Analysis of experience, emotional immersion	Talking about sexuality in general
6. Which therapy techniques or exercises do you remember the most?	Breathing techniques, keeping an emotional diary	Visualisations, trust-building exercises
7. Were there any situations when you consciously applied the skills you learned?	I often use emotional regulation techniques before conflicts	Sometimes I think about them, but under stress, I forget
8. How has your attitude towards your sexuality changed?	More positive, more confident	I feel less shame, but my confidence is not yet stable.
9. What surprised you the most during the therapy?	How much influence do emotions have on intimate life	That I can even talk about it with someone
10. Have you felt an increase in confidence as a partner?	Yes, I have more peace of mind and self-respect	Partially, but there is still internal anxiety

11. What results did you expect, and did they come true?	I expected more understanding of myself and got even more	I did not expect significant changes, but changes are still noticeable
12. Do you think that developing emotional awareness has helped you overcome sexual difficulties	Yes, it was a key factor	Perhaps so, but I haven't learned to use it fully yet

Source: compiled by the author.

According to the results of the interviews, patients with different levels of emotional intelligence demonstrate significant differences in the perception of their emotions, attitudes towards therapy, and the ability to apply the skills they have acquired. Patients with high levels of emotional intelligence report that they are aware of their emotions, although they sometimes have difficulty controlling them. They feel more stable and confident after therapy, with improved communication with their partner and the ability to express their feelings. They also report a significant impact of therapeutic techniques such as breathing exercises and emotional diarying and often use the skills they have learned to regulate emotions in conflict situations. Their attitude towards their sexuality becomes more positive, and their confidence as a partner increase. Patients with a low level of emotional intelligence, in turn, indicate that before therapy, they had difficulty perceiving personal emotions, which seemed chaotic. After completing the course of therapy, they noticed some relief, but still have difficulty controlling their emotional reactions. In communication with their partner, they often avoid intimate topics for fear of misunderstanding, and expressing their feelings is difficult for them. The techniques they remember most include visualisations and trust-building exercises, although they note that in stressful situations, they often forget to use these skills. They feel some increase in confidence in their sexuality, although this process is not yet sustainable. An additional analytical slice was made based on the results of focus groups with practising psychotherapists who shared personal experience and vision of the relationship between patients' emotional intelligence and the effectiveness of therapy. The main generalisations and key points identified during the discussion are presented in Table 5.

Table 5. Results of focus groups with psychotherapists

Topic of discussion	The main thoughts and observations of psychotherapists
1. Difficulties in working with patients with low emotional intelligence	Patients have difficulty identifying and naming emotions; Often demonstrate resistance or avoidance of emotionally significant topics; and have a Slower establishment of therapeutic rapport
2. Methods of improving emotional regulation in psychotherapy	Body-oriented practices, mindfulness, and conscious breathing techniques proved to be the most effective; Emotional diary, and discussion of emotional patterns within the sessions work well
3. The impact of emotional competence on the therapeutic process	Patients with high EI engage in the therapeutic process more quickly; They can reflect on their experiences, formulate goals better and follow recommendations better; Progress is faster
4. The role of the psychotherapist in the development of the patient's emotional awareness	The psychotherapist is not only a specialist but also an emotional "mirror"; It is necessary to demonstrate empathy, normalise emotional reactions and support the development of self-observation
5. The need for an interdisciplinary approach	The need to cooperate with sexologists, emotional coaches, and doctors was expressed; It is necessary to address both psychological and physiological factors of sexual dysfunction

Source: compiled by the author.

Several generalised conclusions can be drawn from the focus group discussions with psychotherapists. A high level of patients' emotional competence contributes to more active participation in therapy, deeper reflection, and better compliance with therapeutic recommendations. Instead, a low level of EI complicates both diagnosis and treatment of emotionally charged topics, which requires additional efforts and adaptation of approaches. The importance of a comprehensive approach that extends the scope of psychological intervention and involves close interdisciplinary cooperation is also substantial.

Practical recommendations for improving the effectiveness of psychotherapy concerning the emotional intelligence of clients

Several practical recommendations were formulated for psychotherapists working with patients with sexual dysfunctions. These recommendations are aimed to increase the effectiveness of the psychotherapeutic process, by addressing the level of EI as a substantial factor influencing the dynamics of changes in patients. Before starting a therapeutic intervention, it is advisable to assess the patient's level of emotional intelligence using standardised methods. This further demonstrated the extent to which a person can recognise, regulate and use emotions, which directly affects the ability to reflect, build an open dialogue and assimilate therapeutic material. Patients with low levels of emotional intelligence often demonstrate a limited capacity for emotional awareness, avoidance of uncomfortable topics, and difficulty expressing feelings. Therefore, in such cases, techniques aimed to develop basic emotional literacy, such as identifying emotions, recognising body signals, and working with emotional vocabulary, are preferred in the beginning. Further layers of psychosexual issues should be addressed only after the initial approach.

The study confirmed the effectiveness of EFT as one of the most productive methods of working with sexual dysfunctions. Its integration into the main therapeutic programme helps not only to work through immediate sexual difficulties but also deepens the patient's ability to emotionally connect with the partner, which in turn has a positive impact on intimate life. It is equally necessary to address the development of empathy in both the patient and the therapist. Patients are advised to implement practices of perceiving the emotions of others, analysing behaviour from the partner's perspective, role-playing, and viewing situations from an alternative point of view. Therapists, on the other hand, should be attentive to the patient's emotional vulnerability, not avoid discussing difficult topics and create a safe space for self-expression. Keeping emotional diaries can significantly increase patients' awareness of their emotional reactions. This is a simple but effective method to identify emotional patterns, recognise triggers, and monitor the progress of therapy. The diary can be written or digital, with open-ended or structured items to fill in. Patients with sexual dysfunctions often have experiences of shame, guilt, fear, or alienation, which makes it difficult to be open in therapy [24]. Therefore, one of the therapist's priorities should be to create a trusting environment where the patient feels heard, accepted, and not judged. It is necessary to avoid direct pressure, criticism, or imposing solutions, and instead give space for self-discovery at a comfortable pace.

For many patients, it is necessary not only to experience the therapy but also to acknowledge its mechanisms. Psychoeducational elements (information about emotions, sexuality, attachment types, neuropsychological aspects, etc.) can be built into sessions or provided as additional materials. This helps reduce anxiety, normalise experiences, and promote an active attitude. Sexual dysfunctions are often complex in nature and can be caused or complicated by medical, hormonal, psychiatric or social factors [25]. In such cases, it is recommended to involve other specialists in the process, such as gynaecologists, andrologists, sexologists, psychiatrists, and endocrinologists. Coordination between these specialists provide a more accurate diagnosis and the creation of a personalised care plan. According to the results of the focus groups, many therapists face challenges in working with patients with low emotional intelligence. Therefore, it is advisable to expand the professional knowledge and skills of specialists in this area through training, supervision, specialised courses on the development of emotional competence

and body-oriented techniques. In many cases, sexual difficulties cannot be resolved in an individual format. Treatment of both partners further describes the source of conflicts, communication problems, and differences in needs and expectations. Couple therapy sessions that include elements of the emotionally focused model are particularly effective in this context. It is important to reach outside the scope of the initial assessment and periodically repeat tests, questionnaires, or reflection exercises to monitor the dynamics. This ensures timely adjustments to the therapeutic plan and is also used as a motivating factor for the patient, as it demonstrates real progress. For some patients, verbal therapy is limited, especially when it comes to expressing intimate or emotionally charged topics. In such cases, it is advisable to introduce art therapy, body-oriented practices, metaphorical maps, psychodrama, etc. These methods help to gently enter deep experiences without confrontation. To summarise, effective psychotherapy of sexual dysfunctions requires not only general professional skills, but also a high level of sensitivity to the patient's emotional sphere. Focusing on the development of emotional intelligence as part of the therapeutic process significantly improves the results of the intervention, promotes deeper self-awareness, and improves the quality of intimate life and relationships in general.

DISCUSSION

The study demonstrated that individuals with higher emotional intelligence scores adapted to therapeutic techniques more quickly and showed better results in restoring sexual function. These results correlated with the findings of Milani et al. [26], demonstrating a significant relationship between emotional intelligence and sexual function in women of reproductive age. The study noted that a higher level of emotional intelligence contributed to improved intimate relationships, reduced anxiety, and increased sexual satisfaction. Similar results were obtained by Meana et al. [27], confirming that emotional intelligence and its components significantly affected sexual function. However, the results of the study were not fully consistent with the findings of Bulut et al. [28] on the analysis of the impact of the COVID-19 pandemic on the sexual function of healthcare workers. While the authors also acknowledged the importance of emotional well-being for sexual health, their results indicated that even individuals with high levels of emotional intelligence experienced a significant decline in sexual function due to psychological distress caused by the pandemic. This indicated that under extreme conditions, other factors such as stress, overwork, and emotional burnout may have overwhelmed the influence of emotional intelligence [29-31]. The data analysis showed that patients with a better ability to regulate emotions were more likely to accept therapeutic recommendations and were more effective in overcoming sexual dysfunctions. This correlated with the findings of Fischer et al. [32], determining that emotional regulation capacity was critical to maintaining sexual satisfaction. Their study emphasised that emotional regulation directly influenced the ability to overcome sexual problems, especially in cases of anxiety disorders. Notably, the results of the study partially correlated with the findings of Abdel Hady and Abd El-Hafeez [33] in the analysis of the muscle activity in women with sexual dysfunctions using machine learning methods. The study determined that the physiological aspects of sexual health were highly dependent on emotional state and stress. Although the study focused more on biomechanical characteristics, the findings also confirmed that the psychoemotional state is substantial in overcoming sexual dysfunction. The study showed that the effectiveness of psychotherapy also depended on the level of anxiety, personality traits and social support. This confirmed the need for a comprehensive approach to the treatment of sexual dysfunctions, which was consistent with the findings of an investigation by Di et al. [34] on the psychometric properties of the Emotional Intelligence Scale in Chinese adolescents. The study emphasised that the development of emotional intelligence required a comprehensive approach that included both cognitive and behavioural strategies for regulating emotions.

A significant correlation between emotional intelligence and changes in emotional well-being was determined in a study by Barlow [35], demonstrating that developing emotional regulation skills not only improves overall emotion-

al well-being but can also reduce anxiety and stress. This study highlights the importance of emotional intelligence in maintaining psychological well-being, which reduces emotional instability. Similar conclusions were drawn by Mestre-Bach et al. [36], confirming that high levels of emotional intelligence correlate with better emotional health. The study also noted that women with a high level of emotional regulation showed a more stable emotional state, which contributed to their mental well-being.

Intrapersonal emotional intelligence in adolescents and its relationship with other variables was studied by Garaigordobil [37]. The study determined that individuals with higher levels of emotional intelligence showed better adaptation to stressful situations, which was consistent with the findings of its significant role in overcoming sexual dysfunctions. A notable comparison was made with the study by Gholami et al. [38] on the evaluation of the effectiveness of cognitive behavioural therapy in combination with a functional analytic approach in the treatment of sexual dysfunctions in adolescents. The study determined that the development of emotional intelligence contributed to an improvement in the quality of sexual life, which was consistent with the results obtained. The results correlated with the comparison by Mohhamadpour et al. [39] on the effectiveness of interventions aimed to develop emotional intelligence, sexual fantasies, and integrated therapeutic protocols in women with orgasmic disorders. The study determined that emotional intelligence was substantial in improving sexual functioning, but optimal results were achieved with a combined approach. Lafortune et al. [40] studied the use of virtual reality in sex therapy. The study emphasised that emotional regulation was an important component in the therapeutic process, especially when using interactive techniques.

The relationship between emotional intelligence and sexual function in men was studied by Mokhtari et al. [41]. The study determined that men with high levels of emotional intelligence had better sexual performance because they could better manage their emotional state during intimate contact. This confirmed the hypothesis that the development of emotional intelligence can be an effective strategy in the treatment of sexual dysfunctions [42]. This was consistent with the study by Tahan et al. [43], and Mohammadi and Khani [44], who used psychoeducational group therapy to treat sexual dysfunction in couples. The study determined that participants who received emotional regulation training showed significant improvements in sexual function and marital satisfaction. These results were not fully consistent with the findings of Xu et al. [45] of a meta-analysis of psychological interventions to improve sexual function in women with breast cancer. The study determined that although psychological interventions generally had a positive effect, their effectiveness varied significantly depending on the type of intervention and individual patient characteristics. This indicated that the impact of emotional intelligence on the therapeutic process may be more complex and requires further study. In terms of psychological aspects, the results also correlated with the study by Zoromba et al. [46] on the impact of emotional intelligence training on the severity of depression symptoms. The study determined that the development of emotional intelligence contributed to a significant reduction in depression, which could explain the positive impact of emotional regulation on the psychotherapeutic treatment of sexual dysfunctions. The study was consistent with the findings of Tripodi [47] and Jahan et al. [48], emphasising the importance of counselling and psychotherapy in sexual medicine. The study noted that emotional regulation was a key component of effective treatment of sexual dysfunctions, as it assisted patients in acknowledging and expressing their emotions, reducing anxiety and improving the quality of intimate relationships. In addition, the study noted that the integration of emotional regulation methods into the therapeutic process helped to increase patients' motivation to actively participate in treatment and helped to avoid relapses of sexual disorders in the future.

CONCLUSIONS

The study determined that patients with a high level of emotional intelligence demonstrated significantly better results after a 12-week course of psychotherapy compared to patients with a low level of EI. Changes in sexual function

were most pronounced on the FSFI for women and IIEF for men: the average improvement for group A (high EI) was +3.1 points for women and +4.2 points for men, while in group B (low EI), the improvement was much smaller, +1.4 and +1.9 points, respectively. An important aspect of the study was the identification of an improvement in emotional regulation in patients with a high level of EI. 92% of participants in this group showed a decrease in emotional regulation difficulties, while in the group with a low level of EI, this figure was only 47%. This confirms that the development of patients' emotional competence is an important factor in the process of psychotherapy, as it improves coping with emotional difficulties associated with sexual dysfunctions. Interviews and focus groups with psychotherapists also confirmed the importance of emotional intelligence in the therapeutic process. Psychotherapists noted that patients with high levels of emotional intelligence open better, are more adaptable to therapeutic techniques, and demonstrate more stable treatment outcomes. This highlights the need to include emotional regulation exercises in standard therapeutic protocols.

Based on the results obtained, several recommendations can be formulated. Before starting therapy, it is necessary to diagnose the level of emotional intelligence of patients, which will incorporate the factor when choosing therapeutic methods. Psychotherapeutic programmes should be adapted to accommodate the level of emotional intelligence, including exercises aimed to develop emotional regulation. It is necessary to introduce targeted training for psychotherapists to work with patients with low levels of emotional intelligence to improve the effectiveness of therapy. A limitation of the study was the small number of participants. Further research prospects lie in the development of comprehensive therapeutic approaches that combine elements of cognitive-behavioural and emotionally focused therapy for the effective treatment of sexual dysfunctions.

The data that support the findings of this study are available on request from the corresponding author.

Data availability statement:

The author declares that there is no conflict of interests.

Conflict of interests:

None.

Acknowledgements:

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APPENDIX A

Testing with FSFI and IIEF

Questions for women from the FSFI index:

1. How often have you felt sexually aroused in the last 4 weeks?
2. How high was your sexual arousal during sexual activity?
3. How often did you reach arousal during sexual activity or stimulation?
4. How satisfied have you been with your sexual arousal?
5. How often have you been able to reach orgasm?
6. How difficult was it to reach orgasm?
7. How painful was your sexual activity?
8. How satisfied were you with your sex life in general?
9. How often did you feel emotionally connected to your partner during sexual activity?
10. To what extent did sexual activity bring you emotional relief or relaxation?

Questions for males from the IIEF index:

1. How often have you been able to achieve an erection during sexual activity?
2. How confident did you feel in your ability to maintain an erection?
3. How satisfied were you with the quality of your erection?
4. How often have you been able to complete sexual intercourse?
5. How often have you experienced pleasure from sexual intercourse?
6. How often did you reach orgasm during sexual activity?
7. How emotionally comfortable was your sex life?
8. To what extent did sexual activity help you feel emotionally close to your partner?
9. How often have you experienced sexual desire?
10. How important is a regular sex life to you?

APPENDIX B

Questions for the questionnaire before and after therapy

1. DERS assesses emotional regulation difficulties. Out of 36 basic statements, 5 were selected in particular:
   - "When I am upset, it is difficult to focus on other things";
   - "I feel helpless when faced with negative emotions";
   - "When I am upset, I find it difficult to find ways to calm myself down";
   - "I don't know how to control my emotional reactions";
   - "I avoid situations that cause strong emotions".
2. The SCS-SF measures self-awareness. Out of 23 questions, 5 were selected as the most representative, for example:
   - "I often reflect on my actions and decisions";
   - "I care about how others evaluate my behaviour";
   - "I tend to analyse my emotional reactions";
   - "I am often aware of how I look from the outside";

- "I care about the impression I make on others".

3. The IRI measures the level of empathy. Out of 28 statements, 5 key ones were selected, including:
   - "I can easily imagine how I would feel in another person's situation";
   - "When I see someone in trouble, I feel a strong desire to help";
   - "I often think about how other people feel";
   - "I tend to care about the feelings of others";
   - "I feel an inner response to emotional stories or films".

APPENDIX C

Interview questions

1. How did you perceive your emotions before starting therapy?
2. How has your emotional well-being changed since completing the course?
3. Have you noticed any changes in your communication with your partner?
4. Have you found it easier to express your emotions in a relationship?
5. What were the most difficult moments of therapy for you?
6. Which therapy techniques or exercises do you remember the most?
7. Were there any situations when you consciously applied the skills you learned?
8. How has your attitude towards your sexuality changed?
9. What surprised you the most during the therapy?
10. Have you felt an increase in confidence as a partner?
11. What results did you expect, and did they come true?
12. Do you think that developing emotional awareness has helped you overcome sexual difficulties?