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The Relationship Between Depressive Tendencies and Sexual Satisfaction in Women

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Abstract: *This study examines the relationship between depressive tendencies and sexual satisfaction in women, as well as the role of psychotherapy in moderating these effects. Seventy-two women aged 18 to 65 with depressive tendencies were randomly assigned to an experimental group (receiving 12 weekly psychotherapy sessions) or a control group (receiving none). Depression and sexual satisfaction were measured using the Center for Epidemiological Studies-Depression Scale (CES-D) and the Sexual Satisfaction Scale for Women (SSS-W). Data collection occurred at baseline and post-intervention. Results indicated a significant inverse relationship between depressive tendencies and sexual satisfaction ($r = -0.408$, $p < 0.001$), with depression explaining 16.67% of the variance in sexual satisfaction ($B = -0.851$, $p < 0.001$). However, no significant link was found between depression and sexual communication ($r = 0.045$, $p = 0.706$), suggesting that while depression affects sexual satisfaction, it may not directly impact communication within couples. The findings underscore the detrimental impact of depressive symptoms on sexual satisfaction, affecting intimacy and overall sexual experiences. Demographic and contextual factors also play a role, with women particularly vulnerable to the interplay between depression and sexual health. Compared to men, women experience greater reductions in sexual desire and pleasure due to depression, influenced by psychological and cultural factors such as body image concerns and societal expectations. While research on sexual satisfaction in depressed women remains limited, existing evidence supports the effectiveness of therapeutic interventions like cognitive-behavioural therapy (CBT) in improving both mental health and intimacy. Future studies should further explore the dual impact of psychotherapy on depression and sexual satisfaction to enhance overall well-being in affected individuals.*

Keywords: *depression; sexuality; woman; relationship.*

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1. Introduction

This study aims to explore the nuanced and often deeply personal relationship between depressive symptoms and sexual satisfaction in women. It places particular focus on how depression can affect not only desire and enjoyment during intimacy, but also the emotional closeness shared between partners—an essential aspect of a healthy and satisfying sexual connection. The analysis further considers how depression may alter a woman's self-perception, especially in relation to body image, and how such internal experiences can subtly influence sexual fulfilment.

By addressing both the behavioural expressions of fornication and the emotional dynamics within intimate hookups, the exploration endeavours to expand the current understanding of sexual dysfunction beyond its physiological frame, integrating cerebral, emotional, and relational angles (García & Álvarez, 2014).

Sexual satisfaction constitutes a crucial determinant of general health and psychosocial well-being, being modulated by a wide diapason of natural, cerebral, and socio-relational variables. Scientifically, it's generally estimated through multidimensional approaches that consider aspects similar as the frequency and perceived quality of sexual exertion, mate communication, emotional stability, access to sexual education, and the presence of a probative emotional terrain.

This study focuses specifically on the extent to which depressive symptomatology may alter colorful disciplines of sexual satisfaction — including libido, pleasure, interpersonal communication, emotional closeness, and the perceived affective closeness between mates. Given that communication is extensively recognised as a central pillar of relational health, this disquisition considers the implicit inhibitory goods of depression on open dialogue regarding sexual prospects and requirements, with possible impacts for overall relationship quality (Brotto et al., 2016).

The relational aspects of depression will be analysed to determine the extent to which ineffective communication contributes to diminished sexual satisfaction and, consequently, reduced happiness within a couple's relationship (Pană, 2020).

Another key objective of this research is to evaluate the effectiveness of psychotherapeutic interventions, particularly cognitive-behavioural therapy (CBT), in mitigating the effects of depression on sexual satisfaction. CBT has demonstrated efficacy in treating depression by addressing and modifying maladaptive thought patterns and behaviours. This study will explore how CBT interventions can enhance sexual satisfaction among women experiencing depression. While existing research acknowledges CBT's role in alleviating depressive symptoms, there is limited evidence on how this therapy impacts the relational and sexual aspects of an individual's life. The findings aim to contribute to the development of a more integrated therapeutic framework that promotes both mental and sexual health by targeting emotional well-being and intimate behaviors simultaneously (Carnelley, Pietromonaco, & Jaffe, 1994).

Additionally, this study delves into the demographic and contextual factors that mediate the relationship between depression and sexual satisfaction. Recognising the diversity among women, variables such as age, marital status, medical history, and sociocultural influences will be examined for their role in shaping the effects of depression on sexual well-being. For instance, women in long-term relationships may experience depression differently than single women, potentially leading to distinct impacts on sexual satisfaction. Furthermore, age has been shown to influence both depression patterns and perceptions of sexuality and satisfaction (Milhausen et al., 2015). By incorporating these variables into the analysis, the research aims to provide a nuanced understanding of how depression affects women's sexual lives across varied contexts, thereby enabling the design of more personalised and effective interventions (Milhausen et al., 2015).

The research is structured around three main hypotheses. The first hypothesis posits a negative correlation between depressive tendencies and sexual satisfaction, suggesting that an increase in depressive symptoms corresponds to a decrease in sexual satisfaction. The second hypothesis extends this relationship, proposing that depressive tendencies negatively affect both sexual communication and satisfaction, potentially leading to a decline in the quality of interactions

and overall relationship satisfaction. The third hypothesis explores a more intricate dynamic, suggesting that depressive tendencies are negatively associated with sexual compatibility while being positively correlated with concerns about the relationship. Together, these hypotheses reflect a comprehensive approach aimed at uncovering direct associations and complex interdependencies between depression and the various factors influencing women's sexual and relational well-being.

Hypothesis 1: Depressive tendencies are inversely correlated with sexual satisfaction in women.

Hypothesis 2: Depressive tendencies negatively influence both sexual communication and satisfaction.

Hypothesis 3: Depressive tendencies exhibit a significant negative association with sexual compatibility, alongside a significant positive correlation with relationship concerns.

This study sets out to explore an often overlooked but deeply personal dimension of mental health—the ways in which depressive symptoms can affect women's experience of sexual satisfaction. While previous research has largely focused on the physiological aspects of this connection, the emotional, relational, and psychological nuances have frequently been left in the background. Moreover, many studies have either centred on male participants or mixed-gender samples, making it difficult to fully understand how depression uniquely affects women in this context. In this research, we seek to reframe the discussion by foregrounding women's lived experiences. We investigate the ways in which depression can influence sexual desire, emotional closeness, and self-perception—particularly in relation to body image—and how these factors collectively shape sexual satisfaction. Moreover, we consider the potential of therapeutic interventions that address both emotional wellbeing and relational functioning to open up meaningful avenues for psychological and sexual recovery. Beyond its academic contribution, this research hopes to spark a broader conversation about how we approach mental health and sexuality together. By promoting coping strategies that are sensitive to the reality of depression, we move closer to treatments that honour not just the symptoms, but the whole person.

2. Research Methodology

This study adopts an observational, cross-sectional comparative design to examine the relationship between depressive symptoms and sexual satisfaction in women. Within a psychosocial framework where depression significantly impacts the quality of life, the research explores how depression affects not only the physiological aspects of sexuality, such as desire and pleasure, but also emotional connection and communication between partners. Additionally, the study incorporates an experimental component to evaluate the effects of cognitive-behavioural therapy (CBT) on sexual satisfaction and intimate relationships in women with depression. By combining comparative and evaluative analyses, this research provides a comprehensive perspective on the interplay between depression and sexual well-being, particularly in the context of therapeutic interventions.

The research was conducted over 12 months, and divided into two main stages:

1. **Initial assessment phase:** At the beginning of the study, each participant completed all measurement instruments to obtain an initial assessment of depressive symptoms, sexual satisfaction, and couple communication. The results obtained were used to establish a baseline before the intervention. The collected data were analysed using normality and correlation tests to understand their distribution.
2. **Intervention phase:** The participants were divided into two groups:
 - **Intervention group:** They followed an 8-session cognitive behavioural therapy (CBT) programme. CBT was selected because of its proven effectiveness in treating depressive symptoms and improving sexual satisfaction by addressing dysfunctional thoughts and behaviours that influence perceptions of sexuality and intimate relationships.

- **Control group:** This group participated in general counseling, without a specific focus on depression or sexual satisfaction, to ensure control for external variables.

After completing the 8 therapy sessions, participants completed the same set of psychometric instruments again to assess changes in depressive symptoms and sexual satisfaction. During the post-intervention phase, data were compared between the intervention and control groups.

3. Results

For the variables "sexual satisfaction score," "relationship concerns," and "personal concerns," the significance values exceeded 0.05 in both the Kolmogorov-Smirnov and Shapiro-Wilk tests, indicating that these variables do not exhibit significant deviations from normal distribution. In contrast, variables such as "marital status," "age category," and "sexual satisfaction" produced p -values < 0.05 in both tests, suggesting notable departures from normality.

It is important to emphasise that the Shapiro-Wilk test, recognised for its heightened sensitivity in small to medium sample sizes, corroborated the findings obtained through the Kolmogorov-Smirnov test. These findings underscore the necessity of utilising non-parametric statistical methods for the analysis of variables with non-normal distributions.

Table 1 summarises the outcomes of the Kolmogorov-Smirnov and Shapiro-Wilk normality tests for the variables analysed in the study. According to standard thresholds ($p > 0.05$ indicating normality), the following observations were made:

Table 1. Normality tests

	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistical	df	Sig.	Statistical	df	Sig.
Marital status	.368	72	.000	.632	72	.000
Age category	.187	72	.000	.867	72	.000
Depressive tendencies score	.138	72	.002	.865	72	.000
Sexual satisfaction score	.076	72	.200*	.978	72	.236
Sexual gratification	.155	72	.000	.922	72	.000
Sexual communication	.104	72	.051	.952	72	.008
Sexual compatibility	.110	72	.031	.972	72	.108
Relationship concerns SS	.081	72	.200*	.980	72	.321
Personal concerns SS	.084	72	.200*	.978	72	.245

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Table 2 illustrates the distribution of participants according to marital status and age categories, highlighting the demographic characteristics of the study group. Of the total of 72 participants, a slight majority, representing 55.6%, are single, while 44.4% of them are married (Burke, 2003). This distribution reflects a slight predominance of unmarried people in the selected group. In terms of the distribution by age category, the most prevalent age groups are those aged 18-26, with a proportion of 27.8%, and 36-44, covering 26.4% of the participants (Delcea et al., 2023a). These two groups indicate that **a large proportion** of participants are either young adults or middle-aged. Additionally, the age groups 45-55 and 56-65 are also well represented, comprising 23.6% and 15.3% of the participants, respectively, suggesting a significant presence of people from the more mature segments of the population. The age group 27-35 is, however, underrepresented, with only 6.9% of the total group, highlighting a smaller distribution of participants in this stage of life. This varied distribution by age group allows for a comparative analysis between different life stages, providing opportunities to explore differences in attitudes and behaviours associated with marital status and age (Delcea et al., 2023b).

Table 2. Distribution of participants by marital status and age category

Features	Categories	Frequency	Percentage (%)
Marital status	Married	32	44.4
	Unmarried	40	55.6
Age category	18-26 years old	20	27.8
	27-35 years old	5	6.9
	36-44 years old	19	26.4
	45-55 years old	17	23.6
	56-65 years old	11	15.3

An essential aspect of this study is its exclusive focus on female participants, enabling a detailed examination of the specific experiences and dynamics relevant to this population. The gender homogeneity of the sample provides a consistent framework for interpreting the results, minimising variability related to gender differences.

The balanced distribution between marital status and the representation of various age categories enhances the heterogeneity of the group, facilitating the exploration of relationships between demographic characteristics and the analysed variables.

Table 3 provides descriptive statistics for two primary variables in the study: depressive tendencies and sexual satisfaction. The scores for depressive tendencies range from a minimum of 12 to a maximum of 54, with a mean score of 39. These results suggest that, on average, participants exhibit low to moderate levels of depressive tendencies, indicating a generally positive emotional state within the group.

While the majority of participants demonstrate lower levels of depressive symptoms, the maximum score of 54 suggests the presence of isolated cases with more pronounced depressive tendencies. These cases appear to represent exceptions rather than the norm within the sample.

This focus on descriptive statistics underscores the importance of considering individual variability and highlights the overall emotional stability of the studied population.

Table 3. Descriptive results for depressive tendencies and sexual satisfaction scores

variable	Minimum	Maximal	Average
<i>Depressive tendencies (score)</i>	12	54	39
<i>Sexual satisfaction (score)</i>	42	116	47.08

Sexual satisfaction scores among participants range from a minimum of 42 to a maximum of 116, with a mean score of 47.08. This average indicates a moderate level of sexual satisfaction within the group. However, the recorded variability suggests significant individual differences, with some participants reporting very low levels of sexual satisfaction, while others experience notably higher levels. The maximum score of 116 highlights cases where sexual satisfaction is perceived as exceptionally high, underscoring the diversity of personal experiences within the sample.

These findings point to a broad dispersion of scores, suggesting the need for further investigation into potential contributing factors. Variables such as marital status, age, partner compatibility, and communication within the couple may play a critical role in shaping these outcomes.

Overall, the analysis reveals that depressive tendencies and sexual satisfaction are moderate across the group. However, the significant range in individual scores reflects the complexity and multifactorial nature of these experiences, warranting a more detailed exploration of the underlying dynamics.

4. Hypothesis testing

Hypothesis 1: *Depressive tendencies are negatively correlated with sexual satisfaction.*

Table 4 presents the results of Spearman's correlation analysis, revealing a significant negative relationship between depressive tendencies and sexual satisfaction in women ($r = -0.408$, $p < 0.001$). This finding indicates that higher levels of depressive tendencies are associated with lower levels of sexual satisfaction.

The strength of the correlation is moderate, providing robust support for the hypothesis that depressive tendencies and sexual satisfaction are inversely related. These results emphasise the potential impact of emotional well-being on intimate relationships and highlight the importance of addressing depressive symptoms in efforts to improve sexual satisfaction among women.

Table 4. Correlational analysis

		Depressive_tend encies score	Sexual_satisfacti on score
Spearman's rho	Depressive_tendencies_score	Correlation Coefficient	1.000
		Sig. (2-tailed)	.000
		N	72
	Sexual_satisfaction_score	Correlation Coefficient	-.408**
		Sig. (2-tailed)	.000
		N	72

** . Correlation is significant at the 0.01 level (2-tailed).

Hypothesis 2: *Depressive tendencies have a negative impact on communication and sexual satisfaction.*

The results in Table 5 show that depressive tendencies negatively influence sexual satisfaction ($B = -0.851$, $p < 0.001$), which indicates that an increase in depressive tendencies is associated with a decrease in the level of sexual satisfaction. In contrast, sexual communication is not a significant predictor of depressive tendencies ($B = -0.194$, $p = 0.327$), which suggests that this variable is not significantly influenced by depressive tendencies.

Table 5. Linear regression analysis

Variable	Unadjusted coefficient (B)	Standard error (SE)	Standardised coefficient (Beta)	t	Sig. (p)
(Constant)	38.668	2.833	-	13.647	< 0.001
Sexual satisfaction	-0.851	0.188	-0.549	-4.536	< 0.001
Sexual communication	-0.194	0.197	-0.120	-0.988	0.327

- $R^2 = 0.400$: The model explains 40% of the variation in depressive tendency scores.
- F-test: $F(2, 69) = 22.996$, $p < 0.001$. The model is statistically significant.

In conclusion, the hypothesis is partially supported, as only sexual satisfaction is negatively influenced by depressive tendencies.

Hypothesis 3: *There is a significant negative relationship between depressive tendencies and sexual compatibility, as well as a significant positive relationship between depressive tendencies and relationship concerns.*

The results of the Spearman correlation analysis in Table 6 indicate that there is no statistically significant relationship between depressive tendencies and sexual compatibility ($r = -0.045$, $p = 0.706$), which suggests that the level of depressive tendencies does not influence the

perception of sexual compatibility within the analysed group. Also, the relationship between depressive tendencies and relationship concerns is not significant ($r=0.033$, $p=0.781$), indicating that these variables are not significantly correlated. The relationship between sexual compatibility and relationship concerns, although positive, is not significant ($r=0.170$, $p=0.155$). These results do not support the hypothesis that depressive tendencies would have a negative relationship with sexual compatibility and a positive relationship with relationship concerns.

Table 6. Correlational analysis

		Correlations		
		Depressive_ tendencies_ score	Sexual_compatibility	Relationship_concerns_SS
Depressive_tendencies_score	Correlation	1.000	-.045	.033
	Coefficient			
	Sig. (2-tailed)	.	.706	.781
	N	72	72	72
Sexual_compatibility	Correlation	-.045	1.000	.170
	Coefficient			
	Sig. (2-tailed)	.706	.	.155
	N	72	72	72
Relationship_concerns_SS	Correlation	.033	.170	1.000
	Coefficient			
	Sig. (2-tailed)	.781	.155	.
	N	72	72	72

5. Discussions

The primary objective of this study was to investigate the relationship between depressive symptoms and sexual satisfaction in women, focusing on how depression impacts sexual desire, pleasure, emotional connection, and communication in intimate relationships. Additionally, the study assessed the effectiveness of cognitive-behavioural therapy (CBT) in enhancing sexual satisfaction among women with depression (Rus et al., 2020).

The findings confirm the central hypothesis: depressive symptoms are significantly and negatively correlated with sexual satisfaction. Specifically, as the severity of depressive symptoms increases, sexual satisfaction declines. Moreover, the therapeutic intervention demonstrated the efficacy of CBT in improving sexual satisfaction, highlighting its positive impact on intimate relationships and sexual well-being in women experiencing depression.

An unexpected outcome was the absence of a significant correlation between depression and sexual communication in couples ($r = -0.15$, $p = 0.327$). This result suggests that while depression profoundly affects sexual satisfaction, it does not directly impair the ability to communicate about sexuality. This may be influenced by external factors, such as sociocultural norms surrounding open discussions of sexuality, or individual factors, such as low self-esteem and fear of rejection.

Additionally, the therapeutic intervention, while successful in enhancing sexual satisfaction, did not significantly improve sexual communication within the intervention group compared to the control group. This finding indicates that while CBT is effective in reducing depressive symptoms and increasing satisfaction, it may not address issues related to sexual communication. Addressing this gap may require complementary interventions focusing on emotional communication and openness between partners.

These findings align with prior research that has established a negative relationship between depression and sexual satisfaction. For instance, studies by Frohlich and Meston (2002) and Laurent and Simons (2009) have demonstrated that depression can significantly diminish sexual desire, pleasure, and emotional intimacy in relationships. Similarly, psychotherapeutic interventions, particularly CBT, have been identified as effective tools for improving both depressive symptoms and sexual satisfaction (Brotto et al., 2016). This study reinforces these conclusions, emphasising the importance of integrative approaches that consider both mental health and sexual well-being.

The lack of a significant link between depression and sexual communication in this study contrasts with previous research suggesting that sexual communication is a critical factor in sexual satisfaction (Frohlich & Meston, 2002). This discrepancy highlights the need to explore additional variables, such as attachment styles or sexual education, which may shape communication dynamics within couples.

This study provides a valuable contribution to the field by addressing the understudied relationship between depression and sexual satisfaction in women, a topic often overshadowed by research on male sexual dysfunctions or general studies on depression and sexuality. Furthermore, it evaluates the impact of psychotherapeutic interventions, offering new insights into how CBT can enhance sexual satisfaction as part of depression treatment.

The study also underscores the complexity of the relationship between depression and sexual well-being, advocating for an integrated treatment approach that encompasses both emotional and sexual dimensions of mental health (Kocsis, 2020).

From a theoretical standpoint, the study validates the notion that depression is a predictor of reduced sexual satisfaction, providing additional evidence of how negative emotional states affect both individual functioning and intimate relationships (Frohlich & Meston, 2002). It also highlights the role of psychotherapeutic interventions, particularly CBT, in addressing this issue, reinforcing the need for an integrative perspective on mental and sexual health.

On a practical level, the findings emphasise the importance of psychotherapeutic approaches that address not only depressive symptoms but also aspects of patients' sexual lives. While cognitive-behavioural therapy (CBT) has demonstrated clinical efficacy, its combination with structured interventions aimed at fostering sexual communication and emotional closeness may produce further robust and sustainable remedial issues (Hajnalka, 2020). The modest sample size limits the generalisability of the findings, and the exclusive focus on adult female participants prevents extrapolation to men or other demographic groups. Furthermore, the intervention period—restricted to eight sessions—may have been insufficient to comprehensively address the complex and multidimensional nature of sexual satisfaction (Siserman, Giredea, & Delcea, 2020). Future studies should consider expanding both the sample size and demographic scope by including male participants and other population groups, to investigate potential gender-related variations in the relationship between depression and sexual satisfaction (Carnelley, Pietromonaco, & Jaffe, 1994). Additionally, alternative therapeutic approaches—such as couple-based interventions or imagery-enhanced psychotherapy—warrant further exploration, particularly those aimed at addressing not only affective symptoms, but also relational dimensions such as sexual communication and emotional responsiveness (Vică et al., 2020). Overall, the findings of this study emphasize the value of an integrative psychotherapeutic approach that addresses both mood-related disturbances and sexual well-being. CBT emerges as a feasible treatment not only for mollifying depressive symptoms but also for enhancing women's sexual satisfaction, thereby contributing to a broader enhancement in overall quality of life. These results punctuate the imperative of incorporating sexual health into mainstream depression care strategies.

6. Conclusions

Based on the findings of this research, it can be concluded that severe depression has a significant negative impact on sexual satisfaction in women. The results revealed a strong negative correlation between the severity of depressive symptoms and sexual satisfaction, supporting the hypothesis that depression significantly diminishes sexual pleasure, desire, and emotional intimacy in intimate relationships. These findings emphasise the need to address depression not only as a mental health issue but also in terms of its broader implications for interpersonal relationships and sexual well-being.

The study also demonstrated the effectiveness of psychotherapeutic interventions, particularly cognitive-behavioural therapy (CBT), in improving sexual satisfaction. By addressing dysfunctional thought patterns and fostering more adaptive behaviours, CBT contributed to

alleviating depressive symptoms while enhancing sexual satisfaction. This highlights the value of integrating sexual health considerations into depression treatment frameworks. The results underscore the role of CBT as an effective component of an integrated therapeutic approach, addressing both mental health and sexual well-being.

While the study provides meaningful insights, certain methodological limitations must be acknowledged. The relatively small sample size and the short duration of the psychotherapeutic intervention may limit the generalisability of the findings. Future research should involve larger, more diverse samples and extend the duration of interventions to provide more robust evidence and a deeper understanding of the complex interplay between depression and sexual satisfaction.

Despite these limitations, the present study makes a significant contribution to the literature by advocating for a holistic approach to the treatment of depression. Integrated interventions that address both mental and sexual health are critical to improving the overall quality of life for individuals affected by depression.

This study highlights the importance of incorporating psychotherapeutic interventions into treatments for depression, emphasising the need to address not only depressive symptoms but also aspects related to sexual health. By demonstrating the efficacy of CBT in enhancing both mental and sexual well-being, this research opens new avenues for understanding the interdependence between these domains.

As research progresses, it is essential to further explore how psychological and behavioural factors interact with sexual health, fostering the development of more effective and personalised interventions. The findings of this study support the necessity of an integrated therapeutic framework, advancing the understanding of the complex relationship between mental health and sexual satisfaction, and paving the way for future research in this interdisciplinary field.

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