

REVIEW ARTICLE

Sexual Self-Concept: Implications For Marital Preservation Among Subfertility Couples and The Role of Counselling Psychology Professionals

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ABSTRACT

Subfertility poses profound challenges to the sexual self-concept of affected couples, often leading to diminished intimacy, communication breakdowns, and increased risk of marital dissolution. This narrative review explores how disruptions in sexual self-concept influence long-term marital stability among subfertility couples and highlights the pivotal role of counselling psychology professionals in addressing these issues. Through an in-depth synthesis of relevant literature, this review identifies sexual self-concept as a critical factor in marital preservation, emphasizing that couples who receive targeted psychological counselling can reconstruct more adaptive sexual identities. Counselling psychologists employ evidence-based strategies such as cognitive-behavioral therapy, sexuality-focused interventions, and couple-based counselling to foster emotional resilience, enhance intimacy, and support relationship longevity. By integrating counselling services into fertility clinics, subfertility couples may gain greater access to psychosexual care that strengthens their relationships and overall well-being. This review underscores the need for a multidisciplinary approach in clinical infertility care to comprehensively support couples navigating the complex intersection of fertility, identity, and intimacy.

Malaysian Journal of Medicine and Health Sciences (2025) 21(SUPP10):179-187. doi:10.47836/mjmhs.21.s10.35

Keywords: Sexual self-concept; Subfertility couples; Infertility; Marital preservation; Counselling psychology

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INTRODUCTION

Subfertility is a complex issue that creates considerable challenges in marriages globally (1, 2). It exerts a notable negative effect on psychological well-being, often leading to overwhelming emotional stress (3). In addition to the psychological impact, cultural values and societal expectations also play a role in shaping the experiences of infertile couples (1, 2). Increasingly,

a higher percent-age of recently married couples face infertility concerns. It is estimated that 15% to 20% of individuals within the reproductive age group (15 to 49 years old) struggle to conceive naturally (4). Sub-fertility is typically diagnosed when pregnancy does not occur after one year of regular sexual activity (5). Given its direct connection to marital stability, mental health, and overall quality of life, understanding the sexual self-concept of infertile couples becomes essential (6). Challenges in this area are critical to the endurance of marriages, particularly for couples dealing with infertility (1).

Research has shown that sexual self-concept plays a key role in various psychological and inter-personal

aspects (3). For couples facing infertility, sexual self-concept is an important yet often overlooked factor that can significantly influence the stability of their marriage (7). This study seeks to explore the narrative surrounding sexual self-concept, its effect on marital preservation among subfertility couples, and the role counselling psychology professionals can play in offering support and interventions to these couples.

MATERIALS AND METHODS

These studies Utilizing the narrative review articles using thematic analysis in psychology adapted from Braun V & Clarke V. (2006) (8). A narrative review, also known as a traditional literature re-view, is a scholarly article that summarizes and synthesizes existing research on a specific topic, usually without a systematic search strategy or strict methodological criteria (20). This research was conducted by reviewing relevant articles from Scopus and Web of Science databases. Scopus and Web of Science were considered in this review as two of the most powerful and widely recognized academic databases, each providing unique strengths that enhance the rigor and credibility for re-view. The combination of these two databases ensures that the review captures both breadth and depth, integrating comprehensive coverage with high-impact, influential studies, increasing the robustness and academic integrity of the systematic review. The search focused on key terms such as “subfertility couple,” “sexual self-concept,” “marital preservation,” and “psychology counselling.” The study was limited to articles published between 2020 and 2024. Full-text English research papers employing both qualitative and quantitative methodologies met the inclusion criteria, while full theses, editorials, letters to the editor, and magazine articles were excluded. The blinded evaluation of each article was performed by first and second authors who were responsible for reviewing the articles independently; any discrepancies were discussed with a third author. At the end of this process, according to the established selection criteria, four articles were included. The data extraction process was carried out by first author and validated by third and fourth authors in a matrix containing information on authorship, year and country of publication, study objective and sample size, study design and data collection, and finally the main findings of the selected studies (Table I). Hence, 11 articles were ultimately included in this narrative review. Data was analyzed through thematic analysis, ensuring that all identified themes were carefully examined and discussed (8). Thematic analysis is a widely used method in psychology for identifying, analyzing, and reporting patterns within qualitative data. The process begins with familiarization with the collected data, where researchers immerse themselves in the data by reading and re-reading to gain a deep understanding. The second phase involves generating initial codes, which are basic elements or features of the data that appear meaningful or relevant to

the research question. In the third phase, searching for themes, the codes are organized into broader patterns of meaning. This is followed by the re-view of themes, where the candidate themes are refined, ensuring they accurately reflect the coded extracts and the dataset. The fifth phase, defining and naming themes, requires a detailed analysis of each theme, clearly articulating the essence and scope of what each theme captures. Finally, the process culminates in producing the report, where the themes are woven into a compelling narrative that answers the research question, supported by vivid and relevant data extracts. This structured approach ensures a rigorous and transparent analysis of qualitative data in narrative reviews.

RESULTS

In the first step using thematic analysis in psychology adapted from Braun V & Clarke V. (2006), 37 articles identified through the initial database search; 12 duplicates were found. Seven articles were excluded because they were not published within the defined time frame, five were excluded as they were reviewed articles, and two did not align with the central subject of the research. Ultimately, 11 articles met the inclusion criteria and were incorporated into this narrative review. Flow diagram illustrating the selection process of scientific publications included in the review (Figure. 1).

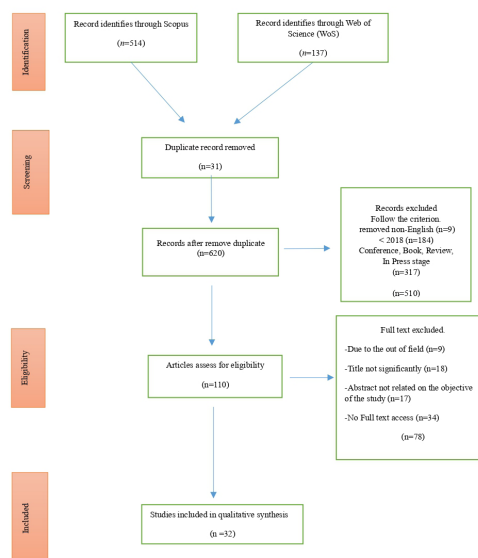


Figure 1 The PRISMA framework, adapted from Moher et al. (2009), illustrates the systematic process of study selection, starting with 514 records identified through Scopus and 137 through Web of Science. After removing 31 duplicates, 620 records underwent screening based on inclusion criteria, excluding 510 non-English, pre-2018, conference, book, review, and in-press articles. Following eligibility assessment of 110 articles, 78 were excluded due to irrelevance, lack of full-text access, or titles and abstracts not aligning with the study objectives. Ultimately, 32 studies were included in the qualitative analysis.

Figure 1 : PRISMA framework of the proposed search study

Managing sexual self-concept as a critical factor in aiding marital preservation among sub-fertility couples.

The evidence from multiple studies underscores that managing sexual self-concept plays a pivotal role in preserving marital stability among subfertility couples. One study demonstrated that targeted sexual counseling

Table 1: Table for extracting characteristics and information from scientific publications

Author	Country	Aim	Sample size	Study design and data collection	Main findings
Hasanpoor-Azghdy, Simbar, and Vedadhir (2014)	Iran	The aim of this qualitative study was to explain the psychological consequences of infertility in Iranian infertile women seeking treatment.	25 women affected by primary and secondary infertility with no surviving children.	This was a qualitative study conducted using qualitative content analysis. Data were collected through 32 semi-structured interviews. Participants were purposefully selected from a large Fertility Health Research Center in Tehran, Iran, with maximum sample variation.	Cognitive reactions of infertility: Mental engagement and psychological turmoil. Cognitive reactions to therapy process: Psychological turmoil, difficulty controlling certain situations, reduced self-esteem, feelings of failure. Emotional-affective reactions of infertility: Fear, anxiety, worry, loneliness, guilt, grief, depression, regret. Emotional-affective reactions to therapy process: Fear, anxiety, worry, fatigue, helplessness, grief, depression, hopelessness.
Dreischor et al. (2022)	Belgium	To explore the experiences, support, and sexual advice needs of subfertile couples who continue to attempt natural conception following a diagnostic fertility work-up.	12 one-time in-depth interviews 22 participants (10 heterosexual couples and 2 women whose partners did not participate)	Design: Qualitative exploratory study. Data Collection: One-time, face-to-face in-depth interviews conducted between 2015 and 2017. Analysis: Inductive content analysis conducted by two researchers until thematic saturation was achieved.	Couples preferred embedded expectant management within the fertility clinic process, with staff reassuring them about their good prognosis and engaging them in follow-up planning. Many couples experienced sexual challenges and were interested in sexual advice focused on enhancing pleasure, bonding, and preventing dysfunction. Participants favored interactive support, including a secure, evidence-based website with mixed media. Couples emphasized the importance of inclusive staff interaction (addressing both partners), and guidance on lifestyle, stress management, and peer experiences.
Рйлоquin et al. (2018)	American	To explore how self-blame and partner-blame in infertile couples relate to depression, anxiety, and relationship satisfaction using a dyadic approach.	279 couples undergoing infertility treatment.	Design: Cross-sectional, correlational study using dyadic data analysis. Data Collection: Participants completed the Dyadic Adjustment Scale. Index of Psychological Symptoms Self- and partner-blame scales regarding infertility.	Self-blame predicted depression and anxiety in both genders. Men's self-blame was linked to their own lower relationship satisfaction. Women's self-blame predicted greater depression and anxiety in their male partners. Women's partner-blame predicted lower relationship satisfaction in both partners and higher depression in themselves. The study underscores the interpersonal and psychological impact of blame dynamics in infertile couples.
Yazdani, M., Mahmoodi, Z., Azin, S.A., & Qorbani, M. (2019)	Iran	To investigate the effect of sexual counseling via social networks on smartphones on the sexual self-concept of infertile women.	80 infertile women	Study Design: Randomized Controlled Trial (RCT) Data Collection Tools: Snell's Sexual Self-Concept Questionnaire Procedure: Participants referred from April to July 2018. Randomly assigned to intervention (sexual counseling + routine care) and control (routine care) groups. Eight counseling sessions conducted via social networks. Pre- and post-intervention assessments were conducted.	Significant improvements in positive sexual self-concept scores in the intervention group over time. Significant decrease in negative sexual self-concept scores in the intervention group. No significant difference found in the situational sexual self-concept between groups over time. Sexual counseling via social networks effectively improved sexual self-concept among infertile women and enhanced their sexual relationships.
Teicher et al. (2023)	Italy	To investigate the impact of infertility on gender differences in psycho-traumatological, sexual, relational, and emotional aspects among couples undergoing assisted reproductive treatment.	151 couples Mean age: Women = 36.7 ± 4.8 years Men = 39.8 ± 6.6 years 43% of women and 34% of men had already received a diagnosis of infertility.	Study design: Quantitative, cross-sectional study. Data collection: Administration of the following psychometric instruments: Sexual and Emotional in Infertility Questionnaire (SEIq). Arizona Sexual Experience Scale (ASEX). Orgasmodometer International Trauma Questionnaire (ITQ)	Women experienced significantly more traumatic symptoms than men ($t = 5.859, p < 0.05$). Significant gender differences in sexual aspects (SEIq: $t = 7.858, p < .001$; ASEX: $t = 3.979, p < .001$). In women, ASEX domains significantly correlated with emotional and sexual factors related to infertility. Negative correlation between diagnosis reaction and emotional area ($r = -0.683, p < .001$). Positive correlation between diagnosis reaction and couple relationship ($r = 0.815, p < .001$). Multiple regression: Couple functioning was the strongest predictor of sexuality ($R = 0.77$).

CONTINUE

Table 1: Table for extracting characteristics and information from scientific publications (CONT.)

Author	Country	Aim	Sample size	Study design and data collection	Main findings
Kulaksiz et al. (2022)	Turkey	To assess the effect of male and female factor infertility on anxiety, depression, self-esteem, quality of life and sexual function of women	480 women with infertility and 242 fertile women.	Prospective cross-sectional study using validated questionnaires Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II), Rosenberg Self-Esteem Scale (RSES), Fertility Quality of Life (FertiQoL) and Female Sexual Function Index (FSFI).	Both female and male factor infertility in women were associated with higher anxiety, depression, lower self-esteem, poorer quality of life, and sexual dysfunction in women. Male factor infertility had a greater impact on female sexual dysfunction. The mean of the state anxiety in these female participants came out to be 44 with a SD of 9.5. And the trait anxiety was reported to be 41 with SD of 7.1. Both of these features were found to be higher in case of sub fertile female patients undergoing fertility treatment. The level of stress was shown to be high in case of marital issues as compare to the social stress and personal stress. The educational level was found to be statistically linked to the participant's stress level. However, the financial condition and age was not found to be linked to stress in sub fertile female.
Arif et al. (2022)	India	The study aimed to study the psychological effects of subfertility on women.	80 female patients under treatment as they are not conceiving after repeated unsuccessful attempts.	It is a cross-sectional study with statistical approach, conducted at Department of Obstetrics and Gynaecology, Indus Hospital Jubilee Town, Lahore.	It is shown that there is a significant association between some aspects of sexual self-concept and sexual function in infertile women, and that sexual motivation and sexual satisfaction were the most important components of sexual self-concept and contributed to sexual function in infertile women.
Riazi et al (2020)	Iran	To assess the association between sexual function and self-concept in women with infertility	Participants were 250 women with infertility for at least 1 year who were between 18 and 45 years old	Cross-sectional study, the Female Sexual Function Index (FSFI) questionnaire and the Multidimensional Sexual Self-concept Scale (MSSCQ) were applied.	Both women and men experience elevated levels of depression and anxiety during fertility treatments, suggesting that psychological support should be a fundamental component of fertility care teams. Addition to medical treatment, patients require in a psychological intervention centered emotional effects experienced by them throughout the process.
Lopes (2022)	Brasil	Examines the coping process of infertile couple during diagnostic investigation and treatment, which is held in a public hospital in the Assisted Reproduction Treatment department.	26 couples	Qualitative research Uses a semistructured psychological interview.	Infertility experience – feelings of negativeness, helplessness, frustration, and hardship. Stress factors – pressure from expectations, uncertainty, length of treatment, personal conflict, failure, and search for solutions. Acquired skills – coping mechanisms, medical knowledge, hope, shared experience, bodily awareness, gender awareness, and healthy habits. Social support resources – contact with spouse, family, friends, and counsellors. Role of spouse – primarily as a source of support. Coping skills – reliance on religious beliefs, social engagement, sense of shared humanity, work, and psychological support. Faith in treatment – balance between hope and despair.
Yüksel, M., Kurtulus, H., & Uzun, G. (2023)	Turkey	To explore the experiences of married women diagnosed with infertility and identify key psychological themes that can inform therapeutic counseling practices.	10 women	Phenomenological qualitative study design using purposive criterion sampling; data gathered through thematic analysis of participants' lived experiences.	Infertility experience – feelings of negativeness, helplessness, frustration, and hardship. Stress factors – pressure from expectations, uncertainty, length of treatment, personal conflict, failure, and search for solutions. Acquired skills – coping mechanisms, medical knowledge, hope, shared experience, bodily awareness, gender awareness, and healthy habits. Social support resources – contact with spouse, family, friends, and counsellors. Role of spouse – primarily as a source of support. Coping skills – reliance on religious beliefs, social engagement, sense of shared humanity, work, and psychological support. Faith in treatment – balance between hope and despair.
Sorkhani T, Ahmadi A, Mirzaee M, Habibzadeh V, Alidousti K. (2021).	Iran.	To investigate the effect of counseling on different emotional aspects of infertile women.	60 couples with primary infertility (30 intervention group, 30 control group).	Randomized clinical trial. Intervention group received infertility counseling (six 45-minute sessions, twice a week). Control group received routine care. Emotional outcomes measured using the SCREENIVF questionnaire before and after the intervention. Data collected over three months (November to December 2016) and analyzed using SPSS v19.0 with various statistical tests (paired t-test, independent t-test, Mann-Whitney, Wilcoxon, Chi-square).	Counseling significantly improved depression, social support, and cognitive domains of fertility-related issues. No significant change in anxiety levels. Overall, counseling did not affect the total emotional status score but was effective in improving several specific emotional domains in infertile women.

Table II: Integrated Result Table Factors, Dimensions, and Counseling Strategies Related to Sexual Self-Concept Among Infertile Couples

Author	Element / Dimension / Strategy	Biological Factors	Psychological Factors	Sociocultural Factors	Positive Sexual Self-Concept	Negative Sexual Self-Concept	Counseling Strategy	Goal	Outcome
Hasanpoor-Azghdy, Simbar, & Vedadhir (2014)	Mental Health		✓ Anxiety, stress, shame		Reduced Anxiety and depression	Psychological distress			
Piiloquin et al. (2018)	Self-Esteem		✓ Body image, anxiety		High confidence, body positivity	Shame, low confidence	Couples Counselling	Enhance emotional bonding	Greater marital satisfaction
Kulaksiz et al. (2022)	Self-Esteem		✓ Body image						
Riazi et al. (2020)	Sexual Function	✓ Hormonal changes	✓ Dysfunction						
Tetecher et al. (2023)	Intimacy & Body Image			✓ Media, cultural taboos, gender norms	Open communication, closeness	Avoidance, detachment	Body Image Interventions	Foster body positivity	Better self-perception
Lopes (2022)	Relationship Quality				Satisfaction, mutual understanding	Conflict, dissatisfaction	Group Therapy	Peer support, shared experience	Reduced isolation
Yüksel, M., Kurtuluş, H., & Uzun, G. (2023)	Relationship Quality				Satisfaction, mutual understanding	Conflict, dissatisfaction	Couples Counselling	Enhance communication	Greater marital satisfaction
Arif et al. (2022)	Coping with Infertility		✓ Resilience, optimism		Coping, optimism	Burnout, helplessness	Cognitive Behavioural Therapy (CBT)	Reframe beliefs, reduce anxiety	Improved sexual self-esteem
Yazdani et al. (2019)	Sexuality Therapy	✓ Dysfunction					Sexuality Therapy	Address dysfunctions	Increased intimacy, confidence
Dreischor et al. (2022)	Support couples on coping						Couple support on Sexuality	sexual advice focused on enhancing pleasure	Bonding and preventing dysfunction
Kulaksiz et al. (2022)	Quality of life and sexual function		✓ Anxiety, depression, lower self-esteem						

interventions, even when delivered through mobile platforms, significantly improved the positive sexual self-concept of infertile women and reduced negative perceptions (13). Another study confirmed a strong association between sexual self-concept dimensions, particularly sexual motivation and satisfaction and sexual functioning, which is closely linked to marital well-being (17). Psychological distress caused by infertility, including emotional turmoil, diminished self-esteem, and perceived failure, was also found to directly impair sexual self-identity and intimacy (10). Additional findings further support this theme, showing that emotional responses to infertility diagnoses affect sexual dynamics and that couple functioning is a significant predictor of sexual satisfaction (7). The cumulative evidence suggests that when couples are supported in reconstructing their sexual self-concept through counseling and psychoeducational strategies, they are more likely to experience emotional resilience, healthier sexual relationships, and sustained marital cohesion despite the challenges of infertility. Refer to Table II: Factors influencing sexual self-concept.

Through psychological counselling interventions, couples can explore and reconstruct their sexual self-concept.

The evidence presented in Table II clearly illustrates that psychological counselling interventions play a vital role in helping couples explore and reconstruct their sexual self-concept, which significantly influences their relationship dynamics and emotional well-being. A positive sexual self-concept, characterized by high self-esteem, body positivity, open communication, and emotional closeness, is associated with enhanced intimacy and relationship satisfaction (4,7,14). In contrast, a negative sexual self-concept leads to feelings of shame, avoidance, emotional detachment, and relationship dissatisfaction (7,14,18). Psychological counselling provides a space for couples to process the emotional impact of infertility, promote self-awareness, and enhance coping strategies (10,19). By addressing distorted self-perceptions and facilitating mutual understanding, counselling can reduce psychological distress and foster resilience and optimism during infertility treatments (2,18). The interventions not only improve individual mental health but also strengthen the couple's bond, making them more equipped to navigate the challenges of subfertility. Thus, counselling serves as a transformative process that enables couples to reconstruct their sexual identity in a supportive and therapeutic context.

Counselling psychology professionals employ various strategies to promote open communication, enhance intimacy, and build emotional resilience.

The findings summarized in Table II emphasize the essential role of counselling psychology professionals

in supporting infertile couples by employing targeted strategies that promote open communication, emotional bonding, and psychological resilience. Cognitive Behavioral Therapy (CBT), as demonstrated in recent studies, is an effective method for reframing negative beliefs and managing anxiety, thereby fostering healthier cognitive patterns and improving sexual self-esteem (2). Couples counselling, another widely utilized approach, helps enhance emotional intimacy and interpersonal communication, which are critical for maintaining marital satisfaction during infertility treatment (14,18). Additionally, sexuality therapy addresses sexual dysfunction and discrepancies in desire, leading to improved intimacy and sexual confidence within the relationship (13,19). Group therapy offers valuable peer support, enabling couples to share experiences and reduce feelings of isolation, which enhances collective coping skills (4). Furthermore, body image interventions have proven effective in helping individuals develop body positivity and comfort, directly influencing their sexual identity and self-concept (7). These diverse yet complementary approaches highlight the multifaceted strategies that counselling psychology professionals integrate to strengthen emotional and relational health among subfertility couples.

DISCUSSION

Biological, psychological, and sociodemographic factors affect the formation of sexual self-concept (10-11). This development begins in adolescence, a crucial period for establishing sexual identity through exploration of attractions and desires, laying the foundation for future relationships and sexual encounters (12). Sociocultural influences, such as interactions with peers, cultural norms, and media exposure, also shape sexual self-concept (13). Exposure to diverse gender identities and sexual orientations through media can challenge traditional views, while societal prejudice and stigma may negatively affect self-esteem, leading to internalized shame (11,14). There is a direct relationship between sexual satisfaction and overall relationship happiness (9). Individuals with a positive sexual self-concept are more likely to enjoy fulfilling sexual relationships due to greater awareness and acceptance of their personal boundaries and needs (6,10). Conversely, a negative sexual self-concept may lead to relationship difficulties, performance anxiety, and dissatisfaction. Improving sexual self-concept can thus enhance sexual experiences and relationships (7). Sexual self-concept plays a crucial role in shaping a person's sexual identity, relationship dynamics, and overall well-being (6). Subfertility couples can benefit from understanding and addressing the factors that influence their sexual self-concept, fostering positive attitudes to enhance the quality of their sexual relationships (9).

Group therapy is an important tool for extending social support to infertile couples. Counselling psychologists

help individuals and couples tap into social support systems, including friends, family, and support groups, providing a sense of community and shared understanding (4). Group therapy sessions allow couples to share their experiences with others in similar situations, fostering connection and mutual support (13). In a multicultural context, counselling psychologists offer culturally sensitive support, particularly important for cross-cultural marriages (13). By employing cross-cultural and interfaith counselling approaches, psychologists help couples from diverse backgrounds foster harmony and mutual respect (16). Counselling psychologists are vital in addressing the complex emotional, psychological, and relational challenges associated with infertility (11).

Therapeutic interventions that target body image and self-esteem are key to fostering a positive sexual self-concept (14). Individuals with a positive body image and high self-esteem tend to feel more confident and comfortable in their sexuality (15). Conversely, low self-esteem and negative body image can lead to anxiety and avoidance of sexual engagement, reinforcing a negative sexual self-concept (6,14,19). Counselling psychologists play a vital role in helping infertile couples develop a positive sexual self-concept (15,19). By addressing negative thoughts, fostering positive attitudes toward sexuality, and encouraging self-exploration, therapists can guide individuals toward healthier sexual identities (7, 9). Comprehensive sexual education, focused on self-exploration, consent, and respect for diverse sexual identities, can further empower individuals to build a positive sexual self-concept, enhancing both their sexual health and relationships (16). Figure 2 explains the conceptual framework depicted in the figure highlights the intricate interplay between sexual self-concept and marital preservation among subfertility couples. Subfertility introduces multifaceted challenges, including psychological stress, emotional burden, and societal expectations, which negatively affect the sexual self-concept defined by one's identity, beliefs, and attitudes toward sexuality. These factors collectively contribute to adverse outcomes such as low self-esteem, reduced intimacy, and an increased risk of marital dissolution. In response, counselling interventions play a pivotal role in mitigating these effects by focusing on reconstructing the sexual self-concept, enhancing communication between partners, and fostering emotional resilience. The application of strategies such as cognitive behavioural therapy (CBT), group therapy, and culturally sensitive approaches further support the healing process. The other therapy is suitable to be utilized by psychological professionals helping subfertility couples. Emotionally Focused Therapy (EFT) helps couples reconnect emotionally by strengthening their attachment bonds. Sex therapy that includes restructuring sexual self-concept focuses on improving body image, intimacy, and sexual confidence, often drawing from tools like the Multidimensional Sexual Self-Concept Questionnaire

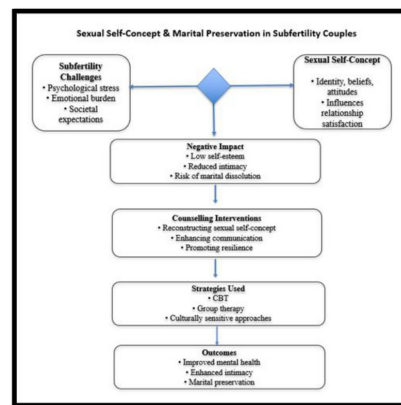


Figure 2 : Graphical visualization Sexual Self-Concept and Marital Preservation in Subfertility Couple

and sensate focus techniques. Narrative therapy allows couples to reframe their identity and relationship in the face of infertility by reshaping personal and shared life stories. Integrative Behavioral Couple Therapy (IBCT) blends behavior changes with emotional acceptance to help partners support each other despite fertility challenges. Mindfulness-Based Sex Therapy (MBST) promotes presence and reduces sexual anxiety, helping couples experience intimacy more fully. Lastly, psychoeducational interventions teach couples about the psychological effects of infertility, providing coping tools and communication skills to maintain marital resilience. These approaches are evidence-based and adaptable to individual or couple needs in therapy (18,19). Ultimately, all therapy interventions contribute to improved mental health, strengthened intimacy, and the preservation of the marital bond, emphasizing the importance of integrating sexual self-concept awareness into therapeutic practices for couples facing subfertility.

LIMITATIONS AND IMPLICATIONS

Limitations

This narrative review, while offering valuable insights into the interplay between sexual self-concept and marital preservation among subfertility couples, is subject to certain limitations. First, the review does not employ a systematic methodology, which may introduce selection bias in the inclusion of literature. Although comprehensive, the review may not capture the full breadth of available empirical studies, particularly unpublished or non-English language research. Additionally, the heterogeneity of the included studies in terms of sample characteristics, cultural contexts, and research design limits the generalizability of the findings. Implications for Practice and Research

Despite these limitations, this review underscores several critical implications for both clinical practice and future research. Counselling psychology professionals are uniquely positioned to intervene through targeted strategies such as cognitive-behavioral therapy, couples counselling, and body image interventions, all of which

can positively shape sexual self-concept and thereby strengthen marital resilience. Clinicians should be culturally sensitive and consider individual differences in sexual beliefs, values, and expectations, particularly in subfertility contexts that often carry cultural stigma. For future research, longitudinal and mixed-methods studies are needed to better understand the temporal dynamics and lived experiences of subfertility couples navigating challenges to their sexual identity and relationship quality.

CONCLUSION

This article explores the important role of counselling psychologists and the influence of sexual self-concept on marital preservation among infertile couples. Studies indicate that a positive sexual self-concept can help reduce the emotional and psychological challenges faced by these couples, while also enhancing intimacy and communication. Counselling psychologists play a key role in improving relationship dynamics. The findings emphasize the need for interdisciplinary collaboration between counselling psychologists and clinical teams to offer holistic support that promotes well-being and strengthens the marital bond in infertile couples.

ACKNOWLEDGEMENTS

We would like to express our gratitude to Advanced Medical and Dental Institute (IPPT), National Population and Family Development Board (LPPKN) and Public Service Department (JPA) who assisted us with the research in a professional capacity.

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