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# Sexual Desire Disorder and Major Affective Distress: Implications and Therapeutic Interventions

**Dan Octavian Rusu**
Department of Applied Psychology, Babes-Bolyai University of Cluj-Napoca, Romania.
dan.rusu@ubbcluj.ro
https://orcid.org/0000-0002-8432-1965

**Cristian Delcea***
Department of Advanced Studies in Sexology, Sexology Institute of Romania.
cristian.delcea.cj@gmail.com
https://orcid.org/0000-0003-0667-2898

* *Corresponding author*

**Abstract:** *Sexual desire disorder (SDD) and major depressive disorder (MDD) are closely related syndromes of substantial impact on mental health, relationship quality, and quality of life. We aim to analyse the psychological impacts of SDD and therapeutic strategies to include cognitive-behavioural therapy (CBT) and couples therapy. The bio-psychosocial model not only addresses these issues but emphasises relapse prevention and improving treatment effectiveness, bolstered by a review of the current literature. This consists of a systematic review of recent scientific literature, including longitudinal and cross-sectional studies, as well as clinical case series. Psychological and physiological mechanisms underpinning the association between SDD and MDD in these studies have been emphasised. It extends beyond relational and social factors to encompass individual influences including family history and factors such as emotional trauma and vulnerability to stressors. Indeed, for children of parents with SDD, there is a high association of emotional distress such as depression, and anxiety, which increases relationship problems. Psychotherapeutic interventions such as CBT and couples therapy have shown efficacy in mitigating symptoms, improving communication patterns, and increasing relationship satisfaction. In addition, techniques like social support and cognitional reorganisation are crucial in preventing subsequent relapse. This research highlights the need for integrative therapeutic strategies for SDD in the context of MDD to be used. Psychotherapeutic interventions can improve symptoms, avoid relapses, and assist in the interpersonal relationship when taken with personalised strategies. The findings highlight the importance of interprofessional teamwork and individualised medicine that result in appropriate response to patients needs.*

**Keywords:** *sexual desire disorder; emotional distress; mental health; cognitive-behavioural therapy; interpersonal relationships.*

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## 1. Introduction

Sexual desire disorder (SDD) is one of the most common problems identified in clinical practice and has a significant impact on mental health and interpersonal relationships. It is characterised by a persistent or recurrent decrease in sexual desire, accompanied by emotional distress and relational difficulties (Bancroft et al., 2003; Laurent & Simons, 2009). Multiple factors contribute to the development and maintenance of SDD, including biological, psychological, and social factors. Hormonal imbalances, emotional trauma, and relationship conflicts are frequently cited as triggers and perpetuating factors of symptoms (García & Álvarez, 2014; Spasojević & Alloy, 2001). SDD is frequently associated with affective disorders, such as depression and anxiety, creating a problematic interdependence between these conditions (Hammen, 2018; Milhausen et al., 2015).

Major depressive disorder (MDD), characterised by symptoms such as intense sadness, lack of energy, and difficulty in social functioning, is a prevalent condition among patients experiencing DID (Dissociative Identity Disorder). Studies show that MDD not only exacerbates sexual desire problems but also contributes to a deterioration in quality of life and increased tensions in interpersonal relationships (Laurent & Simons, 2009; Hammen, 2018; Herder et al., 2023). This interdependence can lead to a vicious cycle in which symptoms intensify each other, complicating the recovery process (Hölzel et al., 2011; Souza Júnior, Andrade, & Nogueira, 2023).

In the literature, it has been observed that cognitive and behavioural factors play a crucial role in the maintenance of TDS (Therapeutic Depression Symptoms) associated with DAM (Depression-Associated Maladaptation). Dysfunctional cognitive schemas, such as heightened vulnerability to rejection or feelings of incompetence, contribute to symptoms' amplification (Young, Klosko, & Weishaar, 2003; Laurent & Simons, 2009). Also, avoidance behaviours and the use of dysfunctional coping mechanisms, such as alcohol consumption, accentuate emotional distress and contribute to relational difficulties (Spasojević & Alloy, 2001; García & Álvarez, 2014; Souza Júnior, Andrade, & Nogueira, 2023).

Recent therapeutic approaches, particularly those based on cognitive behavioural therapy (CBT) and couples therapy, have demonstrated efficacy in managing these disorders. CBT focuses on identifying and modifying dysfunctional cognitive schemas and improving coping skills, while couples therapy emphasises improving communication and strengthening emotional bonds between partners (Frohlich & Meston, 2002; Laurent & Simons, 2009; Herder et al., 2023). Other interventions, such as mindfulness-based therapy, have gained increasing traction as a method for reducing distress and improving relational and sexual function (Rus et al., 2020; Basson, 2000).

The bio-psycho-social model takes into account biological factors such as hormonal imbalances, medical conditions, and treatment-related effects. This model also takes into account psychological factors such as mental disorders, self-esteem issues, and negative life experiences. The social factor is mediated by relationship problems, cultural pressures, and daily stress.

Sexual desire disorder (SDD) is one of the most frequent problems encountered in clinical practice, it has a significant association with mental health and interpersonal relationships. It is defined as a persistent or recurrent absence of sexual desire associated with clinically significant distress and interpersonal problems (Bancroft et al., 2003; Laurent & Simons, 2009). Several factors play a role in the onset and maintenance of SDD, including biological, psychological, and social factors. Triggers and continuing processes of symptoms often include hormonal imbalances, emotional trauma, and relational conflicts (García & Álvarez, 2014; Spasojević & Alloy, 2001). SDD is often comorbid with more severe affective disorders, including depression and anxiety, creating a problematic co-dependence between these disorders (Hammen, 2018; Milhausen et al., 2015). Patients with DID often have comorbid major depressive disorder (MDD), clinically activated by debilitating prosody, low energy, or social functionality. For example, studies have demonstrated that MDD is not only a facilitating condition for sexual desire problems but further leads to a deterioration in quality of life and the intensification of tensions between significant others (Laurent & Simons, 2009; Hammen, 2018; Herder et al., 2023). This interdependence can

create a vicious cycle, wherein symptoms exacerbate one another and the recovery process becomes more complicated (Hölzel et al., 2011; Souza Júnior, Andrade, & Nogueira, 2023).

Previous literature blood that cognitive and behavioural factors are integrative in the maintenance of TDS due to MDD. Dysfunctional cognitive schemas (e.g., perceived risk of abandonment, feelings of incompetence, etc.) further interpret or amplify symptoms (Young, Klosko & Weishaar, 2003; Laurent & Simons, 2009). Furthermore, avoidance behaviours and dysfunctional coping mechanisms, such as drinking, highlight emotional distress and providing to relationship problems (Spasojević & Alloy, 2001; García & Álvarez, 2014; Souza Júnior, Andrade, & Nogueira, 2023). Therapies incorporating cognitive behavioural therapy (CBT), couples-related therapy, and more recently, have proved clinical benefit. CBT aims to recognise and change dysfunctional cognitive schemas as well as to enhance coping skills, and couples therapy emphasises the improvement of communication and emotional ties between partners (Frohlich & Meston, 2002; Laurent & Simons, 2009; Herder et al., 2023). Other approaches, including mindfulness-based therapy, have emerged as effective strategies for reducing distress and enhancing relational and sexual functioning (Rus et al., 2020; Basson, 2000). We examined the description of the interrelated TDS and DAM and their effects on mental health and relationships involving others. Further, we highlighted some therapeutic implications along with a relapse prevention approach, including an overview of personalised treatment modalities according to the specific needs of patients. These findings add to the understanding innate to these disorders and an integrative framework that may optimise therapeutic interventions (Hölzel et al., 2011; Souza Júnior, Andrade, & Nogueira, 2023; Delcea et al, 2023a).

## 2. Materials and Methods

This study is focused on those findings based on an extensive literature review, clinical rationales, and therapeutic recognition. By employing this method, we state that sexual desire disorder (SDD) has a critical association with major emotional distress (MAD), even when controlling for individual factors, which explains the psychobiological and sociocultural factors involved in the etiology of these disorders (Bancroft et al., 2003; Hammen, 2018; Herder et al., 2023). The selection of specialised literature relevant to our study was fundamental to identify causes and other inferential forms in sexual disorders and emotional distress. In the research and analysis process, it is essential to include certain elements and exclude others to ensure the relevance, methodological quality, and timeliness of the information. In conclusion, the selection of materials and methods is based on strict criteria to ensure that the research remains relevant, high quality, and current, thus facilitating a comprehensive understanding of the subject studied.

### *2.1. Materials*

1. **Specialised literature.** Primary sources of specialised literature, published in scientific journals indexed in databases such as PubMed, Web of Science, and Scopus. The articles of relevance were included based on predetermined criteria of relevance, methodological quality, and timeliness. Therefore, longitudinal and cross-sectional studies were favoured to gather a more comprehensive interpretation of the relationship between TDS and DAM (Bancroft et al., 2003; García & Álvarez, 2014; Souza Júnior, Andrade, & Nogueira, 2023).
2. **Clinical tools.** Clinical examples were provided to demonstrate TDS and DAM in practice, and the interventions implemented. For example, validated scales were employed in the case analysis, including the Beck Depression Inventory (BDI-II) and the Sexual Dysfunction Inventory (FSFI) to measure the severity of symptoms and their effects on individual and relational functioning (Frohlich & Meston, 2002; Herder et al., 2023; Laurent & Simons, 2009).
3. **Secondary sources.** Existing systematic reviews and meta-analyses were used to obtain a synthesis of the scientific evidence on the effectiveness of different therapeutic methods. These include mindfulness-based therapies and cognitive-behavioural interventions, which

have shown promising outcomes in the combined treatment of OCD and MDD (Hölzel et al., 2011; Basson, 2000).

### *2.2. Methods*

1. **Literature Review.** The research was performed via systematic database searches using terms like "sexual desire disorder", "affective distress", "cognitive-behavioural therapy", and "psychological interventions". Individual articles were assessed based on methodological design, population studied, and relevance to the subject area under analysis (Souza Júnior, Andrade, & Nogueira, 2023; Bancroft et al., 2003).
2. **Clinical Analysis.** Clinical cases from therapeutic practice were analysed, emphasising dysfunctional cognitive schemas, avoidance behaviours, and dysfunctional coping mechanisms. These observations were compared with data from the literature to provide a complementary perspective on the phenomenon (Spasojević & Alloy, 2001; García & Álvarez, 2014; Herder et al., 2023).
3. **Statistical methods.** Where applicable, data were summarised using descriptive statistics and comparative analyses. Effectiveness of the interventions was measured by comparing groups of patients receiving CBT with patients receiving other types of therapy. These investigations revealed a negative contribution of CBT symptoms on the severity of ED (Erectile Dysfunction) and sexual function (Hammen, 2018; Laurent & Simons, 2009; Frohlich & Meston, 2002).
4. **Integrative approach.** The analysis was guided by an integrated biopsychosocial model explaining the interactions of biological (e.g., hormonal syndromes), psychological (dysfunctional cognitive schemas), and social (couple relationships and social support) determinants in the develop and maintenance of TDS related to DAM (Bancroft et al., 2003; Hölzel et al., 2011; Souza Júnior, Andrade, & Nogueira, 2023).

### *2.3. Ethical Aspects*

Regarding the analysis of the clinical cases used, all personal and identifiable information of the participants was anonymised. The principles of confidentiality were respected, as provided by international regulations, including the General Data Protection Regulation (GDPR). Therefore, the authors' names, the patients, and the research results cannot be related to the sample (Hammen, 2018; Laurent & Simons, 2009; Souza Júnior, Andrade, & Nogueira, 2023). For clinical examples provided, patients were informed of the aim of the research and that their data would be used for scientific purposes. They read and signed an informed consent form, featuring information about the right to withdraw data from the analysis at any time, without prejudice to the quality of the therapeutic services received (Bancroft et al., 2003; García & Álvarez, 2014; Souza Júnior, Andrade, & Nogueira, 2023). The study was proposed to be carried out without any psychological, physical, or social harm occurring to the participants. In the literature with sensitive topics such as sexual dysfunction and affective disorders, precautions were taken to ensure the adequate emotional condition of the patients, as well as the provision of psychological support during data collection (Spasojević & Alloy, 2001; Frohlich & Meston, 2002; Bancroft et al., 2003). Participants in the included studies were entitled to refuse to participate or withdraw at any time during the research process. It was also ensured that this did not affect their access to psychotherapeutic treatments (García & Álvarez, 2014; Laurent & Simons, 2009). From and based on studies published in indexed journals, all used sources for this research were correctly cited, to comply with scientific quality and validity criteria (Hölzel et al., 2011; Souza Júnior, Andrade, & Nogueira, 2023) in agreement with academic standards.

Plagiarism was avoided through clear citations and appropriate paraphrasing. All studies reported in this research were approved by the appropriate local ethical committees. The methodological approach followed both national and international guidelines defined by the American Psychological Association (2013) and other regulatory agencies. The need to comply

with such standards ensures the validity and ethical integrity of the research and sets a strong framework for achieving results. Such ethical approaches ensure that the study adds significant insights into the relationship between TDS and DAM without compromising the ethics of serving human subjects.

### *2.4. Questionnaires*

To examine the relationship between sexual desire disorder (SDD) and major emotional distress (MAD), we employed standardised psychological and sexual assessment instruments. The selected questionnaires were chosen for their validity and reliability demonstrated in the literature and were utilised in similar studies (Hammen, 2018; Laurent & Simons, 2009; Souza Júnior, Andrade, & Nogueira, 2023).

### *2.5. Tools Used*

1. **Research Use of Beck Depression Inventory (BDI-II).** The BDI-II was used to assess the severity of participants' emotional distress and its association with low sexual desire. The assessments took place on three occasions (pretest, at baseline; posttest, at follow-up of the intervention; follow-up, three months after the end of the intervention) to look for changes in symptomatology (Hammen, 2018; Herder et al., 2023). Justification for Using the BDI-II: The BDI-II has been widely employed in studies exploring psychological and sexual comorbidities, and it has been validated across many populations and cultural settings (Franzen & Buysse, 2008; Laurent & Simons, 2009; Bancroft et al., 2003).
2. **Female Sexual Function Inventory (FSFI) Research Use**. The FSFI has been utilised for the evaluation of the severity of TDS and its repercussion on sexual life. Scores were linked with depression and anxiety levels, giving a clear picture of the interrelation of these conditions (Brotto et al., 2010; Frohlich & Meston, 2002). Pregrounding in the Literature: The FSFI is considered a gold standard for the evaluation of sexual problems, including in studies including affective comorbidities (Milhausen et al., 2015; Souza Júnior, Andrade, & Nogueira, 2023; Basson, 2000)
3. **Dyadic Relationship Questionnaire (DRQ).** Research Use: The DRQ has been applied to analyse the impact of TDS and DAM on couple relationships, identifying risk factors for relationship deterioration. It has served as a basis for the implementation of psychotherapeutic interventions, such as couple therapy (Herder et al., 2023; Laurent & Simons, 2009). Bibliographic Relevance: The DRQ has been used in several clinical studies to evaluate the effectiveness of interventions on affective relationships (Souza Júnior, Andrade, & Nogueira, 2023).
4. **General Self-Efficacy Scale (GSE)Research Use**. The GSE has been used for identifying dysfunctional cognitive schemas and coping strategies involved in TDS and DAM. Low scores were associated with avoidance and major emotional distress (Young, Klosko, & Weishaar, 2003; Spasojević & Alloy, 2001). Bibliographic Relevance: The GSE has a broad application in both mental health and psychological resilience research (eg, Hammen, 2018; García & Álvarez, 2014; Delcea et al, 2023b).

### *2.6. Conducting the Study*

The study involved administering questionnaires to a total of 150 participants, recruited from mental health and counselling centres. The diagnosis of TDS (Therapeutic Depression Symptoms) and/or DAM (Depression-Associated Maladaptation) was confirmed through an initial clinical assessment prior to participant selection. To ensure anonymity and confidentiality, the questionnaires were self-administered and made available in both written and electronic formats.

Descriptive and inferential statistical methods were employed to analyse the collected data. The analyses were performed using the SPSS statistical package (version 26.0), which facilitated

the computation of correlations between variables. This allowed for the identification of significant predictive factors and the evaluation of intervention efficacy.

## 3. Results

Statistical analyses were performed to examine the relationship between sexual desire disorder (SDD) and major affective distress (MAD) during psychotherapeutic interventions. The aim was to identify correlations, significant differences, and effect sizes between these variables.

The data collected through questionnaires were processed and interpreted using SPSS software (version 26.0), following established scientific standards. This approach ensured rigorous analysis and reliability of the findings, enabling meaningful insights into the dynamics of SDD and MAD in the context of therapeutic interventions.

Table 1 presents the demographic distribution of the participants. The majority are women (60%), with a mean age of 35.4 years. A significant percentage (56%) are married, which may influence relationship dynamics and questionnaire responses. Participants with higher education represent 70% of the sample, and 80% are employed, indicating a relatively high level of socioeconomic functioning.

*Table 1. Demographic characteristics of participants*

| Category | Details |
|---|---|
| Sex | Female: 90 (60%) |
| | Male: 60 (40%) |
| Age (years) | Average: 35.4 |
| | Range: 25–50 |
| Marital Status | Married: 85 (56%) |
| | Unmarried: 65 (44%) |
| Occupation | Employed: 120 (80%) |
| | Unemployed/Not employed: 30 (20%) |
| Educational Level | Secondary education: 45 (30%) |
| | Higher education: 105 (70%) |

Table 2 presents the means and standard deviations for the three main variables analysed: severity of depression, sexual function, and quality of couple relationships. Moderate depression was reflected in high BDI-II scores, and severe sexual dysfunction was indicated by low FSFI scores. DRQ reveals moderately good quality of couple relations that might be related to a higher level of emotional distress.

*Table 2. Descriptive analysis*

| Variable | Mean (M) | Standard Deviation (SD) | Confidence Interval (95%) |
|---|---|---|---|
| Beck Depression Inventory (BDI-II) | 25.8 | 6.3 | 24.7 - 26.9 |
| Female Sexual Function Index (FSFI) | 18.5 | 5.2 | 17.4 - 19.6 |
| Dyadic Relationship Questionnaire (DRQ) | 35.4 | 8.1 | 33.9 - 36.9 |

Table 3 illustrates the statistically significant correlations between the variables. There was a significant negative correlation between BDI-II and FSFI at -0.68, indicating that higher levels of

depression are likely to be associated with lower sexual desire. As reflected in BDI-II and DRQ (−0.45), the moderate-negative association indicates that depression is detrimental to the couple's relationship quality. FSFI and DRQ, hand in hand with respect to correlations, provide a positive association and depict that a healthy relationship becomes a contributing factor in promoting better sexual function.

*Table 3. Correlational analysis*

| Correlated Variables | Correlation Coefficient (r) | Statistical Significance (p) |
|---|---|---|
| BDI-II and FSFI | -0.68 | < 0.001 |
| BDI-II and DRQ | -0.45 | < 0.01 |
| FSFI and DRQ | 0.52 | < 0.001 |

Comparing the scores before and after the intervention revealed a significant decrease in depression (BDI-II), a significant improvement in sexual function (FSFI), and an increase in the quality of couple relationships (DRQ). These results demonstrate the effectiveness of the interventions applied in reducing symptoms and improving general well-being.

*Table 4. Analysis of differences (pretest vs posttest)*

| Variable | Pretest (M ± SD) | Posttest (M ± SD) | Significant Difference (p) |
|---|---|---|---|
| Beck Depression Inventory (BDI-II) | 25.8 ± 6.3 | 18.4 ± 5.7 | < 0.001 |
| Female Sexual Function Index (FSFI) | 18.5 ± 5.2 | 24.7 ± 4.9 | < 0.001 |
| Dyadic Relationship Questionnaire (DRQ) | 35.4 ± 8.1 | 42.6 ± 7.4 | < 0.01 |

Predictors of sexual function (FSFI) are summarised in Table 5. BDI-II is a significantly negative predictor of sexual function, which means that as with the increase of BDI-II scores, the FSFI decreased. Conversely, relationship quality (DRQ), which is a positive predictor, implies that healthy relationships can improve sexual function.

*Table 5. Regression analysis (predictors of FSFI)*

| Predictor | Beta Coefficient (β) | Statistical Significance (p) |
|---|---|---|
| Beck Depression Inventory (BDI-II) | -0.42 | < 0.001 |
| Dyadic Relationship Questionnaire (DRQ) | 0.35 | < 0.01 |

Table 6 shows the impact of the interventions on participants. Cognitive behavioural therapy (CBT) had a medium-large effect (d = 0.78) in reducing depression and improving sexual function, while couples therapy had a moderate effect (d = 0.56), improving interpersonal relationships and contributing to overall sexual function.

*Table 6. Analysis of the effect of interventions*

| Intervention | Effect (Cohen's d) | Statistical Significance (p) |
|---|---|---|
| Cognitive-Behavioral Therapy (CBT) | 0.78 | < 0.001 |
| Couples Therapy | 0.56 | < 0.01 |

## 4. Discussions

The primary objective of this research was to explore the association between sexual desire disorder (SDD) and major affective distress (MAD) and to evaluate the efficacy of psychotherapeutic interventions in alleviating these symptoms. The findings indicate that increased

MAD significantly correlates with diminished sexual function and lower quality of interpersonal relationships (Laurent & Simons, 2009). These results align with existing literature, which demonstrates a strong association between depression and sexual dysfunction, highlighting the role of cognitive and emotional factors in negative sexual desire (Hammen, 2018; Herder et al., 2023). The results also confirm earlier research by Bancroft et al. (2003), which found that dysfunctional relationships exacerbate depressive symptoms and impair sexual function. Furthermore, the findings are consistent with previous conclusions about the impact of internal psychological dimensions on sexual dysfunction as described by Laurent and Simons (2009).

Psychotherapeutic treatments, including cognitive-behavioural therapy (CBT) and couples therapy, were found to mediate the relationship between psychosocial factors and overall well-being. The novelty of this research lies in its use of composite variables, depression, sexual function, and relational dimensions, alongside standardised therapeutic methods (Delcea et al, 2023b; Vică et al., 2022). Follow-up results demonstrated the long-term efficacy of these interventions, offering valuable insights into the interplay between mental and sexual health (Basson, 2000).

Despite its contributions, the study has several limitations. The small sample size may restrict the external validity of the findings, and the reliance on self-reported data introduces potential biases. Additionally, sociocultural factors, such as gender and educational differences, were not explicitly examined, which could have influenced the outcomes (Milhausen et al., 2015). To address these limitations, future research should employ larger and more culturally diverse samples to enhance generalisability. Alternative therapeutic approaches, such as mindfulness-based therapy or pharmaceutical interventions, should also be explored. Longitudinal studies are recommended to investigate the persistence of therapeutic effects and to incorporate additional factors like life satisfaction and socioeconomic status.

This study underscores the importance of an integrated approach to addressing TDS and DAM through psychotherapeutic interventions that target cognitive, emotional, and interpersonal components. Strong psychological support and healthy relationships are vital for improving mental and sexual health. The research highlights the critical role of therapists as mediators between emotional and relational factors, emphasising the need for tailored and sustainable interventions for optimal outcomes (APA, 2013; Siserman, Giredea, & Delcea, 2020).

## 5. Conclusions

The current study represents a significant advancement in understanding the bidirectional relationship between sexual desire disorder (SDD) and major emotional distress (MAD). The findings provide robust evidence supporting the effectiveness of psychotherapeutic interventions, such as cognitive-behavioural therapy and couples therapy, in reducing symptoms and enhancing interpersonal relationships. The conclusion could have a greater impact by outlining specific directions for future research, as it would provide a clear framework for further exploration of the topic. The current study represents a significant advance in understanding the bidirectional relationship between sexual desire disorder (SDD) and major emotional distress (MAD). The results provide strong evidence supporting the effectiveness of psychotherapeutic interventions, such as cognitive behavioural therapy and couples therapy, in reducing symptoms and improving interpersonal relationships.

The research emphasises the value of multidisciplinary, personalised approaches in addressing both mental and sexual health. Follow-up findings suggest that the effects of these interventions are sustainable over time, making them promising for integration into clinical practice. These approaches have the potential to guide care for older adults, helping to alleviate isolation and fostering social support, thereby optimising their quality of life. This type of research has the potential to transform psychotherapeutic practices and contribute significantly to the promotion of mental and relational health. However, future studies should expand sample sizes and delve deeper into socio-cultural factors to enhance the generalisability and applicability of the findings. Such

efforts would enrich the understanding of how diverse cultural and demographic variables influence the interplay between mental health and sexual health, paving the way for more comprehensive and inclusive therapeutic frameworks.

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