

RESEARCH PAPERS

RELATIONSHIP BETWEEN EARLY MALADAPTIVE SCHEMAS, DYSFUNCTIONAL SEXUAL BELIEFS, AND SEXUAL SATISFACTION IN WOMEN

RELAÇÃO ENTRE ESQUEMAS INICIAIS DESADAPTATIVOS, CRENÇAS SEXUAIS DISFUNCIONAIS E SATISFAÇÃO SEXUAL EM MULHERES

RELACIÓN ENTRE ESQUEMAS DESADAPTATIVOS TEMPRANOS, CREENCIAS SEXUALES DISFUNCIONALES Y SATISFACCIÓN SEXUAL EN MUJERES

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Abstract: Early maladaptive schemas (EMSs) are emotional and cognitive self-defeating patterns that influence several life areas, including sexuality. Prior research has shown correlations between sexual satisfaction, sexual dysfunctional beliefs and EMSs. That said, this study aimed to contextualize and understand the relationships between EMSs, sexual satisfaction and dysfunctional sexual beliefs in women. The sample was composed of 108 sexually active and literate women. The instruments used online were: sociodemographic questionnaire, Young Schema Questionnaire (YSQ – S3), the female version of Sexual Dysfunctional Beliefs Questionnaire (SDBQ), and the Sexual Satisfaction Scale for Women (SSS-W). Every participant signed a Free and Clarified Agreement Term (TCLE). Results showed negative and significant correlations between four schema domains and every domain of the Sexual Satisfaction Scale for Women. Concerning sexual dysfunctional beliefs and EMSs, results showed some positive and significant correlations. Regarding Sexual Dysfunctional Beliefs and Sexual Satisfaction, there was negative and significant correlations. These results are consistent to those found in similar studies and have relevant implications to clinical interventions in psychotherapy, providing support for future investigations on the subject in the national context.

Keywords: Early maladaptive schemas; Sexual dysfunctional beliefs; Sexual satisfaction.

Resumo: Os Esquemas Iniciais Desadaptativos (EIDs) são padrões emocionais e cognitivos autoderrotistas, que influenciam diversas áreas da vida, incluindo a sexualidade. Pesquisas têm demonstrado que há correlações entre a satisfação sexual, as crenças sexuais disfuncionais e os EIDs. Isso posto, este estudo se propôs a contextualizar e compreender a relação entre os EIDs, a satisfação sexual e as crenças sexuais disfuncionais no público feminino. A mostra foi composta por 108 mulheres, sexualmente ativas e alfabetizadas. Os instrumentos utilizados, de forma on-line, foram: Questionário Sociodemográfico, Questionário de Esquemas de Young (YSQ – S3), Questionário de Crenças Sexuais Disfuncionais (SDBQ) e a Escala de Satisfação Sexual para Mulheres (SSS-W). Todas as participantes assinaram o Termo de Consentimento Livre e Esclarecido (TCLE). Evidenciaram-se correlações negativas e significativas entre quatro domínios esquemáticos e todos os domínios da escala de Satisfação Sexual Feminina, em relação às Crenças Sexuais Disfuncionais e aos EIDs, obteve-se algumas correlações positivas e significativas. Já em relação a Crenças Sexuais Disfuncionais e a Satisfação Sexual Feminina, obteve-se correlações negativas e significativas. Os achados são congruentes aos apresentados em pesquisas semelhantes e possuem implicações relevantes às intervenções clínicas em psicoterapia, fornecendo subsídios para futuras investigações sobre o tema no contexto nacional.

Palavras-chave: Esquemas Iniciais Desadaptativos; Crenças Sexuais Disfuncionais; Satisfação Sexual.

Resumen: Los Esquemas Desadaptativos Tempranos (EDT) son patrones emocionales y cognitivos autodestructivos que influyen en diversas áreas de la vida, incluida la sexualidad. Investigaciones previas han demostrado correlaciones entre la satisfacción sexual, las creencias sexuales disfuncionales y los EDT. Bajo esta premisa, el presente estudio se propuso contextualizar y comprender la relación entre estos constructos en una muestra femenina. La muestra consistió en 108 mujeres, sexualmente activas y alfabetizadas. Los instrumentos, administrados en línea, fueron: Cuestionario Sociodemo-



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gráfico, Cuestionario de Esquemas de Young (YSQ-S3), Cuestionario de Creencias Sexuales Disfuncionales (SDBQ) y la Escala de Satisfação Sexual para Mujeres (SSS-W). Todas las participantes firmaron el Consentimiento Informado. Los resultados evidenciaron correlaciones negativas significativas entre cuatro dominios esquemáticos y todas las dimensiones de la satisfacción sexual femenina. Respecto a las creencias sexuales disfuncionales y los EDT, se obtuvieron correlaciones positivas significativas. Asimismo, en cuanto a las creencias sexuales disfuncionales y la satisfacción sexual femenina, se hallaron correlaciones negativas significativas. Los hallazgos son congruentes con la literatura y poseen implicaciones relevantes para las intervenciones clínicas en psicoterapia, además de aportar bases para futuras investigaciones sobre el tema en el contexto nacional.

Palabras-clave: Esquemas desadaptativos tempranos; Creencias sexuales disfuncionales; Satisfacción sexual.

Introduction

Sexual health is an essential component of mental health and quality of life and is influenced by biological, social, and, fundamentally, psychological factors (Ford *et al.*, 2022; Pascoal *et al.*, 2021). Studies indicate that a positive perception of overall sexual health is directly associated with higher levels of sexual satisfaction, whereas factors such as stress, depression, and cognitive distractions during sexual activity act as barriers to female sexual arousal (Arora; Brotto, 2017; Bedone, 2013; Raposo *et al.*, 2025).

In the cognitive domain, sexual satisfaction is assessed through the beliefs individuals develop about sexuality. When these beliefs are rigid or unrealistic, they become vulnerability factors for sexual dysfunctions (Tavares; Moura; Nobre, 2020). Recent literature has explored the relationship between these beliefs and Early Maladaptive Schemas (EMSs), as conceptualized in Schema Therapy (ST) (Alimoradi *et al.*, 2022). EMSs are stable, self-defeating cognitive structures that develop when emotional needs are unmet during childhood; they distort perceptions of reality and interfere with individuals' overall functioning in adulthood (Edwards, 2022; Farrell; Reiss; Shaw, 2024; Young; Klosko; Weishaar, 2008).

Empirical evidence suggests that women with sexual complaints show a higher prevalence of EMSs, particularly the *Self-sacrifice* and *Unrelenting Standards/hypercriticalness* schemas (Alimoradi *et al.*, 2022). In addition, Sexual Dysfunctional Beliefs act as mediators, promoting negative affect that undermines satisfaction (Abdolmanafi *et al.*, 2016; Raposo *et al.*, 2025).

Despite the relevance of this topic, few studies have directly examined all three constructs together. Considering the impact of sexuality on human well-being and the growing demand for psychotherapeutic interventions in this area (McCabe *et al.*, 2016), this study aimed to identify the relationships between EMSs, Sexual Dysfunctional Beliefs, and Sexual Satisfaction in sexually active adult women.

Method

This was a cross-sectional, quantitative, and correlational study. It was approved by the Research Ethics Committee of Universidade Feevale CAAE, nº. 40399620.5.0000.5348, and all participants provided consent by signing the Free and Informed Consent Form (TCLE), in accordance with the regulations in effect for research involving human participants. This study received no funding.

Sample

The convenience sample was recruited through social media using snowball sampling and comprised 108 Brazilian women. Inclusion criteria were self-identification as a woman, literacy, age between 18 and 40 years, and being sexually active (at least three sexual encounters in the previous six months). Women who had children were excluded from the sample.

Measures

Sociodemographic Questionnaire: Developed for this study, this questionnaire comprised 30 items designed to characterize the sample (age, occupation, and educational attainment) and investigate sexual history (age at sexual debut, use of contraceptive methods, and history of psychotherapy).

Young Schema Questionnaire (YSQ-S3): Developed by Young (2005) and validated in Portuguese by Souza *et al.* (2020), the instrument comprises 90 items rated on a six-point Likert scale (1 = “Completely false of me” to 6 = “Describes me perfectly”). It assesses the 18 EMSs grouped into five domains. In the Brazilian validation study, overall internal consistency was $\alpha = .965$; in the present sample, Cronbach’s alpha was $\alpha \geq .70$.

Sexual Dysfunctional Beliefs Questionnaire (SDBQ), female version: Originally developed by Nobre, Pinto-Gouveia, and Gomes (2003) and adapted for the Brazilian context by Lucena (2018), the questionnaire consists of 39 items assessing sexual beliefs on a five-point Likert scale (from 1 = “Completely disagree” to 5 = “Completely agree”). It covers domains such as gender roles normativity, sexual activity, female purity, affection, and aging. The Brazilian version had an internal consistency of $\alpha = .86$. For the purposes of this article, the domain names were translated into English based on the Brazilian version used in this study. Therefore, these labels do not correspond directly to the terminology structure of the original instrument.

Sexual Satisfaction Scale for Women (SSS-W): Developed by Meston and Trapnell (2005) and validated for Brazil by Catão *et al.* (2010), this instrument comprises 30 items across five domains: contentment, communication, compatibility, relational concern, and personal concern. Responses are recorded on a five-point Likert scale (1 = “Strongly disagree” to 5 = “Strongly agree”). Internal consistency in the Brazilian validation study was $\alpha = .91$.

Data Collection and Analysis

Data were collected remotely using electronic forms between 2020 and 2021. The data collection period encompassed different stages of social distancing, which is relevant to understanding the participants’ relationship context.

Data processing and analysis were performed using the Statistical Package for the Social Sciences (SPSS, version 24.0) (IBM Corp., 2016). Descriptive analyses of central tendency (mean and median) and dispersion (standard deviation, minimum, and maximum values) were first conducted to characterize the sample. Pearson’s correlation coefficient (r) was used to examine associations among EMSs, Sexual Dysfunctional Beliefs, and Sexual Satisfaction, with the significance level set at $p < .05$. Correlation magnitudes were interpreted according to Dancey and Reidy (2006): weak (0 to .39), moderate (.40 to .69), and strong (.70 to 1.00).

Results

The final sample comprised 108 Brazilian women, assessed using a cross-sectional, correlational design between 2020 and 2021. In accordance with the established inclusion and exclusion criteria, participants were literate, childless, sexually active, and had a mean age of 27.22 years ($SD = 5.12$). Most were employed (55.6%; $n = 60$), and 38.9% ($n = 42$) had completed postgraduate education. At the time of data collection, 78.7% ($n = 85$) reported being in a romantic relationship.

Given the cross-sectional, quantitative, correlational design, data from the instruments (YSQ-S3, SDBQ, and SSS-W) were processed using the SPSS (version 24.0) software.

Correlational Analysis

Table 1 - Correlations between mean EMS scores and sexual satisfaction domains

Instruments	Communica- tion	Con- tentmen t	Compati- bility	Conc. - Rela- tional	Conc. - Perso- nal	SSS-W Total
YSQ-S3	SSS-W					
Abandonment / instability	-,206*	-,118	-,148	-,260**	-,209*	-,241*
Mistrust / abuse	-,368**	-,385**	-,421**	-,499**	-,463**	-,539**
Social Isolation /alienation	-,388**	-,360**	-,354**	-,487**	-,435**	-,510**
Defectiveness / shame	-,197*	-,290**	-,287**	-,464**	-,293**	-,390**
Emotional Deprivation	-,305**	-,287**	-,307**	-,359**	-,283**	-,386**
Dom. Disconnection and Rejection	-,357**	-,347**	-,365**	-,496**	-,409**	-,499**
Failure to Achieve	-,190*	-,166	-,226*	-,366**	-,194*	-,293**
Dependence / incompe- tence	-,008	-,074	-,045	-,330**	-,108	-,153
Vulnerability to Harm / ill- ness	-,221*	-,094	-,187	-,373**	-,209*	-,282**
Enmeshment / undevelo- ped Self	-,197*	-,309**	-,202*	-,290**	-,225*	-,302**
Dom. Impaired Auton- omy and Performance	-,207*	-,202*	-,219*	-,428**	-,236*	-,331**
Subjugation	-,308**	-,337**	-,371**	-,440**	-,339**	-,451**
Self-sacrifice	-,156	-,099	-,056	-,241*	-,118	-,171
Approval / recognition- seeking	-,235*	-,260**	-,326**	-,380**	-,249**	-,366**
Dom. Other-Directed- ness	-,291**	-,290**	-,315**	-,442**	-,294**	-,412**
Emotional Inhibition	-,294**	-,233*	-,207*	-,315**	-,176	-,304**
Unrelenting Stan- dards/Hypercriticalness	-,299**	-,175	-,163	-,166	-,196*	-,246*
Negativity / pessimism	-,211*	-,167	-,242*	-,402**	-,275**	-,335**
Punitiveness	-,285**	-,178	-,234*	-,265**	-,315**	-,324**
Dom. Overvigilance and Inhibition	-,343**	-,241*	-,271**	-,376**	-,305**	-,387**
Entitlement / grandiosity	-,100	-,079	-,060	,034	-,047	-,056
Insufficient Self-control / self-discipline	-,184	-,168	-,123	-,294**	-,140	-,229*
Dom. Impaired Limits	-,174	-,152	-,112	-,173	-,140	-,229*
Total	-,329**	-,296**	-,313**	-,463**	-,336**	-,439**

Note: * $p < .05$; ** $p < .01$

Source: The Authors.

A negative, statistically significant correlation was observed between the total Early Maladaptive Schemas score (YSQ-S3) and the total Sexual Satisfaction score (SSS-W) ($p < .01$). Regarding specific domains, Disconnection and Rejection showed negative, statistically significant correlations with all SSS-W dimensions ($p < .01$).

For the Impaired Autonomy and Performance domain, negative, statistically significant associations were found with Relational Concern ($p < .01$), as well as with Communication, Contentment, Compatibility, and Personal Concern ($p < .05$). Other-Directedness domain was negatively and significantly correlated with all dimensions of Sexual Satisfaction ($p < .01$), particularly Relational Concern ($p < .001$).

Similar results were found for Overvigilance and Inhibition, which showed negative, statistically significant correlations with all SSS-W domains, with significance levels ranging from ($p < .001$), to ($p < .05$) and ($p < .01$). In contrast, Impaired Limits was not significantly correlated with Sexual Satisfaction. Overall, the data indicate that higher levels of EMSs were associated with lower sexual satisfaction in the study sample.

Table 2 - Correlations between mean EMS/schema-domain scores and Sexual Dysfunctional Beliefs domains

Instruments	Gender Roles Normativity	Sexual Activity	Female Purity	Affec- tion	Aging	Total
YSQ-S3	SDBQ					
Emotional Deprivation	,070	,174	,040	-,053	,159	,099
Abandonment / instabi- lity	,074	,080	-,068	,046	,163	,108
Mistrust / abuse	,183	,195*	-,050	,020	,169	,167
Social Isolation / alienation	,198*	,224*	,062	,032	,278**	,233*
Defectiveness / shame	,095	,136	,026	-,023	,122	,098
Dom. Disconnection and Rejection	,153	,196*	,002	,008	,219*	,174
Failure to Achieve	,084	,057	-,066	-,172	,042	-,023
Dependence / incompe- tence	,062	,179	,045	-,068	,151	,089
Vulnerability to Harm / illness	,106	,173	-,021	,014	,180	,139
Enmeshment / undeveloped Self	,066	,101	-,078	-,010	-,005	,031
Dom. Impaired Au- tonomy and Perfor- mance	,102	,153	-,044	-,078	,113	,070
Subjugation	,164	,168	-,023	,006	,167	,151
Self-sacrifice	-,022	,096	,056	,014	-,181	,085
Approval-Seeking / re- cognition-Seeking	,133	,160	-,088	,077	,262**	,190*
Dom. Other-Direc- tedness	,115	,176	-,024	,041	,254**	,178
Emotional Inhibition	,125	,135	,047	,011	,059	,105
Unrelating Standarts / hypercriticalness	,055	,020	-,008	,040	-,006	,038
Negativity / pessimism	,175	,166	-,004	-,077	,221*	,140
Punitiveness	,022	-,017	-,034	,008	,059	,022
Dom. Overvigilance and Inhibition	,128	,107	,003	-,010	,115	,104
Entitlement / grandiosity	,144	,256**	-,003	-,044	,216*	,161
Insufficient Self-Control / self-discipline	,109	,264**	-,090	-,088	,160	,102
Dom. Impaired Limits	,148	,309**	-,060	-,081	,220*	,153
Total	,147	,200*	-,021	-,021	,203*	,152

Note: * $p < .05$; ** $p < .01$

Source: The authors.

Regarding associations between schema domains and Sexual Dysfunctional Beliefs, positive, statistically significant correlations were identified for specific dimensions. Disconnection and Rejection showed positive,

statistically significant correlations ($p < .05$) with beliefs concerning Aging and Sexual Activity. Other-Directness showed a positive, statistically significant correlation with the Aging domain ($p < .01$). Finally, Impaired Limits also showed positive, statistically significant correlations with Sexual Activity ($p < .01$) and Aging ($p < .05$).

Table 3 - Correlations between sexual satisfaction domains and Sexual Dysfunctional Beliefs domains

Instruments	Gender Roles Normativity	Sexual Activity	Female Purity	Affec-tion	Aging	Total
SSSW	SDBQ					
Comunicação	-,307**	-,111	,029	-,272**	-,223*	-,318**
Contentment	-,186	-,082	,010	-,062	-,146	-,158
Compatibilidade	-,341**	-,194*	-,058	-,201*	-,342**	-,158
Relational Concern	-,202*	-,191*	,042	-,142	-,211*	-,370**
Personal Concern	-,326**	-,172	-,132	-,240*	-,281**	-,238
Total	-,343**	-,195*	-,032	-,234*	-,306**	-,369**

Note: * $p < .05$; ** $p < .01$

Source: The authors.

Regarding the relationships between Sexual Satisfaction and Sexual Dysfunctional Beliefs, a negative, statistically significant correlation was found between the total scores of the two instruments ($p < .01$). Specifically, the Communication domain of the SSS-W showed negative, statistically significant correlations with the Gender Roles Normativity and Affection domains ($p < .01$), as well as a negative, statistically significant correlation with Aging ($p > .05$). Compatibility was negatively and significantly correlated with Gender Roles Normativity and Aging ($p > .01$), and also showed negative, statistically significant correlations ($p > .05$) with Sexual Activity and Affection.

Relational Concern showed negative, statistically significant correlations with Gender Roles Normativity, Sexual Activity, and Aging ($p > .05$). Personal Concern was negatively and significantly correlated with Gender Roles Normativity and Aging ($p > .01$), and also showed a negative, statistically significant correlation with Affection ($p > .05$). Contentment and Female Purity were not statistically significantly correlated with one another.

Descriptive analysis

Among the schema domains (YSQ-S3), the domain with the highest mean score in the sample was Hypervigilance and Inhibition ($M = 3.09$; $SD = 1.01$). Individuals with schemas in this domain commonly have difficulty with emotional expression and spontaneity (Young; Klosko; Weishaar, 2008). Many develop rigid rules about their performance and devote considerable time to meeting them. These individuals also tend to put intimate relationships and their own happiness aside in order to meet their high performance standards (Wainer; Rijo, 2016).

Among the EMSs, Unrelenting Standards/Hypercriticalness had the highest mean score, 3.90 ($SD = 1.19$), and is characterized by rigid functioning focused on meeting high performance standards to avoid criticism. The second-highest mean score was for Negativity/pessimism, at 3.20 ($SD = 1.47$); individuals with this EMS tend to overemphasize negative aspects and minimize positive ones. The third-highest mean score was for Self-Sacrifice, at 3.17 ($SD = 1.21$), which is characterized by an excessive focus on voluntarily meeting other people's needs (Young *et al.*, 2008).

For Sexual Satisfaction (SSS-W), Personal Concern had the highest mean score ($M = 4.08$; $SD = 1.11$). This domain refers to concerns women have about their sexuality that cause them personal distress (Meston; Trapnell, 2005). For Sexual Dysfunctional Beliefs (SDBQ), the highest mean score was observed for Affection ($M = 2.72$; $SD = 0.74$), referring to beliefs that partners' tenderness and affection are central aspects of sexual activity (Lucena, 2018).

Discussion

This study investigated the relationships among EMSs, Sexual Dysfunctional Beliefs, and Sexual Satisfaction in sexually active adult women. The findings showed weak to moderate correlations, supporting the hypothesis that EMS activation and cognitive rigidity negatively affect women's experience of their sexuality.

Schematic and belief profile

The highest mean scores were observed in the Hypervigilance and Inhibition domain, particularly for *Unrelenting Standards/Hypercriticalness and Negativity/Pessimism*. This finding is consistent with those reported by Alimoradi et al. (2022). This profile suggests that the sample tended to suppress spontaneous affect in favor of adhering to rigid rules and pursuing performance (Young; Klosko; Weishaar, 2008; Tavares; Moura; Nobre, 2020). In the sexual domain, Personal Concern (SSS-W) and Affection (SDBQ) were the most prominent. Overvaluing affection as a prerequisite for pleasure may paradoxically lead to frustration when interpersonal expectations are not met (Lucena, 2018).

EMSs and sexual satisfaction: the impact of disconnection and inhibition

The negative correlations between the Disconnection and Rejection domain and all dimensions of sexual satisfaction are consistent with international studies (Hashemian et al., 2015). Women who expect their needs for security and acceptance to go unmet tend to avoid intimacy or experience it as unsafe. Similarly, the Impaired Autonomy and Achievement domain was associated with lower satisfaction, possibly because of a tendency to personalize failures and interpret negative sexual experiences as evidence of personal inadequacy, as suggested by Peixoto and Nobre (2020).

One relevant finding was the absence of a correlation between Impaired Limits and sexual satisfaction. It may be hypothesized that the focus on one's own needs, a main characteristic of this domain, could preserve individual satisfaction, even at the expense of the partner's (Bär et al., 2023; Young; Klosko; Weishaar, 2008). In contrast, Other-Directedness and Hypervigilance and Inhibition appeared to be detrimental, indicating that difficulty expressing spontaneous desires and systematically prioritizing a partner's pleasure may reduce women's sexual gratification.

Integration between sexual beliefs and satisfaction

The negative correlation between total Sexual Dysfunctional Beliefs and Sexual Satisfaction scores supports the view that cognitive rigidity is a vulnerability factor for sexual well-being (Lopes, 2020). Specifically, beliefs about Aging and Gender Roles Normativity were negatively correlated with Communication and Compatibility. This suggests that traditional notions of the "female role" and the decline of sexuality with age may hinder communication and sexual adjustment between partners.

Interestingly, Female Purity beliefs were not correlated with the other variables. This finding may reflect the sample's high educational attainment (38.9% had completed postgraduate education), possibly indicating greater distance from more conservative moral concepts. Regarding Contentment, the absence of correlations may suggest an effect of social taboo, which sometimes inhibits honest responses about personal pleasure (Meston; Trapnell, 2005), given that higher levels of life satisfaction are associated with higher levels of sexual satisfaction (Branecka-Woźniak et al., 2020).

Overall, the results showed that higher levels of EMSs and Sexual Dysfunctional Beliefs were associated with lower sexual satisfaction. The Disconnection and Rejection, Other-Directedness, and Overvigilance and Inhibition domains stood out because they showed significant negative correlations with different dimensions of sexual satisfaction. These findings suggest that difficulties with intimacy, emotional rigidity, excessive self-criticism, and prioritizing a partner's needs may negatively affect women's experience of sexuality. In addition, higher levels of schema activation were associated with higher levels of Sexual Dysfunctional Beliefs, reinforcing the influence of rigid cognitive patterns on sexual experience.

The impact of data collection context and relational context

The findings must be considered in light of the data collection period (2020–2021), which was marked by COVID-19 pandemic restrictions on social interaction. Given that a substantial majority of the sample (78.7%) was in a romantic relationship at the time of assessment, prolonged stay-at-home conditions may have amplified EMS activation. Although some couples reported no changes in their relationships during isolation, studies indicate that substantial proportions of women reported decreases in pleasure, satisfaction, arousal, and sexual desire during lockdown (Panzeri *et al.*, 2020). Thus, the COVID-19 pandemic may have had an ambivalent catalyzing effect: it tended to intensify difficulties among partners who already had intimacy problems, while preserving or improving these aspects in couples who had already experienced sexuality positively before social restrictions (Löfgren *et al.*, 2023).

Concluding remarks

This study achieved its objective of identifying correlations among EMSs, Sexual Dysfunctional Beliefs, and Sexual Satisfaction in adult women. The findings support the premise that women's sexual health is influenced by deep-seated, stable cognitive structures and indicate that both schema activation and the development of rigid sexual beliefs act as predictors of lower sexual satisfaction.

Despite its contributions, this study has limitations that should be considered. Although online data collection made it possible to conduct the research during social distancing, it limited control over the response environment and restricted the sample to social media users. Furthermore, the specific profile of the participants (young, childless women with high educational attainment) precludes generalizing the results to the entire Brazilian female population. The scarcity of Brazilian literature on the intersection of Schema Therapy and sexuality was also a challenge, underscoring the need for further research in the Brazilian context. Since data were collected during the COVID-19 pandemic, the findings may also serve as an important temporal snapshot for future comparative studies in the post-pandemic period, enabling investigation of possible changes over time in the relationships among schemas, sexual beliefs, and sexual satisfaction.

Future studies should include more diverse samples encompassing men, women with children, middle-aged adults, older adults, and people with different sexual orientations. Such studies would help to determine whether the relationship between schemas and sexual satisfaction remains stable across different stages of life and family configurations.

Finally, this study has clinical implications, providing empirical support for psychotherapists who work with sexual complaints. The results suggest that interventions focused on cognitive restructuring of dysfunctional beliefs and on managing specific EMSs, particularly those related to Overvigilance and Inhibition, may be important for increasing women's sexual satisfaction and relational well-being.

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