



## The effect of acceptance and commitment therapy on sexual satisfaction of couples in Shiraz

Mehdi Saremi Nezhad\* and Leila Shameli

Department of Psychology, Bushehr Islamic Azad University, Bushehr, Iran

\*Corresponding e-mail: [mmehdi.saremi@yahoo.com](mailto:mmehdi.saremi@yahoo.com)

### ABSTRACT

The present study aims at investigating the effectiveness of acceptance and commitment therapy on sexual satisfaction of couples in Shiraz.

**Methods:** A pre-test, post-test methodology with one control group and one experimental group is used to examine the effectiveness of acceptance and commitment therapy on sexual satisfaction of couples. 40 couples were chosen purposefully from the statistical population of all hurt couples who referred to psychological clinics in Shiraz. The sample size of 40 couples was put in to two groups consisting of a control group and experimental group. The required data was gathered through Larson Sexual satisfaction questionnaire and an acceptance and commitment therapeutic protocol of 12 therapy sessions. The data and hypothesis were analyzed via SPSS-22, using multivariable analysis of covariance (MANCOVA).

**Results:** The results of the study show that acceptance and commitment therapy has a meaningful effect on increasing sexual satisfaction of couples.

**Keywords:** Acceptance and commitment therapy, sexual satisfaction

### INTRODUCTION

Society emphasizes marriage as an important mutual relation which incorporates sexual relation as an inseparable part of romantic relation; in addition, marriage has been demonstrated in any known culture [1]. So many factors can be effective in marital satisfaction and each person explains the effective factors in marital satisfaction based on his own attitude or result of his own studies. Some people consider intellectual-emotional maturity of couples, education, similarity in family level, and shared interests and ideology as effective factors on marital satisfaction [2].

Nichols mentioned some tasks to reach an agreement in matrimonial relationship; one of them is to have satisfactory sexual relation for both partners [3]. Sexual satisfaction has a close relationship with structures associated with marital quality such as communication between couples [4], marital relationship satisfaction [5], in a way that this structure has been studied by many researchers as one of the causes of marital instability and predictor of the likelihood of a divorce in the future.

Today, it is confirmed that the cause of many mental disorders, ethical lapses, betrayals, failures of married life, conflicts, and moodiness, is due to lack of attention to sexual matters or the things which are related to it. There are so many families, whose warm and friendly environment has manifested into a cold and lifeless environment in the consequence of insufficient familiarity and knowledge about the affairs and issues related to gender. In some cases, the cause of lack of amity between couples, which is often the lack of sexual accordance, is hidden [6].

One of the key factors in evaluating the quality of life in general and quality and sustainability of marital relation particularly, is sexual satisfaction in matrimonial relation. Couples satisfactory relationship can be evaluated through mutual love, care, accepting and understanding of each other. Sexual satisfaction is a factor related to human sexuality which is considered the last stage of sexual response cycle [7]. Shahsiah, et al. by examining the impact of sex

education on improving marital satisfaction in Isfahan showed that sex education along with the increase in sexual satisfaction can lead to an increase in overall marital satisfaction and happiness [8].

The literal denotation of sexual satisfaction is the person's pleasant feeling about the type of sexual relation. Sexual satisfaction is an important factor for most couples and considered a personal matter; its high levels lead to an increase in the quality of marital life [9]. A desirable sexual satisfaction is defined as each person's judgment and analysis of the amount of pleasure received at the time of having sexual relation and reaching the peak of sexual satisfaction is called orgasm.

The concept of marital sexual satisfaction is divided into:

- 1) Satisfaction of sexual activity
- 2) Emotional satisfaction [6].

Hyde and DeLamater defined sexual satisfaction as satisfaction in both sexual activity and emotions. Sexual satisfaction is not just physical pleasure and includes all other feelings that remain after both the positive and negative aspects of sexual relation. Sexual pleasure leads to the ignorance of daily problems and marital discord and increases the emotional dependency of couples. Those who were highly satisfied with their partner, during sexual relation, have considerably better life quality than those who were not satisfied [10].

Considering sexual relation although a happy marital life is not completely related to sexual relation, this relation could be one of the most important reasons of being content or discontent in marital life. This is due to the fact that an unconvincing relation leads to feelings of deprivation, frustration, lack of safety, and it also endangers the mental health and eventually, results in the disintegration of the family [11]. Accordingly, many people, especially couples, are seeking treatment because of their communication problems [11].

In order to increase matrimonial satisfaction, there are a variety of approaches including acceptance and commitment therapy. Acceptance and commitment therapy is one of the mindfulness-based behaviour therapies which has proven to be effective and examined in a wide range of clinical situations [12]. For the use of acceptance and commitment therapy is to focus on evaluation and development of a treatment plan. In acceptance and commitment therapy the focus is on evaluating the patient's behavioural performance rather than seeking reason. Acceptance and commitment therapy is a type of behavioural therapy that aims at implementing experimental avoidance and trying to control worthwhile experiences.

According to acceptance and commitment therapy, development and maintenance of distress, conflict and emotional distance between couples are due to combining both severe controls and experiential avoidance strategies in couples' relationships [13].

Burckhardt, et al. have shown that combining acceptance and commitment therapy (strong mind) and positive psychology leads to reduction of symptoms in individuals with high depression, anxiety, and stress score [14].

Various studies have been done on the effectiveness of acceptance and commitment therapy. Romero, Orsillo [15] and Rohiher, Ghafari [16], have also shown the effect of acceptance and commitment therapy on anxiety and depression. Jacquelyn N., et al [17], have shown that acceptance and commitment therapy has an effect on reducing anxiety disorders in children. Comparing the effects of systematic couple therapy and acceptance and commitment therapy on marital turmoil, Baruch, Kanker and Busch [18] have shown that acceptance and commitment attitude had improved all communicative variables more than couple therapy.

Acceptance and commitment therapy is different from traditional cognitive-behaviour therapy. It aims at bringing a rich and meaningful life while the person accepts the inevitable suffers of it. This therapy is an effective action which is led by our deepest values, while we are fully prepared and committed. Therefore, it is through conscious action that we can make a meaningful life. Of course, once we start trying to make a living we encounter all sorts of obstacles in the form of unwanted inner experiences, such as: thoughts, imaginations, feelings, sensations, impulses, and memories [19].

Its fundamental basis includes: first, acceptance or tendency to experience pain or other disturbing events, without making any attempt to control them; and the second stage is value-based action or commitment along with a

tendency to act in a manner that acknowledges significant personal goals before eliminating undesired experiences. The interaction between both verbal methods and cognitive processes and other non-verbal dependencies leads to a healthy performance.

This method involves exposure-based training, linguistic metaphors, and other methods such as mental care [20]. The main goal is to create a mental flexibility, which means creating the ability to choose practically between different alternatives which are more suitable rather than merely imposing an action to avoid thoughts, feelings, memories, or disturbing tendencies [21]. Moghtadai and Khoshakhlagh [22] have shown the effectiveness of acceptance and commitment therapy on veterans' spouse flexibility.

The importance of the study lies in the fact that sexual health is an important issue in the marital relation and it helps the sustainability and stability of marriage, as well as marital and sexual satisfaction. Furthermore, little research had been done on the effectiveness of acceptance and commitment therapy on sexual satisfaction of couples. Sexual health requires a positive and respectful approach to sexual relation and needs the possibility of increasing safe and enjoyable sexual experiences and freedom from obligation, discrimination, and violence in marital relations [23].

In general, the couples who are more sexually satisfied, are more pleased with their marriage as well [1]. Iranian experts believe that 50 to 60 per cent of divorce cases are due to sexual problems and disorders [24]. It seems that most of Iranian couples suffer from sexual dissatisfaction, yet they feel ashamed and guilty discussing it and are not aware of its influence on marital dissatisfaction which leads to their lives' dissatisfaction as well [25].

According to what has been mentioned, the present study aims at examining the effectiveness of acceptance and commitment therapy on sexual satisfaction of couples. Accordingly it seeks the hypothesis that: acceptance and commitment therapy affects sexual satisfaction.

## RESEARCH METHODOLOGY

### Research design

Research Methodology was quasi- experimental pre-test post-test with control group that studied the effectiveness of acceptance and commitment therapy sexual satisfaction of couples.

### Population, sample, and sampling methodology

40 couples were chosen purposefully from the statistical population of all hurt couples who referred to psychological clinics in Shiraz. The sample size of 40 couples was put in to two groups of control group and experimental group.

### The research measuring tool

**Larson sexual satisfaction:** it was made to evaluate couples' satisfaction level, by Hudson-Harrison and Koroscap in 1981. This scale has 25 questions and it is considered a self-report questionnaire, for example; "I feel that my sexual life doesn't have quality or my partner cannot satisfy me sexually." Subjects' answers to each question are defined as a 7-point scale ranging 0 to 6 and the total subject's test score fluctuates from 0 to 150. Also, some of the provisions of the scale scored reverse.

Those reverse gradings include questions 4, 5, 6, 7, 8, 11, 13, 14, 15, 18, 20, 24 and 25. High scores on this scale indicate the sexual satisfaction. The Internal consistency of this scale was calculated by designers and Cronbach's alpha equals 0.91. The validity of the scale was calculated via retest method with one week interval and equals 0.93.

The validity of the scale was calculated by discriminant validity scale and results showed that this scale is capable of distinguishing couples with and without sexual problems [6]. The validity of this scale was calculated through its correlation with ENRICH's subscale sexual satisfaction questionnaire and equals 0.74 [1].

Pour Akbar [26] implemented this questionnaire again within 15 days, to examine the normative status of scale. The results of the test and re-test were analyzed by using a correlation test. The results of this test indicate the correlation of 0.956, and significant p-value of 0.1. furthermore, for more accurate examination, the calculated validity through splitting the test was equal to 0.88 and Guttman coefficient was 0.80.

### Protocol of acceptance and commitment therapy

**Research method:** By using university resources, books and scientific papers that were collected from different

centres, attempts were made to explain the theoretical basis and history of research which has been done on the effects of acceptance and commitment therapy on behavioural incompatible patterns. Then by using the questionnaire we gathered the required information (Table 1). The data was gathered through the simple random sampling method and questionnaires of research project that included demographic characteristics along with acceptance and commitment therapy protocol. The criteria for inclusion in the study are:

- Couples who do not have mental health problems and do not have any history of hospitalization.
- Couples between ages 20 to 40.
- People who were married for at least 3 years.
- Have a normal IQ.
- Have at least a diploma for both partners.

Exclusion criteria for this study are:

- Couples who are both or one of them less than 20 years of age or more than 40 years.
- Couples who had previously divorced.
- Unwillingness to cooperate on behalf of one or both partners.
- The prolonged absence due to illness or immigration, death or living with their parents.

Then, all subjects were enrolled in a treatment plan at the same time. Sessions were held weekly in clinic. In the case of treatment, a 12-session therapy plan was used for continuous therapy of couples.

### Data analysis

Analysis of the data has been done by spss-22 software. The results of descriptive statistic were explained through mean and standard deviation. In addition, the Multivariable analysis of covariance (MANCOVA) was used to analyse the research hypothesis.

### Findings of the study

Table 2 shows descriptive indicators of both control group and experimental group in the pre-test and post-test. As it is shown in Table 2, in pre-test mean and standard deviation of sexual satisfaction are 84.60, 2.21 for experimental

**Table 1 Protocol of acceptance and commitment therapy**

| Sessions         | Tasks  |
|------------------|--|
| First session    | Providing and distributing questionnaires, introduction of creative desperation, finding the objectives, presenting acceptance, and commitment therapy viewpoints, such as fusion, emotional control strategies, and separation from values by therapist.  |
| Second session   | Description of a result of the previous sessions, experiential exercises to challenge the effectiveness of control strategies, teaching the relationship between behavioural and sexual satisfaction by the therapist, increasing couples' engagement in activities that cause incompatibility sense of skill or pleasure. |
| Third session    | Evaluation of Problems and behavioural activation  |
| Forth session    | Introducing the concept of defusing of thoughts and behavioural incompatible feelings and sexual dissatisfaction and strategies for change defusing.   |
| Fifth session    | Assess the patient's ability for defusing from the thoughts and behavioural incompatible feelings and sexual dissatisfaction and presenting other practical strategies to train defusing   |
| Sixth Session    | Introduce the Differentiation between self-conceptualization and self-observer.  |
| Seventh session  | Demonstrate the importance of value and understanding the necessity of behavioural activation  |
| Eighth Session   | Contribute to the client to know the areas of life which are not in accordance with the values of the individuals and understand the values and use them as a source of commitment   |
| Ninth Session    | Discover the connection between the objectives, activities and reinforce the desire and defusing factors to achieve behavioural goals  |
| Tenth session    | Continue emphasis on components that are related to patient's problem. Continuing task in respect with the features of behavioural activation in the form of committing to certain activities which are specified by the patient's objectives and higher values.   |
| Eleventh Session | Teach patients to be self-therapists. Focus on patient concerns about termination of the treatment and Prepare them for the end of treatment and to deal with possible failures after treatment.   |
| Twelfth Session  | reflect on achieved progress and continuous goals of the client and run the pre-test.  |

group and 84.35, 7.15 for control group. Also, in post-test the mean and standard deviation of experimental group are 98.75, 7.00 and for control group are 86.40, 4.34 respectively.

Due to the use of analysis of covariance for analysing the research hypothesis; first, the statistical assumptions of covariance, including homogeneity of variance and M. Box for research variable were made. Table 3 shows the results and indicates that the two tests were of significance, thus the assumption of equality of variances was confirmed and the analysis of covariance can be used for the research variable.

### Research hypothesis

Acceptance and commitment therapy is effective in sexual satisfaction. As the results in Table 4 indicate, the F-value in sexual satisfaction post-test score, is significant, [F=15.537, p<0.0001].

The research hypothesis is confirmed; acceptance and commitment therapy is effective in increasing sexual satisfaction of couples.

## DISCUSSION AND CONCLUSION

The present study aimed at investigating the effectiveness of Acceptance and commitment therapy on sexual satisfaction of couples in Shiraz. To this end, 40 participants were selected randomly and were put into two groups of control and experimental, and were evaluated by appropriate measuring tools. The raw data of the questionnaire were analyzed via SPSS- 22 and the hypothesis was tested through statistical test of covariance.

As exhibited in Table 4, the results show that acceptance and commitment therapy is effective in increasing couples' sexual satisfaction.

The results of this study are consistent with the findings of other researchers who also focus on the effectiveness of Acceptance and commitment therapy on psychological variables. In explaining the efficiency of acceptance and commitment behavioural therapy of couples in couples' compatibility variable, according to relevant theories, changes in compatibility and marital satisfaction occur when couples with an increasing defusing respond to their inner private events. Finally, this eccentricity of joy, decreases the engagement of every one of them with negative thoughts and increases their acceptance in a way that the negative and pervasive nature of relationship and behaviour patterns decreases.

The increase in cognitive defusing and acceptance, in addition to improving the relation between couples by reducing the symptoms of anxiety and worry, can help them to observe the reaction of negative relation, and therefore, eliminate avoidance pattern and conflicting behaviour.

As it was mentioned before, it is believed that acceptance behaviour therapy is an experiential avoidance therapy and this way of treatment not only helps the anxiety patients but also affects their marital problems. Keywanpour and

**Table 2 Mean and standard deviation of sexual satisfaction for control and experimental group in post-test and pre-test**

| Level (phase) | Statistic indicator/Group | mean  | Standard deviation | Number of participants |
|---------------|---------------------------|-------|--------------------|------------------------|
| Pre-test      | Experimental              | 84.6  | 7.96               | 20                     |
|               | Control                   | 84.35 | 7.15               | 20                     |
| Post -test    | Experimental              | 98.75 | 7                  | 20                     |
|               | Control                   | 86.4  | 4.34               | 20                     |

**Table 3 Examining Levene test and M. Box test**

| variables           | Levene Test      |         |                    | M. Box Test |      |                    |
|---------------------|------------------|---------|--------------------|-------------|------|--------------------|
|                     | Degree of reedom | F-value | Significance Level | Box         | f    | Significance Level |
| Sexual satisfaction | 1                | 0.678   | 0.49               | 22.5        | 0.73 | 0.53               |

**Table 4 Covariance analysis of comparing mean of post-test score of control and experimental group with sexual satisfaction variable**

| Variable  | Sum of squares | Degree of freedom | Mean of square | F-value | Significance Level |
|-----------|----------------|-------------------|----------------|---------|--------------------|
| Post-test | 138.399        | 1                 | 138.399        | 1.425   | 0.24               |
| Group     | 1509.271       | 1                 | 1509.271       | 15.537  | 0.0001             |
| Error     | 3594.151       | 37                | 97.139         | -       | -                  |

Lotfikashani stated that acceptance and commitment therapy has been effective in increasing marital satisfaction of married women [27].

AmanElahi, et al. concluded that Acceptance and commitment therapy has improved couples' marital distress [28]. In his study on investigating the effectiveness of acceptance and commitment on compatibility and forgiveness of married women, who have been hurt by their husbands' affair, Honarparvaran showed that this way of treatment has been effective in forgiveness and improvement of marital compatibility factors [29].

The findings of the present study also align with findings of Christensen, Andrew, et al. [30], Baruch et al. [18], Lee, Virginia, et al. [31], McCracken, Lance M., and Olga Gutiérrez-Martínez [32], Baslet and Hall [33], Narimani, Alamdar, Abolghasemi [34] Ashja, Farahbakhsh, Sedrposhan [35].

After thorough examination of the results, in accordance with acceptance and commitment therapy, the development and maintenance of conflict, and emotional distance between couples are due to combining strict and useless control of each of them and experiential avoidance strategies.

Actual consideration of negative thoughts and acting in accordance with such thoughts, maintains the negative relationship cycle of couples. Acceptance and commitment therapy weakens this process and consequently reduces the unnecessary suffering of couples due to experiential avoidance.

The main purpose of this couple therapy is to help each of the spouses to be aware of their cognitive process and emotional reactions either alone or in their twosome relationship. Moreover, it attempts to clarify the values that keep them in relation and encourages them to commit to acting in ways which commensurate with these objectives even in the presence of unwanted thoughts and emotions.

Couples usually avoid the situations related to trauma, rejection, or conflict. Acceptance and commitment therapy teaches the couples how to approach their unwanted feelings and thoughts as well as physical states which are associated with these dynamics and communication patterns.

It is evident that when one of the spouses emotionally feels trauma or disability or weakening, he or she turns to emotional distance. However, emotional distance protects people and decreases the possibility of emotional distress in the future. Learning to control these thoughts, couples practice the conscious acceptance of these thoughts and act in ways which aim at emotional intimacy and communication.

As couples start to apply these skills and strategies, they will be more willing and able to approach previous avoidance situations and have the opportunity to behave in a way that improves the relation satisfaction and increase interpersonal intimacy. Approaching the thoughts and feelings of previous avoidance and acting in accordance with mutual relation, brings the couples an opportunity to provide build a stronger connection [1].

According to Hofmann, acceptance and commitment therapy encourages couples to link with their real-life values and be fascinated by them [36]. According to acceptance and commitment therapy, avoiding experiences creates a damaging process which is effective in development and improvement of the marital and family conflict [36].

George also believes that acceptance leads the ineffective family discussions to the beginning of purity and fundamental changes. Furthermore, it opens a space for couples to feel and think about their emotions and thoughts without any effort to change them [37]. Carmody and Lykins who wrote on the effectiveness of concentration exercises, mentioned that these exercises help the person to directly be in contact with their own stressful events. These exercises are particularly useful in the therapy sessions in assisting couples to relinquish control and reduce internal conflict with any undesirable emotions or thoughts they may experience. The spouse not only has complete experience of thoughts and emotions, but also lets his or her partner have the same experience [38]. Furthermore, acceptance and commitment therapy provides couples with the opportunity to initially change their relationships based on their inner experiences, then decrease the experiential avoidance and increase both flexibility and valuable action.

Changing relationships on the base of inner experiences includes the broadening and clarity of inner awareness. Moreover, acceptance and commitment therapy focuses on reinforcing a non-judgmental and compassionate relation with experiences.

Reformation and reinforcement of self-compassion (a concept which is opposed to the judgment and criticism that

most of the clients have toward their thoughts and feelings) are important aspects of this treatment, that reduce reactivity, fear, and unnecessary judgments.

Ultimately, the aim of this treatment is to experience the thoughts, feelings, and sensations, as they naturally occur [39-44].

In conclusion, the interventions that occurred in accordance with this approach have helped couples to:

- a) Resolve their conflict with their partner,
- b) Start new and positive communication, and
- c) Attempt to create intimacy in their new relations;

Finally, it helped to lessen their marital problems and eventually decreased their marital exhaustion.

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