

## ***Effect of an Indigenous Intervention Program for Strengthening Happiness Experiences on Marital Satisfaction, Marital Intimacy, and Couples' Happiness Experiences***

Majid Yousefi Afrashteh<sup>1\*</sup> , Mozghan Hayati<sup>2</sup> 

<sup>1</sup>Department of Psychology, University of Zanjan, Zanjan, Iran

<sup>2</sup>Department of Psychology and education, payam noor University, Tehran, Iran

**\*Corresponding Author Address:** Department of psychology, faculty of humanities, university of zanjan, zanjan, Iran

**Tel:** 0098-9127123796

**Email:** yousefi@znu.ac.ir

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### **Abstract**

**Background:** The quality of marital relationship and family function is a major global concern, especially in Iran. Indigenous contexts should be considered for identifying problems and effective measures.

**Objectives:** The aim of this study was to determine the effect of an indigenous intervention program for strengthening happiness experiences on marital satisfaction, marital intimacy, and couples' happiness experiences.

**Methods:** This was a quasi-experimental study with a pretest-posttest, follow-up design and a control group. The study population included all couples living in Zanjan, from whom a sample of 30 couples was selected. The participants were divided into the intervention and control groups (n=15 per group). The intervention program was designed based on local capacities and qualitative study of happy couples. In the experimental group, the indigenous intervention of strengthening happiness experiences was performed. ENRICH Marital Satisfaction Questionnaire (short form), Thompson and Walker Intimacy Scale, and Yousefi Afrashteh Happiness Experience Questionnaire were used to collect data. Univariate analysis of covariance was used to analyze the data.

**Results:** The results showed that the designed indigenous intervention program had a positive effect on the three dependent variables of marital satisfaction ( $F=128$  and size  $P<0.001$ ), marital intimacy ( $F=57.43$  and  $P=0.68$ ), and happiness experiences ( $F=64.46$  and  $P=0.70$ ). This effect was also confirmed in the two-month follow-up ( $P<0.05$ ).

**Conclusion:** Based on the results, family counselors and planners need to consider an intervention program to enhance couples' happiness experiences in conflict resolution and family strengthening and enrichment programs.

**Keywords:** *happiness, marital satisfaction, marital intimacy, individual satisfaction*

### **Introduction**

Today, different communities are looking for indigenous models for strengthening, improving and promoting family health. Chinese society has defined couple problems as a fundamental and urgent issue requiring intervention [1,2]. The European Union has supported extensive research and programs to protect and promote families in the dependent countries [3]. American society has also conducted extensive research and provided educational and preventive programs by

observing family breakups and their harms, including marital dissatisfaction, emotional divorce, and marital infidelity [4]. In Iran, as much as official divorce rates raise social concerns, research results emphasize the need for effective planning and action. According to the report of the Civil Registration Organization of Iran [5], the ratio of divorces to marriages registered in 2020 has reached 30%. Therefore, further attention to the family institution is ever more necessary.

Among the effective measures in dealing with the problems of couples and families is to pay attention to the backgrounds, harms, and indigenous healers [6]. In this regard, an intervention program to strengthen positive experiences has been prepared and adjusted by Yousefi Afrashteh. The content of this program is based on interviews with successful couples and family counselors [7]. In most of the studies that have introduced intervention programs, a logical process and appropriate theoretical and experimental frameworks have not been considered [7,8]. In Yousefi Afrashteh's research, the multi-step process recommended by the Medical Research Council [9] has been used in the construction and evaluation of the intervention program. Therefore, the formal protocol has been prepared and validated with the aim of empowering couples' married life through enhancing couples' happiness experiences. The development of this intervention program is similar to that of Atif et al. [8]. The ultimate goal of this intervention program was to increase positive behaviors and curtail negative behaviors of couples. To evaluate the effectiveness of the intervention program on family performance, the three indicators of marital satisfaction, marital intimacy and couples' happiness experiences have been used.

Marital satisfaction is one of the main indicators for assessing the quality of the marital relationship and family performance. Fowers defines marital satisfaction as the satisfaction and pleasure experienced by the couple (or one of the spouses), when they consider all aspects of their marriage and can be assessed by the individual himself in response to the degree of pleasure obtained from the marital relationship [10].

Marital intimacy, which is the need for love and intimacy and establishing an intimate relationship with the spouse and satisfying emotional and psychological needs, is among the main reasons for today's marriages. In other words, although intimacy is not limited to the marital relationship, most people marry for the sake of intimacy [11]. Despite the change in the institution of the family and its functions, the main reasons for marriage and family formation have remained largely the same [12]. A common definition used by Patric et al. for marital intimacy is the level of intimacy of a spouse, sharing of values and ideas, joint

activities, sexual relations, knowing each other, and emotional behaviors such as caressing [13]. Happiness experiences are examined to evaluate the positive aspects of a couple's life. In order to find a scientific definition close to the researcher's mental concept, national and international theoretical frameworks were reviewed, and among them, the highly cited definition of Argyle was identified as the closest definition. In Argyle's definition, happiness is a degree of quality of life that one generally deems desirable [14]. Contrary to many definitions, in this definition, happiness is not just the result of a simple set of life pleasures, but rather it is a cognitive construct based on the perception one deduces from various experiences [15].

In relation to family and successful, happy, and stable marital relationship, a number of studies have pointed to some related factors. For example, the importance of emotional relationships and intimacy [16,17], marital commitment [18,19], and conflict resolution skills [20] have been mentioned to be effective in marriage. Also, the results of national studies show that factors such as communication, conflict resolution style, support, attention, respect, appreciation for each other, personality traits, responsibility, intimacy, quality of sexual relationship, quality of cohabitation, leisure, couple harmony, couples' flexibility, commitment and loyalty, having similar values and cultural background, and financial and professional issues are related to the durability of a marriage [7,21].

Given the importance of the problems of couples and families and the need to pay attention to the indigenous context of the society, the indigenous intervention program to strengthen positive experiences [7] was considered as a solution in this area. Due to the centrality of marital satisfaction and marital intimacy in measuring the quality of marital relationship and experiences of marital happiness as a new variable connected to positive psychology, these three variables were considered as the dependent variables. Therefore, the aim of this study was to determine the effect of the indigenous intervention program to enhance happiness experiences on marital satisfaction, marital intimacy, and happiness experiences.

## Methods

This was a quasi-experimental study with a pretest-posttest, follow-up design with a control group. The study population included all young couples living in Zanjan in 2020. To select a suitable sample, first, the marital satisfaction test was performed among a sample of 250 couples in Zanjan based on the Cochran's formula and using the convenience sampling method to select the eligible individuals to participate in the intervention in addition to determining the reliability and validity of the instrument. Then, individuals whose score in this test was one standard deviation less than the mean score were selected to evaluate the effect of the designed intervention. A total of 66 couples met the inclusion criteria and volunteered to enroll in the study. Of these, 30 couples were randomly selected and assigned to the test and control groups (each group consisted of 15 couples). The intervention group was exposed to the intervention and the members of the control group took the pre-test and post-test only without intervention. Before the intervention, marital satisfaction, marital intimacy and happiness experiences were pre-tested in both groups, and after the intervention, the same tests were given to the participants. This study was performed at Anisa Psychological Services Center in Zanjan. The inclusion criteria were: at least 1 and at most 4 years of marriage, a minimum of secondary education, willingness to participate and absence of specific psychological and medical problems that disrupt a person's life (self-reported). The exclusion criteria included history of previous marriage of one of the spouses, absence in more than one session, lack of motivation, and lack of proper cooperation in the research process.

Considering that the sampling unit in this study was considered couples, the average of both spouses was calculated for each variable and was considered as the score of the couple unit. The dependent variables were measured at two points, immediately (post-test) and after two months (follow-up). A demographics checklist was used to obtain information about the demographic characteristics of the participants, including age, gender, duration of marriage, number of children and employment status.

ENRICH questionnaire was used to assess marital satisfaction. The original version of this

questionnaire has 115 items, which due to the large number of questions could made the subjects tired. Therefore, the 47-question form prepared by Olson, Fournier, and Druckman [22] was used. In Iran, the short form of this scale was first used by Soleimani [23]. This questionnaire is employed to assess potentially problematic areas or to identify areas of strength of the marital relationship. In Soleimani study, the reliability of this tool through Cronbach's alpha was 0.65 and the concomitant validity of the 47-item marital satisfaction questionnaire with its main form was 0.95. Rahmani et al. [24] reported the construct validity and Cronbach's alpha reliability of the ENRICH questionnaire as appropriate. In this study, the reliability of this tool was 0.78 by Cronbach's alpha method.

The Walker and Thompson [25] scale with 17 questions was used to evaluate marital intimacy. The score range for each question varies between 1 (never) to 7 (always), with a higher score indicating greater intimacy. This scale has a good internal consistency with an alpha coefficient of 0.91 to 0.97. The subject's score is obtained by adding the scores of the questions and dividing it by 17. The content and face validity of the scale were assessed by 15 counseling professors. In the study of Etemadi et al., the questionnaire was administered among 100 randomly selected couples in Isfahan, and the total scale reliability coefficient was obtained by Cronbach's alpha method as 0.96, which indicates the acceptable reliability of the questionnaire. Calculating the reliability coefficient by deleting each question also showed that deleting any of the questions has no significant effect on the validity coefficient [26]. The reliability of this tool in the present study was calculated by Cronbach's alpha method to be 0.74, which is a desirable value.

The "Couple Happiness Experiences" questionnaire was administered to measure the other dependent variable. This tool was developed by Yousefi Afrashteh [7] with 60 questions rated based on a six-point scale. Face, content, criterion and construct validity of this tool with four factor and 13 subscales including appropriate context (comprising of the three subscales of families, marriage readiness and financial resources), adaptive beliefs (comprising of the three subscales of realistic expectations, belief in understanding and accepting commitment and monitoring

commitment), relationship-strengthening behaviors (comprising of the five subscales of companionship and joint activity, communication skills, problem solving, support and responsibility) and positive feelings (comprising of the four subscales of excitement, positive feeling, beauty and love) was confirmed. The reliability of this questionnaire was 0.70 through Cronbach's alpha, 0.71 through composite reliability, and 0.75 through retest, which indicate its optimal reliability. The reliability of this tool in the present study was obtained by Cronbach's alpha method to be 0.75, which is a desirable value.

For data analysis, analysis of covariance was used in SPSS version 26. Before completing the questionnaires, the respondents were explained about the voluntary nature of participation in the research. Also, the participants were assured of the confidentiality of their information, and their informed consent to participate in the research

was obtained. Due to the existence of a separate pretest for each of the dependent variables, univariate analysis of covariance was run for statistical analysis. However, considering that the dependent variable was measured twice, immediately (post-test) and after two months (follow-up), analysis of covariance was performed twice for each of the variables.

Before performing the analysis of covariance, its important assumption, that is, the homogeneity of regression coefficients, was checked by examining the interactive effect of the independent variable with a pretest on the dependent variable. The F value was 2.07 which was not significant with an error level of 0.16; therefore, the homogeneity of regression coefficients was observed in the research data.

### Results

Table 1 presents the demographic information of the participants separately for each group.

**Table 1: Demographic information of the participants separately for each group**

Variable		Intervention group		Control group	
		Mean ± SD		Mean ± SD	
		Men	Women	Men	Women
Age		33.5(4.57)	29.66(4.78)	35.14(4.92)	28.80(4.52)
Age of marriage		2.90		452	
		Frequency (%)		Frequency (%)	
Level of education	Diploma	3(0.20)	5(0.33)	2(0.13)	4(0.26)
	BSc	9(0.45)	8(0.53)	10(0.67)	9(0.60)
	MSc	3(0.20)	2(0.13)	3(0.20)	2(0.13)
Occupation	Employed	15(1.00)	8(0.53)	15(1.00)	9(0.60)
	Housewife	-	8(0.47)	-	6(0.40)
Children	No child	1(0.07)		1(0.07)	
	1	13(0.86)		13(0.86)	
	2	1(0.07)		1(0.07)	

Table 2 describes the descriptive information of the research variables in pre-test, post-test and follow-up for the two groups.

**Table 2: Descriptive of the three dependent variables of the two groups in pre-test and post-test**

Variable	Stage	Group	Mean	SD
<b>Marital satisfaction</b>	Pretest	Test	179.33	21.28
		Control	184.07	23.81
	Posttest	Test	189.93	20.86
		Control	184.60	23.80
	Follow-up	Test	188.06	20.10
		Control	184.47	23.57
<b>Marital intimacy</b>	Pretest	Test	84.13	10.54
		Control	83.27	10.87
	Posttest	Test	93.20	9.97
		Control	83.40	12.45
	Follow-up	Test	91.40	9.23
		Control	83.13	12.45
<b>Happiness experiences</b>	Pretest	Test	220.20	29.35
		Control	221.93	31.00
	Posttest	Test	237.00	31.53
		Control	223.87	31.52
	Follow-up	Test	231.80	33.04
		Control	224.20	30.51

In order to evaluate the effect of the indigenous intervention program of "Enhancing Happiness Experiences" on the three variables of marital satisfaction, marital intimacy, and happiness experiences, the results of three analysis of covariance are presented separately for each variable (Tables 3-5).

Before performing the analysis of covariance, its important assumption, that is, the homogeneity of

regression coefficients, was performed by examining the interactive effect of the independent variable with a pretest on the dependent variable. The F value was 0.29 which was not significant with an error level of 0.59; therefore, the homogeneity of regression coefficients in the research data was observed. Table 3 reports the results of the main analysis of covariance by post-test and follow-up.

**Table 3: Results of analysis of covariance to investigate the effect of intervention to enhance happiness experiences on marital satisfaction**

Test	Source	SS	df	MS	F	Sig	Effect size
<b>Posttest</b>	Pretest	13866	1	13866	2395.50	0.001	0.98
	Group	740.91	1	740.91	128.00	0.001	0.82
	Error	156.29	27	5.79			
	Total	1066300	30				
<b>Follow-up</b>	Pretest	13276	1	13276	2182.52	0.001	0.92
	Group	494.06	1	494.06	81.22	0.001	0.23
	Error	164.24	27	6.08			
	Total	1054396	30				

According to the information in Table 3, the effect of the independent variable (intervention to enhance happiness experiences) with an F value equal to 128 has been significant on changes in marital satisfaction. In fact, the group in which the intervention took place showed more marital

satisfaction than the control group. In the follow-up test with an F value of 81.22 for the experimental group, the results showed that the intervention group after two months has maintained the mean difference with the control group. The corrected means after removing the covariate effect were 192.26 for

the experimental group and 182.27 for the control group. Table 4 presents the results of

the main analysis of covariance

**Table 4: Results of analysis of covariance to investigate the effect of intervention to enhance happiness experiences on marital intimacy**

Test	Source	SS	df	MS	F	Sig	Effect size
Posttest	Pretest	3281	1	3281	316.11	0.001	0.92
	Group	596.25	1	596.25	57.43	0.001	0.68
	Error	280.30	27	10.38			
	Total	238189	30				
Follow-up	Pretest	2860	1	2860	153.73	0.001	0.85
	Group	415.41	1	415.41	22.32	0.001	0.45
	Error	502.47	27	18.61			
	Total	232340	30				

According to the results of Table 4, the effect of the independent variable (intervention to enhance happiness experiences) with an F value of 57.43 on changes in marital intimacy has been significant. In fact, the group in which the intervention to enhance happiness experiences took place showed more marital intimacy than the control group. In the follow-up test with an F value of 22.32 for the experimental group, the results showed that the intervention after two months has maintained the mean difference with

the control group. The corrected means after removing the covariance effect were 92.76 for the experimental group and 83.84 for the control group.

In examining the assumption of homogeneity of regression coefficients, the F value was 0.30, which was not significant with an error level of 0.59; therefore, the homogeneity of regression coefficients was observed in the research data. Table 5 reports the results of the main analysis of covariance

**Table 5: Results of analysis of covariance to investigate the effect of intervention to enhance happiness experiences on happiness experiences**

Test	Source	SS	df	MS	F	Sig	Effect size
Posttest	Pretest	27128.95	1	27128.95	1048.22	0.001	0.97
	Group	1668.17	1	1668.17	64.46	0.001	0.70
	Error	698.78	27	25.88			
	Total	1622107	30				
Follow-up	Pretest	27128.95	1	26172.37	329.53	0.001	0.92
	Group	1668.17	1	655.83	8.26	0.008	0.23
	Error	698.78	27	2144.43			
	Total	1622107	30				

According to the information in Table 5, the effect of the independent variable (intervention to enhance happiness experiences) with an F value of 64.46 on changes in happiness experiences has been significant. In fact, the group in which the intervention to enhance happiness experiences was performed showed more happiness experiences than the control group. In the follow-up test, with an F value of 8.26 for the experimental group, the results showed that the intervention after two months maintained the mean difference with the control group. The

corrected means after removing the covariate effect were 237.89 for the experimental group and 222.97 for the control group

### Discussion

The purpose of this study was to evaluate the effectiveness of the intervention program to enhance happiness experiences on the three main variables of marital satisfaction, marital intimacy, and happiness experiences. Since this intervention is used for the first time in the present study, related and similar research was not found.

However, the results of this study were compared with studies that used similar interventions. Two interventional approaches for enriching couples' relationships and positive couple therapy have been reported and compared in this section.

Issa Nejad et al. reported the positive effect of relationship enrichment on improving the quality of couples' marital relationships both immediately after posttest and in one-month follow-up [27]. Rahmati et al. examined the effect of couples' relationship enrichment training based on the "Time for Better Living for Husbands and Wives" project on increasing marital adjustment and its components in women with early marriage and reported its positive effect [28]. In Asgari and Torkashvand research, the effect of teaching integrated positivity techniques on marital satisfaction of married women with marital dissatisfaction visiting medical centers was investigated. The results showed that the intervention was effective on most components of marital satisfaction [29]. Zeraee Mahmoudabadi's findings showed that positive couple therapy had a significant positive effect on increasing marital intimacy and women's hopefulness [30].

Research by Rostami et al. showed that quality-based treatment is effective in the quality of life of incompatible couples [31]. Also, Dargahi et al.'s research showed that positive thinking training is effective on psychological well-being and the quality of marital relationship of infertile women [32]. Also, Asgari and Torkashvand study demonstrated that teaching integrated positivity techniques had a significant effect on the marital satisfaction of married women with marital dissatisfaction visiting medical centers in Malayer [33]. Similarly, Balkhanabadi et al. reported positive couple therapy to be effective on life satisfaction of mothers with children with special needs [34]. Najafi et al. reported the role of positive psychological constructs in life satisfaction [35]. Khanjani also concluded that positive psychotherapy is effective on students' life satisfaction, optimism, and positive emotions [36]. The results of Harun Rashidi and Kianian Mehr showed that positive couple therapy is effective on marital intimacy and sexual satisfaction of married female students [37].

The studies mentioned above show that positive intervention programs and enriching couples' relationships lead to improved couple and family

performance. These studies' findings are in line with the results of the present study because they increase the satisfaction and efficiency of the couple's relationship with a program based on couple empowerment through reviewing some positive experiences. But none of the mentioned studies were based on an indigenous model or the socio-cultural context of Iran. There are usually programs that have been developed outside of Iran, which of course have been effective in Iran as well. The definition of a couple is different in different countries and cultural contexts. Therefore, paying attention to the cultural characteristics of Iranian society and studying happy couples and using the experience of expert counselors are the distinguishing features of this research from the above studies. Another distinguishing feature of this research is the comprehensiveness of research variables.

In this study, we sought to evaluate the effectiveness of society by studying the effect of the intervention on the three main variables of marital satisfaction, marital intimacy and happiness experiences. Sufficient sample size of 30 people in each group and choosing couples as sample units such that the couple were placed in groups as a dyad (and not just married people) is another innovation of this study. Married people usually participate in groups in studies of couples and families. This was the case in all of the above studies. The main possible reason is the lack of cooperation of men to participate in counseling programs. However, since the relationship and its quality depend on changing the beliefs, behaviors, and attitudes of both members of the relationship, the results of a study on married people in which one of the spouses participates may be different from the study of couples. In the present study, there were 15 couples in each group. To calculate the score of research variables, since the sampling unit was couples, the mean of each couple was averaged and included in the analysis.

Another innovation of this research, which can be done in less research due to practical limitations and short time, was evaluating the effectiveness of the intervention in the two-month follow-up. Confirmation of the posttest results in the follow-up showed that the results are not limited to immediate time and can accompany the participants throughout life. Therefore, we can judge with more confidence about the

effectiveness of the intervention program to enhance the positive experiences of couples

### Conclusion

Strengthening the family unit and improving couples' relationships requires paying attention to injuries and indigenous capacities to develop context-based intervention programs. The results of the present study support the effectiveness of an intervention program to strengthen couples' experiences based on the indigenous context on marital satisfaction, marital intimacy and couples' happiness experiences. Family counselors and family education planners are recommended to use this program.

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### Conflict of interest

The authors have no conflict of interest.

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