Effectiveness of Spiritual Therapy Training in Increasing Rate of Marital Satisfaction in Married Women

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ABSTRACT: This study examines the effectiveness of spiritual therapy training in increasing rate of marital satisfaction in married women. To this end, a sample of 30 women who participated in Shams Abad-Majidieh neighborhood were selected and divided into 2 groups of 15 people. They were placed in two groups: Experimental and control. The Enrich marital satisfaction questionnaire with 47 questions was applied to the participants. It was determined in the pre-test that the participants do not have any significant difference in terms of marital satisfaction. Spiritual therapy were given to the control group participants in 8 training sessions of 1.5 hours. The results indicated that with the 95% possibility, there is a significant statistical difference in terms of marital satisfaction rate among the experimental and control group and the research assumption is confirmed.

Keywords: Spiritual Therapy Training, Marital Satisfaction

INTRODUCTION

Family is a natural society with a complicated structure that love, allegiance and membership persistence are its most important features (Goldenberg and Goldenberg, 2000). When the intimate relationship among the husband and wife are distorted, it will have destructive and negative consequences in family and children mental health (Kazemi et al., 2010). In the prime periods of a relationship, the acceptance of differences among the couples is easily occurred. As a matter of fact, they note that these diversities are the origin of their attraction. However, after a while, the tendency of some couples in terms of acceptance, tolerance and accordence with differences decreases and as a result, they start to alter each other. The viability of a family depends on marital satisfaction among the couples, which is more crucial than marriage. Marital adjustment affect many aspects of individual's personal and social life and it is the basis of fine performance of a family. Marital satisfaction is a process, which is created along the couples life and manner adaption, identifying personal traits, code of conduct creation and interaction patterns formation are its requirements (Ahmadi, 2005).

Marital satisfaction is a crucial issue in families and it assures its health and viability. Winch believes that marital satisfaction is the adjustment between the existing status of an individual in marital relationship with the expected status, objective feelings, happiness and satisfaction of to be experienced by the couples (Soleimanian, 1994). Rofe notes that marital satisfaction is positive feelings, loving, sexual satisfaction, economic accordance, being homemaker and children training (Ferasat, 2002). Taniguchi expressed that the satisfaction, which couples experience in their marriage, is one the main basis of marital system. Bradbury, believes that the factors affecting marital satisfaction are related to the interpersonal processes and life environment (Olia et al., 2008). Different researches results have indicated that spiritual interventions can have an impact on depression, alcoholism, anxiety, eating disorders anger and marital satisfaction. Zadshush et al. (2011), indicated in their research in the name of reviewing cognitive – behavioral group therapy effectiveness with religious orientation in marital satisfaction of women that the group which had been trained by cognitive-behavioral training had more scores than the control group and this expresses that religious strategies can affect marital satisfaction.

Regarding to what we mentioned, this question is ready to be asked that does spiritual therapy affect marital satisfaction in women.

MATERIAL AND METHODS

This research is functional and people are divided into two groups (experimental and control) randomly and the independent variable (spiritual therapy training) was applied to experimental group. The target population included the whole women visiting Shamsabad-Majidieh neighborhood in 2012-2013. 60 women were selected according to their availability and they were divided into 4 groups (3 experimental and 1 controls) randomly. Enrich questionnaire was used for evaluation. Olson, Fournier and Druckman are the providers of this questionnaire, which is used to evaluate potential problematic fields or to identify the strength fields of marital relationship. It is also used to recognize the couples, which require consulting and improving their
relationship. The Enrich questionnaire has one form with 115 questions and another form with 125 questions. The questionnaire used in this research has 47 questions, which has been adapted from the 115-question form by Soleimanian (1994) and has 12 subscales as Idealistic Distortion, Marital Satisfaction, Personality Issues, Communication, Conflict Resolution, Financial Management, Leisure Activities, Sexual Relationship, Children, Family and Friends, Equalitarian Roles, Religious Orientation. This questionnaire has 5 options for each question including strongly agree, agree, neither agree or disagree, disagree, strongly disagree which have a score between 1-5. The 3,5,6,7,10,13,14,18,19,21,22,23,26,27,28,29,32,33,34 questions are scored reversely. The low score of the whole questionnaire is 47 and the high score is 235 (Javanbakht, 2013).

The correlation coefficient of Enrich questionnaire with the family satisfaction scales is 0.41 to 0.60 and with the life satisfaction scales is 0.32 to 0.41, which indicates its construct validity. All of the subscales separate satisfied and unsatisfied couples. This demonstrates that Enrich questionnaire has a fine criterion validity (javanbakht 2013). It has been confirmed about the Enrich questionnaire stability in Olson, Fournier and Druckman (1989) reports. The alpha coefficient in many researches has been procured from 0.68 (for egalitarian roles) to 0.86 (for marital satisfaction) with the mean score of 0.79. In Mahdavian's research, Pearson correlation coefficient has been achieved 0.93 (for men) and 0.94 (for women) in duration of one week. The alpha coefficient of 47 questions form in Mirkheshti research (1994) has been achieved 0.92 and in Soleymanian research (1996) has been procured 0.95 (Javanbakht, 2013).

RESULTS

Statistical description
According to the table above, participants were divided into two groups of medical-training, spiritual therapy and control. In each group we had 15 people which the marital satisfaction tests were performed two phases before the training courses and one phase after the training courses. In pre-test stage and post-test stage, 30 people were tested from each phase. What is going to be investigated is that there should not be any interactions between the covariance and the intervention or experimental manipulation. If there is a significant statistical interaction between intervention and covariance, so we will be wrong in this assumption but if the alpha level is more than 0.05, the assumption will be confirmed.

According to the table 2, the interaction between the marital satisfaction pre-test and investigated groups in the experimental condition with the F=0.846 and the level of significance 0.475=P>0.05, we conclude that this assumption is confirmed. Now we can review the covariance analysis. According to the table 3, there is a statistical difference between the spirituality and the control group. The alpha value is less than 0.05 and is equal to 0.001. Therefore, the spiritual therapy causes the increasing rate of marital satisfaction in married women.

### Table 1. Indicates the mean, frequency table and the standard deviation of training courses:

<table>
<thead>
<tr>
<th>Training courses groups</th>
<th>Participants frequency</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual therapy</td>
<td>15</td>
<td>159.042</td>
<td>25.618</td>
</tr>
<tr>
<td>control</td>
<td>15</td>
<td>171.167</td>
<td>16.698</td>
</tr>
</tbody>
</table>

### Research assumption: spiritual therapy impresses the marital satisfaction rate of married women.

The research assumption was tested with having 2 groups of medical-training and marital satisfaction variable, using mixed covariance analysis.

Covariance analysis is the expansion of variance analysis, which allows us to investigate the group differences simultaneously with the other continuous variable statistical control (marital satisfaction). This additional variable which is also called covariance, is what we believe that can effect on dependent variable scores.

Mixed covariance analysis with MANCOVA believes that there is a straight line between the dependent variable and each linear covariance. So this assumption is first to be considered.

What is going to be investigated is that there should be any interactions between the changes in marital satisfaction pre-test and the group. The results show that there is a significant difference between the spirituality and the control group. The alpha value is less than 0.05 and is equal to 0.001. Therefore, the spiritual therapy causes the increasing rate of marital satisfaction in married women.

### Table 2. Indicates the reviewing of regression slopes homogeneity for considering the linearity of training courses relation:

<table>
<thead>
<tr>
<th>Changes source</th>
<th>Cubic quadrics sum</th>
<th>df</th>
<th>Mean square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital satisfaction pre-test * group</td>
<td>1782.197</td>
<td>3</td>
<td>594.06</td>
<td>0.846</td>
<td>0.475</td>
</tr>
</tbody>
</table>
DISCUSSION

After the data analysis with the mixed covariance method, the results indicated that spiritual therapy method is effective in marital satisfaction of women. Regarding to the statistical data; there is a significant difference among the control and experimental group. Therefore, the spiritual therapy training causes the increasing rate of marital satisfaction of women. It should be noted that from long time ago, the relation between religion and psychology has been always with the humanity. People do not leave their religious beliefs behind the therapy doors and beliefs, values, experiences, relations and even spiritual intervention are always with the clients. Some of the psychologists like Freud and Skinner have denied the religion value and even have tried to introduce it as a harmful issue. Freud has this belief that religion is the sign of mental irritation. He also expressed that religion is the provider of false explanation for life ambiguities. Behavior therapy focuses on individual's visible behaviors and its changing procedures instead of internal processes like dreams, imaginations and momentums. According to what we mentioned, some psychologists believe that behavioral approaches have nothing to say about spiritual issues. In opposition, some others like Jung, Rogers, Frankl had a positive view to religion and even they brought it in treatment. Jung confirmed the spiritual and religious requirement reality therapy in human and believed that the pain of a neurotic individual should be accounted as a soul pain, which has not found its definition yet. Despite Freud, Jung considers the spiritual and religious experiences as the potential and healthy aspects of a human soul. He believes that God is an archetype and he is the expression of the deepest level of an individual's unconscious mind (collective unconscious). This form of the archetype is a reality therapy and it is considered as an active aspect in the mental life. It has been found the positive and healthy role of spiritual experiences in life according to the studies. Levinger expresses that religion and beliefs improvement is associated with object relations and he insists that there is crucial information in client's religious visualization. Shafransk also points to the unconscious elements understanding in his study. Franklnoted that noogenic neurosis caused by meaninglessness and spiritual problems. According to the current study results, applied interventions had an impact on increasing rate of marital satisfaction but it should be noted that a two-way investment is required for relation correction. It means that the two side should have a certain common endeavor to be succeeded.

It is also a common issue nowadays that spirituality, religion, and their impacts on mental and physical health are considered to be studied in the clinical researches. According to the history, there were particular orientations against spiritual and religious issues in scientific rings of psychology. The current study insists that spirituality and religion can be considered as clinical attention and it has a moderator role in stressful situations. Spirituality is the powerful anticipant of life satisfaction and marital satisfaction is a part of general life satisfaction. This research indicates the importance of religious faith in life satisfaction. Therefore, cultural, religious, social and local conditions are impressive in treatment effectiveness, besides the attention to the different effective variables in problem creation. Khodayarifard, et al. (2007) Ahmadi et al. (20067) and Zadhush et al. (2011) indicated that religious beliefs are effective in different aspects of life such as family relations. The therapists can consider the role of religious notions as an important factor in dispute resolution. Some spiritual procedures can be done according to this point of view such as praying, discussion about religious and theological issues, using relaxation methods with saint places visualization, client encouragement to dedication and forgiveness. According to the findings, it is proposed that spiritual therapy training should be considered as an important issue especially before the marriage or on the first years. This training is a low cost but effective program and it is proposed to be done in other neighborhoods. These trainings should be applied to men and women simultaneously and to be performed in groups. Considering this issue that altering behavioral patterns take long time, it is proposed that this study should be repeated annually according to the follow-up sessions.

REFERENCES


