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The Effect of Acceptance and Commitment Therapy (ACT) on Increasing Sexual Satisfaction of Married Women in Tehran

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A B S T R A C T

The purpose of the present study was to investigate the effect of Acceptance and Commitment Therapy (ACT) on increasing sexual satisfaction of married women in Tehran. The population of this study included married women suffering from sexual dissatisfaction symptoms who had visited psychological and counseling treatment centers and psychiatric centers in 2018-2019. To this end, 30 married women with sexual dissatisfaction symptoms who had visited health centers in Tehran were selected through screening on a random basis. They were assigned to the experimental and control groups (each group included 15 participants). First, a pre-test was administered to both groups. Then, the experimental group were given Acceptance and Commitment Therapy and no intervention was made to the control group. Finally, at the end of the course of treatment for the experimental group, a post-test was administered to both groups. Larson Sexual Satisfaction Questionnaire (LSSQ) was used in this study. In order to analyze the data, a One-Way Analysis of Covariance (ANCOVA) was used. After adjusting the pre-test scores, there was a significant factor effect between the subjects of the groups (p=0.001 ، F=46.157). The results showed that Acceptance and Commitment Therapy has an effect on increasing sexual satisfaction of women.

Keywords: Sexual Satisfaction, Acceptance And Commitment Therapy (ACT), Married Women.

INTRODUCTION

Many divorces are caused by inappropriate sexual relationships because if there is no healthy sexual relationship between couples for any reason, one of them will be dissatisfied, unhappy and bored; with lack of understanding, the family foundation is shaken and the possibility of divorce increases. In these cases, neither couples are eager to clearly confess to the main reason for their separation (Hosseini, Seyed Mirzaie, & Sarokhani, 2018; Zare, Aguilar-Vafaie, & Ahmadi, 2017).

Sexual problems such as lack of desire, impotence, premature ejaculation, etc. are hidden and not expressed due to fear and anxiety, shame or feelings of inadequacy and guilt. In many cases, these hidden problems might be manifested with other symptoms such as physical discomfort, depression and marital dissatisfaction, and go to extremes such as intense family

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disputes and divorce (Amoateng & Heaton, 2017; Engin, Hürman, & Harvey, 2020; Wang, 2017).

Sexual intimacy and success, and the increased resulted pleasure and satisfaction between the couples are the main factors in prevention of extreme sexual desires out of family bounds(White & Keith, 1990).

Barrientos and Páez (2006), believes that sexual satisfaction of couples can be referred to as a measure of their interactions. Many previous studies showed that couples have potential and hidden conflicts about sexual issues but consider them secrets and avoid expressing them.

Sexual satisfaction not only brings warmth and passion for couples, but also protect them against many disorders and diseases. For example, a relationship between sexual satisfaction and reduced incidence of heart attacks in men, and reduced incidence of migraine headaches, premenstrual syndrome and chronic arthritis in women have been reported(Bober, Recklitis, Michaud, & Wright, 2018; Paul, 1998).

One important factor that can be effective in sexual relationships is family planning methods that can have positive and negative effects in different ways. Finally, previous studies showed that sexual satisfaction and contraceptive methods cannot be considered two distinctive issues(Gabalci & Terzioglu, 2010; Upadhayay et al., 2017). Previous studies also showed that there is a positive relationship between sexual satisfaction and marital commitment(Thomson & Stewart, 2007).

Through the ability to establish perfect relationship with the present time as a fully conscious human and also changing by insisting on doing it when the end is worth, and avoiding dead ends and bottlenecks, life should help more effective formation of behavior during time. ACT Theory explains the issue that there is an increasing linguistic order with wrong targets creating these bottlenecks(Hayes, Strosahl, & Wilson, 2009, 2011).

Acceptance and Commitment Therapy (briefly ACT) is based on the perspective that language is the root of many mental disorders, specifically, and human suffering, generally. ACT is a therapeutic approach designed for giving a central role to language in a way in which it is converted to a tool when necessary, instead of being an invisible process and using its host, i.e., humans. This approach is based on the growing route of behavioral research on human language and cognition entitled Relational Frame Theory (RFT). ACT and RFT are rooted from a pragmatic philosophical tradition entitled functional conceptualism(Hayes et al., 2011). Therefore, the effect of Acceptance and Commitment Therapy (ACT) on increasing sexual satisfaction of married women in Tehran was investigated.

METHODOLOGY

This study was applied and the method was quasi-experimental with a pre-test and post-test and a control group. The population of this study included all the married women suffering from sexual dissatisfaction symptoms who have visited psychological and counseling treatment centers and psychiatric centers in 2018-2019. The size of the sample of this study was estimated as 15 participants for each group based on Cohen Table with 0.5 effect size and 0.75 test power(Gravetter & Forzano, 2018). The initial sampling of this study was done through screening and random replacement in the control and experimental groups.

Larson Sexual Satisfaction Questionnaire (LSSQ) was used in this study. This questionnaire was developed by Larson et al. in 1998. This questionnaire includes 25 Likert-Scale items on a five-point continuum from 1 to 5 (never, rarely, sometimes, often, and always).

The validity and reliability of this test were reported as 90% and 86% respectively in a study done. In this study the reliability index of this questionnaire was reported as 93% and 89% for a fertile and an infertile group respectively using Cronbach's Alpha.

The questionnaire were given to the visitors who had sexual dissatisfaction symptoms. Then, 30 participants who had obtained the lowest scores were selected and assigned to the control and experimental groups randomly. These tests were used as the pre-test too. The participants of the experimental group were exposed to Acceptance and Commitment Therapy for 8 sessions of 45-60 minutes. In the final session, the afore-mentioned test was administered to the participants as the post-test. The control group received no intervention and the pre-test and the post-test were administered to them at the same time as the experimental group. In order to consider the ethics of the study, these individuals were placed on the waiting list for treatment. Their treatment started after the post-test. In order to describe the data, descriptive indices such as frequency, standard deviation, variance, etc. were used and a One-Way Analyses of Covariance (ANCOVA) was used for statistical analyses.

RESULTS

Table 1 shows the descriptive indices of central tendency and dispersion of sexual satisfaction scores of the participants of experimental and control groups on the pre-test and post-test.

According to table 1, the mean of sexual satisfaction scores on the pre-test of the two groups did not differ much (about 60), but the sexual satisfaction scores on the post-test of the experimental group increased significantly (85.2). This indicates the effectiveness of Acceptance and Commitment Therapy in increasing sexual satisfaction of married women who suffer from sexual dissatisfaction. The significance was investigated in the "testing the hypothesis" section. The Skewness and Kurtosis values are between -1 and +1 and it showed the normal distribution of sexual satisfaction scores in all conditions. Normality tests were also used for a closer look at the distribution of sexual satisfaction scores and their normal distribution.

Table 2 shows the results of the tests of normal distribution of scores. To this end, Kalmogorov– Smiranov and Shapiro–Wilk Tests were used. If the results of the tests are different, the appropriate test will be used according to the sample size. If the sample size is less than 50, the results of Shapiro–Wilk Test will be used, but if the sample size is greater than 50, the results of Kalmogorov– Smiranov Test will be investigated.

According to the results of this table, the results of both K-S and Shapiro–Wilk Tests were similar due to their significance level which is higher than 0.05. Thus, the distribution of sexual satisfaction scores was normal in all the conditions and thus the main assumption for parametric tests exists.

As you can see in table 3, regarding the significance level which is higher than 0.05, it can confidently be said that the assumption of homogeneity of regression slopes were not violated.

The final assumption for doing the Analysis of Covariance Test is the homogeneity of variances. Table 4 shows the results of Levin test for testing this assumption. As the significance level of this test is higher than 0.05, this assumption is not violated and Analysis of Covariance Test can confidently be executed and interpreted.

Table 5 shows the results of Analysis of Covariance of the main test, i.e., the test of between subjects' effects.

After adjusting the pre-test scores, there was a significant factor effect between the

subjects of the groups ($F_{1,27}$=157.46, p=0.000). The adjusted mean of sexual satisfaction scores suggest that the experimental group, that received Acceptance and Commitment Therapy, had significantly more sexual satisfaction than the control group.

In addition, the obtained Chi Eta (0.631) shows that there is a strong relationship between the independent variable (medical intervention) and the dependent variable (sexual satisfaction). In other words, about 63.1 percent of variance of sexual satisfaction can be explained by medical intervention. In addition, this table shows that there is a significant relationship between the scores on the pre-test and the post-test (p=0.018, Chi Eta=0.192). In other words, the pre-test can explain about 19.2 percent of the scores on the post-test.

Table 6 shows the adjusted means of sexual satisfaction scores on the post-test (dependent variable) for the control and experimental groups.

Table 1. Descriptive indices sexual satisfaction scores of the participants of experimental and control groups on the pre-test and post-test

Groups	Conditions	Mean		SD	Skewness		Kurtosis	
		Statistic	Std. error		Statistic	Std. error	Statistic	Std. error
Pre	Experimental	59.47	2.061	7.981	0.038	0.580	-0.985	1.121
	Control	60.33	1.879	7.277	-0.03	0.580	-0.926	1.121
Post	Experimental	85.2	1.749	6.774	-0.688	0.580	-0.161	1.121
	Control	66.87	2.447	9.478	0.139	0.580	-0.536	1.121

Table 2. The results of normal tests

Conditions	Groups	Kalmogorov– Smiranov			Shapiro–Wilks		
		Statistic	Df	Sig.	Statistic	Df	Sig.
Pre-test sexual satisfaction	Experimental	0.094	15	0.2	0.968	15	0.832
	Control	0.083	15	0.2	0.965	15	0.780
Post-test sexual satisfaction	Experimental	0.173	15	0.2	0.932	15	0.288
	Control	0.078	15	0.2	0.988	15	0.998

Table 3. The results of statistical analysis of interaction between the groups and the pre-test

Sources	SS	DF	MS	F	Sig.	Chi Eta
Groups	148.420	1	148.420	8.323	0.008	0.242
Pre-test	1430.836	1	1430.836	80.237	0.000	0.755
Groups*Pre-test	34.232	1	34.232	1.920	0.178	0.069
Error	463646	26	17.833			
Total	177583	30				

Table 4. The results of Levin test for investigating the homogeneity of variances

F	DF 1	DF2	Sig.
1.779	1	28	0.193

Table 5. The results of the test of between subjects' effects (dependent variable: sexual satisfaction)

Sources	SS	DF	MS	F	Sig.	Chi Eta
Pre-test sexual satisfaction	364.255	1	364.255	6.403	0.018	0.192
Groups	2625.593	1	2625.593	46.157	.0000	0.631
Error	879.1535	27	884.56			
Total	177853	30				

Table 6. The adjusted means of sexual satisfaction scores on the post-test (dependent variable) for the control and experimental groups

Groups	Mean	Std. error	About 95 percent	
			Lower limit	Upper limit
Experimental	85.602	1.110	83.325	87.878
Control	66.465	1.110	64.188	68.742

CONCLUSION

The purpose of the present study was to investigate the effect of Acceptance and Commitment Therapy (ACT) on increasing sexual satisfaction of married women in Tehran. With regard to the research hypothesis as to the effectiveness of Acceptance and Commitment Therapy (ACT) in increasing sexual satisfaction of married women, the results of data analyses showed that there is a significant difference between the experimental and control groups. The above findings were in line with the results of studies done by Honar Parvaran, Tabrizi, Navabi Nejad, and Shafi Abadi (2010); The purpose of all ACT Techniques is more flexibility in accountability and more sensitivity to the performance of this function. Psychological flexibility and hardiness emerge as problems of each human being(Hayes et al., 2011).

It seems that acceptance is the key process involved in therapeutic achievements which decreases the effect of painful experiences on emotional functions, and predicts individual functions in the future. The most fundamental structure of Acceptance and Commitment Therapy is psychological flexibility which means the ability for taking effective measures for individual values despite problems and sufferings. The result of previous studies showed the importance of psychological acceptance especially about psychological functions. The visitors who reported more desire for gaining negative psychological experiences, emotional experiences and had undesirable thoughts and memories, showed better social, physical and emotional performance(Zettle, 2007).

Regarding the obtained results, it seems that the applied treatment protocol and the conditions of the visitors in treatment sessions have significantly increased their sexual satisfaction.

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