



THE EFFECTIVENESS OF SEXUAL SKILLS TRAINING WITH REGARD TO A MINDFULNESS APPROACH ON MARRIED WOMEN'S MARITAL INTIMACY AND QUALITY OF SEXUAL LIFE

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Abstract

This study aimed at exploring the effectiveness of sexual skills training with regard to a mindfulness approach on married women's marital intimacy and quality of sexual life in Mashhad. It is an applied quasi-experimental research. The population included the married women referring to the Specialized Polyclinic of Psychological and Counseling Services, Ferdowsi University of Mashhad in 2016. Having received low scores from the marital intimacy and quality of sexual life scale, 22 women who had the inclusion criteria were selected as the sample based on the simple random sampling; they were also randomly assigned into experimental (11 people) and control groups (11 people). The experimental group received eight 90-min sessions of sexual skills training while the control group received none. Walker and Thompson Marital Intimacy Questionnaire (MIS) as well as the Sexual Quality of Life-Female (SQOL-F) questionnaire (developed by Symonds) were used for data collection. Moreover, the indices of descriptive statistics as well as the analysis of covariance (ANCOVA) were used for data analysis. The results indicated that, compared to the control group, the sexual skills training has a significant effect on increasing the married women's marital intimacy and quality of sexual life in the experimental group ($P < 0.01$). Therefore, it can be mentioned that the sexual skills training improves women's marital intimacy and quality of sexual life. Hence, the widespread use of the aforementioned training course may play a considerable role in preventing the family-related damages through improving the building blocks of marital life.

Keywords: sexual skills, Mindfulness, Quality of sexual life, Marital intimacy

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Introduction

Quality of sexual life is a term used to encompass aspects such as the absence or presence of bothersome sexual problems, sexual satisfaction and sexual wellbeing, and is inherently subjective. It is essential to remember that the presence of sexual problems is not synonymous with poor quality of sexual life (Ferenidou et al., 2008).

Female sexual function arises from a complex

interaction of biological, psychological, and social factors. Many studies have shown the negative effects of aging on the quality of women's sexual life, with a growing prevalence of sexual dysfunction in aging women. 6-11 Only a small proportion of older women are sexually active, and only 10 to 20% of them have frequent sexual intercourses after their 60s (Teixeira et al., 2017).

Intimacy may be defined as a relational process involving reciprocal sharing with and coming to know about the private, innermost aspects of

another person. Intimacy within relationships is multi-faceted and depends on several factors. Strongly associated with the level of intimacy, is one's perception of the intimate relationship and the nuances of communication between relationship partners (Holland et al., 2016).

Learning sexual skills is an important factor affecting both quality of sexual life and marital intimacy of individuals. As a process that considerably results in the increased healthy sexual growth, marital health, interpersonal relationship, emotion, intercourse, physical image, and sexual roles, training sexual skills is one of the ways to increase the quality of sexual life and marital intimacy. In addition to emphasizing the cognitive realm (information and knowledge), this kind of training has greatly taken into consideration the emotional realm (feelings, values, and attitudes) and behavioral realm (interactional skills and decision making) as well; as such, it has improved the performance of couples (Berryman et al., 2017).

Furthermore, this training employs a mindfulness approach strengthening the relationship, learning to be present in moment, and acceptance of any challenge, either individually or in groups. The World Health Organization (WHO) argues that training sexual skills is necessary for both the individuals who have not yet started sexual activity but are about to start that and those who have started sexual activity (Hasanzadeh Bashtian, 2005).

Thus, because of the importance of the sexual skills training in marital life and its deep impact on the life of couples, on the one hand, and the special place of the quality of sexual life and marital intimacy in predicting a successful marital life, on the other hand, it was sought to explore the effectiveness of sexual skills training on marital intimacy and the quality of sexual life in the present study.

Method

This study employed a quasi-experimental design with pretest-posttest and control group. The population included all women referring to the Specialized Polyclinic of Psychological and Counseling Services, Ferdowsi University of Mashhad. Among the population, the researcher invited the individuals to participate in the study. Through the initial interview, the women who had the inclusion criteria were selected.

Then, they completed the questionnaires of marital intimacy and the quality of sexual life. Subsequently, 22 women who had obtained the lowest scores were selected as the sample of the study. It is worth mentioning that the tests performed to select the research sample were also used as a pretest. The samples were then randomly assigned into control (11 people) and experimental (11 people) groups. The women in the experimental group received sexual skills training with a mindfulness approach for 8 consecutive sessions of 1.5 hours weekly. The control group did not receive any intervention during this period. In order not to let the control group be informed of the training content, the members of the experimental group were firmly told not to disclose the training content except for their husbands. At the end of the training course, both groups again performed the said questionnaires as post-test. After collecting the data related to pre-test and post-test, they were entered into SPSS 22. Finally, descriptive statistics and inferential statistics (ANCOVA) were used for data analysis and hypothesis testing.

The inclusion criteria consisted of the following.

1. Married women between the ages of 18 and 40
2. Married women holding at least a diploma
3. Married women experiencing at most one year of marital life
4. Married women with 1st marriage
5. Married women lacking any kind of the known medical and mental illness

The exclusion criteria are provided below.

1. Married women identified during treatment as not meeting the requirements of the study
2. Married women suffering from serious interactional problems

Instruments

The Intimacy Scale (IS) developed by Walker and Thompson: The Intimacy Scale (IS) was developed by Walker and Thompson (1983). It consists of 17 items to assess intimacy between couples. It is a part of a larger instrument that assesses different aspects of intimacy, but has been reported by its developers as an independent scale.

In the intimacy scale, the subject score is calculated by obtaining the sum of the scores of the questions and dividing it by 17. The scores

vary between 1 and 7, and a higher score is a sign of greater intimacy. The scale was first performed on 166 girls; 166 mothers of these students and 148 grandmothers. The average intimacy scale was 6.21 for mothers and 6.04 for girls (Sanai, 2008).

Alexis J. Walker and Linda Thompson (1983) used Cronbach's alpha and reported that the scale reliability varies from 0.91 to 0.97. In Iran, Etemadi (2005) reported that Cronbach's alpha coefficient calculated for the scale was 0.96 and 0.85, respectively. The reliability of the scale obtained using Cronbach's alpha coefficient was equal to 0.85 and using split-half method it was equal to 0.82. Validity of this scale through implementation of the Bagaroz Marital Intimacy Questionnaire and estimation of the

correlation coefficient simultaneously, was obtained and it was equal to 0.82, which indicates a good validity for this scale (Etemadi, 2005).

The Sexual Quality of Life-Female (SQOL-F) questionnaire developed by Symonds: it includes 18 items. The scores vary between 18 and 108. A higher score shows a higher quality of sexual life. The reliability of the questionnaire was confirmed by Symonds et al. through stability test $r(71, 0, <P 01, 0)$ and internal consistency (coefficient alpha = 0.93). Besides, the validity of the questionnaire was confirmed by Pakpour in Iran through internal consistency (coefficient alpha between 0.84 and 0.98) (Sayyadi et al., 2020).

Moreover, the topics of mindfulness training sessions were as follows.

Table 1. Topics of Mindfulness training sessions

Sessions	Topic	Plan
First session	Self-guided work	Explaining the rules and objectives of group meetings
		Raisin meditation mindfulness exercise (a meditation exercise through which participants spend a few minutes examining the sensory-visual, olfactory, taste, and tactile properties of a raisin seed)
		Physical examination, homework: mindful doing of a normal daily activity every day (washing, eating, brushing, etc.)
Second session	Dealing with barriers	Practicing thoughts and feelings, homework: recording pleasant events
Third session	Presence of mind or breathing technique	Sitting meditation; homework: 3 minutes of breathing space three times a day
		Mindful walking; homework: mindful walking
		3 minutes of breathing space; ; homework: recording unpleasant events
Fourth session	Stay in the present	See meditation/hear meditation; homework: sitting meditation
		Sitting meditation; homework: 3 minutes of

		breathing space not only three times a day but also whenever you notice stress and unpleasant emotions
Fifth session	Permission	Sitting meditation; homework: guided sitting meditation
Sixth session	Thoughts are not facts	Sitting visualization meditation; homework: shorter guided meditation for at least 40 minutes
		Ambiguous scenarios; homework: 3 minutes of breathing space not only three times a day but also whenever you notice stress and unpleasant emotions
Seventh session	Self-care	Referring to the relationship between mood and activity; homework: 3 minutes of breathing space not only three times a day but also whenever you notice stress and unpleasant emotions
		Discussing the symptoms of the disease; homework
Eighth session	Using what you have learned	Physical examination, homework, reflectiveness, feedback

Findings

The objective of the present study was to explore the effectiveness of sexual skills training on marital intimacy and the quality of sexual life regarding the women with sexual dysfunction. After training sexual skills, both groups (control and experimental groups) took a post-test. Then, descriptive statistics and inferential statistics (MANOVA) were used for data analysis and hypothesis testing.

The first output of the research was related to the descriptive indices of age and duration of marriage among the research participants; the results are provided in tables 2 and 3. The mean and standard deviation of age in the experimental group were respectively 33 and

3.43; those of the control group were respectively 30 and 4.56.

Table 2. The mean of age among participants

	Group	Mean	SD
Age	Experimental	33	3.43
	Control	30	4.56
	Total	32	3.32

Furthermore, an average of 5 years (with a standard deviation of 2.12) had elapsed since the marriage of the participants in the experimental group whereas an average of 6 years (with a standard deviation of 2.34) had elapsed since the marriage of the participants in the control group.

Table 3. The mean of duration of marriage among participants

	Group	Mean	SD
Duration of	Experimental	5	2.12

marriage	Control	6	2.34
	Total	5	2.22

As table 4 indicates, the mean of marital intimacy in post-test is 113.45 for the control group and 122.81 for the experimental group.

Moreover, the mean of the quality of sexual life in post-test is 69.72 for the control group and 82.27 for the experimental group.

Table 4. The mean and standard deviation of marital intimacy and the quality of sexual life for each group in pre- and post-test

Variables	Group	Test	Post-test	
			X	Sx
Marital intimacy	Control	Post-test	113.45	6.12
	Experimental	Post-test	122.81	11.93
Quality of sexual life	Control	Post-test	69.72	12.42
	Experimental	Post-test	82.27	15.86

Subsequently, because the pre-test post-test research design and the presence of a control group were intended, the multivariate ANCOVA was used for data analysis. Using this test necessitates the observation of several assumptions. One is the naturalness of distribution of scores in dependent variables.

Shapiro-Wilk test can be applied to explore this assumption. Table 5 shows the results of these two tests for research variables. Regarding the outputs ($P > 0.01$), the distribution of data in both dependent variables in this research is normal; hence, the assumption of normal distribution of data is confirmed.

Table 5. The estimates of Shapiro-Wilk test to reveal the normal distribution of scores in dependent variables

Variables		Shapiro-Wilk statistic	df	Sig.
Marital intimacy	Pre-test	0.977	22	0.859
	Post-test	0.893	22	0.122
Quality of sexual life	Pre-test	0.965	22	0.604
	Post-test	0.975	22	0.859

Furthermore, Levene's test was used to explore the homogeneity of variances among the two groups; the results are provided in table 6. According to the estimates of the table and the

insignificance of Levene's test for both marital intimacy and the quality of sexual life, it is concluded that the assumption of homogeneity of variances is confirmed.

Table 6. The estimates of Levene's test to reveal the homogeneity of variances

Variables	F value	df 1	df 2	Sig.
Marital intimacy	3.454	1	20	0.07
Quality of sexual life	0.093	1	20	0.76

Besides, regarding the F value in testing intergroup effects in order to explore the

significance of the interaction between independent variable and covariate (0.390;

$P > 0.01$), it can be mentioned that the third assumption, i.e. the use of covariance analysis which is the homogeneity of regression slopes is confirmed.

The next output (table 7) shows the results of the analysis of covariance. Regarding the F

value (0.01) in marital satisfaction and the quality of sexual life, it can be mentioned that there is a correlation between covariate and independent variable. This implies that the covariate has been a right selection since it has a significant effect on the research model.

Table 7. The estimates of covariance analysis to reveal the effectiveness of the independent variable on dependent variables

Variables	Source of changes	Sum of squares	df	Mean of squares	F	Sig.
Marital satisfaction	Pre-test	546.838	1	546.838	18.394	0.01
	Group	718.3281	1	718.3281	71.986	0.01
Quality of sexual life	Pre-test	456.84	1	456.84	14.231	0.05
	Group	537.932	1	537.932	53.512	0.05

Moreover, as the above output indicates, the F value regarding the effectiveness of the independent variable on marital satisfaction and the quality of sexual life was respectively 71.986 and 53.512. As the significance level of F shows, the independent variable has a significant effect on both marital satisfaction ($P < 0.05$) and the quality of sexual life ($P < 0.05$). Therefore, it can be mentioned that sexual skills training has significantly changed the participants' marital satisfaction and the quality of sexual life.

Discussion and Conclusion

The objective of the present study was to explore the effect of sexual skills training on marital satisfaction and the quality of sexual life regarding the women with sexual dysfunction. According to the results, there was a significant difference ($P < 0.01$) between the post-test scores of marital satisfaction regarding the women with sexual dysfunction in the experimental and control groups.

Sexual need as one of the human natural needs is usually satisfied by a legal spouse. Agreement on the style and quality of sexual relation plays an important role in marital satisfaction. Different studies on marriage show that sexual problems remain at the first level of importance (Lanvis quoted from Shamloo, 1993; Modanlu et al., 2005; Gerhardstein, 1997). The results of this study show the significant effect of sexual training on positive emotions toward spouse, marriage relation,

conflict solving, sexual relation, and marital satisfaction. In fact, training sexual skills has an important role on positive emotions and love of spouse, creating personal emotions and beliefs toward role of sexual relation in marriage continuity, increment of conflict solving, personal desire to express emotions and ease sense for sexual discussions and sexual intercourse, and increment of couples consent from marriage life. Findings of this study are in line with findings of Hosseini (2003), Baniasadi (1996), Bahreynian and Saki (2003) and Jafari et al. (2003).

This study is in line with the results of Mohammadi, Ozvkhouban, and Goudarzi (2014). They conducted a study on 36 women referring to the clinics and private centers providing psychological and counseling services in Karaj. It was shown that training sexual skills for six 90-min sessions could significantly increase the marital satisfaction of couples (Mohammadi et al., 2014).

With regard to data analysis, because there is a significant difference between the scores of the quality of sexual life in the experimental and control groups, it can be deduced that sexual skills training has significantly affected the participants' quality of sexual life. Many factors affect the women's quality of sexual life; by training sexual skills, it is possible to teach women about pre-sexual intercourse based on interaction and coordination, the framework of marital life and passive sensory socialization in order to have a better quality of life. This result is in line with the results of Lamyian et al. (2016) and since the sample of the present study included

the women with sexual dysfunction, it should be mentioned that sexual dysfunction is both the cause and effect of marital incompatibility; the improvement of these relationships can fulfil part of marital satisfaction and a better quality of life. Training sexual skills through sexual awareness-raising in the areas of healthy sexual growth, marital health, and optimal sexual roles can directly affect sexual satisfaction to a great extent. As one of the most important dimensions of marital satisfaction, the increased sexual satisfaction leads to the increased quality of sexual life, too.

Limitations

The lack of a follow-up stage for exploring the stability of the results of the instruction presented to women was among one of the most important limitations of this study; hence, the researcher cannot certainly refer to the long-term effectiveness of the training in the life of participants. Moreover, because the research sample was limited to women, the results cannot be generalized to all population. Besides, the use of women referring to the counseling and psychotherapy clinic is regarded as another limitation for the present research since the women referring to counseling clinics cannot be considered as the representative of all women. Referring to counseling clinics indicates a problem that prevents the generalization of the results to all women. The researcher hopes that further research be conducted in the future by defining follow-up courses after the treatment as well as using samples representative of both women and men.

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