

# The effectiveness of glassware reality therapy training on sexual intimacy and marital commitment of couples

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## Abstract

The aim of this study was to investigate the effectiveness of Glasser reality therapy training on sexual intimacy and marital commitment of couples in Behshahr. The method of the present study was quasi-experimental in two groups (experimental and control) with pre-test and post-test. The statistical population included all couples referring to Behshahr counseling centers equal to 174 people. According to Morgan's table, 68 people were selected for pre-test or screening by multi-stage cluster sampling method and completed the standard questionnaires of commitment dimensions (Adams & Jones (1997) and sexual intimacy (Bagarozzi, 2001). After administering the questionnaires, 36 couples who had the lowest score at the same time were selected and randomly assigned to the experimental and control groups (18 people in each group). The experimental group received Glasser reality therapy as a group for 10 sessions of 90 minutes, twice a week. Data were analyzed by multivariate analysis of covariance and SPSS software. The results of data analysis show that there is a significant difference between the post-test scores of the experimental and control groups in the dependent variables (marital commitment and sexual intimacy) (wilks. Lambda = 0.013 and F (112/1188) (31 and 2)). Showed that glass-based reality therapy is suitable for improving sexual intimacy and increasing marital commitment of couples and can be used as an effective intervention method.

**Keywords:** Glasser reality therapy, sexual intimacy, marital commitment.

## INTRODUCTION

In any society, and particularly in Iranian society, the family is considered an important institution (Ahmad Zadeh Aqdam et al., 1400). The family is a small family, social, social, socialSocialCommunityFirstWorldFirstMarriageThe marriage of a man (Alizadeh Fard and Raziqi, 1400). If the marriage patterns are different in different cultures, the family's main foundation is marriage. In all countries, regardless of religion and culture, more than 0.80 people over 50 years are married, 2020) Black-Kuttner. etal,2020 (Oco) is a very important role in the life of most adults. Hence, the need to establish and maintain close relations with others is considered to be the basic and fundamental motivations of humans. In addition, it is necessary to strengthen the family life, stability and durability, and the way couples

interact in commitment to marriage (Fardad et al., 1400).

Marital commitment is defined as the process of cognition, which indicates the decisions or assumptions that individuals make in relation to their partners and relationships (Gobbi, 2018). Marital commitment also means how much couples value their marital relationship and how much they are motivated to maintain and continue their marriage (Shoaa Kazemi, 1399). However, commitment to intentionality is often considered a cliché (Triwe et al., 2016). But they have divided it into three distinct types of commitment: personal commitment, moral commitment, and compulsory commitment (Dew & Jackson, 2018). Couples' commitment can affect each other's reactions to mistakes and misconceptions about each other. Intimacy is a very valuable and important issue in marriage

and contributes to the stability and strength of relationships between couples (Gonczarowski et al., 2019). One of the types of intimacy is sexual intimacy, which means the need to share, share and express thoughts, feelings and sexual fantasies of the spouse (Rahimi and Mousavi, 1399). This kind of indecision is especially in the case of arousal of sexual desire (Zaboli Pilehroud and Ghaffari, 1400). Sexual intimacy is a complex subject that needs special attention. Satisfaction in this area can also affect other aspects of marital relations (Rutledge et al., 2018). A successful marriage in most cases is associated with the consent of the parties to sex (hemmatological, 1400). When the connection is appropriate, marriage becomes more and more emotional. Schoenfeld (2017) (etal). Thus creating and maintaining intimate sexual relations in marriage is an art that requires acquiring skills, training and performing special tasks that reduce the factors that lead to a weakness in couples intimacy, and, on the other hand, by preventive programs, strengthen the efficient and effective performance of couples and families (Mr. Mortazavi et al. 2016).

One of the approaches to couple therapy that can strengthen these psychological characteristics is couple therapy based on reality therapy (Central Medicine et al., 1400). Reality therapy is a method of counseling and psychotherapy that has been proposed by William Glasser and based on his theory of choice (North Ahmadabadi, 1399). This treatment helps people explore expectations, values, and ways to help them meet those needs (2020 (Go et al., In fact). Responsible behavior is in the authorities (Jafari Manesh et al., 1399). Because according to this approach, what causes problems in people's lives is their irresponsibility (Lindner et al, 2020)). The main purpose of reality therapy is to educate people to be aware of their basic psychological needs such as survival, power, love, belonging, freedom and fun (etud, 2019) (Kudang). And avoid the use of external control etal, 2020 (Farhadi). According to Glaser, selective behaviors have four components: thought, action, physiological changes, as well as emotions (Stutey & Wubbolding, 2018). North of Ahmadabadi and the enjoyment of Ahmadabadi, 1399). In this regard, the importance of recognizing and examining the factors that lead to the strengthening of these social institutions can be a useful step in improving the culture of the community.

Therefore, the establishment of Hyder research in the field of couple therapy in the present age is of vital importance. By creating a think tank for researchers and researchers in various fields and disciplines, including psychology, sociology, counseling, and other sciences, they can overcome the problems that have plagued today's families due to lack of marital commitment and reduced sexual intimacy. In general, it should be said that the present study is done considering the noticeable vacuum in domestic research and considering the importance of the role of Glasser reality therapy on sexual intimacy and marital commitment of couples as a protective factor in preventing injuries.

### Research Objectives

Determining the effectiveness of Glasser reality therapy training on sexual intimacy and marital commitment of couples.

2. Determining the effectiveness of Glasser reality therapy training on couples' sexual intimacy.
3. Determining the effectiveness of Glasser reality therapy training on couples' marital commitment.

### Hypotheses

1. Glasser reality therapy training is effective on sexual intimacy and marital commitment of couples.
2. Glasser reality therapy training is effective on couples' sexual intimacy.
3. Glasser reality therapy training is effective on couples' marital commitment.

### Research Methods

The method of the present study was quasi-experimental in two groups (experimental and control) with pre-test and post-test. The statistical population of the present study consisted of all couples who referred to counseling centers in Behshahr in the second quarter of 1400. According to the statistics provided by this center, there were 174 people.

According to Morgan's table, 68 people were selected from the target population for pre-test or screening by multi-stage cluster sampling.

Information gathering tools in this research were:

A) Commitment Dimensions Scale: This questionnaire by Adams & Jones (1997) in the form of 44 items and in a five-point Likert scale; The present scale is divided into three dimensions of marital commitment: 1- Personal commitment (commitment to one's spouse is based on the attractiveness of one's spouse). Most of the questions in the questionnaire are scored directly and the questions (11,12,16,23,28,29,30,32,34,35,36,38) are scored in reverse. The overall range of individuals' scores is between 1 and 172 points, and the high score in this test indicates the high commitment of the couple. , 1997 (Adams & Jones) The reliability of each of these test scales for personal commitment (0.91); Ethical commitment (0.89) and structural commitment (0.86) were reported. In a pilot study conducted by Abbasi Molid et al. (2009), the reliability of this questionnaire for personal commitment (0.81); Ethical commitment (0.83) and structural commitment (0.79) and Cronbach's alpha coefficient for the whole test were 0.81.

B) Sexual Intimacy Scale: In this study, the Sexual Intimacy Scale (2001) (Bagarozzi) was used. This scale has 41 questions and covers the needs of intimacy in 8 dimensions: emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, recreational and social. And how to answer each question in the 4-choice range is always, sometimes, rarely and never scored from 1 to 4. The maximum score is 120 and the minimum is 30. The closer the score is to the maximum, the higher the sexual intimacy of the couple, and the closer the score is to the minimum, the lower the sexual intimacy of the couple. This questionnaire was used in the invalidity study and to determine its reliability, it was performed on 70 pairs and its Cronbach's alpha coefficient was equal to 0.81.

#### Research method

The method of conducting the research was as follows: after coordination of high-level counseling centers in Behshahr city, 68 people were selected from among the people referring to this center to perform pre-test or screening by multi-stage cluster sampling method.

Previously, the Hawaiian Personalists, individually or grouped, opted for a spectrum, specialized in teachers. They were screened above average and 36 of them had the lowest scores and were randomly assigned to the experimental and control groups (18 in each group). They received group form for 10 sessions of 90 minutes twice a week. After the tenth session, post-test data were collected. In addition, in order to comply with the principles and standards of professional ethics, the meetings were free and before the experimental intervention, the confidentiality of information and the possibility of leaving the research if both do not want to continue treatment were explained to both experimental and control groups. The methods of data analysis were analyzed by descriptive statistics and inferential statistics through multivariate analysis of covariance and SPSS software.

The Glasser Reality Therapy Protocol includes the following steps and tasks:

Table 1: Summary of the framework of therapy sessions based on Glasser's therapeutic reality (Etemadi, 1397).

#### Session Description of treatment sessions

Session 1: The researcher first introduces himself / herself and states his / her goals of holding these sessions for the participants. At the beginning of the session, rules will be introduced and they will be asked to introduce themselves to the group. Then the bypass technique is performed. Members will be asked to be present in a timely and continuous manner and if required to do so, they will be required to do so. A brief description of the reality therapy approach and its inventor, Dr. William Glasser.

Session 2: Creating an atmosphere of trust and raising the skill of active listening in the members in order to strengthen the confidence of the members and create intimacy and participation during the sessions. ) And this makes other members realize that they are not the only ones struggling with these problems.

Session 3: Increase the sense of responsibility and non-denial of reality. In this session, after discussion, the instructor expresses responsibility and its role in life and asks participants to search and express their needs in the context of the realities of their lives and the

role of denial of reality in their irresponsible behavior. Find.

Session 4: In this session, the theory of control and its relationship with responsibility is taught. This theory addresses the issue that each person seeks to control other people and make them think and act like him. From the point of view of reality therapy, external control is the most important factor in family disputes.

Session 5: Examining the theory of choice and its relationship with our behaviors. Familiarize members with the main issue of reality therapy, that every behavior they make is their choice and it is their responsibility. It is the responsible behaviors and activities that each member should consider from now on.

Session 6: This session teaches about the quality world and the satisfaction of needs and that every human being creates a photo album in his mind to satisfy his natural needs. The discussion will continue on the five basic needs that William Glasser believes are common to all human beings.

Session 7: At the beginning of the session, the advantages and disadvantages of accepting and

denying reality are discussed. Following this topic, the components of behavior (action, thinking, feeling, physiology) are discussed.

Session 8: In this session, goals and values will be identified and the difference between people who pay attention to the goal and people who pay attention to value will be determined.

Session 9: In this session, how to create the identity of success and the identity of failure is discussed and using the proverb "Every failure is a bridge to victory" this article is explained and participants are asked to give real examples of life. Express themselves.

Session 10: This session summarizes the previous sessions and also examines the application of the taught materials in daily life and members are asked to express their achievements from the training sessions. It should be noted that at the end of each session, assignments will be presented and reviewed at the beginning of the next session.

## Findings

Table 1: Mean of standard deviations of prenatal scores of marital commitment and sexual intimacy test

Post-test		Pre-test		Variable groups	
The standard deviation	Average	The standard deviation	Average		
6.03151	113.5556	5.08522	63.7222	the experiment	Marital commitment
3.45134	63.5000	4.37909	62.6667	Control	
5.61045	105.7778	3.27648	62.5000	Test	Sexual intimacy
3.38200	65.5556	4.36751	62.3889	Control	

Descriptive results (means) in Table 1 show that both variables, the mean of post-test scores increased compared to the pre-test in the experimental group but did not change much in the control group.

To use the covariance test, all its assumptions were considered first. The samples were analyzed for randomness, their independence, normality, homogeneity of variance, regression line slope and linearity, and the data were analyzed after verification.

Table 2: Investigation of the normality of all research variables using Shapiro-Wilk test

Being normal Result	Significance level	df	Test statistics			Variables
Normal	.200*	18	.128	experiment	Pre test	Marital commitment
Normal	.200*	18	.130	Control		

Normal	.243*	18	.106	experiment	Post- test	Sexual intimacy
Normal	.200*	18	.113	Control		
Normal	.200*	18	.121	experiment	Pre test	
Normal	.200*	18	.147	Control		
Normal	.200*	18	.106	experiment	Post- test	
Normal	.200*	18	.156	Control		

The scores listed in Table 2 show that the distribution of research variables is normal. Considering that the variable distribution in front of the monopsis test was normal and the scale of measurement of the variables was interval, the parametric analysis of covariance analysis was used to analyze the data.

- Homogeneity of variances

The results of Levin test to test the assumption of homogeneity of variance are given in the table below. According to the data in this table, the F in the variables of marital commitment and sexual intimacy is not statistically significant, so the assumption of homogeneity of variance in these two scales is rejected. And parametric tests can be used to analyze the data.

Table 3: *Leven test results to investigate the homogeneity of variances*

meaningful level	df <sub>2</sub>	df <sub>1</sub>	F مقدار	Loon test Variable
.107	34	1	2.735	Marital commitment
.071	34	1	2.990	Sexual intimacy

Main Hypothesis: Glasser reality therapy training has an effect on sexual intimacy and marital commitment of couples.

Table 4 - *Results of multivariate analysis of covariance for comparison of groups in terms of marital commitment and sexual intimacy of couples in the post-test stages with control of the effect of pre-test*

Eta coefficient	Significance level	Measure f	Error df	Hypothesis df	Value	Test title
.787	.000	1188.840	31.000	2.000	.013	Wilkes Lambda test

The results of Wilkesen's lambda test show that glassware reality therapy training had a significant effect on at least one of the dependent variables (marital commitment and sexual intimacy) in couples. The results of univariate

analysis of covariance in the text of multivariate analysis of covariance to determine the effect of glasser reality therapy training on marital commitment and sexual intimacy in couples are reported in Table 5.

Table 5: *Results of analysis of covariance (ANCOVA) for comparison of groups in terms of marital commitment and sexual intimacy in post-test stages with control of pre-test effect*

Eta coefficient	Significance level	F	Average squares (MS)	Degrees of freedom (df)	Total squares (SS)	Source
.765	.000	880.286	22277.544	1	22277.544	Marital commitment Group

.659	.000	752.450	14498.225	1	14498.225	Sexual intimacy	
			25.307	32	809.829	Marital commitment	Error
			19.268	32	616.577	Sexual intimacy	
				35	23370.972	Marital commitment	Total
				35	15290.000	Sexual intimacy	

The results of univariate analysis of covariance in the text of multivariate analysis of covariance showed that, - F is calculated for the effect of Glaser reality therapy training on marital commitment ( $F = 880/286$ ), and sexual intimacy ( $F = 752/450$ ). According to the mean of the two groups listed in Table 1, the experimental group obtained a higher mean in both variables than the control group. From this it can be concluded that Glaser reality therapy training increases

sexual intimacy and marital commitment of couples. Eta squared value also shows that about 76.6% of the variance of the marital commitment score and about 65.9% of the variance of the sexual intimacy score are explained by Glasser reality therapy training.

Hypothesis 1: Glasser reality therapy training has an effect on couples' sexual intimacy.

Table 6- Results of multivariate analysis of covariance for comparison of groups in terms of sexual intimacy in post-test stages with control of pre-test effect

Eta coefficient	Significance level	Measure f	Error df	Hypothesis df	Value	Test title
.880	.000	115.305 <sup>a</sup>	19.000	8.000	.020	Wilkes Lambda test

The results of Wilkesen's lambda test show that glassware reality therapy training has a significant effect on at least one of the components of sexual intimacy in couples (emotional, psychological, intellectual, sexual, physical, spiritual, aesthetic, recreational and social) ( $0.020 = \text{wilks.lambda}$  and  $448305115 =$

(19, 8) F) The results of univariate analysis of covariance in the context of multivariate analysis of covariance to determine the effect of glassware reality therapy training on the components of sexual intimacy in couples are reported in Table 7.

Table 7: Results of analysis of covariance (ANCOVA) for comparison of groups in terms of sexual intimacy components in post-test stages with control of pre-test effect

Eta coefficient	Significance level	F	Average squares (MS)	Degrees of freedom (df)	Total squares (SS)	Source	
.787	.000	95.982	173.606	1	173.606	Emotional	Group
.765	.000	166.153	188.529	1	188.529	Psychological	
.780	.000	191.377	214.009	1	214.009	Rational	
.696	.000	59.622	193.704	1	193.704	Sex	

.608	.000	62.992	156.730	1	156.730	Physical	
.656	.000	80.497	139.597	1	139.597	Spiritual	
.715	.000	279.625	215.935	1	215.935	Aesthetic	
.763	.000	164.086	189.766	1	189.766	Recreational and social	

The results of univariate analysis of covariance in the context of multivariate analysis of covariance showed that Glasser reality therapy training had a significant effect on emotional components (P <0.001 and F = 95.982), psychological (P <0.001 and F = 166.153). ) And rational (P <0.001 and F = 191.377), sexual (P <0.001 and F = 59.622), physical (P <0.001 and F = 62.992), spiritual (001 It has P (0.80 and F = 497/80), aesthetics (P <0.001 and F = 279.625), recreational and social (P <0.001 and F = 0.164). That is, glassware reality therapy

training has been effective in increasing the components of sexual intimacy. The amount of squares indicates 78.7% emotional, 76.5% psychological, 78% intellectual, 69.6% sexual, 60.8% physical, 65.6% spiritual, 71.5% aesthetic and 76.3% recreational and The social variance of the scores of the components of sexual intimacy is explained by Glasser's therapeutic reality training.

Hypothesis 2: Glasser reality therapy training has an effect on couples' marital commitment.

Table 8: Results of multivariate analysis of covariance for comparison of groups in terms of marital commitment of couples in post-test stages with control of pre-test effect

Eta coefficient	Significance level	Measure f	Error df	Hypothesis df	Value	Test title
.777	.000	416.583 <sup>a</sup>	29.000	3.000	.023	Wilkes Lambda test

The results of Wilkes's Lambda test show that Glasser reality therapy training has a significant effect on at least one of the components of marital commitment in couples (personal commitment, moral commitment and structural commitment). 29 and 3) F) The results of

univariate analysis of covariance In the text of multivariate analysis of covariance to determine the effect of glaser reality therapy training on marital commitment in couples are reported in Table 9.

Table 9: Results of analysis of covariance (ANCOVA) to compare groups in terms of marital commitment components of couples in post-test stages with control of pre-test effect

Eta coefficient	Significance level	F	Average squares (MS)	Degrees of freedom (df)	Total squares (SS)	Source	Group
.753	.000	624.249	2056.388	1	2056.388	Personal commitment	
.741	.000	494.848	2880.456	1	2880.456	Ethical commitment	
.790	.000	116.596	2203.735	1	2203.735	Structural commitment	

The results of univariate analysis of covariance in the context of multivariate analysis of covariance showed that Glasser reality therapy training had a significant effect on the components of personal commitment ( $P < 0.001$  and  $F = 624.249$ ), moral commitment ( $P < 0.001$  and  $F = 494/484$ ) and has a structural commitment ( $P < 0.001$  and  $F = 596/116$ ). That is, Glasser's reality therapy training has been effective in increasing the components of marital commitment. This means that 75.3% of personal commitment and 74.1% of moral commitment, 79.0% of structural commitment is due to changes in the scores of the components of marital commitment from Glasser reality therapy training.

### Discussion and conclusion

The results of the present study showed that Glasser reality therapy training has been effective on sexual intimacy and marital commitment of couples in Behshahr. The results also showed that Glaser's reality therapy training from the tenth session of the intervention had a significant effect on improving sexual intimacy and marital commitment in the experimental group compared to the control group. The results obtained in this study with the findings of research (Mortazavi et al., 1399), (Hosseinzadeh et al., 1400), (etal, 2020) Farhadi), (2020 (Go et al, Lindner et al, 2020 )) Has been consistent.

Explaining the findings, it should be noted that Glaser believes that people marry to satisfy their basic needs, he in the theory of choice on responsibility and familiarity with the basic needs of themselves and their spouse, reaching from external control to internal control and familiarity with the quality world Wives emphasize. He also believes that when the needs of couples are different from each other, they are in conflict and when the couple is taught about their basic needs, this awareness can affect their marital satisfaction. Glasser states that the behaviors that people choose have four dimensions of thoughts, actions, feelings, and changes that are unfounded.

Accordingly, in the designed educational package, the present study emphasized on the choice of your behaviors with responsibility, because in the intervention and therapeutic reality, the emphasis is on the selection of

responsible behaviors and changes in behavior, which result in unchanging emotions and changing the bad.

Therefore, in the training sessions, people were taught that on the one hand, they are responsible for the behaviors they choose, and on the other hand, by changing their choices, they can create different consequences. Understand the positive consequences of changes in their choices, reduce sexual dissatisfaction, and increase marital commitment. In fact, since the core of reality therapy-based education is a focus on responsibility and the choice of responsible behaviors, sexual intimacy and marital commitment increased with the teaching of responsibility as well as changing the way people think and act.

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