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Effectiveness of Behavioral-Cognitive Therapy in Sexual Self-Esteem and Marital Commitment of Couples' with Troubled Relationships

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Abstract

Background: Health in families is rooted in the maintenance and health of relationships between husbands and wives. Moreover, marital relationship is the core of families, disorders of which are threats to family survival.
Objectives: The present study aimed to investigate the effectiveness of behavioral-cognitive therapy in sexual self-esteem and marital commitment of couples with troubled relationships in Tehran, Iran, during 2017.
Materials and Methods: This semi-experimental study was conducted based on a pre-test and post-test design with experimental and control groups. The statistical population of the present study consisted of all couples with troubled relationships in Tehran, Iran, who were selected using a convenience sampling method and Cohen table for the sample size. The participants were then divided randomly into two groups of experimental (n=15) and control (n=15). The experimental group was asked to participate in 90-minute behavioral-cognitive therapy sessions (n=10). On the other hand, the control group remained on a waitlist. The data were collected using Dobel Naha and Schwarz's sexual self-esteem and Adams and Jones' marital commitment questionnaires. Moreover, the obtained data were analyzed in SPSS software (Version 22) through descriptive and inferential (covariance) statistics.
Results: Results showed that behavioral-cognitive therapy led to an increase in sexual self-esteem in couples with troubled relationships. Therefore, it can be stated that group behavioral-cognitive therapy is an effective method for improving self-esteem and marital commitment in couples.
Conclusion: It can be stated that behavioral-cognitive therapy helps family members to face problems effectively by resolving conflicts among family members and improving interpersonal relationships

Keywords: Behavioral-Cognitive Therapy, Couples, Marital commitment, Sexual self-esteem

1. Introduction

Family is the most effective and the most general social institution, which is present in all societies. Accordingly, it is regarded as the most important support and an axis of social life, which indirectly influences cultures, beliefs, customs, and values (1). The concept and value of family as a social institution is the basis of activities in every society. Moreover, based on its values, each community initially pays attention to the family in which it can nurture its future citizens (2). Health in families is rooted in the maintenance and health of relationships between husbands and wives. Accordingly, marital relationship is the core of families, disorders of which are threats to family survival. As a result, the presence of problems in life has exposed many families to challenges and disintegration (3). Studies showed that married individuals, compared to divorced, separated, widowed, and single individuals, have better psychological health and less mental pressure (4).

According to a report from psychologists, in recent years, feeling of security, peace, and intimate relationships between men and women have become weak, and families increasingly face destructive forces leading to less marital commitment and more problems that are interpersonal (5). Among different interactions, commitment to marital relationships is the most important qualitative aspect of a relationship. Every individual is committed to certain types of things in his/her life. One successful long feature is marital commitment. Commitment in marital relationships is a special concept, for which numerous definitions have been introduced. Marital commitment can be defined as a feeling of endurance, which is found in attraction and limitations (6).

Johnson believes that marital commitment contains three dimensions of personal, ethical, and structural

commitment. Personal commitment is the person's tendency to maintain a marital relationship. This commitment reflects the person's perceptions of his/her partner and relationship as well as the importance of the relationship to each spouse. Another dimension of marital commitment is the person's commitment to maintaining their relationship. Personal values and basic beliefs in connection to correct behavior in relationships is the core of ethical commitment (7).

Structural commitment means that the person feels that he/she should stay in the relationship due to external factors. Both commitments to the spouse and marriage are the keys to marriage success (8). Every successful marriage has three main pillars, namely commitment, attraction, and understanding. Marital commitment is the strongest and most sustainable factor which predicts the quality and consistency of marriage (8). High levels of marital commitment are correlated with more expression of love, adaptability and marital consistency, appropriate problem-solving skills, and marital satisfaction (9).

Self-esteem is one of the most important human needs, which protect them from anxieties and stressors, and is felt in all daily activities. Therefore, it is one of the most important aspects of personality, which determines behaviors. Moreover, it is considered to be an important factor in emotional and social adaptability (10).

Another aspect of self-esteem that affects the performance of couples is sexual self-esteem. This includes effective reactions to personal and intellectual evaluations together with thoughts connected to gender, feelings, and behaviors that are composed of skills and experience (ability to enjoy sexual partner), ethical judgment (ability to evaluate thoughts, feelings, sexual behaviors, and ethical rules), and adaptability (ability to adapt your experiences of sexual behavior to others' personal goals).

Many studies have focused on the relationship between the variables of this study, which highlights the importance of discussions in this regard. It is stated that the relationship between commitment and sexual satisfaction of women is intermediate and significant (10). One of the factors affecting sexual self-esteem is the presence of intimate relationships. According to a study conducted by Shakarami et al. (2014), the interpersonal factor is one of the elements predicting sexual self-esteem and satisfaction. This includes the level of conflicts that exist between husbands and wives that reveals a decreased level of intimacy in marital commitment (11).

Therefore, an increase in the separation of husbands and wives, marital dissatisfaction, and their needs for improving marital relationships show that spouses require expert educational interventions in this field. Numerous approaches have been introduced for solving family and couple problems, one of which is behavioral-cognitive group therapy. This type of therapy is used for abnormal signs and behaviors. Since the thoughts and actions of this sort are often together, cognitive-behavioral techniques are used in combination in most cases (12).

Behavioral-cognitive therapists help couples do more active evaluations rather than observation of their cognitions, work on modifying negative behavioral interactions in order to nurture cognitions and positive emotions of one another, and express their marital problems connected to inhibited emotional experiences in order to be able to experience marital relationships in a more satisfactory environment (13). In line with this, Driessen and Hollon (2011) concluded that the effectiveness of behavioral-cognitive therapy affected all aspects of life, significantly increased satisfaction with life, and adjusted couples' emotions (14).

Dissatisfied couples face many mental-psychological-social problems and damages. These problems cause tensions in different dimensions, resulting in difficulties in the adjustment of emotions, beliefs, thoughts, and interpersonal relationships. It must be noted that group behavioral-cognitive interventions can significantly decrease couples' problems since this therapeutic approach helps to decrease tensions stemming from problems.

Therefore, by the provision of appropriate conditions, one can affect positive internal powers and reinforce tolerance as well as adaptability when facing problems. Accordingly, interpersonal relationships can also be reinforced, useful actions can be taken, and emotions can be adjusted using this technique. Studies conducted in this field refer to the fact that therapeutic approaches can affect dissatisfied couples' problems leading to better life quality. Therefore, it is necessary and important to conduct more studies in this regard. This study aimed to answer the question of "what effects does group behavioral-cognitive therapy have on improving interpersonal relationships and emotional self-adjustment of dissatisfied couples?

Material and Methods

This semi-experimental study was conducted based on a practical approach using a pre-test and post-test design with a control group design. The statistical population of the present study consisted of all couples with troubled relationships who had visited dispute resolution council offices based on recommendations of family courts in Tehran, Iran (2017). Initially, within an announcement, 45 unsatisfied couples were selected and registered randomly, and they were then asked to complete sexual self-esteem and marital commitment questionnaires. Following that, 30 respondents who met the inclusion criteria were selected using a convenience sampling method. The sample size was estimated at 30 cases in the present study using the Cohen table with the effect size of 0.5, power of 0.76, and alpha of 0.01. Furthermore, they were randomly and equally divided into control and experimental groups. Afterward, the experimental group was asked to participate in 10 sessions of the behavioral-cognitive therapy program. On the other hand, the control group received no intervention.

Regarding the ethical considerations, the participants were assured of the confidentiality of their information during the therapy. Moreover, they were allowed to leave the study at any time they desired. Since all respondents were informed about the necessity of their presence in the sessions, they were present by the end of the educational session, and no drop or attrition was observed in this regard. Dobel Naha and Schwarz's (1996) sexual self-esteem questionnaire and Adams and Jones's (1997)

marital commitment questionnaires were used to collect the data in this study.

Sexual self-esteem Questionnaire:

This 35-itme questionnaire was developed in order to evaluate the level of sexual self-esteem. The responses were scored based on a 6-point Likert scale from 1 to 6 ("I totally disagree" to "I totally agree"). This questionnaire consisted of dimensions, such as experience, skills, attractiveness, control, ethical judgment, and adaptability, which are reflections of sexual self-esteem fields. The questionnaire comprised 32 items (15). The validity and reliability of the questionnaire showed that the sub-scales of the questionnaire are favorably correlated with the total score, indicating that it is valid. In addition, Cronbach's alpha coefficients of its sub-scales were estimated at 0.84 (skills and experience), 0.88 (attractiveness), 0.80 (control), 0.80 (ethical judgment), 0.80 (adaptability), and 0.92 (total questionnaire) (15). Moreover, Cronbach's alpha coefficients in this study were determined at 0.73 (reliability of skills and experience), 0.78 (attractiveness), 0.69 (control), 0.68 (ethical judgment), 0.70 (adaptability), and 0.82 (total questionnaire).

Marital commitment Questionnaire:

This scale was developed by Adams and Jones in 1997 to measure three dimensions of marital commitment, including personal commitment, commitment to marriage that is based on a feeling of obligation, and marriage maintenance or fear from the consequences of divorce (16). Each item is scored based on a 5-point Likert scale from 1 to 5 ("I totally disagree" to "I totally agree"). Moreover, the total range of individuals' scores is between 1 and 172. A high score on this scale indicates that the couples are highly committed (16). The reliability values of each dimension were obtained at 0.91 (personal commitment), ethical commitment (2009), and 0.86 (structural commitment) (16). Moreover, the Cronbach's alpha was determined at 0.85 for the total questionnaire in a study conducted by Abbasi Molid (2009) (17). In this study, the Cronbach's alpha coefficients of personal, ethical, and structural commitments were obtained at 0.68, 0.78, and 0.74, respectively. Moreover, the Cronbach's alpha of the total questionnaire was estimated at 0.82.

Table 1 tabulates the content of behavioral-cognitive therapy sessions.

The data were analyzed in SPSS software (version 22) through descriptive and inferential (covariance analysis) statistics.

Results

The demographic characteristic of the participants is presented in the following table.

As can be seen in Table 2, there is a difference between the groups regarding the level of education (Diploma, Master, and higher degree).

According to the results of the above table, the experimental group showed an increase in the mean score of "sexual self-esteem" after the intervention, whereas no significant change was observed in the control group in this regard. Moreover, the mean scores of "marital commitment" were increased in the experimental group after the intervention; however, it did not change significantly in the control group.

Table 1. Contents of behavioral-cognitive therapy sessions

Sessions	Titles
1	Teaching sexual skills
2	Gradual exposure to different sexual situations
3	Teaching skills of sexual relationship
4	Styles of increasing marital relationships
5	Increasing seductive subjects
6	Cognitive reconstruction of maladaptive beliefs and thoughts
7	Behavioral interventions and styles of marital relationships
8	Mental visualization and sexual mind pictures
9	Increasing sexual knowledge and awareness
10	Solving semi-structured behavioral problems

Table 2. Distribution of subjects by the level of education

	Level of Education	Frequency	%
Experimental Group	Diploma	8	50
	Associate degree and Bachelor	6	40
	Master and higher	2	10
	Total	15	100
Control Group	Diploma	8	50
	Associate degree and Bachelor	6	40
	Master and higher	2	10
	Total	15	100

In this section, covariance analysis was used considering the consistency of the variance of scores and the normality of score distribution, as well as the equal size of the experimental and control groups. Moreover, this analysis was employed to assess the significance of the difference between the experimental and the control groups at post-test and to control the effect of the scores at pre-test.

Regarding the first hypothesis, the hypothesis of the homogeneity of regression slopes was initially examined using an "F" test. The results of the test confirmed the hypothesis of homogeneity in regression slopes in the experimental and control groups (F=0.85; df=1, 26; P=0.37).

As can be seen in Table 4, the effect of the inter-group factor is significant at the 0.01 level by controlling the effect of the pre-test (P=0.01, F (1, 27)=31.5). In other words, there is a significant difference between experimental and control groups regarding the scores of post-test. The data presented in Table 4 indicate an improvement in the scores of the experimental group after behavioral-cognitive therapy, while there was no increase in the scores obtained by the control group. Therefore, the null hypothesis is rejected at the 0.01 level, and with 99% confidence, it can be inferred that behavioral-cognitive therapy helps to increase couples' sexual self-esteem resulting in troubled relationships. The effect size also shows that about 53.8% of the increase in the self-esteem of respondents can be expressed by behavioral-cognitive therapy.

Considering the second hypothesis, the "F" test examined the homogeneity of regression slope (F=3.3; df=1; P=0.08). Therefore, the hypothesis of homogeneity was accepted in the regression slopes in the experimental and the control groups.

Levene's test also confirmed the hypothesis of variance homogeneity in groups (F=2.2; df=1, 28; P=0.15).

According to the results in Table 5, there is a significant difference between the groups at a level of 0.01 (P=0.01, F (1, 27)=37.2). After comparing the scores of the groups in Table 3, the results revealed an improvement in the scores of the experimental group after interventions. However, there were no significant changes in the scores of the control group. Accordingly, with 99% confidence, it can be concluded that behavioral-cognitive therapy helps to increase marital commitment in couples with troubled relationships.

Discussion

The first hypothesis of the study evaluated the effectiveness of behavioral-cognitive therapy in sexual self-esteem among couples. The results showed that this therapy had a positive effect on increasing sexual self-esteem in the experiment group, compared to the control group. In this therapeutic method, the factors, which caused problems and made problems continue, were examined initially. Following that, behavioral-cognitive therapy was used in this study. The results of this study are in line with the findings obtained from the

Table 3. Mean±SD of sexual self-esteem and marital commitment at pre-test and post-test in both groups

Variable	Group	Pre-test		Post-test	
		M	SD	M	SD
Sexual Self-esteem	Experimental	3.46	0.98	4.79	0.59
	Control	3.28	0.76	3.29	0.55
Marital commitment	Experimental	3.77	0.90	4.98	0.57
	Control	3.60	0.84	3.58	0.38

Table 4. Summary of covariance analysis to investigate the effectiveness of group behavioral-cognitive therapy in sexual self-esteem

Source of changes	Sum of squares	df	Mean of squares	F	Sig	Effect size
I covariance	1126.3	1	1126.3	69.5	0.01	0.720
Group	510.2	1	510.2	31.5	0.01	0.538
Error	437.5	27	16.2			
Total	59821	30				

Table 5. Summary of covariance analysis to investigate the effectiveness of behavioral-cognitive therapy in marital commitment

Source of changes	Sum of squares	df	Mean of squares	F	sig	Effect size
I covariance	2762.6	1	2762.6	175	0.01	0.866
Group	586.9	1	586.9	37.2	0.01	0.579
Error	426.3	27	15.8			
Total	115649	30				

studies conducted by Lam et al. (2016) and Hannier et al. (2017) who investigated the effect of behavioral-cognitive therapy on improving sexual self-esteem and satisfaction (9, 10). Since cognitive techniques have been used in all behavioral-cognitive studies for the treatment of a decrease in sexual desire, the present study also utilized such techniques as cognitive reconstruction, concentration skills, and self-assertiveness.

It can be concluded that the key to improving the couples' sexual self-esteem in the dimension of cognition is the use of these therapeutic techniques. The present study used therapeutic intervention and cognitive reconstruction of insensible sexual thoughts of oneself, spouse, and relationship; positive self-statements; concentration-attention skills; and self-assertiveness. Accordingly, all of these cognitive techniques can help improve sexual self-esteem as well as the dimension of cognition. Additionally, the obtained results show that behavioral-cognitive techniques in this field are accompanied by an increase in sexual awareness and skills, visualization, an increase in insight, and understanding of systematic causes, the way feelings are expressed, and behavioral interventions. As a result, they lead to the improvement of sexual self-esteem and influence marital satisfaction, followed by positive mutual effects on spouses, especially in relationships.

In the same line, the results showed that behavioral-cognitive therapy helps increase marital commitment in couples with troubled relationships. These findings are consistent with the results of studies performed by Denton et al. (2012) and Shakarami et al. (2014). In their studies, they reported the effect of emotion-focused cognitive therapy on improving sexual relationships (11, 18). It can be claimed that behavioral-cognitive therapy is a psychotherapeutic approach that is based on learning principles as well as cognitive principles, in which family members' thoughts and behavior styles are emphasized (18). Since the basic principle of behavioral-cognitive therapy is based on the fact that individuals' actions and behaviors to a great extent depend on how they interpret the universe, this approach takes individuals' interpretations away from conflicts or changes them positively leading to improvement in marital commitment.

In addition, probably, the reason why behavioral-cognitive therapy affects research variables is that the problems of the studied couples have been more interpersonal than intrapersonal. In other words, a small problem has led to conflicts in the relationships of family members, and over time, the intensity and size of these problems increases. Therefore, one of the reasons why behavioral-cognitive therapy is effective for these couples can be the factor that these interventions are the base for reconstructing unreal thoughts.

Strengths and limitations of the study

It can be stated that behavioral-cognitive therapy helps family members to face problems effectively through resolving conflicts among family members and improving interpersonal relationships via learning techniques, such as problem-solving, interpersonal relationship skills, facing tension skill, decisiveness (assertiveness) skills, cognitive reconstruction, positive thinking, communicational skills, and empathy skills.

The limitation of this study includes a lack of control over other family conditions, such as economic-social conditions. Additionally, educated people were selected as the research sample, which can be another constraint of the study. It is recommended that future research focus on the investigation of the effect of behavioral-cognitive therapy on improving sexual self-esteem and marital commitment by controlling disruptive variables, such as socioeconomic conditions and level of individuals' education.

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