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The effectiveness of the integrated intervention of joint sexual therapy and Satir model on sexual satisfaction and marital silence of couples with sexual dissatisfaction

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A B S T R A C T

Objective: The purpose of this research was to determine the effectiveness of the integrated intervention of joint sexual therapy and Satir model on sexual satisfaction and marital silence of couples with sexual dissatisfaction.

Method: The research method was quasi-experimental with experimental and control groups. The statistical population of this research included all couples who referred to counseling centers in Malayer city in 2022. 30 couples were selected as available and were replaced in two experimental (15 couples) and control (15 couples) groups randomly and by lottery method. The combined intervention of joint sex and Satir therapy was performed in 9 sessions twice a week for 90 minutes. Then both experimental groups participated in the post-test phase and after 3 months the follow-up phase was done. Rezaei and Rasouli's sexual satisfaction questionnaire (2018) and Larson's sexual satisfaction questionnaire (1998) were used to collect data. In order to analyze the data, descriptive statistics tests (mean and standard deviation) and analysis of variance with repeated measurements and SPSS version 24 software were used.

Results: The results showed that the combined intervention of joint sexual and sexual therapy had an effect on reducing marital silence (F= 49.26) and increasing sexual satisfaction (F=179.54) of couples (P<0.001).

Conclusion: According to the results of this research, it is suggested to use the combined intervention of joint sexual therapy and Satir in reducing marital silence and increasing sexual satisfaction of couples with sexual dissatisfaction.

Keywords: *joint sexual therapy and Satir model, sexual satisfaction, couples, marital silence.*

1. Introduction

Marriage has always been recognized as the most important and superior social institution for fulfilling individuals' emotional needs. It's a complex, delicate, and dynamic human relationship with unique characteristics, which can be considered one of the stages of human development (Parsakia, Rostami, & Saadati, 2023). A successful marriage significantly contributes to the psychological and social growth of the couple

(Hashemi, Behboodi, & Dokanehi Fard, 2022). Marriage is filled with changes, and couples must adapt to new roles and responsibilities. How they manage this period is crucial for the stability of the marriage. One of the fundamental needs in marriage and marital life stability is sexual need. Sexual issues are among the priorities in the life of husbands and wives, where satisfaction in this aspect can predict a stress-free and desirable marital relationship (Rasul et al., 2022).

The family, as the most important social system, is formed based on marriage and its preservation and continuity are of great importance (Mohammadi, Darbani, & Parsakia, 2021). In a healthy family, husband and wife are committed to family principles, and relationships are based on equality and human values. The problems and dilemmas facing the family today, as the smallest and most important "social unit" of society, are unprecedented or at least rare in the history of human societies; because, in the past, the family was where society members became "socialized," making it the most important "institution" for responding to individuals' emotional needs (Lamson et al., 2022).

Marital life is influenced by numerous factors, some of which may lead couples towards conflict, emotional separation, and sexual silence (Bozkur, Güler, & Kandeğer, 2022). Marital silence involves avoiding expressing opinions and interests, denying feelings in marital topics, and passively covering up conflicts (Chisale, 2021). This silence can be a threat to the couple's relationship, creating a cold emotional atmosphere in the long term, reducing marital intimacy, and leading to emotional disorders (Zarenezhad, Hoseyni, & Rahmati, 2019). Men's temporary and transient silence is a tool that increases their focus during intense tensions, allowing them to analyze and view the problem from different perspectives. Women's silence, on the other hand, often signifies hurt and pain and is a way to alleviate internal psychological pressures (Ebrahimi, Zargham Hajebi, & Navabi Nejad, 2023).

Couples with marital conflict also face sexual satisfaction issues. The World Health Organization defines health and sexual satisfaction as a state of physical, emotional, mental, and social well-being in relation to sexuality, which is not only the absence of disease, dysfunction, or incapacity but also involves respectful and positive approaches to sexuality and relationships, as well as the possibility of having safe, enjoyable sexual experiences free from coercion, discrimination, and violence (Mallory, 2022). To recognize a sexual relationship where couples are highly satisfied, one should consider signs such as feelings of joy and self-confidence. These positive feelings impact marital life, professional and social activities, even though sexual activity between two people is physical. Sexual satisfaction is not limited to the physical aspect. One dimension of satisfaction is deriving pleasure from the physical process of the relationship, and another is the psychological and spiritual dimension. If the partner's psychological issues are not adequately addressed, they will not be psychologically satisfied with the sexual relationship, even if it is physically pleasurable (Ebrahimi, Zargham Hajebi, & Navabi Nejad, 2023; Ibrahim Ibrahim Khodair, 2023). Sexual satisfaction is a broad construct intertwined with marital quality, quality of life, general well-being, and happiness, and a decrease in sexual satisfaction is associated with an increased likelihood of divorce. It's evident that the relationship between sexual satisfaction and satisfaction with the quality and frequency of sexual relations and the absence of sexual dysfunction will be correlated; also, sexual satisfaction will lead to lower levels of marital conflict, satisfaction with marital relations, life satisfaction, higher physical and psychological health, reduced stress, and increased immunity (Zamani & Isanejhad, 2021; Zamanifar et al., 2022).

For reducing harm to the family nucleus, psychological interventions are needed. One of the effective interventions is joint sexual therapy, a model of cognitive-behavioral family therapy. Joint sexual therapy, one of the four models [behavioral couple therapy, behavioral parent training, functional family therapy, and joint sexual therapy] of behavioral family therapy, has a long history in the area of interventions for couples' sexual problems using a linear approach (Zamani & Isanejhad, 2021). It requires a comprehensive and complete assessment of the couple, including physical examinations and psychological evaluation, because sexual dissatisfaction or dysfunction might be due to physical reasons or psychological issues like stress. For instance, in erectile dysfunction, the cause might be circulatory problems or anxiety (Sijercic et al., 2022) It's important to note that in couples, a problem with the man or woman is a bilateral issue and, in fact, considered a "joint couple problem"; therefore, a crucial and effective principle in treatment is the cooperation of the couple with each other and eliminating pressure on one another, which will result in satisfactory sexual performance for the couple through structured exercises. If the treatment process is accompanied by motivation,

interest, and intimacy between the couple and without criticizing and blaming each other, the treatment outcome will be satisfactory (Péloquin et al., 2022).

Research by Mahamed Nordin et al. (2022), Poorhajazi et al. (2021), and Darbani et al. (2020) showed that family therapy based on family strengthening affects marital silence (Darbani, Farokhzad, & Lotfi Kashani, 2020; Mohamed Nordin et al., 2022; Poorhejazi et al., 2021). Also, some other studies demonstrated that family therapy based on family strengthening impacts the sexual satisfaction of couples (Amini, Ghorbanshirudi, & Khalatbari, 2022; Nekonam, Etemadi, & Pornaghash Tehrani, 2018; Scheinkman et al., 2022). Considering the research literature and studies conducted in this field, it can be concluded that so far, joint sexual therapy and the Satir model have not been applied to marital silence and sexual satisfaction. This research aims to fill this gap in previous studies. Also, considering the positive effect of this type of therapy in reducing couples' problems and increasing sexual satisfaction and the quality of marital relationships, the purpose of this research is to determine the effectiveness of the integrative intervention of joint sexual therapy and the Satir model on sexual satisfaction and marital silence in couples with sexual dissatisfaction.

2. Methods

2.1. Study design and Participant

The present study employed a quasi-experimental pre-test and post-test design with two groups: experimental and control. The population comprised all couples seeking counseling in the city of Malayer in the year 2022. The sample consisted of 30 couples (15 for the experimental group and 15 for the control group), selected via convenience sampling and randomly assigned to the groups through a lottery method. Inclusion criteria for the study included informed consent, cohabitation, absence of severe marital conflicts and lack of desire for divorce (assessed through individual and joint interviews with both spouses). Criteria for sexual dissatisfaction and scoring 25 to 50 (indicating low marital sexual satisfaction on the Larson Sexual Satisfaction Questionnaire), willingness and ability to participate in simultaneous and joint couple therapy sessions, having at least a high school diploma, no chronic physical illnesses, no substance addiction, and no concurrent participation in other therapeutic programs were also considered. Exclusion criteria included a history of psychiatric conditions, excessive absence of either spouse from sessions, and non-cooperation with the group.

Ethical considerations included voluntary participation, informed written consent, and confidentiality of documents and questionnaires, accessible only to the researchers. Participants were acquainted with the study details and regulations beforehand. The control group members were offered the same intervention as the experimental group after the study's conclusion.

2.2. Measures

2.2.1. Marital Silence

Marital Silence Questionnaire is a 32-item questionnaire developed by Rezaee and Rasouli in 2019, comprising six components (fear, doubt and mistrust, spouse's disinterest, lack of communication skills, cultural and mental barriers, children). It employs a 5-point Likert scale for scoring, with options ranging from "never" to "always," scored from 0 to 4. Cronbach's alpha reliability for the sub-scales ranged from 0.74 to 0.85, indicating good reliability. Exploratory analysis revealed that communication skills had the highest correlation with other components, particularly with the fear component. All components showed significant correlations, confirming the questionnaire's validity and reliability (Rezaee & Rasouli, 2019).

2.2.2. Sexual Satisfaction

Larson Sexual Satisfaction Questionnaire: Created by Larson in 1998, this 25-item questionnaire uses a 5-point Likert scale. It was initially used by Larson on 70 couples to examine empathy, friendly communication, relationship balance, and self-esteem in the first year of marriage. The questionnaire includes both positive and negative questions, and scores range from 25 to 125. Scores below 50 indicate sexual dissatisfaction, 51-75 low satisfaction, 76-100 moderate satisfaction, and over 100 high sexual satisfaction. Cronbach's alpha was calculated for the overall questionnaire and each extracted factor, with internal stability deemed appropriate if over 0.70. Content, face, and construct validity of the questionnaire were confirmed. In the research by Bahrami et al. (2016), reliability was reported as 0.83 with good validity (Bahrami et al., 2016).

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2.3. *Interventions*

2.3.1. *Integrative Intervention of Joint Sexual Therapy and Satir Couple Therapy*

Protocol for Joint Sexual Therapy and Satir Couple Therapy: Initially, couples seeking counseling in Malayer were briefed about the study and consented for data collection on marital silence and sexual satisfaction. From the applicants, 30 couples scoring low on the questionnaires were randomly selected, with 15 in each group. Both groups underwent a pre-test under identical conditions. The experimental group received nine 90-minute sessions of joint sexual therapy and Satir couple therapy twice a week (Scheinkman et al., 2022) (Table 1).

Table 1

Integrative therapy sessions

Session	Content
1	Establishing a therapeutic relationship with couples, introducing the structure of therapy, stating rules and conditions for attending sessions, explaining tasks, mentioning instances of couple interactions in the past month, and detailing their marital history. Training couples in the technique of listening, active attention, and attentiveness to each other's body language for homework until the next session and conducting a pre-test.
2	Reviewing the previous session's tasks, teaching Satir's communication styles [blaming, placating, super-reasonable, irrelevant, and congruent] and inviting couples to recognize their own styles and employ the congruent style as the only correct communication method with each other. Teaching components of intimacy and encouraging expression of feelings and avoidance of silence towards each other, teaching empathetic confrontation, enhancing capacity in expressing feelings, and presenting home assignments.
3	Reviewing couples' rules regarding love and respect, expressing emotions, interaction with their original families, recreational activities, and economic issues; revising rigid, inflexible, and inefficient rules. Training couples to move from a defensive state towards delivering genuine and authentic messages. Discussing personal value and the extent of each individual's attention to themselves and focusing on capabilities and self-esteem building techniques, offering home assignments.
4	Examining desires, expectations, perceptions, beliefs, and feelings and re-examining patterns of communication, intimacy, and expression of emotions between couples.
5	Explaining the anatomy and physiology of male and female sexuality, teaching the process of sexual intercourse and its various stages in women and men, teaching foreplay and the priorities of women and men in sexual relations. Technique: Prohibiting sexual relations to understand the importance of non-sexual emotional connections in an intimate physical relationship between couples and to gain a better understanding of sensitive body areas through self-exploration.
6	Teaching taboos, false beliefs, and sexual myths of individuals, and unrealistic expectations of couples during sexual relations. Encouraging couples not to compare their sexual processes with other couples, the impact of irrational beliefs acquired from the original family, and its role in the current sexual life of couples. Task: Asking couples to write a list of their likes and dislikes in sexual relations and to express their fantasies and desires during sexual intercourse for the next session.
7	Requesting couples to read their list of likes and dislikes and inviting and teaching couples to pay attention to their spouse's sexual desires and wishes, expressing positive or negative feelings and emotions related to them, and presenting home assignments based on the content of the training session.
8	Prescribing genital sensibility and establishing marital sexual relations using the principles and rules learned in the training sessions.
9	Receiving feedback from couples about prescribed tasks and conducting a post-test.

2.4. *Data Analysis*

Data analysis utilized descriptive statistics (mean and standard deviation) and inferential statistics (repeated measures ANOVA) at the 0.05 significance level, using SPSS version 24.

3. Findings and Results

The participants of this study included 30 couples who visited counseling centers in the city of Malayer in 2022. The educational levels of the participants were as follows: 32.5% with a diploma, 10% with an associate degree, 35% with a bachelor's degree, 30% with a master's degree, and 2.5% with a doctorate. Among all participants, 25% had government jobs, 55% were self-employed, and 20% were homemakers. Additionally, 40% were childless, 30% had one child, 25% had two children, and 5% had three children.

Table 2

Descriptive statistics findings

Variable	Group	Pre-test		Post-test		Follow-up	
		M	SD	M	SD	M	SD

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Marital Silence	Control	92.74	12.10	91.71	11.94	91.38	11.49
	Exp.	90.76	13.14	63.51	8.27	64.43	8.36
Sexual satisfaction	Control	49.47	7.89	50.42	7.70	48.55	7.21
	Exp.	50.48	8.10	79.68	9.19	82.29	9.85

Descriptive indices (mean and standard deviation) for marital silence and sexual satisfaction scores of both groups in the pre-test and post-test stages are presented in Table 2.

To evaluate the effectiveness of the integrated training on marital commitment and emotional control in mothers with low marital satisfaction, a repeated measures ANOVA was utilized (Table 3).

Before conducting the repeated measures ANOVA, the assumption of normality of data was tested using the Shapiro-Wilk test. This assumption indicates that the observed difference between the sample group's score distribution and the normal distribution in the population is zero. The results showed that all variables followed a normal distribution in the pre-test, post-test, and follow-up phases.

The sphericity assumption or equality of covariances with the total covariance was also examined using Mauchly's test. If the significance in Mauchly's test is above 0.05, the sphericity assumption is typically used, and if not verified, the more conservative Greenhouse-Geisser correction is applied for repeated measures ANOVA. In this study, Mauchly's test results were significant for all research variables ($p < 0.01$), thus the Greenhouse-Geisser correction

Table 3

The results of analysis of variance with repeated measurements

Variable	Source	SS	df	MS	F	p	Effect size
	Time	78.54	2	39.27	28.93	0.001	0.47
Sexual satisfaction	Time*Group	68.28	2	34.14	35.73	0.001	0.41
	Group	49.26	1	49.26	21.38	0.001	0.53
	Time	137.14	1.125	121.90	96.47	0.001	0.71
Marital silence	Time*Group	162.68	1.125	144.61	110.45	0.001	0.68
	Group	179.54	1	179.54	126.34	0.001	0.75

Based on the findings in Table 3, the ANOVA for the within-group factor (time) was significant, as was the between-group factor. This indicates that considering the group effect, the effect of time alone is significant. Also, the interaction between time and group was significant. Given the results in the above table, differences between the pre-test, post-test, and follow-up stages in all research variables were significant; therefore, the results of pairwise comparisons of means for the three stages using the Bonferroni's post-hoc test are reported in Table 4.

Table 4

The results of Bonferroni's post-hoc test

Variable	Time		Mean diff.	SD	p
	Pre-test	Post-test	2.21	1.27	.002
Sexual satisfaction		Follow-up	2.39	1.25	0.001
	Post-test	Follow-up	0.74	1.25	0.091
	Pre-test	Post-test	1.97	1.31	0.003
Marital silence		Follow-up	2.28	1.29	0.001
	Post-test	Follow-up	0.39	1.22	0.143

Changes in the experimental group over time, as shown in Table 4, indicated that sexual satisfaction and marital silence in the experimental group in the post-test were significantly different from the pre-test ($P<0.001$). Additionally, there was a significant difference in the follow-up compared to the pre-test ($P<0.001$), but no significant difference was observed in the follow-up compared to the post-test.

4. Discussion and Conclusion

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This study aimed to determine the effectiveness of an integrative intervention combining sexual therapy and the Satir model on sexual satisfaction and marital silence in couples experiencing sexual dissatisfaction. The results showed that the integrated intervention of sexual therapy and the Satir model had an impact on marital silence. This study's findings align with some previous findings (Darbani, Farokhzad, & Lotfi Kashani, 2020; Mohamed Nordin et al., 2022; Poorhejazi et al., 2021).

In explaining these findings, it can be said that in combined sexual therapy and the Satir model, individuals are provided ample opportunity to reconsider their perspective on the conditions creating marital conflicts and to reevaluate their role and that of others involved. Additionally, individuals are helped to gain greater understanding and awareness of their limitations and those of people who have hurt them, leading to new insights on conflict topics and the environmental conditions causing bitterness and grievances. Participants recognized the unpleasant emotions and feelings arising from false and stereotypical beliefs, replacing them with logical thoughts and beliefs focused on strengthening family ties, thereby experiencing positive emotions. During this period, individuals learn to express their emotions, reduce one-sided assessment and judgment of others, and decrease their defensive stance towards their partner. This skill enhances empathy and strengthens interpersonal relationships, consequently increasing intimacy, understanding, and reducing marital conflicts (Hynes, Triplett, & Kingzette, 2023). This intervention can lead to greater self-disclosure among couples, thus avoiding silence and evasion in marital interactions and conversations, an important component in couple therapies. Therefore, marital silence can be considered a threat to the couple's relationship, which, in the long term, creates an emotionally cold atmosphere, reducing marital intimacy and leading to emotional disorders (Rafiei Saviri et al., 2022). Generally, marital silence causes avoidance of expressing opinions and interests, denial of feelings in marital issues, and passive concealment in conflicts. Marital silence may stem from distress, feelings of separation, limited intimacy, lack of emotional support, and relationship issues. This darkness and disruption in relationships, and habituation to marital silence, gradually lead to negative emotions, including feelings of loneliness, lack of happiness, loss of hope in life, sexual dissatisfaction, marital conflict, and emotional divorce. Prolonged silence leads the partner to gradually feel a void and ultimately respond irrationally due to confusion and puzzling behavior from a silent spouse. Marital silence is one of the components of emotional divorce and a means of escaping marital problems and conflicts, while also being a factor in increasing future conflicts (Chisale, 2021). One of the problematic areas for couples was communication. Communication is linked to boundaries and the level of harmony among family members. In this intervention, by reconstructing boundaries and breaking harmful triangles, family members' relationships are improved. Reframing negative states leads to a change in the cognitive perspective of family members regarding each other's behavior and feelings. This change in perspective reduces silence in couples' relationships, bringing members closer together and finding effective solutions to family problems (Darbani, Farokhzad, & Lotfi Kashani, 2020).

Another finding of this research showed that the integrative intervention of sexual therapy and the Satir model affected couples' sexual satisfaction. These results align with the findings of previous studies (Amini, Ghorbanshirudi, & Khalatbari, 2022; Nekonam, Etemadi, & Pornaghash Tehrani, 2018; Scheinkman et al., 2022).

In explaining this finding, it can be said that combined sexual therapy and the Satir model focus on increasing sexual knowledge, expressing desires and emotions, overall communication between couples, incompatible cognitions, and sexual self-expression. In the Iranian societal context, both women and men have inadequate and incorrect sexual knowledge and lack access to reliable sources. Furthermore, there are many sexual misconceptions and illogical sexual thoughts prevalent in their minds, affecting the sexual relations of couples. In family therapy approaches, sexual education is emphasized, something that Iranian couples need and do not obtain through reliable means. In family therapy, couples learn to trust their spouse, positively evaluate others, believe in trustworthy love, express themselves more to their spouse, share their feelings and ideas, be flexible, and adequately respond to their partner's needs. These couples enjoy higher sexual satisfaction. Couples who both feel secure in their marital relationships experience greater sexual satisfaction. Secure individuals initiate sexual activities to express their love to their partner. Sexual activity is seen as mutual, and physical and bodily intimacy is pleasurable for both (Scheinkman et al., 2022). When a family cannot help itself or use surrounding resources, they encounter sessions that empathetically address and solve their specific problems, thus well-receiving the treatment. Since most Iranian

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couples, unlike some Western cultures that are individualistic, are other-focused and sensitive to interpersonal relationships and feel a high sense of duty towards their family, they cooperate with the therapeutic process. Observing that step-by-step tasks improve interactions and allow them to express their capabilities and feel satisfaction and contentment in their marital life, they are more inclined to attend therapy sessions (Rostami, Navabinejad, & Farzad, 2020).

5. Limitations and Suggestions

The limitations of this research include that the subjects were couples visiting counseling centers in Malayer city, cautioning the generalization of results. Also, limited access to a larger sample group due to the restricted number of visits to counseling centers and uncontrolled variables were other limitations. Based on these results, it is recommended that family therapists be trained to conduct interventions in couples' lives. It is suggested that longer-term therapeutic interventions be employed to create and maintain changes in couples' relationships, reduce marital silence, and increase their sexual satisfaction. Furthermore, it is recommended that follow-up periods be examined in future research and that this study be conducted in other cities and cultures.

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Declaration of Interest

According to the authors, this article has no financial support and no conflicts of interest.

Ethics principles

The ethical considerations of this research were as follows: 1. All participants orally received information about the research and participated if willing. 2. Participants were assured that all their information would remain confidential. Additionally, the research has the ethical code IRAN. ARAK. REC. 1400. 044 from the Islamic Azad University, Arak Branch.

Authors' Contributions

The current research is derived from the first author's doctoral dissertation in counseling, approved by the Research Deputy of Islamic Azad University, Arak Branch, with equal contributions from all authors.

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