

Happiness Training Effectiveness for Increasing of Marital Sexual Satisfaction of Female Staff

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Abstract

Sexual satisfaction is affected by a variety of factors. Happiness tends to be a pivotal factor in sexual satisfaction. Unique in its own, in this paper we seek how happiness relates to sexual satisfaction among Iranians. the present research is a semi-experimental research using pre-test, post-test and follow-up design. The research statistical population comprised all the female working staff of Farhangiyani University of Pardis-e Amir Kabir located in Karaj. Individuals whose sexual satisfaction was not related to any types of sexual disorder were selected, out of which 30 individuals were randomly selected and assigned into the experimental and control groups and received eight 90-minute sessions of Fordyce Happiness training (Fordyce, 1983). Sexual satisfaction questionnaire (Divband, 2008) was used to collect the required data and covariance analysis was used for data analysis. Findings indicated that, the difference between the means of pre-test, post-test and follow-up is significant in the factors of training and group. Put it differently, Fordyce happiness group training was effective in the increase of the score of sexual satisfaction and was significant in the comparison of two groups. With regard to the results it can be concluded that, happiness can be easily considered as a component of life-enhancing quality and introduced as an effective and appropriate method to increase the sexual satisfaction.

Keywords: Sexual Satisfaction, Happiness Training, Female Working Staff

Introduction

The family is the main unit of society and the society and family are in reciprocal influence. (Stasova1 and Vilka, 2018). While preserving a happy family is the main goal of any society, its unhappiness is the major risk factor for many kinds of dysfunction and psychopathology (Castellanos, Álvarez-Dardet, and Ruiz-Muñoz, 2013). Various factors such as sociocultural status (Andrew, Clark & Senik, 2016), job satisfaction (Bouffard & Dubé, 2013), child's health, personality, self-esteem, religiosity, social capital, leisure time activities, and sexual satisfaction have profound effects on the level of happiness in a family (Kim and Jeam, 2013; Chitchai et al, 2018). Sexual satisfaction is important health indicators with regard to a person's well-being and quality of life (kalka, 2018). There are several definitions of sexual satisfaction, one of which is "exploring each other's' physical desires with respect, reciprocation and mutual pleasure with both aspects of individual sexual experience (such as pleasure, positive feelings, arousal, sexual openness, and orgasm) and relational dimensions (such as mutuality, romance, expression of feelings, creativity, acting out desires, and frequency of sexual activity)" (Narciso & Pereira, 2014; cited in Sánchez-Fuentes et al, 2014). Sexual satisfaction refers to a person's pleasant feeling out of that type of sexual relationship which forms a vital part of couples' impression on each other which in turn maintains their marriage (Shakerian & Ramazani 2014; Rafatmah, Nazari, & Nasrollahi, 2011).

Sex drive (or sexual impulse) is one of the most powerful biological and self-existing phenomena, and as such, it is very difficult to be controlled by human's will (Rafatmah, Nazari & Nasrollahi, 2011). As an important and integral part of every woman's life, sexuality is considered to be one of the most significant factors affecting women's health (Shakerian and Ramezani, 2014; Hutagalung & Ishak). Many of the scientists in the realm of psychology and medical sciences assert that, human beings naturally and intrinsically have tendency for sexual activities (Farhud, Malmir, & Khanahmadi, 2014). They believe that, individuals need to have sexual relationship as they need sleeping and eating (Seidman, 2011). Sexual satisfaction is considered as an important factor in the quality of life and individuals with sexual dissatisfaction are more prone to lower levels of the quality of life, self-esteem and self-confidence and higher depression, anxiety, and shame. Moreover, dissatisfaction with sexual relationships can lead to deeper problems in couples' relationship and these issues are gradually reinforced by tension and discord between the couples leading to the marital split (Christopher, & Sprecher, 2000). Based on the currently carried out studies, the sexual problems among the young couples have been rated to be 20 to 30 percent among the men and 40 to 45 percent among the women and take their roots from the depression, lack of sexual skills (Shakerinia & Ramazani, 2016), emotional health and quality of life (Cloninger & Zohar, 2011).

Sexual satisfaction is one of the most important factors of satisfaction with marital life (Lotfi Kashani and Vaziri, 2011; Saffari et al, 2014) that can't be established without its specific requirements. Research has shown that, happiness causes significant positive changes in the family and findings emphasize the important role of happy family relationships in facilitating such change (i.e. Fararouei et al, 2013; Bette et al, 2016; Shyh,

2012). Happiness is one of the important variables that has been in the lime light of personality and health psychology during the recent years and is one of the most basic psychological needs of mankind which exerts significant effect on the establishment of mental health and personality (Varsidh, 2011; Diener, & Chan, 2011).

Happy individuals are successful in different aspects of their lives including marriage, salary, job, relationship and health (Bayat, Naami, & Smaeeli Far, 2013; Sánchez-Fuentes, Santos-Iglesias, & Carlos Sierra, 2014; Kaliterna-Lipovčan & Prizmić-Larsen, 2016). Significant relationship has been observed between happiness and success because these positive feelings trigger the sense of success (Fararouei et al, 2013; Shakerian et al, 2014). Several studies have shown that, happy individuals have higher levels of security and make decisions more easily. These individuals cooperate more with others and feel more satisfied and pleased in relationship with other individuals (Hariri and Khodami, 2011; Ahadi, Lotfi Kashani, & Bagheri, 2011). From the viewpoint of Fordyce (2000), happiness is merely a positive emotion or feeling that is accompanied with satisfaction and is usually described by some expressions such as happiness, feelings of welfare, pleasure, joy and satisfaction (Cited in Hariri & Khodami, 2011). In the analysis of the concept of happiness, the theorists usually refer to two cognitive and emotional components. The cognitive component usually refers to the satisfaction with life and the emotional component usually refers to the states such as the sense of humor, laughing and the balance between the negative and positive emotions (Montazeri et al 2012; Mehrdadi et al, 2016). Happiness can improve the physical health regardless of the methods of achieving it. The more the person spends time for positive emotions, the less time remains for negative emotions. The researchers emphasize that when tension decreases (elimination of suffering and pain and gaining satisfaction with physical and mental needs), happiness and welfare occur. Research has also shown that, individuals with higher levels of self-efficacy are more hopeful, think more and have higher levels of academic success (Dordi Nezhad et al, 2011). They also have higher self-control, self-regulation and adjustment (Helliwell, Layard, & Sachs, 2017).

Today, sexual dissatisfaction is known as one of the most prevalent problems in general population estimated about 10% - 25% among males and 25% - 64% among females which can eventually result in the dissatisfaction with married life and divorce. Sexual relationship creates a framework for couples through which husband and wife can be sure of love, friendship, positive emotions and feelings of the other partner (Hosseini Zand, Shafiabadi and Soodati, 2012). Desirable sexual relationship is not seen in couples seeking divorce and there are usually no conditions in which women can experience the pleasure of orgasm (Akhavi, Zaharakar, Mohsenzadeh and Ahmadi, 2017). Given the application of the fourteen principles of Fordyce that can improve the physical and mental health of individuals and provide grounds for sexual satisfaction, the present study was conducted to investigate the effectiveness of happiness training programs for increasing marital sexual satisfaction of female working staff of Farhangiyani University of Pardis-e Amir Kabir located in Karaj.

Fordyce (1983) designed a program named personal happiness program with the use of cognitive and behavioral components and social skills. He employed this program on a non-student and healthy population. In this program, the therapy consists of working on

14 cognitive and behavioral components that include spending time in public and group, establishing and improving social relationship and social personality, enhancing close relationship, development of positive and optimistic thoughts, cooperation in useful and worthy works, valuing happiness, working on healthy personality, acquiring planned and organized issues, limited expectations and wishes and decrease of negative feelings and stopping worry. (Cited in Hariri & Khodami, 2011). The inclusion criteria were gender (being female), marital status (being married) and the lack of satisfaction not rooted in any sexual disorders. Fourteen principles of Fordyce have been designed for the increasing of happiness and personal satisfaction based on this notion that principles can be used in the context of family. Based on the aforementioned literature, the aim of the present research was to employ Fordyce happiness training to increase sexual satisfaction.

Methods

This research was a semi-experimental research using pre-test, post-test and follow-up design. The research statistical population included all the female working staff of Farhangiyani University of Pardis-e Amir Kabir located in Karaj. Individuals whose sexual satisfaction was not related to sexual disorder were selected, out of which 30 individuals were randomly selected using diagnostic interview and assigned into the experimental and control groups and the experimental group received eight 90-minute sessions of Fordyce Happiness training. Sexual satisfaction questionnaire was used to collect the data.

Divband Sexual Satisfaction Questionnaire: it is a 39-item questionnaire that was designed and developed by Divband (2008) that focuses on three subscales of sexual satisfaction including primary interaction (8 items), verbal communication (8 items) and recognizing erogenous zones (7 items). There are also seven items dealing with affective, cognitive and sexual behavior attitudes. The questionnaire's validity was assessed by the experts via confirming the relatedness between the test content and the subject of sexual satisfaction. The questionnaire was performed on 30 newlyweds residing in Babol city (Eastern Bandpeh) and the reliability of Divband sexual satisfaction questionnaire was estimated to be .93 using internal consistency and .92 using test-retest method (Divband, 2008). In order to score, the items of 3, 4, 6, 7, 10, 11, 12, 13, 15, 18, 22, 23, 24, 26, 27, 28, 29, 30, 33 and 37 are reversely scored and added to the scores of other items. The total obtained score is the score of sexual satisfaction (Divband, 2008). The questionnaire's Cronbach alpha in the present research was estimated to be .91.

Fordyce Happiness Protocol: The stages and processes of these sessions were as following: first, we registered the names of voluntary people. Then, the individuals were randomly assigned into the experimental and control groups. Thirdly, the sample was asked to fill out the questionnaires in the pre-test stage. The happiness intervention and training were carried out for eight sessions while the control group didn't receive any training. Two days subsequent to the last training session, sexual satisfaction test was administered on the experimental and control groups in the post-test stage. The obtained data were analyzed using covariance analysis.

Table 1- outlines of the intervention program

First session	Getting to know the members, explaining the process of training sessions, definition of depression and happiness, focusing on the necessity and importance of happiness, conducting the pre-test.
Second session	Introducing the concept of emotion expression, naming and feeling the emotions, establishing intimate relationships, feedback and setting assignments.
Third session	Teaching the enhancement of social relationships, doing meaningful and useful activities, feedback and setting assignments.
Fourth session	Teaching stress management techniques and avoiding anxiety-provoking thoughts, feedback and setting assignments.
Fifth session	Teaching the techniques of time management, planning and organizing, the technique of living in the present, feedback and setting assignments.
Sixth session	Teaching the techniques for valuing the real self and positive actions, setting assignments and feedback
Seventh session	Teaching the techniques of expressing the emotions, introducing different features of healthy and unhealthy personalities, setting assignments and feedback
Eighth session	Having an overview of all the techniques, conducting a post-test (immediately), Thanking the members for their participation

Results

Investigation of demographic data indicated that, the subjects were BA students, had at least one child and were in the age range of 33 to 47 years old. The mean and standard deviation of the experimental group in the pre-test were 111.60 and 10.83, respectively. They were 113.53 and 7.97 in the control group, respectively. Furthermore, the mean and standard deviation in the experimental group in the post-test were 149.13 and 9.50, respectively. Moreover, they were equal to 114.06 and 7.22 in the control group (Table 2).

Table 2- mean and standard deviation of sexual satisfaction in the pre-test and post-test and in the experimental and control groups

	Groups		Pre-Test		Post-test	
	Mean	S.D	Number	Mean	S.D	Number
Experimental	111.60	10.83	15	149.13	9.50	15
Control	113.53	7.97	15	114.06	7.22	15

With regard to the results of Levene's test, the observed F is equal to 1.58. The significance level is equal to .21 which is indicative of the consistency of the variable's variances of sexual satisfaction in the pre-test and in the control and experimental groups. Moreover, the value of the independent t-test is .55 at significance level of .58, which is indicative of no significant statistical difference between the means of sexual satisfaction in the pre-test of the control and experimental groups. Therefore, it can be concluded that, there is no significant difference between the experimental and control groups prior to the treatment (table 3).

Table 3- comparison of the means and variances consistency of the variable of sexual satisfaction in the pre-test

Variable	F	Level of Sig.	T	Level of Sig.
Satisfaction	1.58	.21	.55	.58

The z value of Kolmogorov-Smirnov pretest is equal to .58 with significance level of .88 and the z value of the post-test is equal to .62 with significance level of .83 and the z value of Kolmogorov-Smirnov for the control group is equal to .42 with significance level of .99 and the z value of Kolmogorov-Smirnov in the post-test of the control group is equal to .53 and .93. Therefore, findings show that, the distribution of the variable of sexual satisfaction in the pre-test and post-test of the experimental and control groups is normal(table 4)

Table 4- normality of sexual satisfaction in the pre-test and post-test of experimental and control groups

	Pre-test		Post-test	
	Z value Kolmogorov- Smirnov	Level of sig	Z value Kolmogorov- Smirnov	Level of sig
Experimental	.58	.88	.62	.83
Control	.42	.99	.53	.93

The comparative investigation of the effect of happiness training on sexual satisfaction indicated that, the difference between the means of pre-test, post-test and follow-up in Fordyce happiness group training is statistically significant ($p < .01$). That is to say that, this type group training is effective for the increasing of the score of sexual satisfaction and exerts significant effect to the comparison of two groups (table 5).

Table 5- comparison of sexual satisfaction in the experimental and control groups using covariance analysis

Scales	Factors	SS	Df	MS	F	Level Of Sig
Sexual satisfaction	training	796.24	1	796.24	17.58	.0001
	group	9694.19	1	9694.19		
	Error value	1222.42	27	45.27		
	total	530798	30			

Discussion

According to the results of the research in investigating the effectiveness of happiness training for the increasing of marital sexual satisfaction of female working staff of Farhangiyani University of Pardis-e Amir Kabir located in Karaj, results indicated that, the difference between the means of pre-test, post-test and follow-up is significant in the factors of training and group. Putting it differently, group training was effective for the increasing of the score of sexual satisfaction and is significant to the comparison of two

groups. This finding is in consistent with the results of the research by Fararouei et al (2013), Javidi et al (2012), Ahadi et al (2011), Andrew et al (2016), Bette et al (2016), Sánchez-Fuentes et al (2014) and Cloninger & Zohar (2011). With regard to the results it can be concluded that, happiness can be easily considered as a component of life and introduced as an effective and appropriate method to increase the sexual satisfaction. Happiness training program employs 14 cognitive and behavioral techniques and all of them cause the decreasing of negative effect (anxiety, depression, worry and etc.) and increasing of positive effect (enjoyment, happiness, optimistic thoughts and etc.) that all lead to the increase of happiness and satisfaction. This program has been able to exert effect on the sexual satisfaction of the subjects. Sánchez-Fuentes et al (2014) assert that, happy individuals respond more positively and adaptably to the conditions and phenomena. Moreover, this program increases the intimacy in marital relationship encouraging individuals to express their feelings and living in the present. Therefore, the results of the present research are justifiable. Affective intimacy plays an important role in individuals' sexual tendencies and is related to the sexual satisfaction (Stulhofer et al, 2011). One of the other important aspects in happiness program is to allocate more time to enjoyable and pleasurable works and eliminating the negative thoughts; because, negative thoughts increase individuals' uncomfortable feelings and decrease their happiness. Happy individuals enjoy life more fully because they do not think of bitter past memories and do not blame themselves for them and also do not mourn for the days which haven't arrived yet. Moreover, they do not predict and welcome the bad events (Cited in Hariri & Khodami, 2011; Sajgalikova et al, 2018)

Several studies have indicated that cognitive and emotional factors play an important role in determining sexual response (i.e. Javidi, Soleimani, Ahmady, & Samadzadeh, 2012; Castellanos, Álvarez-Dardet, and Ruiz-Muñoz, 2013; Montazeri et al 2012; Mehrdadi et al, 2016). It seems that, individuals' viewpoint takes a more positive aspect toward life issues along with the increasing of happiness. Optimistic thinking is associated with successful cognitive and self-regulatory problem solving, with prosocial and helping behavior, with setting high standards and aspirations, and with indicators of mental health—all of these factors are essential for well-being and personality development. Positive thinking was positively correlated with indicators psychological well-being – life satisfaction and happiness, and negatively correlated with indicators of psychopathology – stress, anxiety, depression, and anger (Wong, 2012; Gorsy & Panwar, 2018). Based on this, it is clear that, happiness training can increase the individuals' sexual satisfaction. Laughing, appreciating others, initiating the conversation and putting forward proper opinions and beliefs are included in Fordyce training program (Cited in Hariri & Khodami, 2011).

Studies show that, women's sexual desire may be more closely tied to the interpersonal aspects of the relationships than is men's desire and sexual problems is more physical in men while it has psychological and social roots in women. Therefore, laying the foundations through happiness program training to make the couples more appreciative and sharing their opinions with their spouses can pave the way for life satisfaction and couples' sexual satisfaction. With regard to the importance of happiness training and its effect on sexual satisfaction and also the importance of sexual satisfaction

in the enhancement of marital relationship and strengthening the family, happiness training program can be considered as a process in life skills trainings.

Conclusion

Given the importance and role of women in the marital relationship and the different condition that women with low sexual satisfaction experience, the findings of this study showed that Fordyce happiness training programs has been effective for increasing the sexual satisfaction. Therefore, such training programs can be used to help to increase the couples' sexual satisfaction.

The results should be generalized with caution due to the self-reporting nature of the measurement tool and the lack of control group in neutral counseling sessions in order to eliminate the anticipation effect which was not possible due to lack of time and facilities.

Disclosure statements

The authors of this study declared no conflicts of interest

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