

## Research Paper



# The Effectiveness of Marriage Enrichment Training of TIME Plan on Improving Marital Intimacy and Women's Psychological Security

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## ABSTRACT

**Objective:** This study aimed to investigate the effectiveness of the Training in Marriage Enrichment (TIME) plan on increasing marital intimacy and psychological security of married women.

**Methods:** The present research was a quasi-experimental study with a pretest-posttest design with a control group. The study subjects (40 married women living in Mashhad City, Iran) were selected for the TIME plan with the available sampling method and according to the criteria for accepting couples. Then, they were randomly allocated to two equal groups. Of these, 20 were in the experimental group and 20 in the control group. The experimental group, along with regular medical care, received TIME plan for 8 weekly sessions of 2 hours (from May up to the end of July 2021) in the Psychology Clinic of Ferdowsi University of Mashhad, Mashhad City, Iran. The control group received only regular medical care in this period. Both groups responded to the Iranian version of the Bagarozzi marital intimacy needs questionnaire, and Maslow's psychological security-insecurity questionnaire before the intervention (pretest) and immediately after the intervention (posttest).

**Results:** After controlling the subjects' age and education, the results of the statistical analysis showed a significant effect of the TIME plan on increasing the marital intimacy of women who were in the experimental group compared to the control group ( $P=0.001$ ). Nevertheless, this plan did not increase women's psychological security ( $P>0.05$ ).

**Conclusion:** The findings of this research show the importance and impact of the TIME plan training on increasing women's marital intimacy, but it does not increase women's psychological security. Therefore, in marriage counseling and interventions, it is possible to use the educational package of the TIME plan to improve the relationship of couples and increase their intimacy.

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## Highlights

- The Effectiveness of TIME Plan on improving marital intimacy and psychological security of women
- Significant effect of the TIME plan on increasing the marital intimacy of women
- The Effectiveness of TIME Plan to improve the relationship of couples and increase their intimacy.

## Plain Language Summary

The TIME method is a relatively comprehensive approach to preventing the occurrence of marital dissatisfaction, which tries to make spouses safe from conflicts by intervening on several levels. Subjects (40 married women of Mashhad city) were selected for TIME plan training with the available sampling method and according to the criteria for accepting couples and randomly allocated to two equal groups. Of these, 20 were in the experimental group and 20 were randomly assigned to the control group. The experimental groups, along with regular medical care, received TIME plan training for 8 weekly sessions of 2 hours (from May up to the end of July 2021) in the Psychology clinic of Ferdowsi University of Mashhad. The findings of this research show the importance and impact of the TIME plan training (marriage enrichment) on increasing women's marital intimacy, but it does not affect increasing women's psychological security. The fact that none of the female participants withdrew during the training period can indicate the attractiveness and usefulness of the sessions from the participants' point of view. It is suggested that counseling centers and organizations that provide psychological services to reduce divorce and incompatibility for couples, use the TIME program as a suitable intervention for couples who have compatibility, communication, and marital dissatisfaction problems. Also, setting up group counseling for families can lead to providing solutions to improve marital intimacy. The results of this research require robust research support that tests its impact on diverse clinical populations. It also is suggested to research the same subject but with more sessions. In addition, the effect of this method on other dimensions of marital relations such as conflict, marital satisfaction, and improvement of communication patterns should be investigated in future research.

### 1. Introduction

**A**lthough marriage is one of the most important decisions of every person's life, couples usually do not spend time and energy preparing to enter this relationship, and many couples experience significant marital conflicts in the first years of their marriages. Since marital relationship disorder is related to many long-term physical and psychological consequences, preventing these harmful consequences has become one of the priorities of psychologists and health professionals (Ridley et al., 1982).

Winch (1974) considers marital satisfaction the degree of harmony and adaptation between the expected status of a couple and the status they are currently experiencing in their married life. Marital satisfaction has a great impact on the family and the physical and mental health of its members. Married women are the first to be negatively affected by family disturbances (Blum and Mehrabian, 2001), while women, themselves, can be the cause or the aggravator. Marital satisfaction is considered one of the indicators of mental

health and continuity of life for the objective feelings, satisfaction, and pleasure experienced by husband and wife (Bali, Dhingra & Baru, 2010).

Psychological security is one of the mental health components that impact marital satisfaction (Soto, 2015; Pieh et al., 2020). Maslow (1942) defines psychological security as: "a sense of certainty, security, and freedom that is separated from fear and anxiety, and especially the feeling of satisfaction of one's needs now (and in the future)". The feeling of psychological security is necessary for physical and mental health (Garland, 2000; Edmondson & Lei, 2014; Oishi & Kesebir, 2015). The feeling of permanent psychological insecurity will lead to physical and mental illnesses (Hu et al., 2018; Wang et al., 2019). The psychological security of spouses results from their respect for each other's rights, and it is created when spouses feel relaxed, and their rights are respected (Zotova & Karapetyan, 2018).

Another important need that people seek to satisfy in marriage is marital intimacy. Intimacy is establishing a deep connection with another person; it is a person's

ability to exchange important personal feelings and thoughts with another person who is very valuable to him/her (Brown & Amatea, 2000). Bagarozzi (2014) considers intimacy as a source of similarity and closeness in which a personal romantic or emotional relationship with another person requires deep knowledge and understanding of the other one for expressing thoughts and feelings. The scientific study of marital intimacy as an important aspect of married life started in the 1960s with the studies of Miller et al. (2006). According to family theorists, marital intimacy between spouses makes the family identity and ensures the mental health of family members (Johnson & Possemato, 2019). From the point of view of family therapists, knowing marital intimacy means knowing the diversity in family structures. That is why family therapists try to solve these problems by considering the person in the context of intimate relationships in the family. In this way, they create a situation where couples can increase their marital intimacy in the therapeutic atmosphere (Barnez, 1998; Greenman, Johnson & Wiebe, 2019). Researchers such as Fehr (2004), Cowan et al. (2018), and Pasha et al. (2017), have shown a significant relationship between marital intimacy and physical and mental health. Prager (1999) considered the need for interpersonal intimacy as a vital and underlying need for attachment, which is the universal need for physical closeness and contact with other human beings, albeit more mature and advanced ones. Experiences from various studies indicate that a degree of intimacy is necessary for the normal development of every human being (Waring & Reddon, 1983; Chelune et al., 1984; Greeff & Malherbe, 2001).

Studies have shown that family problems and the subsequent decrease in marital satisfaction can cause behavioral problems and decreased sexual compatibility in couples (Pasha et al., 2017), anxiety and depression disorders in women (Segrin & Rynes, 2009), alcohol abuse in men, behavioral problems in children, especially boys (Kalkan & Ersanli, 2008), and harmful women's maternal behavior (Coontz, 2015). Marital compatibility is when both husband and wife feel satisfaction and happiness from marriage and each other (Ahmad & Reid, 2008; Sabre, 2016). Relationship problems are considered to be one of the most important causes of incompatibility and dissatisfaction in married life, so the most common problem raised by unhappy couples is the lack of success in establishing a good relationship (Ginsberg, 2006; Yalcin & Karahan, 2007; Falconier et al., 2015). Dissatisfaction and marital problems are the results of problems in the relationship. Many types of research show that the quality of the relationship is significantly linked with marital strength (Olson & Miller, 2007; MacLean, 2017).

Marital problems exist at some point in all marriages, but going to professional couple therapists is often the last resort of troubled couples (Pop & Rusu, 2015). The problems of couples referring to psychotherapists started on average 6 years ago (Cunningham, 2003). During this time, couples experience many emotional pressures and physical and psychological complications. These complications can be greatly reduced with preventive interventions (Fraenkel & Markman, 1997; Wenzel, Weichold & Silbereisen, 2009).

Blumberg (1991) has pointed to other studies showing that women complain more than men about the daily problems of married life and are dissatisfied with the situation. Therefore, compared to men, women seek opportunities to get help to improve their marital relationship. Also, their behaviors would change and continue after participating in these programs. The picture obtained by putting these facts together shows a woman who, in addition to other dissatisfactions, may also lose hope for change due to frustration caused by her husband's non-cooperation and may experience symptoms of learned helplessness. A trend that will increase the probability of its occurrence by conditioning the effectiveness of the programs on the presence of the husband and wife in the intervention programs.

Considering the importance of marital intimacy and psychological security in maintaining and continuing married life, one of the challenges that mental health professionals face is to use beneficial methods to promote marital intimacy and psychological security between couples and consequently reduce dissatisfaction in their relationships (Oltmance & Emery, 2012). Also, the studies of Baucom, Hahlweg, Atkina, & Engel (2006) and Halford, Lizzio, Wilson, & Occhipinti (2007) show that educational interventions are very effective and cost-effective in preventing marital problems in the long run. In this regard, one of the educational intervention tools against the occurrence of marital dissatisfaction, which has been widely used in the last few decades, is the marriage enhancement program (MEP). The educational intervention program for spouses refers to any intervention that prevents people and their relationships from the common vices of married life by reducing the rate of destructive relationships and strengthening constructive behaviors. Educational interventions typically focus on protecting spouses from risk factors, such as destructive relationship patterns and irrational beliefs, and developing supportive relationship factors, such as positive attitudes and marital intimacy (Crapo, 2020).

Some of these methods, all of which are considered to be part of the psychoeducational approach, are relationship enhancement (RE), association for couples in marriage enrichment, practical application of intimate relationship skills, prevention and relationship enhancement program, training in marriage enrichment (TIME), equals to “education for a better marriage”, which focuses on couples who have not yet experienced major relationship problems, and the marital relationship enhancement program known as “marital preparation and enrichment”, which was presented by Olson and Olson (1999).

MEP is an educational approach to improve the relationship between spouses. Its purpose is to help people become aware of themselves and their spouses, explore their feelings and thoughts of each other and develop empathy, intimacy, effective relationship, and problem-solving skills (Giblin, Sprenkle & Sheehan, 1985). One of the most famous MEPs is the TIME method. The TIME method is a relatively comprehensive approach to prevent the occurrence of marital dissatisfaction and tries to make spouses safe from conflicts by intervening on several levels (Aiken & Aiken, 2018). This comprehensive program helps spouses better understand their relationship and learn useful skills to improve the level of their married life (Prager, 1999). In the TIME approach, couples are helped to acquire the skills necessary for a relationship based on love, affection, support, and care. In this program, couples learn to make their married life fruitful and enriching to cope well with their conflicts (Peterson-post, Rhoades, Stanley & Markman, 2014).

The purpose of the TIME program is not only to help couples with problems but also to help normal couples to make their married life useful and productive (Ginsberg, 2006). The TIME program believes in teaching marriage skills to couples. Couples should learn the necessary skills to make them a part of their lives (Spercher & Mattes, 1999). Encouragement is fundamental in TIME, through which an unconditional acceptance and a sense of worthiness grows in people (Scuka, 2011).

Many types of research have shown the effectiveness of psychoeducational approaches based on skill training in marital issues. The research of Yalcin and Karahan (2007) and Kalkan and Ersanli (2008) showed the effectiveness of the MEP on marital compatibility. Blumberg (1991) found that couples who participated in the MEP had more satisfaction and happiness. Gottman (1994) and Gottman and Silver (1999) showed that couples with more satisfaction also have more mu-

tual relationships. Markman and Hahlweg (1993) also showed that learning relationship skills before marriage positively affect relationship quality and marital satisfaction. Blanchard, et al., (2009) also showed in a meta-analysis study that MEP effectively increased marital compatibility. In this regard, many studies emphasize the effect of having positive relationships with others in reducing depression and anxiety and increasing mental health (Segrin & Rynes, 2009). Therefore, researchers believe that teaching relationship skills, especially teaching relationship enhancement programs (REP) to couples, can reduce separation and divorce and is effective in increasing marital intimacy (Hahlweg & Richter, 2010). In Rappaport's study (1976), the relationship enrichment group achieved significant gains in expressiveness and empathy, trust and intimacy, marital intimacy and satisfaction, and the ability to solve problems satisfactorily. Training REP skills and appreciation of couples is effective in a relationship, marital satisfaction, and physical and mental health (Gordon et al., 2011). Avery, et al., (1980) found that couples in the REP group showed a greater increase in openness, empathy, and intimacy than the ones in the control group. Laurenceau, Barrett, and Pietromonaco (1989) showed that feelings of understanding and being understood between spouses help in predicting marital intimacy. Ronnan, Dreer, and Dollard (2004) and Kirby, Baucom, and Peterman (2005) found that criticizing and blaming a spouse reduces marital intimacy and satisfaction. Also, when couples use effective relationship skills, they experience less conflict and have more marital intimacy. Daily positive behaviors are good opportunities for couples to show their marital intimacy more (Kline & Stanford, 2004). Marchand and Hock (2000) showed that couples who received the TIME-based educational interventions showed higher levels of positive relationships.

The studies mentioned above were conducted on samples with the simultaneous presence of both spouses in the training sessions. Thus their findings will not be easily generalizable to situations where just one of the spouses is not willing or unable to participate for any reason in the training sessions. Therefore, they are not directly involved in the corrective information given to them about the effective components of the relationship with the spouse, as well as the appropriate behavior to express their needs and satisfy the spouses' needs. Considering the alarming statistics of divorce and its bad consequences, the primary and secondary prevention of this problem, the importance of the issue of intimacy and psychological security in couples' relationships on the one hand, and the lack

of research conducted on the use of therapeutic methods to increase intimacy and psychological security in Iran, on the other hand, it seems necessary to introduce new methods of couple therapy to improve the quality of married life and increase intimacy and psychological security, which are empirically valid.

The main question of the present research is: “Can MEP help married women whose husbands do not participate in the training sessions to enjoy more marital intimacy and psychological security?” By examining the following three hypotheses, it sought to collect the evidence of the basic test for evaluating the effect of the independent variable on the dependent variable and its subcomponents.

### Research hypotheses

1. The TIME training plan increases the marital intimacy of women.
2. The TIME training plan increases the psychological security of women.
3. The TIME training plan increases the marital intimacy components of women.

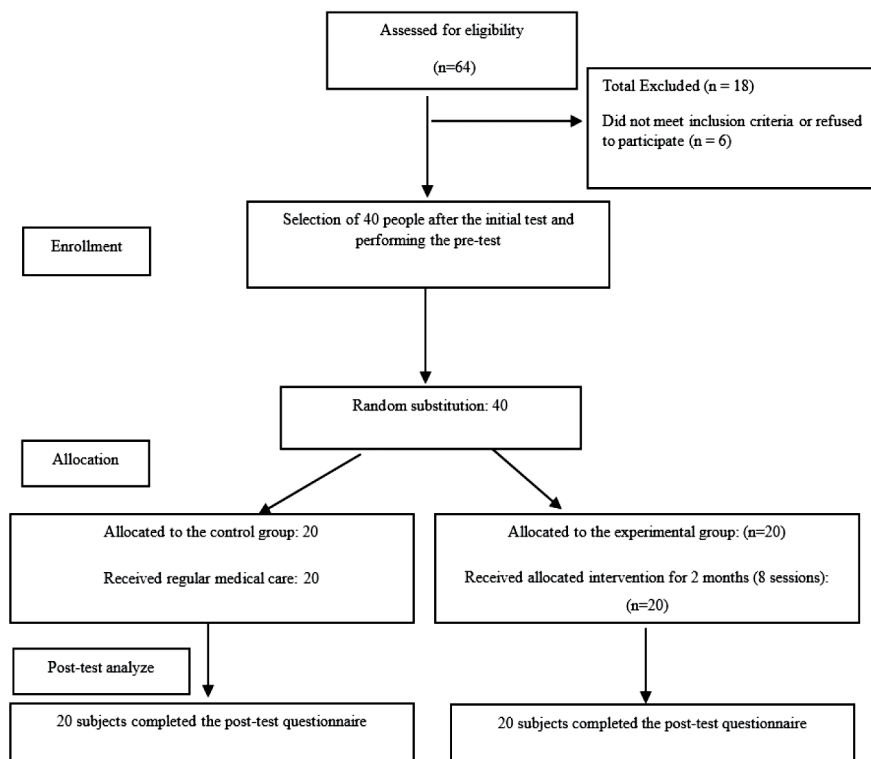
According to the theoretical foundations and research findings, the purpose of the present research was to investigate the effectiveness of the TIME training plan on increasing marital intimacy and psychological security of married women.

## 2. Participants and Methods

We utilized a quasi-experimental approach with a pre-test-post-test design and a control group for the present study.

### Study participants

The study subjects (40 married women from Mashhad City, Iran) were selected for the TIME plan with the available sampling method. According to the inclusion criteria, they were randomly allocated to two equal groups. Twenty women were randomly assigned to the experimental group and 20 to the control group (Figure 1). The experimental group, along with regular medical care, received TIME training plan for 8 2-hour weekly sessions (from May up to the end of July 2021) in the Polyclinic Psychological and Counseling Services Center of Ferdowsi University of Mashhad, Mashhad City, Iran. The control group received only regular medical care in this period. Subjects in both



groups responded to the Iranian version of Bagarozzi's marital intimacy needs questionnaire (IV-MINQ), and Maslow's psychological security-insecurity questionnaire (SI) before the intervention (pretest) and immediately after the intervention (post-test).

In this research, ethical standards, including obtaining informed consent and guaranteeing the privacy and confidentiality of the participants, were observed. According to the conditions and time of completing the questionnaires while emphasizing completing all the questions, the participants were free to withdraw from the research. They were assured that their information would remain confidential. After completing the research and considering that the overall effectiveness of the intervention program was approved, the control group was also subjected to educational intervention.

The inclusion criteria of the women included passing at least one year of married life together, being interested in participating in training sessions, having at least a diploma education, not having acute mental-personality disorders, not abusing drugs, or being addicted (based

on their self-reports). The exclusion criteria included taking any psychiatric medication, concurrent participation in another intervention program, withdrawal, or inability to fully participate in all sessions

### Study measures

#### Bagarozzi's marital intimacy needs questionnaire (IV-MINQ)

This questionnaire contains 41 questions and 9 subscales. Domains of marital intimacy are "emotional", "psychological", "physical", "sexual", "logical", "social-recreational", "spiritual", and "aesthetic". The answer for each question ranged from 1 to 10, and there was no need to calculate the score of each option. Subjects answer each question in a rank from 1 which means "There is no such need at all." to 10, meaning "There is a great need." In Iran, according to [Etemadi et al. \(2005\)](#), the total reliability of this questionnaire was 0.94, and the concurrent validity was 0.58.

**Table 1.** Summary of the educational sessions on enriching married life based on the TIME plan

Meetings	Objectives of the Meetings	Content of the Meetings
1 <sup>st</sup>	Getting to know the members and explaining the rationale and objectives of the training sessions	(1) Getting to know the participating members and introducing them to each other and conducting an initial assessment, (2) Expressing the goals and basic frameworks of the work plan, (3) Receiving the goals of the members to participate in the meetings, (4) Summarizing and expressing the common goals of the groups, and (5) Signing the contract and obtaining a commitment for regular participation and participation in group activities.
2 <sup>nd</sup>	Cognitive reframing training	(1) Examining the problem from the point of view of each couple, (2) Informing the couple about all kinds of irrational and self-motivated thinking, (3) Teaching the principles of A-B-C, (4) Methods of dealing with irrational beliefs, and (5) Teaching the argument method to correct irrational beliefs.
3 <sup>rd</sup>	Teaching intimacy between couples	(1) Defining intimacy and its dimensions, (2) Teaching how to establish intimacy, (3) Practicing intimacy methods, and (4) providing Feedback on implementing solutions.
4 <sup>th</sup>	Training to improve the sexual relationship	(1) Expressing the importance of sexual relations, (2) Expressing the cycle of sexual issues, (3) Factors against correct sexual relations, and (4) Diagnosing and treating false sexual myths.
5 <sup>th</sup>	Examining conflict resolution methods	(1) Conceptual definition of marital conflict, (2) Understanding the normality of conflict between couples, (3) Extracting common ways of dealing with conflict among participants, and (4) Discussion and conclusion of common ways of dealing with conflict and conflict resolution processes.
6 <sup>th</sup>	Conflict resolution through problem-solving training	(1) The effect of self-attitude on how to solve a problem, (2) Identifying the problem-solving process, (3) Steps of the problem-solving process, and (4) Preventive factors of problem-solving.
7 <sup>th</sup>	Home management training	(1) Teaching how to deal with children, (2) Teaching how to deal with gender roles (egalitarian), (3) Teaching how to deal with difficulties and financial issues, and (4) Teaching how to deal with main families.
8 <sup>th</sup>	Summary of meetings	(1) Summarizing the work of the group, (2) Checking expectations, (3) Positive and negative experiences, and (4) Presenting a summary of the contents expressed in the meetings.

TIME: Training in Marriage Enrichment

## Maslow's psychological security-insecurity questionnaire (SI)

Maslow (1942) presented the SI. It is a 62-question self-report scale. In this test, each correct answer is given a score of 1 according to the test key. The highest score a person can get on this test is 62. The validity of this test has also been checked with different techniques. The obtained results showed a correlation of 91%, which indicates the high validity of this test (Zare & Aminpoor, 2012). In the present study, the reliability of this test was calculated at 0.641 using the Cronbach alpha coefficient.

## Training in marriage enrichment (TIME) intervention plan

The TIME program relies on education and learning specific skills rather than treatment or solving problems. This method helps to change the spouses' inappropriate and awkward habits by their focusing on the current behavior and relationship and learning the relationship skills. This approach tries to teach couples to improve their relationships and prevent subsequent problems by training specific relationship skills (Ginsberg, 2006). In this 8 weekly program, couples are helped to acquire skills necessary for a relationship based on love, interest, support, and care. It should be noted that the intervention stages were implemented based on the practical description of the couple's enrichment protocol regarding the "Time for a Better Marriage" of Carlson and Dinkmeyer (2002). The content of the TIME approach is presented in Table 1.

## Research method

We distributed an announcement related to the research at the Ferdowsi University of Mashhad, Mashhad City, Iran, to collect samples. People interested in participating in the research completed the IV-MINQ and SI questionnaires. Among the volunteers, those with low scores in psychological security and marital intimacy were selected and randomly allocated to the control and experimental groups. Group meetings were held once a week for 8 weekly 90-min sessions. At the end of the sessions, the subjects took a posttest and were scored and compared with the pretest scores.

## Analytic approach

In this research, the data obtained from the IV-MINQ and SI questionnaires in the pretest and posttest were analyzed by descriptive and inferential methods using

SPSS software, version 24. Descriptive results were presented using the frequency, mean, and SD. For data analysis, the Analysis of Covariance (ANCOVA) and Multivariate Analysis of Covariance (MANCOVA) were used in the inferential investigation section.

## 3. Results

Demographic variables are presented in Table 2.

### Descriptive data analysis

To describe the data, mean±SD indicators were used by SPSS, and at the inferential level (5%), ANCOVA and MANCOVA were used to analyze the hypotheses. The descriptive statistics of 8 domains of marital intimacy are presented in Table 3.

### Inferential examination of hypotheses

The First Hypothesis: The TIME group training plan leads to a significant increase in the marital intimacy of women in the experimental group compared to the control group. We used ANCOVA to analyze this hypothesis. According to the Kolmogorov-Smirnov test, the investigated data have a normal distribution. In addition, according to Levene's test, the assumption of the homogeneity of variances is established, i.e., the variances of the two groups are equal ( $F=3.82$ ;  $P>0.05$ ). As a result, these two groups are comparable. Also, the effect of the pretest variable was removed. Table 4 presents the Mean±SD of the variables.

As shown in Table 5, there is a significant difference between the couples participating in the experimental group and the control group in terms of the general score of marital intimacy ( $F=13.75$ ;  $P<0.05$ ). Therefore, the hypothesis is confirmed. According to Table 4, marital intimacy has increased in the post-test. This increase was not significant in the control group. In addition, the effect size (Eta coefficient) was 0.51, which shows that 51% of the observed changes in the post-test score of marital intimacy in the experimental group were due to the effect of the TIME plan.

The Second Hypothesis: The TIME group training plan leads to a significant increase in the psychological security of women in the experimental group compared to the control group.

**Table 2.** Description of the demographic status in the studied groups

Variables	Groups	No. (%)			
		20-25	26-30	31-35	36-45
Age (y)	Experimental	3(15)	8(50)	5(25)	4(20)
	Control	5(25)	7(35)	4(20)	4(20)

Variable	Groups	No. (%)			
		Diploma	Associate Degree	Bachelor's Degree	Master's Degree
Education	Experimental	-	9(45)	5(25)	6(30)
	Control	-	8(40)	6(30)	6(30)

Variable	Groups	No. (%)		
		Housekeeper	Self-employment	Employee
Socioeconomic status	Experimental	12(60)	3(15)	5(25)
	Control	14(70)	3(15)	3(15)

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We used ANCOVA to analyze this hypothesis. According to the Kolmogorov-Smirnov test, the investigated data have a normal distribution. In addition, according to Levene's test, the assumption of the equality of variances is established; i.e., the variances of the two groups are equal ( $F=6.94$ ,  $P>0.05$ ). As a re-

sult, these two groups are comparable. Also, the effect of the pretest variable was removed. Table 4 shows the Mean $\pm$ SD of the variables.

As shown in Table 5, there is no significant difference between the couples participating in the experimental

**Table 3.** The mean scores of subjects based on eight domains of marital intimacy, Mashhad, Iran (n=40)

Variable	Mean $\pm$ SD			
	Experimental		Control	
	Pre-test	Post-test	Pre-test	Post-test
Emotional	33.88 $\pm$ 9.01	43.75 $\pm$ 6.6	37.12 $\pm$ 8.9	37.5 $\pm$ 9.9
Psychological	36.75 $\pm$ 7.1	41.25 $\pm$ 6.7	35.38 $\pm$ 6.6	36.38 $\pm$ 5.9
Logical	40.38 $\pm$ 6.3	41.88 $\pm$ 4.1	38.13 $\pm$ 6.2	38.75 $\pm$ 6.0
Sexual	44.5 $\pm$ 5.8	43.75 $\pm$ 3.5	41.75 $\pm$ 5.3	42.4 $\pm$ 9.7
Physical	43.38 $\pm$ 5.5	45.63 $\pm$ 2.0	42.13 $\pm$ 8.5	41.63 $\pm$ 5.5
Spiritual	47.13 $\pm$ 10.8	47.38 $\pm$ 9.7	45.38 $\pm$ 4.7	45.75 $\pm$ 7.5
Aesthetic	42.25 $\pm$ 5.7	41.25 $\pm$ 6.4	40.88 $\pm$ 7.2	41.88 $\pm$ 4.7
Social-recreational	40.13 $\pm$ 8.1	43.5 $\pm$ 5.1	38.25 $\pm$ 7.5	37.13 $\pm$ 7.2

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**Table 4.** Comparing test and control groups in pretest and posttest through ANCOVA

Groups	Mean±SD			
	Experimental		Control	
	Pre-test	Post-test	Pre-test	Post-test
Marital intimacy	41.8±5.47	43.55±4.27	37.20±5.4	38.12±5.02
Psychological security	42.88±4.94	42.80±4.27	41.5±4.84	41.58±4.37

ANCOVA: Analysis of Covariance.

group and the control group in terms of the score of psychological security ( $F=0.83$ ;  $P>0.05$ ). Therefore, the hypothesis is not confirmed. According to [Table 4](#), the psychological security of the experimental group has not increased in the post-test.

The Third Hypothesis: The TIME group training plan leads to a significant increase in the domains of marital intimacy of women in the experimental group compared to the control group.

We used MANCOVA to analyze this hypothesis. First, we checked its assumptions, i.e., the level of measurement, independence of observations, normal distribution of the dependent variables within groups, and homogeneity of variances. We used the Kolmogorov-Smirnov test to check the normality of the data and Levene’s test to check the assumption of homogeneity of variances. The results showed that these presuppositions were observed and established for ANCOVA ( $P<0.05$ ). The equality of variance-covariance matrices was confirmed by Box’s test ( $P<0.05$ ). Because the subjects in the experimental and control groups were randomly replaced, the independence of the groups is confirmed ([Table 6](#)). In addition, the effects of pretest

variables have been co-varied (controlled), and their effect has been removed.

The significance of Pillai’s trace test confirms the effect of the TIME program. [Table 6](#) shows that Pillai’s trace is significant for the post-test stage ( $F=3.38$ ;  $P<0.05$ ). Therefore, the null hypothesis is rejected. Also, there is a significant difference between the pre-test and post-test scores of the experimental and control groups, at least in one of the marital intimacy domains.

The data in [Table 7](#) show the results of the between-subjects effects of the test of MANCOVA and the difference between the experimental and the control groups in the posttest of marital intimacy domains ( $P<0.05$ ). In general, compared to the control group, the TIME intervention had a significant effect on increasing emotional, physical, and social-recreational intimacy domains in the posttest ( $P<0.05$ ). The effect size for marital intimacy domains of emotional, physical, and social-recreational were 0.60, 0.54, and 0.47, respectively. These results show that 60%, 54%, and 47% of the observed changes in the posttest scores of emotional, physical, and social-recreational intimacy variables in the experimental group were due to the TIME program.

**Table 5.** Comparing three groups in research variables using MANCOVA

Variables	Stage	Type III Sum of Squares	df	$\chi^2$	F	Sig.	Partial Eta Squared	Effect Size	Power Analysis
Marital intimacy	Pretest	291.74	1	291.74	313.66	0.000	0.96	0.45	1
	Group	12.79	1	12.79	13.75	0.003	0.51	0.65	1
	Error	12.09	13	0.93	-	-	-	0.64	1
Psychological security	Pretest	395.65	1	395.65	6.95	0.021	0.34	0.69	1
	Group	47.91	1	47.91	0.83	0.377	0.06	0.54	1
	Error	745.09	13	57.31	-	-	-	0.59	1

MANCOVA: Multivariate Analysis of Covariance

**Table 6.** The difference between experimental and control groups based on MANCOVA

Source	Pillai's Trace	F	Sig.
Group	0.864	1.05	0.0361

MANCOVA: Multivariate Analysis of Covariance

PRACTICE in  
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Domains of Marital Intimacy						
Variables	Type III Sum of Squares	df	$\chi^2$	F	Sig.	Partial Eta Squared
Emotional	41.18	1	41.18	9.05	0.024	0.60
Psychological	58.54	1	58.54	2.13	0.19	0.26
Logical	17.33	1	17.33	3.49	0.11	0.36
Sexual	1.84	1	1.84	0.27	0.61	0.04
Physical	36.1	1	36.1	7.22	0.03	0.54
Spiritual	2.79	1	2.79	0.17	0.69	0.02
Aesthetic	4.97	1	4.97	2.44	0.16	0.28
Social-Recreational	78.46	1	78.46	5.33	0.06	0.47

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#### 4. Discussion

The first hypothesis of the research indicates that the group training of the TIME plan has a significant effect on the marital intimacy of women, referring to the Polyclinic Psychological and Counseling Services Center of Ferdowsi University of Mashhad, Iran.

The results obtained in this research show that the TIME program can increase women's overall marital intimacy even when their husbands do not participate in the program. This result supports the goals and values of the REP and previous research that the REP increases the overall quality of the relationship, including marital intimacy, strengthening the ability to communicate effectively, helping people with skills applying what they have learned in a situation outside of treatment, improving the ability to solve problems and conflicts, improving individual mental health, not directly but through improving family interactions in the form of self-respect and individual differences (Giblin et al., 1985).

By teaching the TIME program, married women learn how to communicate correctly by using relationship skills, including speaking and listening correctly, ac-

cepting responsibility for their feelings and behaviors, not judging and prejudiced, not blaming the other party, respecting each other, and conflict resolution skills. They learned the skill of changing their behavior and helping to change their spouse's behaviors and so on. Also, by learning about correct relationships, their intimacy increased, which is consistent with previous findings (Rappaport, 1976; Ross, Baker & Guerney, 1985; Brooks, 2001; Duquette, 2001; Murry et al., 2002; Ronan et al., 2004; Kirby et al., 2005; Kalkan & Ersanli, 2008; Mitchell et al., 2008; Segrin & Rynes, 2009; Hahlweg & Richter, 2010; Gordon et al., 2011).

Theoretically, the TIME program includes helpful skills to fulfill the strongest desires of families in almost all cultures. Based on the theory of Scuka (2005), the most important of these desires include love, compassion, belonging, loyalty, and pleasure. If every member fulfills these desires for their spouse and family, as a basic social and psychological function in marital relations, it can strengthen the atmosphere of stable care, love and intimacy, self-esteem, and psychological growth of family members (Yalcin & Karaban, 2007; Ahmad & Reid, 2008).

Even though for the effect of the TIME-based marital enrichment intervention program on the marital intimacy of couples in studies where both husband and wife participate in the program, several systemic and psychological justifications can be made, including the effect of training on expectations, the beliefs, and interpretations that couples make of each other's behavior as well as changes in the mutual feedback system of husbands and wives, modification of the structure and boundaries of marital relations. However, the question is how we can justify the increase in marital intimacy of women in the present study, in which only one of the parties to the marital interaction participated in the intervention program.

The answer to this question lies in the systemic nature of the family structure and husband-wife relations. Almost all family therapists look at the family as a system or human system, whose behavioral phenomena will be very difficult and sometimes impossible to understand without using the rules governing the systems (Jurich & Myers-Bowman, 1988). The principle of mutual feedback is one of these rules regarding the members present in human systems. Based on this principle, people's behavior is influenced and directed because of the effect they have on others (Stanley et al., 1999). Based on this rule, a change in the behavior of each of the two parties involved in a human relationship can provoke a new behavior in him/her by the perception of the other party. This behavior also acts as a stimulus to choose the type of individual response where changes have been started (Hardavella et al., 2017). Women's participation in the program has made them familiar with wrong expectations or common errors in their interpretations of their own and their husband's behavior. At the same time, they learned more correct ways to express their wishes and desires and understand the criticisms and try to solve interpersonal conflicts, and improve marital intimacy better. According to the systemic approach, adjusting irrational expectations, improving self-expression skills, and expressing marital intimacy, as well as increasing conflict resolution skills (which will appear in women's behavior as a result of these new learnings), reduce women's tension and anxiety about their husbands in daily life. Consequently, the family environment increases the positive attention of husbands to their wives and behavioral changes. As a result of this issue, husbands may start giving positive feedback to their wives, who have both the motivation and the ability to respond effectively to their husband's feedback. Entering into such a mutual feedback system can be considered one of the factors of apparently 1-sided marital intimacy of women.

The second hypothesis of the research indicates that the group training of the TIME plan has a significant effect on the psychological security of women, referring to the Polyclinic Psychological and Counseling Services Center of Ferdowsi University of Mashhad, Mashhad City, Iran.

The results indicate that the TIME plan has not increased the psychological security of women. The rejection of this hypothesis can have various reasons. First, psychological security is based on the attachment theory. If couples have avoidant, anxious, or ambivalent attachment, the skills taught in the TIME program cannot be expected to increase psychological security score in women because this program almost focuses on how couples communicate; i.e., how to speak and listen properly and resolve marital conflicts appropriately based on the dialectic emphasis). The results of Shelley et al. (2006) research showed that people who scored less in avoidance and anxiety, had a positive view of themselves and others, reported more security in their relationships, had higher communication satisfaction, and showed less verbal aggression than their spouses. They were responsive to their spouse's needs and provided a safe and supportive environment for each other. Secure attachment, which results in psychological security, is associated with key aspects of marital relationships, including self-disclosure and conflict resolution. Second, psychological security in married life has three components: (1) the belief in being accepted and trusted by the spouse, (2) the positive feeling that people have about themselves or their self-esteem, and (3) the existence of a secure relationship. In this research, the experimental group was only women, and the TIME plan was taught to one of the couples, and the spouses of these people did not receive any training. Perhaps, if the TIME-based plan had been applied to both couples, the psychological security scores would also be significantly different from the control group.

The third hypothesis of the research indicates that the TIME training plan leads to a significant increase in the marital intimacy domains of women in the experimental group compared to the control group.

The results of this hypothesis indicate that the TIME training plan can increase some components of the marital intimacy of couples. This finding is consistent with the results of Yalcin and Karahan (2007), Kalkan and Ersanli (2008), Pasha et al. (2017), and Kardan-Souraki et al. (2018).

A possible explanation of this finding is that the TIME training plan helps couples learn more positive and new communication patterns through appropriate tools that are given to them to solve their communication problems and improve their overall marital intimacy (Cavedo & Guerne, 1999). Therefore, considering that marital intimacy is largely affected by way of communication and marital relationship, improving couples' communication can greatly increase marital intimacy.

The analysis of 8 domains of the marital intimacy scale in Table 7 shows, as a side finding, that in the domains of emotional, physical, and social-recreational intimacy, the difference between the test group and the control group is statistically significant. However, in the psychological, rational, sexual, and spiritual domains, differences are not significant. Below, each of the above hypotheses is discussed, along with the results of the corresponding hypothesis test.

In explaining the findings that indicate an increase in marital intimacy in the three subscales of emotional, physical, and social-recreational intimacy, the same argument can be used for the results of the main hypothesis: (1) the effect of education on the expectations, beliefs, and interpretations that couples make of each other's behavior, (2) the systemic nature of the family structure and marital relations, (3) changes in the mutual feedback system of couples and reforming the structure and boundaries of marital relations, and (4) the effectiveness of the program while only one of the couples participated in the program. This can be attributed to the "mutual feedback" of the members in human systems: effectiveness and directionality. Thus, the training of communication skills in the TIME plan made married women able to raise and understand their positive and negative feelings and their special issues with their husbands, to have skillful conversations and understand each other, be open and receptive to each other, and finally, their negative emotions were reduced. These positive emotions and positive interactions ultimately increase the intimacy of couples, and this finding is in line with the research of Mitchell et al. (2008), who considered openness and empathy to be the components of intimacy. It is also consistent with the findings of Chang (2007), who stated that strengthening intimacy and empathy is one of the most important educational goals of the communication enrichment program. Nevertheless, the question is how the non-confirmation of the four assumptions related to psychological, intellectual, sexual, and spiritual domains can be justified. It seems that the content of the intervention program could not be sufficiently coordinated with the specific needs of women and their husbands in these areas.

## 5. Conclusion

In general, the results obtained from the current research show that it is not the occurrence of conflicts that lead to divorce in a troubled marriage, but reducing the expression of emotional feelings, positive emotional communication, and sensitivity of couples towards each other that are the main factors in the collapse of married life. The experience proved that the depth of marital intimacy that two people create in their relationship depends largely on their ability to express their thoughts and feelings, needs, desires, and wishes in a clear, precise, and effective form of communication. Many couples who come for counseling or therapy because of intimacy issues in their relationships often cite poor communication as the primary reason for their problems.

The unhappiness in marriage is related to a small number of dysfunctional communication patterns the couple has unknowingly adopted in their relationship, and psychologists have called them "danger signs". Marital intimacy can meet a person's need for love, affection, and belonging differently. First, it is a way to escape from the loneliness. If a person can turn to others to gain their support and affection, the isolating effects of loneliness will disappear. Second, having marital intimacy with another person creates a good feeling, and intimate experiences enhance this good feeling about oneself and the other in a person because it makes them feel understood. Finally, marital intimacy assures people that their needs will be satisfied in the future. On the other hand, people with low marital intimacy scores face personal, social, and environmental obstacles to achieving optimal marital intimacy in interpersonal relationships. As a result, they tend to isolate, feel lonely, and hesitate to commit to close relationships. These people are also more prone to aggression and hostility. Therefore, due to the importance and impact that proper communication has on increasing marital intimacy and compatibility, and since the core of the training approach is to enrich the proper and correct dialogue relationships, the correct way of speaking and listening in the relationship between couples can improve marital intimacy.

Communication problems and the inability of couples to establish proper communication become one of the most important factors of conflict. The equipping and awareness of couples with appropriate and correct communication skills can lead to greater marital intimacy and compatibility in married life. The findings of this research show the importance and impact of the TIME plan on increasing women's marital intimacy, but it does not increase women's psychological security. The fact that none of the female participants

withdrew during the training period can indicate the attractiveness and usefulness of the sessions from the participants' points of view.

### Research limitations

The available sampling method and its implementation for only one group of people (women) and the lack of a follow-up stage are the limitations of this research, so caution should be taken in generalizing the results.

### Implications for family therapy/practice

It is suggested that counseling centers and organizations that provide psychological services to reduce divorce and incompatibility for couples use the TIME program as a suitable intervention for couples with compatibility, communication, and marital dissatisfaction problems. Also, setting up group counseling for families can provide solutions to improve marital intimacy.

### Direction for future research

The results of this research require robust research support that tests its impact on diverse clinical populations. Also, we suggest researching the same subject with more sessions. In addition, the effect of this method on other dimensions of marital relations, such as conflict, marital satisfaction, and improvement of communication patterns, should be investigated.

## Ethical Considerations

### Compliance with ethical guidelines

All procedures performed in studies involving human participants were by the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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### Authors' contributions

All authors equally contributed to preparing this article.

### Conflict of interest

There is no conflict of interest among authors.

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