



The effectiveness of life skills training on marital intimacy and family functioning among married women with major depression

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Original Article

Abstract

BACKGROUND: This study was performed aiming to determine the effectiveness of life skills training on marital intimacy and family functioning among married women with major depression in Tehran, Iran.

METHODS: This was a quasi-experimental study with pretest-posttest design accompanied by control and experimental groups. The statistical population included all married women with major depression referring to community centers of district 14 of Tehran. Among the desired centers, the Sarasiab center was selected using a simple random sampling method and a list of married women with major depression was provided. Finally, 30 subjects were randomly selected using the purposive sampling method and divided into the two groups of control and experimental. Initially, the pre-test stage was implemented. The experimental group received 10 90-minute training sessions of life skills, while the controls received no intervention. The instruments used included McMaster Family Assessment Device (FAD) and Walker and Thompson's Intimacy Scale which were employed by the participants of both groups. Data was analyzed using analysis of covariance (ANCOVA).

RESULTS: The results indicated that implementation of the independent variable at the significance level of 0.01 has affected the participants' marital intimacy ($P < 0.01$, $F_{(1,27)} = 13.00$). In addition, implementation of the independent variable at the significance level of 0.05 influenced the participants' family functioning ($P < 0.05$, $F = 4.70$).

CONCLUSION: The results showed that implementation of life skills training significantly increases marital intimacy among married women with major depression in Tehran. It also significantly increases the quality of family functioning among married women with major depression in Tehran.

KEYWORDS: Marital Intimacy; Family Functioning; Life Skills; Major Depression

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Introduction

Marital intimacy is an interactive process composed of several components including recognition, understanding, and acceptance of the opposite person, empathy with his/her feelings, and appreciation of his/her unmatched vision of the world.¹ Schaefer and Olson recognized intimacy with six

dimensions including emotional, social, sexual, rational, recreational, and customary dimensions. An intimate marital relationship requires couples to communicate with each other while having different characteristics.² In other words, intimacy is the close sensation that a husband or wife has toward one another, and this is one of the most important needs of couples, representing their happy and successful life.³ Clinical studies and experiences show that in the contemporary society, couples experience severe and profound problems while establishing and

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maintaining intimate relationships with each other. Intimacy is a dynamic concept in human communications, in particular between couples. In other words, openness and inertia in the relationship and proximity of two or more individuals in various emotional, logical, and functional aspects are created in the context of relationships. Such a dynamism is due to be an outcome of the whole of a relationship which, in case of a gap or defect in each interpersonal dimension, it will be affected accordingly and will thus affect the entire relationship.⁴ On the other hand, this issue can play an important role among the married women with major depression. Among the factors affecting low intimacy and marital conflicts, one can refer to family functioning. Family functioning is defined as a common effort to establish and maintain a balance in the family.⁵

The McMaster's model for family functioning evaluation is based on a systematic approach in which the structure, organization, and exchange patterns are examined. This model describes the family functioning in the following basic concepts (including innate things such as providing food and shelter, affection, sentiment, etc.), tasks (including personal growth issues such as infancy, childhood, etc.), the issues related to family processes (such as the first marriage, the first pregnancy, the birth of the first child, etc.), and risky events (including illness, accident, unemployment, etc.). According to this model, the important dimensions of family functioning include problem solving, communication, roles, emotional response, emotional interactions, and behavior control.^{6,7} Mousavi suggested that improvement of couples' family functioning is associated with increased level of understanding and agreement between them while establishing a direct relationship with intimacy.⁸ Hence, it is important to pay close attention to couples' relationships and develop understanding in such relationships.

The objective emotions and pleasures are needed for the continuation of a happy life, which is affected by a variety of individual and social factors in different societies and areas.⁹ While marriage and formation of a family are an opportunity to create a center of comfort, happiness, and joy, it can also reduce the pressures on the couples and pave the way for their growth. However, the normality or non-normality of the family depends on their general conditions, and in the event of any physical and mental disorder, the family functioning will face difficulties, and thus the degree of marital satisfaction and intimacy will be endangered. One of such disorders is major depression that can reduce the level of marital satisfaction. Most medical therapies, especially in the past, have had a pathologic view of the disorder and aimed at relieving and reducing the disease symptoms, while in the past two decades, new methods have been developed, such as life skills training.¹⁰

Life skills are considered as one of the most important ways of enhancing understanding and agreement between spouses. Learning these skills increases the compatibility of couples with their environment and challenges, thus leading a person to confront effectively and efficiently with the issues of family, work, and social environment. As a result, such skills can improve the relationships among women suffering from major depression. Life skills training enables individuals to transform their knowledge, values, attitudes, and skills into actual capacities. That is, the person knows what to do and how to do it. Having this ability helps couples to effectively deal with conflicts and challenging life situations such as disorders.¹¹

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situations such as disorders.¹² These abilities enable the individuals to act positively and adaptively in relation to other human beings, their community, culture, and environment, providing mental health. Training such skills among women makes them feel effective and efficient, helps them overcome the mental health problems or disorientation, and provides them with the ability to plan and have the purposeful behaviors in such situations.

Paying attention to the importance and necessity of life skills training will enhance psychosocial skills. This ability helps a person to effectively deal with conflicts of the life situations and work positively and adaptively with other people, the community, culture and environment, providing the mental health against disturbances. Looking at what mentioned above, it seems that life skills training affects marital intimacy. On the other hand, given the relationship between marital intimacy and family functioning with major depression, it can be said that life skills training also affects family functioning. Hence, the purpose of this study was to examine the following hypotheses:

- H1: Life skills training is effective on marital intimacy of married women with major depression in Tehran.
- H2: Life skills training is effective on the family functioning among married women with major depression in Tehran.

Overall, the present study aimed to investigate the life skills training effectiveness on marital intimacy and family functioning among married with major depression.

Methods

The statistical population of this study consisted of all married women who referred to the community centers of district 14 of Tehran. The study was a descriptive study with a semi-experimental and pretest-posttest design with control and experimental groups. Among the community centers of the district 14 of

Tehran, Sarasiab was randomly selected and a list of married women diagnosed to have major depression was provided. Of the women diagnosed with depression, 30 ones were randomly chosen and then divided into two groups including experimental and control. The experimental group received life skills training for 10 sessions of 90 minutes and the control group received no training. The inclusion criteria were being married and suffering from major depression (diagnosed by the physician). Finally, in the post-test phase, the questionnaires were again filled up by both groups.

McMaster Family Assessment Device (FAD):

This questionnaire was developed by Epstein et al. with 60 items designed to collect information about different aspects of the family. This measure evaluates six dimensions of family functioning with the aim of generally evaluating the family's pathological conditions including problem solving, communication, roles, emotional attachment, emotional interactions, and behavioral control.⁶ This scale has a relatively good internal consistency (IC) with a Cronbach's alpha coefficient of 0.72-0.92 for its subscales. The Cronbach's alpha coefficient of the whole scale was calculated to be 0.91.¹³

Walker and Thompson's Intimacy Scale (IS):

This questionnaire was developed by Thompson and consists of 17 items. The Cronbach's alpha coefficient of this questionnaire was reported between 0.91 and 0.97, and the reliability of this questionnaire was calculated to be 0.96 using Cronbach's alpha.¹³ Movahedi et al.¹⁴ reported a Cronbach's alpha coefficient of 0.97 and the validity coefficient of 0.88 for this scale.

Life skills training package: Session 1: Making the members familiar with each other and explaining the importance and purpose of training life skills.

Session 2: Training self-awareness skills, defining self-awareness, and recognizing the components of self-awareness, negative experiences, weaknesses and strengths as well

as how to correctly assess the situation.

Session 3: Training effective communication skills and understanding the message elements, recognizing the environment and the context of the message, introducing a variety of verbal and nonverbal messages, training communication styles, and introducing communication barriers.

Session 4: Training empathy skills and acquiring active listening skills (i.e. training how to focus, exploring and tracking, reflecting, and summing up and concluding the opponent's speeches) and examining the barriers of active listening.

Session 5: Training stress management and detecting its origins, identifying potential stressful resources, training how to deal with stress, and teaching anger control including the effects of anger on the body, ways to express anger, and methods of controlling anger.

Session 6: Training self-assertiveness skill and the skills to say no and a behavior's reasons, training the skill to examine how to express a request for rational demands and to express the request and the problem according to the status quo.

Session 7: Training problem solving skills and defining the problem, identifying problem-deterrent factors and problem-solving process, having commitment for implementing a solution, planning for implementing the best solution and accomplishing it.

Session 8: Training decision-making skills and getting familiar with the factors influencing decision making and its styles.

Session 9: Training creative and critical thinking skills and enhancing sharpness, memory, guessing, checking, using signs, and avoiding bug.

Session 10: Summarizing the contents and overviewing the learnt lessons.

Procedure: After providing the same explanation for the participants who were informed about the goals of the research and acquiring their informed consent, they responded to the questionnaires and then were

interviewed by the researcher. Next among the subjects, those who had both low marital intimacy and unhealthy family functioning were screened. Finally, based on the inclusion/exclusion criteria, 30 individuals were randomly selected and divided into two groups by homogenization. The experimental group received 10 90-minute sessions of life skills training, but no intervention was performed for the control group. After completion of the course, the above-mentioned tools were completed by the participants of both groups.

Results

The purpose of this study was to investigate the effectiveness of life skills training on marital intimacy and family functioning among married women with major depression in Tehran. The present study was interventional and included two experimental and control groups. Therefore, the data on the dependent variables was collected in the two stages (before and after the implementation of the independent variable) and the hypotheses were tested using one-way analysis of covariance (ANCOVA). Table 1 presents demographic specifications in both experimental and control groups.

Table 1. Demographic specifications in both experimental and control groups

Demographic variables	Experimental group	Control group
Age		
Mean	37.46	37.90
SD	8.18	8.04
Number of children		
Less than two	13	12
More than two	2	3
Educational level		
Diploma and above	11	9
Below diploma	4	6

SD: Standard deviation

T-test analysis of the demographic specifications presented in table 1 showed that none of the groups had a significant difference in terms of age ($t = 0.653$, $P > 0.05$).

Table 2. The mean, standard deviation (SD), and Shapiro-Wilk indicator of marital intimacy over the pretest and posttest phases

Statistical indicator	Experimental group		Control group	
	Pretest	Posttest	Pretest	Posttest
Mean	79.46	94.00	78.13	76.93
SD	13.32	16.80	27.23	18.64
Shapiro-Wilk	0.957 (P = 0.633)	0.934 (P = 0.316)	0.953 (P = 0.578)	0.965 (P = 0.772)

SD: Standard deviation

Descriptive findings regarding marital intimacy: Table 2 shows the mean, standard deviation (SD), and Shapiro-Wilk indicator of marital intimacy among the two experimental and control groups over the pretest and posttest phases.

In addition to the mean and SD of marital intimacy, table 2 presents the Shapiro-Wilk index as well. As it can be seen, the Shapiro-Wilk index of marital intimacy in both groups, both in the pre- and post-test stages, are not significant at the level of 0.05. It indicates the normal distribution of dependent variable data in both groups and in both the pre- and post-test phases.

Evaluation of the Hypotheses

H1: Life skills training is effective on marital intimacy of married women with major depression in Tehran.

The first hypothesis was tested using ANCOVA. Table 3 shows the results of univariate ANCOVA in testing the effect of life skills training on marital intimacy.

Given table 3, implementation of the independent variable at the significance level of 0.01 has affected the participants' marital intimacy ($P < 0.01$, $F_{(1,27)} = 13.00$). In addition, implementation of the independent variable led to the increased mean scores of marital intimacy in the experimental group compared

to the control group. Therefore, in testing the first hypothesis, it was concluded that the implementation of life skills training increases the marital intimacy among married women with major depression in Tehran.

H2: Life skills training is effective on the family functioning of married women with major depression in Tehran.

The second hypothesis was also tested using the univariate ANCOVA regarding the effect of life skills training on family functions.

Based on table 4, implementation of the independent variable at the significance level of 0.05 influenced the participants' family functioning ($P < 0.05$, $F = 4.7$). Moreover, implementation of the independent variable leads to an increase in the mean value of family functioning scores in the experimental group compared to the controls. Therefore, in testing the second hypothesis, it was concluded that implementation of life skills training increases the significance of family functioning among married women with major depression in Tehran.

Discussion

In testing the first hypothesis, it was concluded that implementation of life skills training will enhance marital intimacy among married women with major depression in Tehran.

Table 3. Results of univariate analysis of covariance (ANCOVA) regarding the effect of implementing life skills training on marital intimacy

	Sum of squares	Degree of freedom	Mean of squares	F	P	Partial η^2
Corrected model	6887.95	2	3443.98	22.60	0.001	0.626
Fixed value	2774.21	1	2774.21	18.21	0.001	0.403
Pretest	4703.42	1	4703.42	30.87	0.001	0.533
Group	1981.00	1	1981.00	13.00	0.001	0.325
Error	4113.52	27	152.35			
Total	230138.00	30				

Table 4. Results of univariate analysis of covariance (ANCOVA) regarding the effect of implementation of life skills training on family functioning

	Sum of squares	Degree of freedom	Mean of squares	F	P	Partial η^2
Corrected model	3738.82	2	1869.41	21.40	0.001	0.613
Fixed value	443.60	1	443.60	5.08	0.033	0.158
Pretest	3820.28	1	3820.28	32.28	0.001	0.545
Group	410.31	1	410.31	4.70	0.039	0.148
Error	2358.65	27	87.35			
Total	759448.00	30				

In explaining this findings, life skills training programs include group discussions that provide a good position to acquire communication skills and interact with others. As a matter of fact, collaboration of the participants increases their ability in interpersonal communications and enhances effectiveness of the training. Accordingly, life skills increase the person's adaptability to the environment and his/her challenges, and cause them to work effectively and to deal efficiently with the family, work, education, and social environment.¹⁵

Fife et al. regard training communication skills as the most effective way to make intimate marital relationships, because the depth of intimacy that couples create depends on their ability to clearly, explicitly, and effectively transfer their thoughts, feelings, needs, desires, and aspirations. Good communication creates deep intimacy, while bad communication destroys commitment and positive points in a relationship.¹⁶ Communication in marriage is important because relationships essentially exist in the communications between husband and wife. Couples who are able to communicate effectively and have an intimate relationship have the ability to authenticate each other, listen and answer non-defensively to the needs of their spouse, and focus on existing issues when there are misunderstandings and negative feelings. Many couples who refer to a counselor due to their intimacy problems in marital relationships often declare poor relationship as their main cause of problems.¹⁷

Similarly, training empathy in marital relationships is a solution which includes a

range from social insights to the ability to understand emotional and cognitive states and experiences of others' similar emotions. Empathy is the fundamental capacity of individuals to regulate relationships and can lead to strengthening communication skills, constructive conversation tasks, and lack of blame between spouses, thus reducing distress and conflict. Expansion of empathy and intimacy and the development of effective communication and problem-solving skills will have a significant effect on improving marital life. In this vein, training empathy, with an emphasis on communication skills training, can help to foster love, provide a constructive and healthy relationship, and increase marital adjustment, and thus decrease marital distress. Failure to meet the needs of couples and not finding a positive way to meet the needs will result in frustration, anger, failure, and eventually boredom.¹⁸ Hence, as the first hypothesis test indicated, training life skills including intimacy, empathy, critical thinking, decision making, etc., increases the marital intimacy of married women with major depression.

In testing the second hypothesis, it was concluded that implementation of life skills training increases family functioning among married women with major depression in Tehran. Life skills are a group of psychosocial and interpersonal skills which help people to have informed decision making, problem solving, critical thinking and creative thinking, effective communication, healthy relationships, sympathy with others, anger management, and coping with their lives in a healthy way. Life skills are about personal activities or the

activities related to others, which can be used to translate the status quo into a healthier environment. Martin and Martin also addressed provision of the following items in defining the families with healthy functioning, emphasizing on communications: 1) healthy families speak clearly and frankly and compromise in disputes, while no irregularity and turmoil is found among them, 2) they try to reach an agreement rather than showing dissatisfaction and are able to express themselves without attacking one another, 3) they have a friendly environment and express their opposition without disturbing each other, 4) these families use a variety of emotions that can show their happiness or sadness, 5) there is a sense of humor in these families and they can smile to each other, and 6) they respect each other's need for a special privacy, and they do not engage in mind-reading.¹⁹

Conclusion

In the present study due to the high number of the study variables, completion of the questionnaires was beyond the power of the subjects, which was the reason for the high loss of the subjects.

The following is some suggestions that pave the way for future research. In future studies, a short form of the present study questionnaires should be used to prevent the loss of the subjects. Life skills should be taught as classes for the general public in such places as health centers, community centers, family courts, parliaments, and paternity therapists. Life skills should be trained to couples who are also referred for counseling before marriage.

Conflict of Interests

Authors have no conflict of interests.

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