

The Prediction of Marital Intimacy According to Religious Attitude and Family Problem Solving in Women

Received 4 Nov 2017; Accepted 29 Jan 2018

Javad Khodadadi sangdeh^{1*}, Mohsen Rezaiee Ahvanuiee², Asghar Abdollahi³

1 Department of Psychology, Kharazmi University, Tehran, Iran.

2 Damghan University, Damghan, Iran.

3 Department of Psychology, Azad University, Tehran, Iran.

Abstract

Background and Objectives: Considering the importance of assessing and identifying effective factors on marital intimacy, this study was conducted to investigate the predictive role of religious attitude and family problem solving among women.

Methods: This is a descriptive-correlational study in which 2860 women in Iran were selected by random cluster sampling and then assessed by Marital Intimacy Questionnaire, Family Problem Solving Questionnaire, and Religious Attitude Questionnaire (RAQ). Data were analyzed using Pearson correlation and stepwise multiple regression.

Results: The results of Pearson correlation showed that there was a significant and positive correlation of marital intimacy and religious attitude with family problem solving. In addition, the results of stepwise regression indicated that religious attitude and family problem solving could predict 43% of variance in marital intimacy. Hence, religious attitude and family problem solving can contribute to creating marital intimacy.

Conclusion: Marital intimacy plays a fundamental role in entering into successful marriage; therefore, with regard to marriage, it is necessary to pay more attention to these factors.

Keywords: Marital Intimacy, Religious Attitude, Family Problem Solving.

* **Correspondence:** Should be addressed to Mr. Javad Khodadadi sangdeh. **Email:** mohsenrezaiee.ir69@yahoo.com

Please Cite This Article As: Khodadadi sangdeh J, Rezaiee Ahvanuiee M, Abdollahi A. The Prediction of Marital Intimacy According to Religious Attitude and Family Problem Solving in Women. Health Spiritual Med Ethics. 2018;5(2):38-44.

Introduction

As one of the main reasons for establishing marital relationship, intimacy is a fundamental need and motive in man. Therefore, marital intimacy has always been a major concern of counselors and psychologists. In fact, marital intimacy is the main motive for the formation of marital relationship, and involves a degree of a sense of closeness and care that each of the couples feels to have and expresses toward each other (1). Family experts emphasize the importance of intimate relationship in the relationships between couples and consider it to be reliable and necessary to develop family identity. Intimate relationship plays a prominent role in the quality of life of couples and is the key to successful marriage and marital satisfaction (2).

Couples' interactions comprise the basis of family functioning, are a very important platform for the formation of family health, and play a unique role in comparison with other factors involved (3). The existence of intimacy in this area affects the sustainability of marriage and the various dimensions of couples' health. Couples who show more marital intimacy have higher levels of physical, psychological, and social health (4), feel better about their lives (5), and have better self-care and preventive behaviors in their lifestyles (6); in the long term, they are less likely to suffer from chronic diseases such as cardiovascular disease (7), have a better ability to deal with different life issues, and have a longer lifespan (8).

According to the research conducted on marital relationship, the religious attitude of the

husband and wife has an impact on different aspects of their relationship and plays a significant role in the way of their marital life. Religious attitudes reinforce family life, brings a sense of intimacy and closeness to the couple (9), strengthens loyalty to the relationship, plays an important role in the health of the family center through the emphasis and encouragement of healthy relationships (10), and in the long term, reduces the tendency to threaten the marital relationship (2).

Couples who share common religious attitudes experience more marital intimacy; they believe that these acts relax them, increase empathy and mutual understanding, and significantly reduces the negative excitement such as despair, fear, anger, and emptiness (11). These couples show a higher degree of marital adjustment and marital intimacy, have a better sense of relationship, perceive more support, and are more successful in resolving conflicts and family issues (12). Religious beliefs help couples feel more efficient when facing stressors and pressure in life, form a more intimate, high-quality relationship, and move towards health and well-being (13).

Nonetheless, some evidence suggests that sincere relationships are sometimes contradictory and conflict is an inevitable aspect of human relationships (14). Differences between couples in their developmental, family, cultural, and social backgrounds may lead to various issues in family life. If family issues are not dealt with appropriately, marital intimacy will be undermined, and the family will move to malice and the conditions for damage will be created (1). Solving family issues requires specific skills that entails couple's mutual understanding of the problem and mutual effort to solve the problem (15). When the couple show a high degree of cooperation in encountering and solving family problems, they experience less conflict and role pressure and perceive more support, family issues are resolved earlier, and a sense of closeness and intimacy between members is formed (3).

Mutual efforts of husband and wife helps solve family issues when faced with stressful events and problems (16). Couples who experience a

higher level of skill in problem solving report a higher marital intimacy and experience positive longitudinal outcomes when compared to other couples. In addition, in the face of various life issues, the support received from other sources cannot compensate for the lack of protection from the spouse's side (17).

It is therefore obvious that any effective measure to adopt health promotion programs for couples and families requires addressing the underlying causes of marital relationships, including marital intimacy, while studies have not yet adequately contributed to investigating marital intimacy. The purpose of the current study is to determine the predictive role of marital intimacy based on religious attitude and famil problem solving in women. Accordingly, the present study seeks to answer the question of how religious attitudes and family issues contribute to explaining marital intimacy.

Methods

This descriptive-correlational study was conducted to investigate the role of religious attitude and family problem solving in marital intimacy. The study population of this study consisted of all married women across the country during 2014-2016. Due to the dispersion of study population, multistage cluster sampling method was used to select samples. First, among the total provinces of the country, 15 provinces were selected according to geographical dispersion. In each province, to achieve maximum variation, samples were selected from the city of the provincial capital. Next, the selected city was divided into five regions: North, south, east, west, and central; and then, samples were selected from the regions according to convenience sampling and ethical considerations by referring to the city's offices and also distributing questionnaires in front of the house door.

Sample size varies based on the sample size determined in correlational studies with the aim of prediction and regression, and also selection of at least 15 samples per each variable (18). Given the dispersion of the community and the sum of the subscales, and considering the larger sample, the sample size was determined 3000 individuals. To collect

necessary information, in addition to a demographics questionnaire, the questionnaires of religious beliefs, marital intimacy, and family problem solving were used. In the present study, all effective ethical factors including the issuance of the approvals of interest and informed consent of the participants were taken into account.

Religious Attitude Questionnaire is a 26-item instrument, developed by Serajzadeh based on the Islamic approach especially Shiite teachings. It measures the four dimensions of religiosity, belief, consequential, experiential, and ritual. The total reliability of this scale by split-half reliability and Cronbach's alpha was obtained 0.75 and 0.78, respectively, and its validity was reported 0.45 by calculating the correlation between the scores of this questionnaire and self-reports of individuals (19). In the present study, Cronbach's alpha coefficient for this questionnaire was derived 0.78.

Marital Intimacy Questionnaire, developed by Thompson Walker (quoted by Sanaei) (20), consists of 17 items. The items of this questionnaire measure self-esteem and are rated on a 7-point Likert scale (from Always: 7 to Never: 1). Higher scores indicate higher levels of intimacy. The developers of this instrument have reported a 0.91 reliability coefficient for it. The reliability of this instrument was calculated 0.93 by using the Cronbach's alpha coefficient.

Family problem solving Questionnaire is a 30-item questionnaire, developed by Ahmadi, according to the native culture. The items in this questionnaire address facing the current problems, the degree of the recognition of the process, the steps to solve the problem, and how to use the solutions. The items of this questionnaire are rated on a 5-point Likert scale (from Always: 5 to Never: 1). Higher scores represent the skill and ability of couples to effectively solve the problem and lower scores do the inability and weakness of couples' to solve a family problem. The validity of this instrument was reported 0.91 by test-retest method (15). In our study, its Cronbach's alpha was calculated to be 0.89.

Pearson correlation coefficient and regression analysis were used to analyze the data. The stepwise regression was used to determine the contribution of each variable. The data were analyzed using the SPSS version 19.

Result

Out of 3000 questionnaires, 2916 completed questionnaires were received. Some completed questionnaires were excluded from analysis due to the inaccuracy and incompleteness of the demographic information. Accordingly, the sample included 2860 married women from 15 different provinces of the country. The age range of participants was the ages of 17 and 70 years, with a mean age of 35.9±5.3 years. The mean duration of marital life of the participants was 14.4 and the average number of children was 2. About 91% of the participants had a Shiite religion, nearly 8% of them had a Sunni religion, and the remaining 1% were from other religious minorities. Regarding education, 43.7% had associate's and bachelor's degrees, 30.7% had high school diploma, 8% had attended high school, 6.8% had completed education, 5.9% had master's degrees, 4.78% had completed elementary school, and 0.12% had doctoral degrees.

To investigate the correlation between these variables, Pearson's two-tier correlation analysis was used in the first step. Table 1 shows the correlation between two dimensions (Pearson) between dimensions of religious attitude, family problem solving, and marital intimacy in the form of correlation matrix.

Table 1. Descriptive statistics and correlation between religious attitude, family problem solving, and marital intimacy

Variables		Problem Solving	Belief	Experiential	Consequential	Ritual
Religious attitude	Belief	0.12**	1			
	Experiential	0.13**	0.67**	1		
	Consequential	0.20**	0.49**	0.34**	1	
	Ritual	0.28**	0.47**	0.43**	0.54**	1
Couple intimacy		0.68**	0.10**	0.15**	0.13**	0.17**

*P<0/05 and **P<0/01

Table 2. Summary of the model for prediction of marital intimacy based on religious attitude and family-problem solving

Step	Predictive variables	R	R ²	Estimation Error	Adjusted Coefficient	df	F	P
1	Religious attitude	0.404	0.052	0.6213	0.247	4	10.19	0.001
2	Religious attitude and family problem solving	0.683	0.478	17.36	0.340	5	164.4	0.001

Predictor variable: Religious attitude and family-problem solving, Criterion variable: Marital intimacy

Family problem solving and all aspects of religious attitude had a significant and direct correlation with marital intimacy. The results showed that marital intimacy scores increased with increasing the scores of family-problem solving and religious feedback dimensions (Table 1). Table 2 shows the results of analysis of variance, multiple correlation coefficient, and the coefficient to investigate the prediction of marital intimacy by determining religious attitude and family problem solving in the samples, which was drawn using the simultaneous regression method.

Regarding the significance of F, multiple correlation coefficient was significant and indicates a significant and strong relationship of family problem solving and religious attitude with couple intimacy (Table 2). In addition, the significance of the F statistic in this model shows that the prediction model of the marital intimacy by family problem solving and the dimensions of religious attitude is a suitable model for fitting data in this field. These results (determination coefficient) also showed that in general, family problem solving along with four dimensions of religious attitudes can explain approximately 48% of the variance in marital intimacy.

Finally, regression coefficients, standardized regression coefficients, and the significance of these coefficients to show the predictive role of the family problem solving and the four dimensions of religious attitudes are shown in Table 3.

The significance of the t statistic shows that among five predictor variables, family problem

solving, and experiential dimension of religious attitude had a statistically significant effect in predicting marital intimacy. The value of regression coefficient or coefficient of effect (beta coefficient) also shows that among these two significant predictor variables, family problem solving, in comparison with the experiential dimension, has a greater effect in predicting marital intimacy. Finally, the sign of the coefficients of effect showed that family problem solving and religious attitude had a positive effect in predicting marital intimacy (Table 3).

Discussion

The purpose of this study was to investigate the role of religious attitude and family problem solving in predicting the marital intimacy among married women. To achieve this purpose, the results showed that there was a significant correlation of religious attitude family problem solving with marital intimacy. In a more detailed analysis in the first step, regression analysis showed that the religious attitude factor was able to explain (predict) 5% of the variance in marital intimacy. In the next step, by adding the family problem solving variable to the regression model, it was determined that the two variables had a significant, direct relationship with marital intimacy and could explain (predict) approximately 47% of the variance in marital intimacy.

Based on the results of our study, religious attitude and couple skills in solving the family problem play a significant role in explaining

Table 3. The regression coefficients between family problem solving and religious attitude dimensions, and marital intimacy

Predictive variables	B	Standard Error	β	T	P
Constant	-7.102	7.624		-0.932	0.352
Problem Solving	0.030	0.030	0.680	27.367	0.000
Belief	0.229	0.220	0.037	1.041	0.298
Experiential	0.734	0.221	0.109	3.320	0.001
Consequential	0.004	0.141	0.001	0.028	0.978
Ritual	0.201	0.137	0.045	10.475	0.141

marital intimacy. Accordingly, with increasing couples' religious attitudes and skills in solving family problems, more marital intimacy in their relationship is experienced. These findings are consistent with the results of studies conducted by Khodadadi et al. (3), Fatima and Ajmal (11), Schramm et al (21), Amato and Keith (13), Vladut (22), Barkker (23), Hunler and Gencoz (24), Ahmadi et al. (25), and Monjezi et al. (26). Similarly, the study of Ahmadi et al. has shown that religious attitudes help improve couples' relationships, marital intimacy, and relationship strength, and cause a couple to be more capable of solving family problems (25). The study of Monjezi et al. has emphasized that religious attitudes are one of the most important factors in the family, improve marital satisfaction, and increase the ability of couples to confront family issues (26). The findings of Schramm et al. showed that religious attitudes contributed significantly to the closeness of family members, especially marital intimacy and family efficiency. Religious attitudes, on the one hand, are an important reason for the proximity and intimacy of marital life, and on the other hand, it plays a significant role in the reduction and resolution of individual, marital and family issues (21).

Accordingly, a remarkable finding of our study showed that family problem solving had the highest contribution, among the variables studied, to marital intimacy, so that this variable alone could predict 43% of the variance in marital intimacy, which indicates the importance of joint interactions and mutual cooperation to adopt a procedure for solving problems and conflicts in the course of family life.

In explaining these findings, one can refer to the general role of religious attitude that affects various aspects of individual, marital, family, and social life, and is a significant factor for justifying and explaining the status and quality of different areas of life. The Iranian community is a community with strong cultural and traditional foundations in which religion plays an important role in people's lives. Religious beliefs and practical adherence to religious values in this cultural context are

among the most important sustainable factors of the family (26).

Value system and religious attitudes of husband and wife are an important factor influencing the quality of marital life (27), and religious attitudes are closely related to the health of marital and family relationships (28). Religious attitudes are defined as a coherent belief system along with a set of acts and behaviors that form and interpret the way people react to life experiences (29).

In the family, shared religious beliefs and behaviors enhance family life and bring people closer to each other (12). It plays an important role in the health of the family by emphasizing and promoting healthy relationships (1). Couples who adhere to religious values have more marital intimacy and show higher performance in solving family problems. Researchers believe that religious beliefs and behaviors play a significant role in family relationships and act as a moderating variable. This factor can, in the event of conflicts in relationships, alleviate the differences between couples through shared concepts and spiritual values, and prevent harsh and damaging reactions (19).

On the other hand, one of the important dimensions of marital intimacy is spiritual and religious intimacy, in which the husband and wife experience more closeness to each other due to shared religious attitudes and subsequently religious practices; the couples share their thoughts, feelings, religious beliefs, and experiences with each other without fear of being judged and valued, and shared beliefs about issues related to religion, spiritual issues, values, moral beliefs, relationship with God, and the life after death causes them to more support each other and to become closer to each other (30).

Meanwhile, the lack of common religious attitudes and the diminution of religious behaviors are among the factors influencing marital conflict and inefficiency in the family and the increasing likelihood of the collapse of family cohesion (18). Therefore, the role of religious attitudes in explaining marital intimacy seems logical.

Intimacy is the basis of marital relationship, and marriage is aimed to satisfy this vital need and is considered to be the main source of affection and support (27). Marital intimacy requires the time and effort of couples. Couples, either wittingly or unwittingly, face a series of problems in the process of their life. The ways of dealing with these problems affect the quality of marital relationships. A detailed description of the problem, a common understanding of it, the acceptance of the problem, the selection of the time and place for solving the problem, moving to the solution, setting the goal and considering possible solutions, and choosing the appropriate solution are some of the conditions for dealing with different family issues (31). Couples who have adequate levels of this ability and these skills, in facing and making effort to solve the problem, through mutual cooperation and support, in addition to adopting appropriate coping strategies, promote each other's creativity, optimism, and realism, leading ultimately to further closeness and experiencing more intimate marital relationships (28).

Conclusion

According to the present research findings, the couple's efforts and skills in solving various life problems such as life goals, lifestyle, financial decision-making, career and education, child upbringing, communication with friends and relatives, and leisure play a very important role in the cohesion of the relationship and increasing the level of intimacy, because it makes it possible for the husband and wife to act as a team and have more joint cooperation and interaction, which leads to more intimacy between them. Therefore, these behaviors in the framework of marriage cause the husband and wife to be more perceived of being close and important, and to have a feeling of affection and being loved, which is very effective in increasing the sense of having value and makes marital relationship more intimate and attractive (3).

Intimacy is an extensive interactive process that can include the discussions about the details of life to revealing of the most private

emotions. Intimacy is a powerful source of emotional and psychological support, and as a supportive shield, supports the couples against damages as they are coping with the problems (13). Couples who are more capable of mastering the skills of solving family problems, when faced with a problem in their lives, discuss the created conflict and issue before they take any measure, try to achieve a common understanding and adequate information about problem, talk about the problem at the right time and in the appropriate place, accept their contribution while providing possible solutions, and engage in discussion and evaluation of the solution, and ultimately move toward solving the problem after arriving at a joint agreement on a solution (9). All of the above, unwittingly or wittingly, leads to increased interaction, collaborative effort, cooperation, support, and hopefulness, resulting in increased mutual closeness and intimacy. Such interactions between the couples cause them to become closer to each other, creates a cycle of positive and reinforcing interactions, keeps their supportive mechanisms activated, and produces undeniable and dramatic effects on the health of couples, and ultimately the whole family; therefore, according to such arrangements, it can be acknowledged that the skill in solving family problems leads to an increase in marital intimacy.

This study suffered from certain limitations. The self-report data collection instrument was a significant limitation. On the other hand, marital intimacy can be affected by numerous other variables, which have not been addressed in this study. However, the findings of our study could be make a contribution to subsequent research in this field so that further information about this phenomenon can be achieved.

Conflict of interest

The author declares no conflict of interest.

Acknowledgements

The present study was registered as 9549/8049 in the research projects system. Hereby, we gratefully thank all people who cooperated with us to conduct this study.

References

1. Petty BD. Developing the Art of Becoming a Couple: A Grounded Theory Study of the Positive Influence of Married and Loving It!. *Qual Rep.* 2010;15(5):1080-1101.
2. Young ME, Long LL. *Counseling and therapy for couples.* Thomson Brooks/Cole Publishing Co; 2007.
3. Khodadadi Sangdeh J, Nazari AM, Ahmadi Kh, Hasani J. Identifying Indices of Successful Marriage: A Discovering and Qualitative Research. *strateg stud youth sports.* 2013;13(25):9-24. [Persian]
4. Ulker A. Mental health and life satisfaction of young Australians: The role of family background. *Aust Econ Pap.* 2008;47(2):199-218.
5. Amato PR. The consequences of divorce for adults and children. *J Marriage Fam.* 2000;62(4):1269-87.
6. Shiu AT, Wong RY, Thompson DR. Development of a reliable and valid Chinese version of the diabetes empowerment scale. *Diabetes Care.* 2003;26(10):2817-21.
7. Arvidsson SB, Petersson A, Nilsson I, Andersson B, Arvidsson BI, Petersson IF, et al. A nurse-led rheumatology clinic's impact on empowering patients with rheumatoid arthritis: A qualitative study. *Nurs Health Sci.* 2006;8(3):133-9.
8. Amato PR, Loomis LS, Booth A. Parental divorce, marital conflict, and offspring well-being during early adulthood. *Soc Forces.* 1995;73(3):895-915.
9. Olson DH, Larson PJ, Olson-Sigg A. Couple checkup: Tuning up relationships. *J Couple Relatsh Ther.* 2009;8(2):129-42.
10. Greeff AP, Malherbe HL. Intimacy and marital satisfaction in spouses. *J Sex Marital Ther.* 2001 May-Jun;27(3):247-57.
11. Fatima M, Ajmal MA. Happy Marriage: A qualitative study. *Pak J Soc Clin Psychol.* 2012;9(2):37-42.
12. Olson D. FACES IV and the Circumplex Model: validation study. *J Marital Fam Ther.* 2011;37(1):64-80.
13. Amato PR, Keith B. Parental divorce and adult well-being: A meta-analysis. *J Marriage Fam.* 1991:43-58.
14. Olson D, Olson-Sigg A, Larson PJ. *The couple checkup: Find your relationship strengths.* Thomas Nelson Inc; 2008.
15. Ahmadi Kh, Fathi-Ashtiani A, Etamadi A. Effect of family problem solving on decreasing couple's maladjustment. *J Psychol.* 2005;4(32):389-403. [Persian]
16. Gottman JM, Notarius CI. Marital research in the 20th century and a research agenda for the 21st century. *Fam Process.* 2002;41(2):159-97.
17. Brock RL, Lawrence E. A longitudinal investigation of stress spillover in marriage: does spousal support adequacy buffer the effects? *J Fam Psychol.* 2008 Feb;22(1):11-20.
18. Gall MD, Borg WR, Gall JP. *Educational Research an Introduction.* Translate by: Ahmad Reza Nasr & et al. Tehran: SAMT Publishing; 2013.
19. Seraj Zadeh H. Attitudes and religious behaviors among Tehran adolescence and The reason for secularization theory. *Res Index.* 1998;8(9-10):105-18. [Persian]
20. Sanaie B, Alagheband S, Falahati, Sh, Housman A. *Family and Marriage Measurement Scales.* Tehran: Be'esat Publishing; 2014. [Persian]
21. Schramm DG, Marshall JP, Harris VW, Lee TR. Religiosity, homogamy, and marital adjustment: An examination of newlyweds in first marriages and remarriages. *J Fam Issues.* 2012;33(2):246-68.
22. Vladut CI, Kállay É. Work stress, personal life, and burnout. Causes, consequences, possible remedies:-a theoretical review. *Cogn Brain Behav.* 2010;14(3):261.
23. Bakker AB. The crossover of burnout and its relation to partner health. *Stress Health.* 2009;25(4):343-53.
24. Hünler OS, Gençöz T. The effect of religiousness on marital satisfaction: Testing the mediator role of marital problem solving between religiousness and marital satisfaction relationship. *Contemp Fam Ther.* 2005;27(1):123-36.
25. Ahmadi Kh, Fathi-Ashtiani A, Arab-nia AR. The Relation between Religiosity and Marital Adjustment. *Q J Fam Stud.* 2006;2(5):55-67. [Persian]
26. Monjezi F, Shafiabadi A, Soudani M. The effects of Islamic communication style and religious attitudes on marital satisfaction improvement. *Behav Sci Res.* 2011;10(21):30-7. [Persian]
27. Bagarozzi DA. *Enhancing intimacy in marriage: A Clinician's Handbook.* London, UK: Brunner Rutledge; 2001.
28. Garland DR, Argueta C. How clergy sexual misconduct happens: A qualitative study of first-hand accounts. *Soc Work and Christianity.* 2010;37(1):1-27.
29. YaxinLu BS. *Religiosity and Chinese immigrants' marriage.* [Master Thesis]. Louisiana state university; 2007.
30. Zullig KJ, Ward RM, Horn T. The association between perceived spirituality, religiosity, and life satisfaction: The mediating role of self-rated health. *Soc Indic Res.* 2006;79(2):255-74.
31. Goldenberg I, Goldenberg H. *Family therapy.* Canada: Thomson learning; 2005.