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## Effect of Intervention to Change Life Style to Increase Marital Adjustment

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**Abstract:** The aim of the present research was to investigate the effect of life style changes on marital adjustment. Eighty couples who had the most determined maladjustment were selected and randomly divided to experimental and control groups. Then an intervention method for life style change was administered to the experimental group. The Enrich was questionnaire for pre and post test. The results show that, the method of life style changing was reducing marital maladjustment. The marital adjustment change score between two groups (Experimental and Control) was significantly different ( $p < 0.001$ ). This effect was for dimensions of marital adjustment such as; personality issues, financial management, conflict resolution and sexual relationships. It was recommended that counselors and psychotherapists select their intervention method according to the maladjustment dimensions to help afflicted couples with maladjustment.

**Key words:** Marital maladjustment, marital therapy, life style

### INTRODUCTION

Marriage provides companionship psychological security, emotional assurance, reduced loneliness, fulfillment of psychological needs and obtaining life goals (Landis, 1975; Fowers and Olson, 1986). Important in marriage is satisfaction with the marriage and adjustment to it. maladjustment in a couple's relationships will negative affect on parental roles (Cumming and Oreilly, 1997), the couple's physical and mental health (Demo and Alan, 1996; Horvitz *et al.*, 1997) and life satisfaction (Nock, 1995) increase loneliness (Page and Galen, 1991) and cause problems within social relations (Niolon, 2000). In other wise, there are positive relationship between marital adjustment and hope and satisfaction with life (Bailey and Snyder, 2007), religiosity (Orathinkal and Vansteenwegen, 2006), emotional expressiveness (Ingoldsby *et al.*, 2005) and sexual relation with spouse (Ahmadi *et al.*, 2006). Also the research shown that, the demographic variables include age, number of children and length of marriage were significantly positively correlated with marital and sexual adjustment (Jose and Alfons, 2007).

Therefore, marriage counseling and prevention programs should focus on reducing marital dissatisfaction. If marital maladjustment decreases, sexual problems and disorders will improve (Ahmadi *et al.*, 2006), increase of communication skills level and following that may lead to long-term behavioral modifications in couples

(Yalcin and Karahan, 2007). Also, the study shows that relation between problem-solving strategies in the marital conflict and marital satisfaction (Kriegerlewicz, 2006).

Many programs have been compiled and presented for intervention in marriage. These can be classified into 3 major categories: premarital counseling (Olson and Olson, 1997), enrichment programs (Nichols and Becvar, 2000) and marriage counseling for incompatible couples (Simon *et al.*, 1985). The intervention method used in this study should be classified as marriage counseling (Champion and Power, 2000). Marital therapy is developing, methods and procedures are improving. Some of the methods used in treatment of couple problems are behavioral models, cognitive approaches, psychoanalytic approaches and the systemic approaches (Champion and Power, 2000). Among this approach, the Adler (1933) individual psychology is older. The main concept in which is life style (Briggs and Peat, 1989). Adler used such concepts as self, personality, unity of personality, formation of one's creative activities, one's methods of coping with problems, one's ideas and opinion about one's and problem and the overall attitude toward life (Ansbacher and Ansbacher, 1956). Life style as discussed by Adler is a model of personality development. Different components of this model were presented Stein and Edwerds (1999). According to this model, life style has 5 roots: health, social and financial situation of family, parent's attitude, family setting and sexual role, one set of attitudes, attitudes toward the self, difficulties, other,

other sex and life and three life tasks, love and sex, occupation and other people.

Therefore, life style is an extensive concept and there are various researches on the subject of life style. The research shows that, there are relationship between birth order, intergenerational change in life style and familial satisfaction. This relationship is stronger between women who were first-born in terms of birth order. This relationship is also stronger for those who were not experiencing intergenerational change than for those who were experiencing intergenerational change. In addition this relationship is stronger among those who were at age 16 and were satisfied with their parental family than for those who were dissatisfied (Johnson and Stokes, 1976). Also level of education is associated with life style. Life style factor in adolescence were associated with educational attainment in adulthood. So, more attention should be paid to adolescent's unhealthy life style and poor perceived health (Huurre *et al.*, 2006). Significant findings indicate that lifespan childhood and adult partner victimization were the strongest predictors of women's drug-related life style activities. An association exists between the respondents' lifespan childhood and partner victimization scores and drug-related life style activities scores, with these relationships modified by intervening variables, such as age, marital status, partner substance use and parental substance use (Hequembourg *et al.*, 2006).

In other words, body health is of great importance in terms of life style. Cross-sectional study revealed the presence of a strong relationship between life style risk factors with an elevation in blood pressure concurrent with a positive family history of hypertension (Al-Safi *et al.*, 2006). Therefore, Unhealthy life style practices are risk factors for future hypertension (Winnicki *et al.*, 2006). The Family physician has enormous opportunities to facilitate healthy life style change among his patients. The Family, in turn, has powerful molding influences on the individual's health beliefs and actions. If the physician can realize the impact his attitudes and actions have on his families health, beliefs and behavior, the multiplication of effects can be considerable (Sherin, 1983). Family-oriented compliance counseling is a process for involving the Family to increase compliance and thereby enhance health status and life style change efforts. A straightforward and effective therapeutic strategy for increasing compliance in a family counseling context is described and illustrated by Sperry (2006).

According to Adler's theory, if the life style of the client does not change after the treatment period, actually the client is not helped (Stein, 2001). It must be noted that

modifications to life style are possible throughout the life span. People can fortify their relationships with others, try to develop assertiveness, evaluate and discuss their own problems, get in touch with others in an intimate manner and improve their usefulness to others (Stein and Edwards, 1999). Adlerian counseling and psychotherapy consists of 12 stages concentrated on individual progression or on parents problems and couple relations, as follows: empathy and relationship, the presentation of information, clarify encouragement, the cognitive interpretation, knowledge, the forgetting of harmful emotional experiences, changing, reinforcement, social interests, renewed orientation and support (Stein, 1998). According to this theory, family is the basis of social organization. Therefore the study of family is very important and essential. The concepts of family identified and studied are authority, boundaries, belongings, unity, roles, regulations, complement, differences, similarities, myths and relational models (Carlson *et al.*, 1998). The main purpose of Adlerian family therapy is to change the individual and the family as a whole. Most of the methods and techniques in individual and family psychology are common and psychological interventions are not only useful for the individual clients but also for families (Stein and Edwards, 1999).

Despite the availability of various programs for family and marital therapy, few of these intervening methods have been examined for use and effectiveness in Iran. In this study an evaluation of the effect of in intervention of life style changes on the couple's adjustment.

## MATERIALS AND METHODS

**Sample:** The main purpose of this research is to evaluate the effects of an intervention to change life style on the couple's adjustment. The couples with marital maladjustment were selected 450 couples living in every part from Tehran (Iran) on 2005, were selected according to availability sampling methods and then evaluated using the Enrich questionnaire on marital satisfaction. In the next stage, 80 couples who scored highest on maladjustment were selected for the next phase. Couples, who had been married for less than 2 years and more than 15 years, the couples who were living separately as a result of a quarrel and finally the couples with at least one person suffering chronic physical illness or psychological disease, were excluded. Then, the 80 couples were randomly divided into groups numbers on experimental (n = 50) and control (n = 30).

**Questionnaire:** ENRICH Marital Satisfaction Questionnaires were used. ENRICH main test copy

includes 115 questions. This form first used for the description of dynamism of marriage and then used as an equipment for diagnose of couples who were seeking for marriage counseling. The questionnaire validity index in the clinical affairs was between 0.85 and 0.95 (Olson and Olson, 1997; Fowers and Olson, 1993). This questionnaire includes subscale such as: personality issues, marital communication, conflict resolution, financial problems, leisure activities, sexual relationship, parental, family and friends and religiosity. First, this questionnaire used for the description of dynamism on the marriage and later used as a tool for the diagnosis of couples seeking marriage counseling (Fowers and Olson, 1989). A 15 item form was developed by Olson and Olson (1997). The 47 item form was developed by Fowers and Olson (1993) and finally a 25 item form was developed by Wadswy (1998). In this research, the 47 item form was used.

**Life style questionnaire:** This questionnaire was compiled by the researchers by using the definition and description of life style and a quality of life questionnaire. This questionnaire contained items related to the life tasks of life style, including financial management, attitude toward life, taking the time, mental health, communications and goals. The internal consistency reliability of the questionnaire was 0.78 (cronbach) and the test retest correlation was 0.64.

**Procedure:** The couple of both group filled out questionnaire at pre test and post test. The experimental manipulation was the intervention to change life style. The various therapeutic activities included six stages: (1) Empathy, rapport and providing information comprised introduction, encouragement and challenge, providing information, assurance, encouragement to cooperate and enhancement of self-esteem (2). Clarifying, encouragement and evaluation comprised teaching about life tasks, assessing goals and previous life tasks and evaluation of previous aims and performance (3). Developing of new cognitions and distinctions included awareness of the tasks and aims of life, determining of aims and alternative methods, helping the members to accept of change, encouragement leaving their previous aims and ideas, encouragement of members to forgive others, acquitting spouse and concentrate on themselves (4). Reorientation, include the development of attitudes toward the life goals, development of new attitudes toward life, breaking of previous habits, taking new actions, encouragement to develop and cooperate with spouse (5). Role playing, challenging and changing comprised encouragement to be unique, taking new actions, breaking the previous

habits, to make distinctions performance of alternative methods using the method of role playing, encouragement to take new actions in real life and encouragement to feel commitment and responsibility (6). Support, evaluation and summary include providing support for the continuation of efforts for change, evaluating the rate of changes and reviewing sessions.

It is necessary to mentioned that the contents of sessions consisted of discussion, exercises and the performing of tasks. The task of each session was performed by the cooperation of both individuals after each session. A report was presented in the next session, problems and limitations were investigated and solutions determined. All members of experimental group participated in 10 sessions once a week and each session took about 90 min. Each participant took part in 12 h of group work with the maximum of 20 participants in each group sessions. The main therapist was a Ph.D male with a degree in counseling psychology. To control the effect of the therapist's personality on the results of research Administrated two expert counselors and a master level psychologist. The comparison of the mean scores of the 3 groups of subjects with 3 therapists, showed no significant differences. Training booklets on the intervention for life style change with details were provided these co-therapists. For unity of method a coordination meeting before intervention assured that the co-therapists understood the goals. During administration of the pre-test, the couples were told that after 2 months they would be tested again to assess their marital adjustment. Also, they were asked to participate in the counseling meeting which would be hold one month after the second test, if they were interested. Participation in those meetings was voluntary.

## RESULTS

Demographic data of participants showed that the mean age of men was 34.8 year (SD = 5.4) and the mean age of women was 30.8 year (SD = 5.6). The mean level of men's education was Associate of Arts and the mean of the women's education was high school. Mean of duration of the marriage was 11 year (SD = 5.05) and the mean number of children was 2. Analyses of demographic data from the control and experimental groups showed that: the mean age of the experimental group was 33 year and for the control group was 34.2 year; the mean of duration of the marriages in the experimental group was 10.9 year and in the control group was 11.3 year. The mean number of children in the experimental group was 2.6 and for the control group was 2.8. The t-test showed

no significant differences between the experimental group and the control group on mean of age, marriage duration or number of children. Chi-square showed not significant differences between the groups (Table 1).

Before the test of research hypotheses, a statistic test performed for assurance of equal situation of the experimental and control groups and also the effects of interfering method on the modification and progression of life style of the experimental group (Table 2 and 3). The comparison between the mean scores of the pre-test of both groups of the experimental and the control regarding marital adjustment indicated that there was no significant differences between these two groups at the level of  $p < 0.05$ . The meaningless of the differences between two groups at the pre-test means that these two groups have the same situation before the experimental intervention; therefore the previous situations of the participants were not effective on the result of the research. It is necessary to mentioned that this equal situation originated from the random division of participants to the experimental and the control groups. So that the comparison of post-test scores of marital adjustment between these two groups showed that there was significant difference between these two groups at the level of  $p = 0.05$  (Table 2).

To evaluate the effect of the intervention for changing the life style of the participants in the experimental group, the change score (pre-test vs. post-test) on life style between the control and experimental groups was compared using t-test for independent groups (Table 3). As can be seen, there is a significant difference between these two groups, so life style of the experimental group cab be said to have changed and improved as a result of the intervention.

Regarding the hypothesis that the method for changing life style would reduce marital maladjustment between couples, the marital adjustment change score (pre test vs. post test) was compared between the control and experimental groups using a t-test for independent groups. This comparison showed that the marital adjustment change score between these two groups was significantly different ( $p < 0.001$ ), the mean of marital adjustment change score in the experimental group significantly grater than that of control group (Table 4). This result shows that the method for changing life style increased marital adjustment among the couples receiving therapy.

To further investigate the effects of the method for changing life style on each marital adjustment dimension, mean score on the dimensions of marital adjustment for control and experimental groups were compared by t-test (Table 5). There was a significant difference between the two groups on change score personality issues, financial

Table 1: Demographic information of both groups

Variables	Experimental group	Control group
Age	33.86±3.61	34.20±4.23
Marriage duration	10.86±5.66	11.27±4.42
No. of children	2.59±1.23	2.77±1.07
Education level	86.36±13.64	90.00±10.0

Value are shown in mean±SD

Table 2: Comparison pre-test mean scores and post-test mean score of marital adjustment between the experimental group and the control group (using scores of original questionnaire)

Test	Groups	Mean±SD	t-value	Level of significant
Pre-test	Experimental	134.14±13.38	-1.65	0.1ns
	Control	139.23±12.51		
Post-test	Experimental	145.73±18.73	2.11	0.04*
	Control	136.60±17.39		

ns: No significant; \*:  $p < 0.05$

Table 3: Amount of change in life style in the experimental groups in comparison the control group (using subtracted pre and post-test scores)

Groups	Mean±SD	t-value	Level of significant
Experimental	3.87±4.22	3.28	0.001**
Control	0.08±3.63		

\*\* :  $p < 0.01$

Table 4: The comparison of marital adjustment between the experimental group and the control group (using subtracted pre and post-test scores)

Groups	Mean±SD	t-value	Level of significant
Experimental	11.61±12.56	4.67	0.001**
Control	-2.63±13.34		

\*\* :  $p < 0.01$

Table 5: The comparison of 9 dimensions of marital adjustment between the experimental group and the control group (using subtracted pre and post-test scores)

Dimensions of adjustment	Groups	Mean±SD	t-value	Level of Significant
Personality issues	Experimental	1.69±3.77	2.6	0.001**
	Control	-0.37±3.67		
Marital relationship	Experimental	0.73±4.80	0.16	0.87
	Control	0.57±4.92		
Conflict resolution	Experimental	0.85±2.96	2.39	0.02
	Control	-0.70±3.36		
Financial management	Experimental	0.94±2.69	3.5	0.001**
	Control	-1.03±2.58		
Leisure activity	Experimental	0.70±2.99	0.69	0.49ns
	Control	-0.27±3.01		
Sexual relationship	Experimental	1.08±3.22	2.17	0.03*
	Control	-0.37±2.91		
Parental role	Experimental	0.50±3.59	1.32	0.19ns
	Control	-0.50±3.56		
Relation with family and friend	Experimental	0.12±2.51	1.37	0.17ns
	Control	-0.60±2.49		
Religious orientation	Experimental	0.19±2.93	0.15	0.87ns
	Control	0.10±2.66		

ns: No significance; \*:  $p < 0.05$ ; \*\*:  $p < 0.01$

management, conflict resolution and sexual relationships. On other aspects, there is no significant difference between the two groups change scores. These results showed that the therapeutic method for changing life style may be effective for some aspects of personality,

financial management, conflict resolution and sexual relationships and will reduce the marital maladjustment. However, this method has not any significant effect on the progression of relationship between couples, leisure activities and parental role, relationship of the couples with other family, religious values.

## DISCUSSION

The life style imposes its effect on the familial satisfaction, this undeniable effect could be seen in various aspect like parental relationship (Johnson and Stokes, 1976); educational attainment in adulthood (Huurre *et al.*, 2006); individual and family problem, drug-related and partner victimization (Hequembourg *et al.*, 2006), body health (Al-Safi *et al.*, 2006; Winnicki *et al.*, 2006). As mentioned earlier relationship between life style and various aspect of personal and social parameter is important enough to attract more studies in this important field.

The life style change therapeutic method improved the treated couple life style score. This subject is important because many couples with marital maladjustment, may attribute personality differences, difference in tastes and goal and plans for their lives, to unchangeable variables and thus may become pessimistic about solving problems and increasing marital adjustment. The present research showed that aspects of life style can be taught to couples. Couples are enabled to design plans and tasks for their life based on the new aims. Adlerian researchers confirm that life style can be taught in the west (Adler, 1933; Watts and Carlos, 1999; Stein, 2001). This is the first evaluation of the effectiveness of this method on marital adjustment in Iran. The method of changing life style should reduce marital maladjustment. This method is based on the Adlers theory of individual psychology and its successful usage in guidance of parents has a long record (Adler, 1933; Watts and Carlos, 1999; Stein, 2002). There is no research on application of this method for changing life style in to marital maladjustment, so the present research can be regarded as unique. According to these results, the method should be considered as a valuable consulting and psychotherapy method for couples.

It is claimed that the method of changing life style makes modifications in behavior permanent, so this factors support the potential effectiveness of this method on couple adjustment. The method changing of own life style, personality, unity of person, method of encounter with problems, ideas about self, life problems and general attitude toward life (Ansbacher and Ansbacher, 1956). Changing ones life style can be a movement toward new

aims in life (Stein, 2001), since it is a model of change and improvement of personality. In this method, the aims of the couple's lives are evaluated and new aims designed, after the previous life style is assessed, new duties we performed and new behaviors acquired. In engaging in life style change, the individual becomes more flexible and develops more intimate relationships and adjusts behaviors with spouse and children (Stein and Edwards, 1999). On this basis, it has been said that, any treatment that does not change life style, does not address problems (Stein, 2001). Couples should experience change and modification of models of relationship and life and quality of life improvement, after receiving such treatment.

More detailed analysis of the data showed improvement in and reduction of marital maladjustment in dimensions of personality issues, financial management, conflict resolution and sexual relationship. The therapy did not have a significant affect on marital adjustment in dimensions of pleasure activity, parental role, relationships with family and friends and religious orientation. Personality issues and individual behaviors of each of the partners are the background of interpersonal interactions. Individual behaviors will regulate of the interaction between partners. Marital Adjustment correlates with marital relationship ( $R = 0.83$ ) and interpersonal understanding ( $R = 0.69$ ). Personality issues or the acceptance of each other behaviors is recognized as the one of the essential factors in marital adjustment. Silliman (1998) named this factor positive feedback, Nakonezny and Rodgers (1995) 'leaving individual interests Canary and Stafford (1992) the 'perception of equality' and happiness, being hopeful, being optimistic and committed. Researches has shown that marital adjustment is enhanced by improvement of the above-mentioned factors. Acceptance of the tastes and behaviors of ones spouse can improve the marital relationship and understanding. Individual behavior modification, improves interpersonal interactions and social relationships and cause personal satisfaction. This is the goal of individual psychology and brings out changes in life style.

It has also been considered that the interfering method of the change of life style will improve the couple adjustment in financial. It should be considered that the financial management of family is very important in the marital life. Other research indicated that economic problems will cause marital maladjustment (Nakonezny and Rodgers, 1995; Greef and Malherbe, 2001).

Also, this method improved the couple ability to solve marital conflicts. All of these are the aim of individual psychology.

Finally, the point which can be construed by the results of this research is that the selection of the type of the interfering method to help couples with marital maladjustment is very important. Any interfering methods can be effective on one or some dimensions of maladjustment.

Dates to Henry T. Stein, the head of Alfred Adler Institute of San Francisco, for providing information about life style and Adlerian psychotherapy.

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