



Effect of solution-focused brief couple therapy in improvement of communication patterns and marital intimacy in women

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Abstract

The current research investigated the effectiveness of solution-focused brief therapy in the improvement of communication patterns and marital intimacy among married women. This quasi-experimental research used pretest-posttest design with control group. The statistical population consisted of married women referred to the one of the health houses of Tehran city. 24 women was selected according to available sampling method. Based on the obtained score on communication patterns scale and marital intimacy scale the Participants were assigned randomly in two experimental and control groups (12 Participants per group). The experimental group participated in 7 sessions of group solution-focused therapy and the control group received no treatment. The results show that there were significant differences between the pretest and posttest scores of the experimental group, indicating that the solution-focused brief therapy could significantly improve communication patterns and increase marital intimacy among married women. Thus, interventions based on solution-focused brief therapy could be useful in improving the communication patterns and increasing the marital intimacy.

Keywords: Couple Therapy, Solution-Focused Brief Therapy, Communication Patterns, Women, marital intimacy

Introduction

As the most important and highest social custom for achieving emotional wellbeing for individuals, marriage has always been supported. Marriage is a kind of sophisticated, elegant, and dynamic human relationship with special features [1]. Marriage is the most important and the most fundamental human relationship, because it provides a basic pillar to make familial relationships and train the next generation. Therefore, the main purpose of marriage is making a connection. The relationship allows couples to discuss and

exchange ideas with each other and to be aware of their needs. In fact, the relationships between spouses are done with the aim of satisfying all kinds of needs. That is why the most common problem, which is proposed by unsatisfied couples, is the failure of relationship [2]. One way of looking at the structure of family is considering the communication patterns of couples, i.e. the communication channels, through which couples interact with each other. Those communicative channels that frequently happen in a family

are referred to communication patterns which altogether shape the family communication network [3]. Christensen and Schenk introduced three patterns of communication between couples. These include: A) mutual constructive communication pattern in which both partners try to have a discussion about their communication problem, express their feelings toward each other, and propose solutions for their communication problem, as well as, they both feel that they understand each other; B) Mutual avoidance of communication pattern, in which couples try to stay away from discussion of the problem [4]; and C) demand/withdrawal communication pattern, which consisted of two parts: a) man demand - woman withdrawal, b) woman demand - man withdrawal. The latter pattern is in the form of a cycle, in which by increasing one part, the other increases. Marital problems will become permanent if this pattern is intensified. In this pattern, the demander partner tries to discuss critically and protest or propose changes, while the withdrawer partner tries to end the debate or avoid the discussion of the subject by staying silent [5]. Undoubtedly, constructive communication patterns can lead to more marital satisfaction. On the contrary, the destructive communication patterns, such as avoidance/withdrawal, can reduce the satisfaction level of individuals [6].

Loss of intimacy in couples, which could be resulted from the destructive communication patterns, can be another reason for marriage failure. Intimacy in marriage is a very important issue and involves the couples, while they trust each other and are sensitive to each other's feelings, to reveal things about themselves verbally or nonverbally [7]. There is a belief that all human beings have a basic need to make intimate relationships. Intimacy is a primary psychological need [8]. The most common conceptualization of intimacy is reflected as closeness to spouse, share of values and ideas, joint activities, sexual intercourses, understanding each other, and emotional behaviors such as caress. An individual, who experiences higher levels of intimacy in relationships, is able to offer his/

her personality more favorable in relations and expresses the needs more effectively to the partner or spouse. Many studies suggest that enjoyment of intimacy between couples is among important factors in creating a stable marriage. On the other hand, avoiding an intimate relationship is among the factors leading to failure in family life [7].

One of the most effective intervention therapies to help couples, who are facing marital problems, is Solution-Focused Brief Therapy. The treatment was first performed at the Short-term Family Therapy Center (SFTC) in early 1980s in Milwaukee, Wisconsin. Short-Term Solution-Focused Therapy was formed by two social workers named Steve de Shazer and Insoo Kim Berg and colleagues, who attempted to study the effect and techniques of brief therapy to help change clients [9]. Because of its emphasis on rapid changes related to the treatment and its respect for the clients' perspective, both of which are consistent with the philosophy of health care, Short-Term Solution-Focused Therapy has gained great popularity during the past few years. The purpose of solution focused approach, like the purpose of all health interventions, is to help client create solutions that improve quality of life [10]. In this approach, the individuals do not resist against change. They really want to change, and it is sufficient to simply change their focus on the deterioration of the situation to the causes of this deterioration. Discovering and applying potential sources of the clients are the ultimate goal of solution focused therapy.

The framework of solution-focused therapy involves the power and effort of client to help him/her create positive solutions and get out of the trouble. Solution-focused couple therapy reflects on how a couple can be changed at the moment [11]. Solution-focused couple therapy not only recognizes what is going on, but also focuses on the inefficiency of the patterns that do not work properly. Changing one spouse leads to the change of other people involved in the system [10].

In a study, Zimmerman, Prest, and Wetzel showed that the solution-focused group couple therapy is effective in increasing marital adjustment improving marital status [11]. In order to raise the communication satisfaction and to improve the quality of relationships and problem solving techniques, Johnson and Li Bao chose some couples and exposed them to solution focused therapy. The results showed that the solution focused therapy improves couples relationships [12]. In his study, entitled A Pilot Study of Short Term Solution-Focused Therapeutic: Intervention for Couples, Stewart showed that solution focused therapy is effective in increasing relationship satisfaction, improving communication skills, and interpersonal functions of couples [13]. Russell examined the effect of solution focused therapy in marital adjustment. The statistical analysis of the data showed that this type of treatment significantly increases all four dimensions of Dyadic Adjustment Scale (DAS) by Spanier including marital satisfaction, cohesion, consensus,, and affectional expression [10]. In a study, entitled The Effect of Solution Focused Psychotherapy on Marital Satisfaction of Employed Couples, Nazari and Goli showed that the solution focused psychotherapy can reduce aggression and sexual problems among the couples and improve being together and having agreement on financial issues [14].

Assisting clients to set clear and achievable goals is the major intervention in its kind. Thinking about the future and what the person wants to be different are a large part of the work that the solution-focused therapist does. On the other hand, The goal of treatment is only help the client which is shaped by changing from talking about the problem to talking about solutions [9]. Today, it seems that the family, as the most basic institution of society, has been exposed to weakness and deterioration more than any other time in human history, and the proper relationship among couples is more difficult than ever [2]. Evidence suggests that couples in today's society suffer severe and comprehensive problems in order to establish and maintain friendly and close relations [15].

Therefore, the purpose of this study was to determine whether or not solution focused couple therapy is effective in improving communication patterns and increasing marital intimacy among married women.

Method

The present study is a quasi-experimental research, it was a pretest-posttest design with a control group. The study population included all women referred to the health center of Zibadsht Cheetgar (in Tehran) in the second quarter of 2015, who had communication problems, conflicts and disputes in relation to their husbands. To improve communication patterns, increase marital intimacy, and receive specialized psychological assistance, they were volunteered to participate in training sessions. In the initial interview, regarding the criteria for entering the study, which included being married and having at least 3 years of marriage, the subjects committed to participate in all sessions, and not to receive any other psychological counseling and individual therapy sessions. 50 women eligible for the study were selected. Then, the two questionnaires of communication patterns and marital intimacy were conducted on them. Based on the results of the tests in the first phase, 24 women were selected, who scores lower than others in communication patterns and marital intimacy. At last, the women were randomly assigned to two experimental and control groups (each $n = 12$).

It was explained to participants that the therapy sessions are to help them to improve relations between the spouses as well as to carry out a research study. Therefore, the issue of informed consent was raised, and all participants announced that they enter the research process with the full consent.

The short term solution-focused therapy sessions were conducted in group work and in seven sessions for one and a half hour; each week a meeting was arranged for the experiment group. The control group received no intervention. After the end of the

intervention, both groups were assessed by a posttest. After a month, in order to evaluate the effect of therapy, follow-up test was performed for both groups. After the end of the follow-up phase, to perform the principles of

research ethics, short term solution-focused therapy one-day workshop was held for the control group. The explanation of the short term solution-focused therapy sessions were shown briefly in Table 1 [16].

Table 1 *Short term solution-focused therapy sessions*

The number of sessions	The explanation of sessions
First session	Aim: becoming familiar members with each other and with therapist, Stating rules Group, determining the frameworks and expressing the general principles of short solution-focused therapy. Assignment: participants were required for the next session, write their purpose of their participation in the meetings and bring it to the group. These goals should be focused on the changes that will be created in the group.
Second session	Aim: Help participants to development their aims positively, certainly, tangible and measurable. Assignment: Participants were required for the next session write their expectations and another goals from their husbands, themselves and their lives positively certainly, tangible and measurable and bring it to the group.
third session	Help participants to understand that there are different interpretations of an event in the family and be able to change their considerations of the problems occurred in a better way. Helping them to realize their own capabilities and resources and admire each other. Assignment: Participants were required during the week not at all complain their husbands, instead admire and appreciate any positive activity from their husbands and bring it to the group.
fourth Session	Aim: Help participants to recognize the positive exceptions in their lives with their husbands. And on this basis, the hopefulness will be increased and they will be able to reduce their problems. Assignment: Participants were required to think more about the raised questions and recognize the positive moments in their lives and bring it to the group.
fifth Session	Aim: Eliminate the patterns of disruptive behaviors that resulted by participants using the question of miraculous. Assignment: Participants were required to think about the raised questions at homes and bring the responses for the next sessions.
Sixth Session	Aim: Helping members to find other ways of thinking, feeling and behavior rather than what they are doing now and experience new feelings using the important word Instead of. Assignment: Participants were required to identify the rate of improvements in their relations with a scale ranging from 0 to 10 and then bring the result for the nest session.
Seventh session	Summarizing and conclusion and determining whether members have achieved their goals?

The Communication Patterns Questionnaire (CPQ): The questionnaire was developed by Christensen and Sullaway at the University of California. The questionnaire has 35 questions and studies the behavior of married couples in the three steps of marital life. These steps include A) when a problem occurs between the relationships of spouses, B) the time when the communication problem is discussed, and C) after discussing the relationship problems. The couples graded each behavior on a 9 point Likert scale, from 1 (very unlikely) to 9 (very likely). These behaviors include: mutual avoidance, cross talk, discussion/avoidance, mutual negotiation, verbal violence, physical violence, and mutual resignation. The questionnaire consists of three subscales: mutual constructive communication, mutual avoidance

of communication, demand/ withdrawal. Demand/ withdrawal subscale includes two parts: a) man demand - woman withdrawal, b) woman demand - man withdrawal. Previous studies that have used CPQ questionnaire reported 0.74 to 0.78 of reliability for the subscales of it. In Iran, Ebadatpour normalized the questionnaire, and to evaluate the validity of the questionnaire, the correlation between the scales of the questionnaire and the marital satisfaction questionnaire was calculated. The obtained correlation coefficients for the three subscales of mutual constructive communication, mutual avoidance of communication, and demand/ withdrawal relationship were 0.58, -0.58, and 0.35, respectively, all of which were significant at alpha level 0.01. To determine the reliability

of the questionnaire, internal consistency of the subscales of the questionnaire was calculated, and the numbers were: 0.50, 0.51, 0.53, and 0.55 for mutual constructive, mutual avoidance, man demand - woman withdrawal, and woman demand - man withdrawal, respectively [17].

Marital Intimacy Scale: the scale was made by Thompson and Walker, which has 17 questions, is set to evaluate the intimacy of couples. Range of scores for each question is between 1 (never) to 7 (always), which the higher the score is a sign of more intimacy. This scale has a good internal consistency with coefficient alpha 0.91 to 0.97 [18]. The total score of the subjects can be obtained by adding questions and dividing them by 17. To determine the content validity of it, the questionnaire was handed to 15 counseling professors and 15 couples to be examined, and its content validity was confirmed. The overall

coefficient of the reliability was 0.96 using Cronbach's alpha [19].

Data analysis was performed using statistical software SPSS-18. In the level of descriptive statistics, frequency, mean, and standard deviation indicators, and in the level of inferential statistics, analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) were used.

Results

The mean and standard deviation age of experimental group was 34±7.09 and the control group was 34.33±6. The majority of participants have an education level of diploma (45%) and the rest of them have an education level of under diploma (33%) and bachelor's (20%). In The next Table the descriptive information of are reported.

Table 2 *The mean and standard deviation scores of pretest and posttest scores of communication patterns and marital intimacy*

Variable	Experimental				Control			
	Pretest		Posttest		Pretest		Posttest	
	M	SD	M	SD	M	SD	M	SD
Mutual constructive	26.33	6.25	32.85	6.61	25.67	7.76	26.08	5.41
Men demand- withdrawal	14.75	2.68	10	4.78	16.17	3.21	15.58	2.61
Woman demand- withdrawal	14.25	4.82	9.75	2.56	15.50	4.66	14.42	5.07
Men and woman demand- withdrawal	28.92	4.64	19.83	5.37	27	7.27	27.92	6.06
Mutual avoidance	15.83	4.28	10	4.32	16.42	4.03	15.58	4.60
Marital intimacy	4.37	1.35	6.75	0.45	5.06	1.53	5.50	1.50

According to the Table 2, it is observed that a there exist not a tremendous difference between the pretest scores of experimental and control groups. Also the increase in mean score of posttest of communication patterns of Mutual constructive and marital intimacy is more compared to the control group. While the posttest scores of other communication patterns of experimental group are reduced Compared with the control group. In order to meet the assumptions of covariance test the Levene's test was used. According to the f observed of communication patterns and marital intimacy are significant at the level of 0.05 ($p>0.05$), thus, the variance of communication patterns and marital intimacy

among participants (experimental group and the control group) did not differ and variances are equal. Also the test box was used to check the homogeneity of variances the results showed that the box is not significant ($p>0.05$) and therefore the assumption of difference between covariance is established for communication patterns and marital intimacy. In order to test the effect of short term solution-focused therapy, the Multivariate analysis of covariance is used that the results are shown in Table 3 and 4.

The Table 3 shows that, there exit a significant difference at least in one of the variables between the two study groups. Follow-up tests are reported in this Table.

Table 3 Data related to credit indicators of multivariate analysis of covariance test

Test name	Value	F	Hypothesis DF	Error DF	p-value	Eta
Pillai's trace	0.78	9.44	5	13	0.000	0.78
Wilks' lambda	0.21	9.44	5	13	0.000	0.78
Hotelling's trace	3.63	9.44	5	13	0.000	0.78
Roy's largest root	3.63	9.44	5	13	0.000	0.78

Table 4 The results of multivariate analysis of covariance

Dependent variable	SS	Df	MS	F	p-value	eta
Mutual constructive	118.36	1	118.36	13.51	0.00	0.44
Men demand- withdrawal	117.43	1	117.43	13.87	0.00	0.43
Woman demand- withdrawal	55.09	1	55.09	5.41	0.03	0.24
Men and woman demand- withdraw al	259.11	1	259.11	10.98	0.00	0.39
Mutual avoidance	114.25	1	114.25	9.66	0.00	0.36

Analysis of covariance show that there are significant differences between the groups in terms of communication patterns. This means that Short Term Solution-Focused Therapy could increase Mutual constructive ($F=13.51$, $SIG=0.00$) and reduce the men demand-withdrawal ($F=13.87$, $SIG=0.00$), woman demand- withdrawal ($F= 5.41$, $SIG=0.00$), men and woman demand- withdrawal ($F=10.98$,

$SIG=0.00$) and mutual avoidance ($F=9.66$, $SIG=0.00$) in the experimental group compared to the control group. The results of multivariate analysis of variance showed that the effect size is between 0.24 and 0.39. In order to test the effect of Short Term Solution-Focused Therapy on increasing the marital intimacy, the univariate analysis of covariance is used that the results are shown in Table 5.

Table 5 Univariate analysis of covariance to assess marital intimacy

Source	SS	df	MS	F	SIG	Eta
Pretest	4.06	1	4.06	3.67	0.06	0.14
Group	11	1	11	9.96	0.00	0.32
Error	23.18	21	1.10			
Total	937	24				

As seen in the Table 5, the difference between marital intimacy in posttest scores after controlling for pretest scores in both control and experimental groups is statistically significant. This means that short term solution-focused therapy could increase marital intimacy ($F= 13.51$, $SIG= 0.00$). Also the results of univariate analysis of variance showed that the effect size is 0.32. So it can be said that 32 percent of the variance of dependent variable is explained by the independent variable.

Discussion

This study aimed to evaluate the effect of short term solution-focused therapy approach on communication patterns and marital intimacy of the couples. The results of the analysis of covariance in Table 4 showed that there is a significant difference between the communication

pattern scores of the experimental and control groups after removing the effect of pretest. Therefore, the hypothesis of the study is confirmed. This means that the solution focused couple therapy approach causes increased use of mutual constructive communication pattern, and reduced use of mutual avoidance of communication pattern and the demand/ withdrawal pattern of couples in experimental group compared to the control group. These findings are consistence with studies by Bilenberg [20]; Durana [21], Falciglia [22], and Eisenberg and Falciglia [23]. The results of a study by Markman, Floyd, Stanley, and Storaasli [24] reflect the impact of group training of enriching marital life in reducing negative relationship, and in increasing positive communication skills between couples. The findings of this study are also in consistence

with the results of Abbasi, Madani Ali Lavassani [15], Refahi and Moghtaderi [25], which indicate the effect of therapeutic-educational programs on different communication patterns, and have reported a significant difference between control and experimental groups on the changing communication patterns. The results of the study are in consistence with Odell, Butler and Dielman [26] on the effect of solution focused approach on the couples' cohesion and marriage; the eight couples, with a lot of injuries and conflicts, showed less conflict in their relations after the training. The results are also matched with the study by Zimmerman, Jacobson, McIntyre and Watson [27], in which they argue that the couples who participated in solution focused therapy improved in terms of empathy and communication subscales. In the field of marital conflicts, the training of the approach is consistence with the findings of the Ghamari [28], and with marital adjustment by Sehat, and Sehat and Khanjani and Mohebi and Shahsiah [29].

In a possible explanation for these findings, it can be said that the most important feature is the mutual constructive communication pattern that is a win-win communication pattern for the couples. In this model, the couples use possible solutions for solving the conflict, and act logically. In this model also couples express their feelings to each other and feel that they understand one another. In the mutual avoidance pattern of communication, the conflict is severe and they refrain from communicating with each other. They live in parallel state with each other, and their relationships may be minimal or do not exist at all. In this model, the couples have no special way to solve their conflicts, and believe that they solve over time, and that they do not need to be discussed specifically. In the pattern of demand/ withdrawal, one spouse tries to be involved in the relationship and blames the other, although the other spouse withdraws. The intensity of the pattern leads to constant marital problems [6]. The couples, whose communication pattern is mainly demand/ withdrawal, they lose their marital satisfaction over time and are drawn toward divorce. In the study, it was shown that woman demand - man

withdrawal pattern is negatively related to marital satisfaction [5]. In their studies, Noller, Finney, Bonnell and Callan [30], Christensen and Schenk [5] linked the demand/ withdrawal pattern with dissatisfaction, depression, and divorce. In a study, Lorentz examined the relationship between the demand/ withdrawal pattern and satisfaction changes on 46 couples. The results showed a correlation between the demand/ withdrawal pattern and lack of marital satisfaction that is partially constant [31].

Since some couples apply mutual constructive communication pattern to their relations, they receive high level of mental health. The couples who apply demand/ withdrawal pattern, they have low level of mental health. By improved communication patterns of experimental group, it seems to predict that, in addition to reduced communication stress level, their mental health rate is increased [6]. Furthermore, since the use of mutual avoidance pattern is associated with a decrease in marital satisfaction [25], it seems that the reduced use of this pattern by couples in experimental group increased intimacy and adjustment. Researches also show that improving communication patterns could reduce the risk of women to physical diseases [32].

In a study entitled solution focused therapy and communication skills training, James Mudd concluded that solution focused therapy increases communication skills. Analyzing the study indicates that a healthy marital relationship is far from humiliation and criticism, and issues and demands rise in an intimate and emotional atmosphere. Some questions of solution focused therapy (such as comprehension questions of relationship) or techniques such as finding a positive story of married life, help to achieve this. Finding a positive story of married life takes women to past happy times, and running the technique of expression at home, couples get closer together than ever before, and by increasing the intimacy between couples, their relationship improve [33]. These findings are consistence with the findings of the Shoa Kazemi [34], in which the relationship between constructive communication patterns

and marital satisfaction and therefore, family health were examined. A study by Larensoa [35] showed that women are more sensitive than men in communication pattern in a way that self-expression is associated with high intimacy. Couples who have high levels of withdrawal, their intimacy scores are low.

The results also confirmed another assumption of the study, which state that short term solution-focused therapy is effective on increasing marital intimacy. Considering the intimacy scores, the results of analysis of covariance in Table 5 shows that there is a significant difference between the experimental and control groups after removing the effect of pretest. The findings are consistence with the results of Zimmerman, Prest, and Wetzal [11]; odell, Butler and Dielmen [26] and Russell [10].

The findings also are consistent with the results of Ghadam Kheir [36]; Asadpour, Nazari, Sanai and Shaghaghi [37]; Hosseinian, Monavvar Yazdi, and Tabatabaei [38], which indicate the effect of therapeutic-educational programs on different communication patterns, and have reported a significant difference between control and experimental groups on the changing communication patterns.

Intimacy in marriage is a very important issue and includes couples, while they trust one another and are sensitive to each other's feelings, to reveal things about themselves, linguistically and non-linguistically [8]. Many studies suggest that the enjoyment of intimacy between couples is among important factors in creating a stable marriage. On the other hand, avoiding an intimate relationship is among the factors that lead to failure in family life [11].

Therefore, review of the solution focused literature shows that this type of therapy is used in different situations and for multiple clients and has beneficial results. The reason could be that the solution focused therapist exploits a non-judgmental, non-confrontational, understanding, and cooperative issue, focuses on the present and the future and exceptions of the problem, as well as the abilities of the clients, and finally respect clients' objectives.

The research is faced with limitations. Available sampling method and the used self-report tools are among the limitations of the present study. Furthermore, because the study was done on women in Tehran, it is necessary to be cautious in generalizing the results to other cities. Due to the limited sample size of this study, it is recommended that in order to clarify the training effects, the solution focused approach be addressed with higher accuracy, and larger sample sizes in further studies. Applying the study on other statistical societies, other samples, and both couples can open new horizons for the researchers. Therefore, considering the effect of this approach in improving marital communication, increasing marital intimacy, marital adjustment, and marital conflicts, it is suggested that this approach be used by consultants and family specialists.

Conclusion

In the solution focused therapy of couples, since the main emphasis is on small changes to achieve big changes, and treatment focus is on issues where there is the possibility of change, when one of the couples takes the first small step for change successfully, and thus sees this change in the relationship with other couple, the passion to continue the method increases, and after a while larger changes observed in the marital relationship. These changes come into existence to help couples to be hopeful about the future of their relationship and marriage, to replace hostile and negative feelings toward their spouses, and to have a more intimate feel. Finally, if the relationship between husband and wife is constructive, the intimacy between them increases.

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Contribution

Study design: EA, KZ, FM

Data collection and analysis: EA, KZ, FM

Manuscript preparation: EA, KZ, FM

Conflict of Interest

"The authors declare that they have no competing interests"

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