



Research Paper:

The Effect of Solution-focused Couple Therapy on Communication Patterns and Flexibility in Divorce Applicant Couples



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ABSTRACT

Introduction: Satisfactory marital relations are the basis of the proper performance of families; it leads to qualification development, increased compatibility power, and adaptability among family members.

Objectives: The present study aimed to determine the effect of Solution-Focused Couple Therapy (SFCT) on communicational patterns and flexibility in divorce applicant couples.

Materials and Methods: This was a quasi-experimental study with a pre-test/post-test and a control group design. The statistical population of the present study included all divorce applicant couples referring to the Marham clinic of Sari City, Iran, in the second half of the year 2017. Of them, 32 people were selected by purposive sampling method. To collect data, we used the Communication Patterns Questionnaire (CPQ) by Christensen and Sullaway (1984) and the Flexibility Inventory of Dennis and Vander Wal (2010). as the obtained data we analyzed using descriptive statistical methods, including frequency, percentage, mean, and standard deviation. Besides, we employed the Multivariate Analysis of Covariance (MANCOVA) and t-test to investigate the hypotheses in SPSS. Additionally, the Scheffe posthoc test was used for the two-by-two comparison of the groups.

Results: The present study results revealed that the experimental and control groups significantly differed in the solution-focused technique, and the male demands/female withdraws ($t=2.44$, $P\leq 0.000$) and mutual constructive communication ($t=8.39$, $P\leq 0.000$) subcomponents. The effect of training solution-focused technique on flexibility ($F=55.63$, $P<0.001$), alternative ($F=57.85$, $P<0.001$), control ($F=17.27$, $P<0.001$), and alternatives for human behavior ($F=26.56$, $P<0.001$) of the study subjects was statistically significant.

Conclusion: SFCT affects communicational patterns and flexibility in divorce applicant couples. It is suggested that SFCT be the priority of clinical interventions to increase communicational patterns and flexibility in divorce applicant couples.

Keywords:

Divorce, Couple therapy, Communication, Marriage

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1. Introduction

One of the main factors influencing the survival, durability, and development of a family is healthy relations based on compatibility and mutual understanding among family members and between wife and husband, in particular. Satisfactory marital relations are the basis of the proper functions of families; it leads to qualification development, increased compatibility power, and adaptability among family members [1]. According to psychologists, divorce is the most valid indicator of dissatisfaction in marital relations and a kind of emotional dissociation of couples or one of the spouses [2].

Such emotional dissociation is painful and accompanies different losses and harms for couples. In other words, divorce is a process that begins with the couples' experience of emotional crisis and terminates with their attempt to solve conflicts through a new situation with new roles and lifestyles. Due to numerous reasons, including rapid socioeconomic and cultural changes, the family structure faces extensive adversity. According to studies, Iran ranks the fourth country worldwide respecting the ratio of divorce frequency to marriage [3]. Furthermore, studies indicated that divorce endangers the mental health of family members and the society [4]. Studies on divorce susceptible couples reported inefficient communicational patterns [5], couples' inflexibility [6], marital boredom [7], as well as improper emotional self-disclosure, and alexithymia [8], result in the emergence of relationship problems in couples.

Practically, it is essential to pay attention to communicational patterns, concerning their effect on the rate of marital satisfaction and alternations in the communicational patterns, compared to other efficient factors in marital incompatibility [9]. The communicational patterns could determine the rate of marital satisfaction to the extent that >90% of the troubled and incompatible couples recognize these issues as their main problem. Deficient communicational patterns decrease the mutual understanding of couples. Such issues also lead to the couples' inability to support each other, trying to satisfy each other, and understanding their viewpoints regarding conflict-creating problems. They eventually result in marital problems as well as dissatisfaction. Instead, healthy and constructive communicational patterns comprise the main factors of marital compatibility [10].

Cognitive flexibility plays a vital role in the health and wellbeing of families, especially couples. Cognitive flexibility is defined as the rate of an individual's acceptance

in the face of internal and external experiences. This personality trait exists in different degrees in various people, and it determines the reaction type of an individual in encountering new experiences. Cognitive flexibility indicates that flexibility necessitates the ability to establish a relationship with the present as well as the power of distinguishing the self from inner psychological experiences and thoughts [11]. Flexible people are curious about their internal and external worlds, and their lives are experientially rich; they admire new experiences and are open to more experiences. Instead of avoiding internal and external experiences, they attempt to acquire new experiences [12].

Various couple therapy and family therapy approaches have been developed to reduce communicational conflicts and troubles in couples. Couple therapy aims to help couples obtain more appropriate compatibility with current problems and learn more effective communication methods [13]. Solution-Focused Couple Therapy is an effective couple of therapy in solving marital problems among couples [14]. The short-term SFCT is a psycho-cognitive therapeutic approach reducing depression, anxiety, stress, and conflicts, as well as increasing marital satisfaction. Solution-focused therapists believe that the realities are built socially, and there are numerous realities and solutions instead of one sensible external reality.

Moreover, this model recognizes clients as qualified and skillful individuals capable of solving their problems by the least help of others [15]. The key assumption of SFCT is that existing trouble or problem attracts an individual to therapy. To determine the direction, continuing the discussion is not required; the cause of any problem is not necessarily related to its solution, and the clients have resources to use for creating change. This therapy relies on this point that solving problems thoroughly and rapidly is unrealistic, and small steps and accessible goals are more in concern [16].

Attempting to control conflicts in families increases familial support through developing emotions, decreasing negative emotions, and organizing behaviors; SFCT could decrease couples' incompatibility. Accordingly, this study aimed to investigate the effect of SFCT on the improvement of communicational patterns and flexibility in divorce applicant couples.

2. Materials and Methods

This was a quasi-experimental study with a pre-test/post-test and a control group design. All divorce appli-

cant couples referring to the Marham Clinic of Sari City, Iran, in the second half of the year 2017 included the statistical population of the present research (N=100). We applied a purposive sampling technique to select the study participants.

The couples meeting the study inclusion criteria who achieved low scores in the Communication Patterns Questionnaire of Christensen and Sullaway (1984) and the Flexibility Inventory of Dennis and Vander Wal (2010) were selected as samples and randomly assigned into three groups (two experimental and one control groups). Each group comprised of 16 individuals. The study inclusion criteria included age range of 25-45 years, educational level of higher than a diploma, the lack of chronic diseases, the lack of consuming medication interfering with the therapy process, the lack of substance dependence, and having average economic status. The study exclusion criteria included the noncooperation of the couples during the study, affection by biopsychological diseases during the study, being absent from the therapy process for more than two sessions, and turning from terminating their shared lives.

Having obtained the necessary permissions, we referred to the Marham Clinic of Sari City and selected the study participants. Forty-eight individuals were selected and randomly assigned to experimental and control groups (16 individuals per group). Then, the experimental groups were provided with explanations respecting the therapy's logic, the study purpose, and the significance of their presence in the study. Moreover, they were assured that all of their information would remain confidential. Accordingly, the SFCT sessions adapted from the therapeutic protocol and employed in the study conducted by Shakarami, Davarnia, and Zaharakar [17] were conducted among the experimental groups for 8 sessions (Table 1). After performing the therapeutic sessions, the subjects of both groups completed the mentioned questionnaires as the post-test. Finally, the obtained pre-test/ post-test data were prepared for statistical analysis.

The Communicational Patterns questionnaire of Christensen and Sullaway (1984)

This questionnaire was developed by Christensen and Sullaway in 1984. It has 35 items and comprises four subscales, including 1- mutual constructive communi-

Table 1 The outline of the Solution-Focused Therapeutic Sessions

| Session | Content |
|---------|--|
| First | The statement of purposes, trust-building, familiarization, or introduction of persons to each other, the statement of the working process and group regulations, coordinating the next session appointments. |
| Second | Stating the principles of SFCT and discussing these principles, individuals stated their feelings and observed the principles of the transfer stage, determining the time of the next session and briefly explaining the topic of the next session. |
| Third | Overviewing the previous session and the deeds performed by the group members, individuals stated their problems concerning anxiety symptoms and their bases. Discussing other present solutions, determining the next session appointment. |
| Fourth | Overviewing the previous sessions; every member should report the deeds performed out of the group as well as their results, individuals state their problems concerning physical symptoms and diseases and receive solutions from other members, summarizing the subjects and determining the next session appointment, assigning task for the next session; every member should select some solutions presented by other members for decreasing his/her diseases, apply them till the next session, and report the result in the next session, determining the time and topic of the next session. |
| Fifth | Overviewing the previous sessions through the deeds performed by the group members, individuals state their problems concerning communication and social performance and receive solutions from other group members, task assignment; each member selects the best-presented solution and applies it in and out of the group and reports the results, determining the time and topic of the next session. |
| Sixth | Overviewing the previous sessions through the deeds performed by the group members, individuals state their problems concerning the bases of depression and its symptoms and receive solutions from other group members, task assignment; each member selects a presented solution and applies it in or out of the group and reports the results, determining the time and topic of the next session. |
| Seventh | Overviewing the previous sessions through the deeds performed by the group members, posing a miracle question for each group member; "what is the first deed you would like to perform?"; Summarizing generally-discussed subjects and encouraging members to apply the achievements of these sessions. |
| Eighth | Summarizing the previous subjects, concluding, and implementing the post-test. |

cation, 2- demand/male withdrawal communication, 3- demand/female withdrawal communication, and 4- mutual avoidance communication. In Iran, Ebadatpour [18] validated this scale; the achieved correlation coefficients for the three subscales of mutual constructive communication, mutual avoidance communication, and demand/withdrawal communication were 0.58, 0.58, and 0.35, respectively. Besides, all of them were significant at 0.01 alpha level. To determine the reliability of the questionnaire, we computed the internal consistency of the scale's subscales. The obtained numbers were 0.50, 0.51, 0.52, and 0.55, respectively, for the mutual constructive, mutual avoidance, male demands/female withdraws, and female demands/male withdraws subscales. The couples rate each behavior adjusted on a 9-point Likert-type scale from 1 (it is absolutely impossible) to 9 (it is absolutely possible).

The Flexibility Inventory of Dennis and Vander Wal (2010)

The Cognitive Flexibility Inventory (CFI) was constructed by Dennis and Vander Wal in 2010. It possesses 20 items and is employed to evaluate the rate of an individual's progress in clinical and nonclinical tasks, the progress rate in developing flexible thoughts in cognitive-behavioral therapy for depression, and other psychological diseases. The concurrent validity of this inventory with Beck's Depression Inventory (BDI-II) equals -0.39, and its convergent validity with the Cognitive Flexibility Scale of Martin and Robin equals 0.75 [19]. In this research, the test-retest coefficient of 0.71 and Cronbach's alpha coefficient of 0.90 was obtained for the total scale.

To analyze the obtained data, descriptive statistical methods, including frequency, percentage, mean, and standard deviation, were used. We also employed the Multivariate Analysis of Covariance (MANCOVA) to examine the hypotheses in SPSS.

3. Results

The study subjects were 32 married couples (16 in the experimental group and 16 in the control group) with the Mean±SD age of 38.47±7.01 years for the experimental group and 36.60±6.12 years for the control group; such findings suggest the groups' homogeneity in terms of age. The Mean±SD score of mutual constructive communication in the pre-test was 18.3±4.5, which increased to 24.3±3.3 in the post-test. The same value for demands/female withdraws was 18.6±2.9 in pre-test which decreased to 16±3.2 in post-test; female demands/male withdraws pre-test Mean±SD score was 16.1±5.1 which decreased to 15.4±4.3 at post-test; mutual avoidance communication pre-test Mean±SD score was 18.5±4.2 which decreased to 14.7±3.3 in post-test; flexibility pre-test Mean±SD score was 91.5±8.8 which increased to 100. (7.7) in post-test; alternatives pre-test Mean±SD score was 50.5±8.3 which increased to 55.6±6.4 in post-test; The pre-test Mean±SD score of the control group was 32.8±6.1 which increased to 35.1±5.1 in post-test; Alternatives pre-test Mean±SD score for human behavior was 8.1±2.2 which increased to 9.3±2.2 in post-test.

The MANCOVA was used to investigate the effect of SFCT on the communicational patterns and flexibility of divorce applicant couples. First, the homogeneity of the regression line slope was investigated that indicated the correlation between conditions and pre-test score was not significant ($F=3.11$, $P>0.05$). Therefore, the collected data supported the homogeneity of the regression slope. The Kolmogorov-Smirnov test results revealed that the data distribution was normal in each of the three groups as well as in the pre-test and post-test stages. The Levene's F-value for the equality of variances of the research variables in the experimental and control groups suggested that the variance of the components was unequal among the studied groups; thus, the condition for implementing covariance analysis was established.

According to Table 2, the F statistics of MANCOVA regarding the difference between the experimental and

Table 2. MANCOVA data for communicational patterns and flexibility between the control and experimental groups

| Test | Value | F | df1 | df2 | P |
|--------------------|-------|-------|-----|-----|-------|
| Pillai's Trace | 0.756 | | | | |
| Wilk's Lambda | 0.449 | 5.329 | 8 | 23 | 0.001 |
| Hotelling's Trace | 1.84 | | | | |
| Roy's Largest Root | 1.95 | | | | |

Table 3. The MANCOVA scores with pre-test control and post-test analysis of the components of communicational patterns and flexibility

| Variables | SS | df | MS | F | Sig. | Eta coefficient |
|-----------------------------------|----------|----|----------|-------|--------|-----------------|
| Mutual constructive communication | 18.006 | 1 | 18.006 | 0.94 | 0.354 | 0.01 |
| Male demands/female withdraws | 97.369 | 1 | 97.369 | 2.44 | 0.025 | 0.11 |
| Female demands/male withdraws | 12.921 | 1 | 12.921 | 0.19 | 0.667 | 0.87 |
| Mutual avoidance communication | 196.698 | 1 | 196.698 | 8.39 | 0.0001 | 0.28 |
| Flexibility | 1442.045 | 1 | 1442.045 | 8.26 | 0.009 | 0.273 |
| Alternative | 526.513 | 1 | 526.513 | 57.85 | 0.0001 | 0.68 |
| Control | 104.085 | 1 | 104.085 | 17.27 | 0.0001 | 0.39 |
| Alternatives for human behavior | 22.747 | 1 | 22.747 | 26.56 | 0.0001 | 0.47 |

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control groups in the components of communicational patterns and flexibility was statistically significant at 0.001 (Wilks' Lambda=0.449, $F=5.32$, $P<0.001$). Therefore, there was a significant difference between the experimental and control groups in at least one of the components of communicational patterns and flexibility in the post-test (after controlling the pre-test scores and the interaction between the components of communicational patterns and flexibility). In the following, the effects of the components of communicational patterns and flexibility are examined.

Table 3 presents a significant difference between the control and experimental groups in the male demands/female withdraws ($F=2.44$, $P\leq 0.025$) and mutual avoidance communication ($F=8.39$, $P\leq 0.0001$). The effect of the SFCT on flexibility ($F=55.63$, $P<0.001$), alternative ($F=57.85$, $P<0.001$), control ($F=17.27$, $P<0.001$), and alternatives for the human behavior ($F=26.56$, $P<0.001$) of the study subjects was statistically significant. The eta squared value also revealed that about 65% of the flexibility variance, 68% of the alternative variance, 39% of the control variance, and 47% of the alternatives for human behavior variance were determined by SFCT training.

4. Discussion

The obtained data of the mean differences suggested a statistically significant difference between the experimental and the control groups in the male demands/female withdraws and mutual avoidance communication components. These results were in line with those of Gonzalez et al. [20], and Doss et al. [21] that reported SFCT was effective on marital components.

Accordingly, the purpose of the SFCT, similar to all therapeutic interventions, is to help clients create solutions leading to a greater quality of life. SFCT focuses on exceptions rather than incorrect matters created in communications. A solution-focused therapist discloses those times at which there is no problem, or it is simpler or less difficult to cope with the problems. For example, the following questions are asked from the clients: "when is it simpler for you not to argue with your partner?", "when do you and your partner enjoy each other's company?" [22]. In the collaborative couple therapy sessions, the clients were required to remind the memorable situations and moments they experienced with their partners to analyze how they behaved in those situations. These exceptions extraction in marital relationships assists the clients to feel they can re-experience beautiful moments with their partners. When the couples begin the jobs, they both enjoy, their relationships improve [23].

Moreover, the clients were required to admire any positive behavior of their partners, even if it was very insignificant, and emphasize their strengths. Thus, they could improve their emotional relationships with their partners by admiring them; consequently, they could establish better relationships with them. The SFCT mainly emphasizes insignificant changes until the more considerable changes are achieved. Besides, its therapeutic focus is on the issues that might change. When a member of a couple successfully takes the first step for changes and, consequently, observes these changes in his/her partner, her/his eagerness to continue this process of change increases. Thus, he observes more significant changes in his/her marital relationship after a while. The resultant modifications create hope in the couples con-

cerning the future of their relationships as well as their marital lives. They substitute positive feelings towards their partners to negative and hostile attitudes and enjoy more intimate feelings towards each other [24].

The clients preserve their lifeless and ordinary communicational patterns; however, they lose their power after some time. The primary purpose of the solution-focused approach is to disarrange this pattern through the extensive minor repairs of time, duration, and place of trouble. The couples are guided to change a succession or consider new aspects. For example, in the therapeutic sessions, females are requested to change the time, place, and way of continuing their arguments [25]. The solution-focused therapists believe that marital problems remain or aggregate through the method the partner employs to solve them. The SFCT reminds couples of the skills of solving problems when they necessary and develops long-term solutions for them. The change in one partner leads to a change in the other individuals of a system [26].

One of these skills was responding to an exception question technique. In the SFT, the sudden cognitive change of clients to identify and distinguish exceptions often leads to an upwards movement resulting in a noticeable improvement [27]. In the therapeutic sessions and via the exception question technique, the clients could remember those times they had no specific problem in communicating with their partners; in case the problems existed, they were of very low intensity. Extracting these moments allows the clients to perceive how their marital relationships were and how they acted so that they can now behave similarly. The therapist could help the clients develop significant and observable changes. The SFCT poses the idea of control to the couples since they can observe the changes or the potential for changes. This active control, besides participation in the therapy, allows the clients to touch the control of problems and guidance of their behaviors [28].

Moreover, the obtained results revealed the significant effects of SFCT training on flexibility, alternative, control, and alternatives for human behavior. Flexibility was defined as a person's ability to prevent a dominant but inefficient and inappropriate response, as well as the ability to achieve more far-off alternative responses [24]. Individuals with cognitive flexibility could examine new problems and situations at different levels, present choices and alternative ideas, and better tolerate conflicts. Individuals with less flexibility can hardly forget their initial learning. They insist on their earlier learnings

with negative consequences. This insistence hurts their compatibility with new conditions and leads to incompatibility in their relationships [25].

In this respect, SFT considers clients as qualified and powerful specialists able to solve their problems. It also considers the therapy as a process through which clients and therapists reconstruct desirable realities. Throughout the therapy process, it was paramount for the therapist to establish the shared relationships through the correction of language, beliefs, and performances of the clients, and to employ change-focused language and questions. Solution-focused therapy believes that clients can identify and shape effective solutions for problematic situations. It necessarily concentrates on the empowerment and flexibility of clients by discovering solutions and previous exceptions for problems. Besides, it encourages clients to repeat efficient behaviors shaping the basis of solutions for materializing objectives [26].

A critical intervention in solution-focused therapy is seeking exceptions for being flexible. Clients could find the times at which there is no stress and anxiety or more manageable times by them. Such a measure could be useful in reconstructing their perceptions of choices and environment and, consequently, increasing their flexibility with their partners. Freedman and Combs described exception seeking as solutions in which individuals acquire some experiences, i.e., inconsistent with their stories. By highlighting different events, they create an atmosphere to write new stories for themselves. If the clients can distinguish exceptions, their repetition and development can become the correct part of their solution. At exceptional times, clients are discovering a kind of life with no problem or with the least intense problems [29].

The present study was conducted on the divorce applicant couples referring to clinics of Sari City; thus, it is impossible to generalize the results to couples in other cities and provinces. The clients may have been influenced by numerous responses to one questionnaire (pre-test and post-test). As a result, their accuracy in responding may have been decreased. Contrary to the researcher's attempt to precisely conduct the therapy design, we cannot ignore the challenges she faced in working with the divorce applicant couples as a study limitation. The impossibility to control variables, including support or nonsupport of families from couples, was another study limitation. The data of the present study were obtained by self-report instruments. Employing other data collection methods, including interviews and observation, are suggested in future studies. This was a cross-sectional study; therefore, researchers are recom-

mended to conduct longitudinal and qualitative studies in the future. It is suggested that future studies control demographic variables, such as economic status, religion, and ethnicity, as well. Concerning the results of the research hypotheses on the effect of the SFCT methods, it is suggested to apply this method when the rate of problems is less to achieve better preventive results. A solution-focused counseling method is an ability-focused approach that can be exploited in different cases according to study results. Given the supported efficacy of this approach in the present study, it is recommended that counselors extensively use it either personally or collaboratively.

The SFCT affects the communicational patterns and flexibility of divorce applicant couples. It is suggested that SFCT be the priority of clinical interventions to increase the communicational patterns and flexibility of divorce applicant couples.

Ethical Considerations

Compliance with ethical guidelines

All ethical principles were considered in this article. The study participants were informed about the research purpose and its implementation stages and signed the informed consent. They were also assured about the confidentiality of their obtained information.

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Authors' contributions

Conceptualization, writing-original draft: Somayeh Bagheri; Supervision, Methodology: Afsaneh Khajevand Khoshli; Investigation: Javanshir Asadi; Writing-review & editing; funding acquisition, resources: All author.

Conflict of interest

The authors declared no conflicts of interest.

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