



# Comparison of the Effectiveness of Structural Couple Therapy and Redecision Couple Therapy in the Reduction of Marital Conflicts among Infertile Couples

Shahrokh Mohammadi<sup>1</sup>, Omid Moradi<sup>1\*</sup>, Abdollah Shafiabady<sup>2</sup>, Hamzeh Ahmadian<sup>1</sup>

<sup>1</sup> Department of Psychology, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran

<sup>2</sup> Department of Counseling, Allameh Tabataba'i University, Tehran, Iran

**\*Corresponding author:**

Omid Moradi, Department of Psychology, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran  
Tel: 09018195781  
Email: o.moradi@iausdj.ac.ir

Received: 23 Dec. 2019  
Accepted: 07 Feb. 2020  
ePublished: 01 May. 2020



## Abstract

**Background and Objective:** Marital conflicts result from the disharmony of husband and wife needs and the way to meet them, egocentrism, difference in requests, and irresponsible behavioral schemas for marital relationship and marriage. The current study aimed to compare the effectiveness of structural couple therapy and rededecision couple therapy in the reduction of marital conflicts among the infertile couples of Sanandaj, Iran.

**Materials and Methods:** The present semi-experimental study was carried out on two experimental groups and a control group using a pretest and posttest design. The statistical population of this study were the infertile couples referring to the infertility center of Besat Hospital in Sanandaj in 2018 who were selected through convenient sampling and randomly assigned to three groups of 12 subjects. The marital conflicts questionnaire was used in order to collect data. The data were analyzed using the multivariate analysis of covariance and SPSS software (version 22).

**Results:** The obtained results of the present study showed the effects of structural couple therapy and rededecision couple therapy on decreased cooperation ( $F=14.17$ ;  $P<0.001$ ), decreased sexual relationship ( $F=28.53$ ;  $P<0.009$ ), increasing emotional reactions ( $F=16.99$ ;  $P<0.001$ ), increasing personal relationships with one's relatives ( $F=24.02$ ;  $P<0.001$ ), decreasing family relationships with spouse's friends and relatives ( $F=21.81$ ;  $P<0.001$ ), separating financial affairs from each other ( $F=18.70$ ;  $P<0.001$ ), and decreasing effective relationship ( $F=28.53$ ,  $P<0.001$ ). However, there was no significant difference between the three experimental and control groups in increasing children support ( $F=0.091$ ;  $P>0.05$ ). There was a significant difference regarding the effectiveness of Minuchin's structural couple therapy and rededecision couple therapy in decreasing marital conflicts ( $P<0.001$ ).

**Conclusion:** The obtained results of the present study showed the importance of couple-therapy interventions through rededecision in decreasing marital conflicts among infertile couples. Generally, the results indicated that Minuchin's structural couple therapy is more effective than rededecision couple therapy in decreasing marital conflicts among infertile couples.

**Keywords:** Couple therapy, Family conflict, Infertility

## Background

As marital life begins, couples expect to have children because with the birth of a child life will move on to another path. In contrast, in the case of infertility, the partners may face serious psychological problems [1]. For most people, children are the meaning of life and an important part of their identity. Multiple studies on infertile couples who yearn for biological neonates have shown that these couples experience tension in a deep distressed way [2]. Infertility causes harmful psychological effects [3], including reduced self-confidence, impaired self-image, and impaired male and female identities [4]. Some researchers believe that infertility is a challenging experience leading to problems in marital life [4].

Marital conflicts result from the disharmony of husband and wife needs and the way to meet them, egocentrism, difference in requests, and irresponsible behavioral schemas for marital relationship and marriage [5]. The process of conflict starts when one side of the relationship feels that the other side is suppressing some of his/her favorite issues. Conflict occurs when something satisfied a side but leading to a kind of deprivation for the other side [6].

Therapists describe the conflict system as a kind of struggle to take over bases and sources of power which is revealed towards taking other points and increasing advantages. It is clear that both sides of the conflict aim to hurt the other side thwarted his

tactics and finally put him/her out of the scene. Therefore, conflict is an indication of reaction to personal differences, and it can be sometimes so severe leading to anger, violence, hatred, disgust, jealousy, physical and verbal misbehavior in couples, and reaction in a destructive and devastating way [7].

Recent studies showed that family therapy is very effective in various problems, including emotional, psychosomatic, and behavioral disorders [8]. According to the system theory, every member of the family communicates with others in order to maintain balance. Family therapy helps to reveal hidden patterns in the family and recognize them. All the therapists believe that not only the member of the family who has been labeled as patient and all problems of the family attributed to him/her need to be treated in the treatment process but also other members of the family should be taken into account in this process [9].

One of the systematic family approaches is structural therapy. The main idea of family therapy is that individual features can be best recognized when they are assessed in the interactive patterns of the family. From the family therapy point of view, before starting treatment and resolving the symptoms of the disease some changes should be made in the organization or structure of the family. Family structure is an invisible collection of special roles connecting members of the family. In this procedure, the emphasis is on the family as the whole and interactions among its subsystems. The most important criterion is the proper and effective performance of subsystems and clear borders based on roles, regulations, and power [10].

In structural couple therapy, the focus is generally on marital subsystem, border between them, sharing the tasks between couples, and relationship of other subsystems inside and outside the family, which if there is a specific disorder in any of these cases it is tried to assess, measure, and resolve the cases in order for couples to reconstruct their proper functions. Studies in this domain have demonstrated that structural family therapy significantly affects the decrease in marital conflicts and improvement of family performance [11].

However, another approach that can be effective in decreasing marital conflicts is the rededecision approach. The reason for choosing this approach to be compared with structural family therapy is that this rededecision emphasized that it is different from structural family therapy in decreasing marital conflicts. Rededecision therapy is established based on Transactional Analysis Theory. Many of the interactive analysts also provide individual, marital, and family therapies and integrate other systems

with transactional analysis for the treatment of couples and families [12].

Currently, transactional analysis has considerably changed, including Mary and Robert Goulding as the leaders of rededecision therapy school who made basic changes in Berne's classic transactional analysis approach. In order to function more effectively and efficiently, they blended the transactional analysis theory with the principles and techniques of Gestalt therapy, family therapy, psychodrama, and behavioral therapy. The aim of rededecision therapy is to help people in the challenge with themselves in order to know their pseudovictim role, be aware of accountability and conduct their life, and impose necessary changes in life's process [13].

In this type of treatment, clients are helped to fight with their previous beliefs regarding themselves, and clients are taught that they are free in their options in order to decide again about who they are and who they want to be [14]. Then, by adopting this approach in treatment, couples can decide to show new behaviors. Rededecision therapy is based on the view that when people feel involved in a conflicting situation or they arrive at a point that becomes insoluble as the root of this conflict is in their childhood and it was insoluble at that time now they return to it. This return is usually beyond conscious awareness and with the answers which the individual gives to interview conditions usually will have an improper and ineffective state [15]. Studies have shown that the rededecision approach has been effective in working with conflicting couples [16].

### Objectives

The current study aimed to compare the effectiveness of structural couple therapy and rededecision couple therapy in the reduction of marital conflicts among infertile couples.

### Materials and Methods

The present empirical semi-experimental study was carried out on two experimental groups receiving Minuchin's structural and rededecision therapies and a control group from a psychological point of view using a pretest and posttest design. The dependant variable was marital conflicts and associated dimensions. The statistical population of the study were all the infertile couples referring to Besat hospital of Sanandaj, Iran. A total of 36 study participants who met inclusion criteria were selected using convenient sampling and assigned to three groups. Semi-structured interviews and marital conflicts questionnaire were used for the selection of the subjects. Each of the experimental groups

underwent 10 sessions of couple therapy. The inclusion criteria were infertile couples with at least 3 years of marriage, living with each other and not leaving the home after an argument, having marital conflict scores of at least 150 and at most 186, no participation in any type of therapeutic intervention parallel with the interventions provided in this study, completing informed consent form for participation in the study, having at least diploma, and no addiction of spouses. The exclusion criteria were no participation in the treatment sessions for two successive sessions or three nonconsecutive sessions without any acceptable reason, failure to cooperate with the therapist, not doing the main assignments proposed by the therapist, and awareness that the subject did not meet the inclusion criteria of the experiment.

### Marital conflicts questionnaire

This questionnaire is a reporting tool, includes 54 items which is developed by Boostanipoor and Sanai Zaker [17] in Iran and basically used for the identification of the nature and the number

of conflicts in the marital relationship. This questionnaire studies seven dimensions of marital conflicts, namely decreased cooperation, decreased sexual relationship, increasing emotional reactions, increasing children support, increasing personal relationships with one's relatives, decreasing family relationships with spouse's friends and relatives, separating financial affairs from each other, and decreasing effective relationship and marital conflicts. The scaling of the options is based on 1) Never, 2) Rarely, 3) Sometimes, and 5) Always. The items 3, 11, 14, 26, 30, 33, 45, 47, and 45 are numbered in reverse. Cronbach's alpha for the whole questionnaire was reported as 0.71. This questionnaire has good and acceptable validity. The reliability of this tool was reported as 0.90 for the whole scale using the internal consistency method [18]. The reliability of this questionnaire in the present study was calculated at 0.93.

Descriptive statistic indices and multivariate analysis of covariance (MANCOVA) were used to analyze the data. In addition, the data were analyzed using SPSS software (version 22).

**Table 1.** Protocol of structural couple therapy

Session	Objective	Assignment
First session	Introducing and making a friendly relationship, expressing the objectives of the sessions, method therapy, and concept of marital conflicts and affliction	People are asked to write down their main conflict on a paper and state what they expect from the sessions.
Second session	The assignment of the previous session is checked. Communication and family subsystems are defined. Finally, the dominant status of the family is revised.	Members are asked to practice communication skills and write down the results of their practice.
Third session	By receiving feedback from previous sessions, the third session will be started. Then, the techniques of family therapy, such as adhesion, imitation, and restatement, were taught.	The assignment is to record the effects of family therapy techniques on the improvement of daily lives.
Fourth Session	By reviewing previous session assignments and giving feedback by group members, the fourth session will be started. Then, common interactional patterns and an available triangle around family problems are discussed.	Members are instructed to write their expectations from their spouses and put forward in the session and state cases which they think can lead to more cooperation of each spouse as a strategy.
Fifth session	This session is started with checking the assignments of the previous session. Moreover, reconstruction and family changing strategies are studied.	Participants are given the assignment to write two cases that cause reactions and state in the session.
Sixth session	The assignment of the previous session is checked. The manner and amount of communication of each member with his/her spouse are checked. The comparison of their relationships with their own family members is studied and taught.	Participants are asked to write some of their experiences that have brought them closer to their main family and caused them to stay away from their spouses and state in the session.
Seventh session	The assignment of the previous session is checked. Family relations with relatives and friends are discussed and studied.	Participants are instructed to write about strategies that balance the family relationship with spouse relatives and cause healthy relationships with friends.
Eighth session	The assignment of the previous session is checked. Considering that marital conflicts over sexual matters are more frequently about women and quality of the relationship, these cases are taught.	Participants are given the assignment to discuss the time and quality of having a sexual relationship with their spouses and follow what they agreed on.
Ninth session	The assignment of the previous session is checked. How to maintain coupled subsystems with the boards of children subsystem will be discussed.	Participants are asked to write two cases that have led to attracting children support and state in the session.
Tenth session	The assignment of the previous session is checked. Proper financial management regarding concerns and turbulences are discussed.	Members discuss their experiences in this regard and reach an agreement with their spouses.

**Table 2.** Protocol of redecision therapy

Session	Objective	Assignment
First session	Introduction and creating a friendly relationship; executing pretest; stating principles and regulations	Completing questionnaire; stating problems by the couples
Second session	Becoming familiar with marital conflict concepts and dimensions, its disadvantages and negative effects on the couples; discussing marital affliction	Studying pamphlet provided by the counselor for the next sessions
Third session	Familiarizing with the individual's personality structure or moods (i.e., parent, adult, and child); informing members of the process of character formation from Berne's point of view	Studying pamphlet provided by the counselor
Fourth session	Explaining the redecision approach and naming its components, inhibitors, and propellants; learning about decisions made as the result of inhibitors and propellants	Writing inhibitors and propellants which parents remind of their spouses
Fifth session	Teaching to discover the drama of life; familiarizing with the concept and types of caress	Studying the pamphlet and making a list of caresses received in childhood
Sixth session	Explaining who to arrange an agreement; talking about personal responsibility with each member; assign responsibilities	Exchanging opinions about the agreement; writing cases which they expect to change during marital life
Seventh Session	Identifying family regulations and do's and don'ts using cognitive techniques (i.e., cognitive controversy, conversation, and extreme questions) to understand initial decisions	Identifying defective beliefs and proposing realistic ones
Eighth session	Working on initial decisions using Gestalt therapy techniques (i.e., roleplaying, role inversion, and empty chair) in order to reconstruct the scenes coming to mind of the members from the past	Applying initial decisions using Gestalt therapy techniques; confronting with unfinished works through empty chair technique
Ninth Session	Discussing questions to review decisions (e.g., Do you want to review your initial decisions? Are these decisions useful for you and what new decisions do you want to make?)	Members are asked to specify weeks or days and act at least in an environment similar to home or workplace as if they are that person
Tenth decision	Holding a posttest; interviewing with participated couples; providing a plan based on their decisions regarding continuation of life	Talking about changes that are made during the treatment

**Results**

The mean scores of participants' age in the structural couple therapy, redecision couple therapy, and control groups were reported as 28.8±7.9, 28.9±8.1, and 33.5±7 years, respectively. The duration averages of infertility in the structural couple therapy, redecision couple therapy, and control groups were 3.58, 4.25, and 5.08 years, respectively.

The results of Box's M and Levene's tests were evaluated in order to follow the defaults which are shown in the following tables. The results of Box's M test are presented in Table 6 to study the assumption of the equality of covariance matrices of dependent variables. F gained for the variable of marital conflict components with (3034.31,72) degrees of freedom was not significant at 0.05 level, and the assumption of the equality of covariance matrices in Box's M test was rejected when the amount of F obtained for variables to be significant at 0.01 level; therefore, it was confirmed in the present study. Since Box's M test was not significant, the term of homogeneity of variance-covariance matrices was properly observed. F amounts gained for the dimensions of the marital conflict components were not significant (P>0.05) in the posttest with degrees of freedom (df-33,2).

Lack of significance at Levene's test indicated that

the term of variance equality between the groups was observed, and the amount of error variance of dependent variables was equal at all groups; consequently, there was no significant difference between the error variances of the groups. Therefore, the assumption of homogeneity of error variances was observed, and MANCOVA can be used. Considering that the defaults using the MANCOVA were observed, Table 4 tabulates the results of Wilks' Lambda to study the group effect. As it can be observed in Table 4, the effect of the group is significant in the dimensions of marital conflict components at 0.001; consequently, the results indicated that it is significant at least among one of the components of the marital conflicts. The results of the MANCOVA are shown in Table 5. As it can be observed in Table 5, in cooperation (F[2,25]=14.17), decreased sexual relationship (F[2,25]=28.53), increasing emotional reactions (F[2,25]=16.99), increasing personal relationships with one's relatives (F[2,25]=24.02), decreasing family relationships with spouse's friends and relatives (F[2,25]=21.81), separating financial affairs from each other (F[2,25]=18.70), and decreasing effective relationship (F[2,25]=28.53), there is a significant difference at 0.001 level. Furthermore, in increasing children support (F[2,25]=0.091), there was no significant difference between the two

experimental groups and control group ( $P>0.05$ ). There was a significant difference between the effectiveness of the Minuchin's structural couple therapy, rededecision couple therapy, and control groups in decreasing marital conflicts.

When Bonferroni adjustment was performed for a number of comparisons, the obtained results showed that there was a significant difference between the three groups regarding marital conflict

components. A review of the means in Table 7 indicated that there was a significant difference between cooperation dimension in Minuchin's structural therapy and rededecision therapy groups with the control group at the significance level of  $< 0.01$ ; however, there was not a significant difference between the two Minuchin's structural therapy and rededecision therapy groups ( $P\geq 0.05$ ). A significant difference was observed regarding decreased sexual

**Table 3.** Descriptive statistics (i.e., mean and standard deviation) of variables

Variable	Group	Pretest		Posttest	
		Standard deviation	Mean	Standard deviation	Mean
Decreased cooperation	Minuchin' structural therapy	18.67	3.14	7.08	1.72
	Rededecision therapy	16.92	0.99	6.08	1.56
	Control	13.91	1.72	13.17	1.8
Decreased sexual relationship	Minuchin' structural therapy	17.75	3.01	10.17	2.28
	Rededecision therapy	18.17	1.90	6.08	1.08
	Control	14.67	1.77	14.17	1.11
Increasing emotional reactions	Minuchin' structural therapy	27.83	5.40	13.33	3.70
	Rededecision therapy	28.83	3.83	10.67	2.42
	Control	22.50	1.31	22.67	1.61
Increasing children support	Minuchin' structural therapy	5.58	1.72	5.41	0.99
	Rededecision therapy	5.41	0.99	5.16	0.58
	Control	5.91	1.08	5.56	1.15
Increasing personal relationships with one's relatives	Minuchin' structural therapy	18.80	3.42	8.50	2.35
	Rededecision therapy	20.58	2.97	7.58	1.50
	Control	17.50	1.57	16.75	1.28
Decreasing family relationships with the spouse's friends and relatives	Minuchin' structural therapy	18.33	3.98	8.67	2.14
	Rededecision therapy	20.08	2.60	7.83	2.12
	Control	15.75	1.29	15.58	1.24
Separating financial affairs from each other	Minuchin' structural therapy	20.75	4.45	13.25	2.09
	Rededecision therapy	23.42	3.08	8.50	2.02
	Control	18.75	1.35	19.17	1.52
Decreasing effective relationship	Minuchin' structural therapy	46.50	3.78	24.83	3.78
	Rededecision therapy	51.58	4.25	21.67	4.42
	Control	39.42	3.34	37.17	2.10
Marital conflicts	Minuchin' structural therapy	173.92	13.05	91.25	11.61
	Rededecision therapy	185	13.30	73.58	11.16
	Control	148.42	7	144.33	3.96

**Table 4.** Study the group effect using Wilks' Lambda

Variable	Value	F	Question df.	Error df.	Sig.	Eta2
Marital conflict components	0.051	7.694	16	34	0.001	0.774

**Table 5.** Results of multivariate analysis of covariance to compare pretest and posttest in three groups

Variable	Source	Sum squares	df	Mean of squares	F	Sig.	Eta squared
Decreased cooperation	Effect	68.602	2	34.301	14.175	0.001	0.53
	Error	60.500	25	2.210			
Decreased sexual relationship	Effect	88.985	2	44.493	28.531	0.009	0.69
	Error	38.987	25	1.559			
Increasing emotional reactions	Effect	188.029	2	94.015	16.995	0.001	0.58
	Error	138.299	25	5.532			
Increasing children support	Effect	0.134	2	0.067	0.091	0.917	0.00
	Error	18.446	25	0.738			
Increasing personal relationships with ones' relatives	Effect	106.48	2	53.204	24.016	0.001	0.66
	Error	55.384	25	0.215			
Decreasing family relationships with the spouse's friends and relatives	Effect	71.213	2	35.607	21.806	0.001	0.64
	Error	40.823	25	1.633			
Separating financial affairs from each other	Effect	110.776	2	55.388	18.699	0.001	0.60
	Error	74.050	25	2.962			
Decreasing effective relationship	Effect	524.485	2	262.729	28.528	0.001	0.69
	Error	230.241	25	9.210			
Marital conflicts	Effect	2592.208	2	6292.104	68.140	0.001	0.250
	Error	2956.805	32	92.400			

**Table 6.** Comparison of marital conflict components using Bonferroni post hoc test

Variable	(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig.
Decreased cooperation	Minuchin' structural therapy	Redecision therapy	0.125	0.880	1
		Control	*-6.88	1.33	0.001
Decreased sexual relationship	Redecision therapy	Control	*-7	1.43	0.001
	Minuchin' structural therapy	Redecision therapy	*3.193	0.703	0.001
Increasing emotional reactions	Redecision therapy	Control	*-5.23	1.07	0.001
	Minuchin' structural therapy	Redecision therapy	*-8.48	1.15	0.001
Increasing children support	Redecision therapy	Control	2.70	1.32	0.156
	Minuchin' structural therapy	Redecision therapy	*-9.88	2	0.001
Increasing personal relationships with ones relatives	Redecision therapy	Control	*-12.58	2.16	0.001
	Minuchin' structural therapy	Redecision therapy	0.192	0.48	1
Decreasing family relationships with the spouse's friends and relatives	Redecision therapy	Control	0.170	0.73	1
	Minuchin' structural therapy	Redecision therapy	-0.02	0.73	1
Separating financial affairs from each other	Redecision therapy	Control	0.554	0.72	1
	Minuchin' structural therapy	Redecision therapy	*-6.82	1.09	0.001
Decreasing effective relationship	Redecision therapy	Control	*-7.38	1.17	0.001
	Minuchin' structural therapy	Redecision therapy	0.554	0.72	1
Marital conflicts	Redecision therapy	Control	*-6.82	1.09	0.001
	Minuchin' structural therapy	Redecision therapy	*-7.38	1.17	0.001
Decreasing effective relationship	Redecision therapy	Control	*3.99	0.97	0.001
	Minuchin' structural therapy	Redecision therapy	*-5.23	1.47	0.005
Marital conflicts	Redecision therapy	Control	*-9.23	1.58	0.001
	Minuchin' structural therapy	Redecision therapy	4.30	1.71	0.056
Decreasing effective relationship	Redecision therapy	Control	*-16.70	2.59	0.001
	Minuchin' structural therapy	Redecision therapy	*-20.99	2.79	0.001
Marital conflicts	Redecision therapy	Control	*19.04	4.24	0.001
	Minuchin' structural therapy	Redecision therapy	*-56.24	5.40	0.001
Marital conflicts	Redecision therapy	Control	*-75.29	6.61	0.001

relationship between the Minuchin's structural therapy and rededecision therapy groups ( $P < 0.01$ ) and between rededecision therapy and control groups ( $P < 0.01$ ).

There was also a significant difference regarding emotional reactions between the Minuchin's structural therapy and rededecision therapy groups with the control group ( $P < 0.01$ ); nevertheless, there was no significant difference between the two Minuchin's structural therapy and rededecision groups in this regard ( $P \geq 0.05$ ). There was no significant difference in increasing children support between the two Minuchin's structural therapy and rededecision groups ( $P \geq 0.05$ ) and between Minuchin's structural therapy and rededecision groups with the control group ( $P \geq 0.05$ ).

A significant difference was also observed regarding increasing personal relationships with ones' relatives between the Minuchin's structural therapy and rededecision therapy groups with the control group ( $P < 0.01$ ); however, there was no significant difference between the two Minuchin's structural therapy and rededecision therapy groups in this regard ( $P \geq 0.05$ ). A significant difference was noticed regarding decreasing family relationships with spouse's friends and relatives between the Minuchin's structural therapy and rededecision therapy groups with the control group ( $P < 0.01$ ); nonetheless, there was no significant difference between the two Minuchin's structural therapy and rededecision therapy groups in this regard ( $P \geq 0.05$ ).

There was also a significant difference in separating financial affairs from each other between the Minuchin's structural therapy and rededecision therapy groups ( $P < 0.05$ ), Minuchin's structural therapy and control groups ( $P < 0.05$ ), and rededecision therapy and control groups at ( $P < 0.05$ ). In addition, a significant difference was observed regarding decreasing effective relationship between the Minuchin's structural therapy and rededecision therapy groups with the control group ( $P < 0.01$ ); however, there was no significant difference between the two Minuchin's structural therapy and rededecision therapy groups in this regard ( $P \geq 0.05$ ).

Nevertheless, the difference between the mean of marital conflicts in pretest and posttest was significant. The difference was significant between the means of Minuchin's structural therapy and rededecision therapy groups ( $P < 0.01$ ), rededecision therapy and control groups ( $P < 0.01$ ), and Minuchin's structural therapy and control groups ( $P < 0.01$ ). According to the obtained results, it can be concluded that Minuchin's structural couple therapy is generally more effective than rededecision couple therapy in decreasing marital conflicts.

**Discussion**

The present study was carried out in order to compare the effectiveness of structural couple therapy and rededecision couple therapy in decreasing marital conflicts among infertile couples. The obtained results indicated that training structural and rededecision couple therapies were effective in

decreasing marital conflicts of the couples, and the results of the current study are consistent with the findings of a study conducted by Vizheh et al. in this regard [19]. In explaining these findings, it can be said that according to Minuchin [20], the main idea of structural family therapy is that the symptoms of an individual's disorder are better perceived and recognized when they are assessed at the context of family transactional patterns.

One of the special and unique techniques of structural couple therapy approach is the implementation of family transactional patterns, and its main goal is to facilitate solving present problems and healthy growth of the family by concentrating on interpersonal communication and important family members [21]. Therefore, in this approach, the therapist helps clients by concentrating on the structure or organization of the family to modify their stereotype patterns, increase their flexibility, and review relationships among the family members and modify them leading to decreasing marital conflicts and improving the mental health of the couples [22].

The structural couple therapy approach is successful due to its content and plan. The adherents of this approach are trying to pay attention to current transactional patterns and structures. They give special attention to the social context in which people show bad behaviors. Moreover, their main subject is a family reconstruction based on bordering, putting forward and solving conflicts of marital subsystems, modifying disruptive behavioral and communicative patterns, meeting family member needs especially the spouse, improving sexual relationships, and managing financial affairs resulting in decreasing marital conflicts and increasing marital satisfaction [23].

For a better explanation of the above-mentioned findings, it can be said that in structural and rededecision couple therapies, it is tried that members share whatever which are hidden inside them with their spouses and reveal their feelings about life, future, fears, concerns, and painful experiences that they can rarely overcome in isolation by creating structures [24]. Another study has also clearly shown that modifying couples' relationships can reduce marital conflicts and improve marital relationships. It can also present many challenges to marital life, including family conflicts and household violence, which are all the results of this lack of satisfaction with marital life [25].

Couple therapists in addition to arousing positive feelings in spouses, enhancing family functions, and creating intimacy between couples, improve satisfaction which in turn decreases marital conflicts [26]. They allow couples to know the scope of their

responsibilities, freely defend their rights, easily access to other subsystems of the family, express their feelings with each other, and benefit from each other's empathy and support [27]. Based on the evidence, it was demonstrated that family support and improvement of family functions can decrease marital conflicts.

In general, the findings of the present study on the subscales of marital conflicts showed that in all cases there was a significant difference between trained and untrained couples demonstrating that trained couples indicated better ability to decrease marital conflicts. However, before the experiment, there was no significant difference between the experimental and control groups in this regard. Therefore, it can be concluded that structural couple therapy and rededecision couple therapy training were effective in the improvement of couples' ability to decrease marital conflicts.

There were several limitations in this study, including the number of questionnaires and high number of items which made the respondents tired. Additionally, there was no follow-up due to participant refusal. As infertility has negative effects on marital satisfaction, it is recommended to provide necessary training in fertility clinics to reduce the social and psychological stress of clients and increase their marital adjustment. Since familial disputes are the most important causes of separation among infertile couples, training for marital relationships can prevent couples from divorce and instead reinforce their family foundation.

## Conclusions

According to the obtained results of the present study, it can be concluded that structural couple therapy and rededecision couple therapy are effective in decreasing marital conflicts.

## Compliance with ethical guidelines

All the ethical principles were considered in this study. The participants were informed about the purpose of the study and implementation of the stages. In addition, informed consent was obtained from all the subjects. The participants were also assured of the confidentiality of their information. Moreover, the subjects were allowed to withdraw from the study at any time, and the results of the study would be available to them if desired. The current study was extracted from a doctoral dissertation in Psychology in Islamic Azad University of Sanandaj. Additionally, this study was approved by the Ethics Committee of Islamic Azad University of Sanandaj with the ethics code of IR.MUK.REC.1397.5007.

## Funding/Support

The present study did not receive any specific grant from funding agencies in public, commercial, or not-for-profit sectors.

## Conflicts of Interest

The authors declare that there is no conflict of interest.

## References

- Chachamovich JR, Chachamovich E, Ezer H, Fleck MP, Knauth D, Passos EP. Investigating quality of life and health-related quality of life in infertility: a systematic review. *Journal of Psychosomatic Obstetrics and Gynaecology*. 2010; 31(2):101-10. [DOI:10.3109/0167482X.2010.481337] [PMID]
- Martins MV, Costa P, Peterson BD, Costa ME, Schmidt L. Marital stability and repartnering: infertility-related stress trajectories of unsuccessful fertility treatment. *Fertility and Sterility*. 2014; 102(6):1716-22. [DOI:10.1016/j.fertnstert.2014.09.007] [PMID]
- Vizheh M, Pakgohar M, Rouhi M, Veisy A. Impact of gender infertility diagnosis on marital relationship in infertile couples: a couple based study. *Sexuality and Disability*. 2015; 33(4):457-68. [DOI:10.1007/s11195-015-9417-5]
- Yazdani F, Kazemi A, Fooladi MM, Samani HR. The relations between marital quality, social support, social acceptance and coping strategies among the infertile Iranian couples. *European Journal of Obstetrics & Gynecology and Reproductive Biology*. 2016; 200:58-62. [DOI:10.1016/j.ejogrb.2016.02.034] [PMID]
- Samadaee-Gelehkolae K, McCarthy BW, Khalilian A, Hamzehgardeshi Z, Peyvandi S, Elyasi F, et al. Factors associated with marital satisfaction in infertile couple: a comprehensive literature review. *Global Journal of Health Science*. 2016; 8(5):96. [DOI:10.5539/gjhs.v8n5p96] [PMID] [PMCID]
- Breitbart W, Rosenfeld B, Pessin H, Applebaum A, Kulikowski J, Lichtenthal WG. Meaning-centered group psychotherapy: an effective intervention for improving psychological well-being in patients with advanced cancer. *Journal of Clinical Oncology*. 2015; 33(7):749-54. [DOI:10.1200/JCO.2014.57.2198] [PMID] [PMCID]
- Crosby JM, Twohig MP. Acceptance and commitment therapy for problematic internet pornography use: a randomized trial. *Behavior Therapy*. 2016; 47(3):355-66. [DOI:10.1016/j.beth.2016.02.001] [PMID]
- Davies CD, Niles AN, Pittig A, Arch JJ, Craske MG. Physiological and behavioral indices of emotion dysregulation as predictors of outcome from cognitive behavioral therapy and acceptance and commitment therapy for anxiety. *Journal of Behavior Therapy and Experimental Psychiatry*. 2015; 46:35-43. [DOI:10.1016/j.jbtep.2014.08.002] [PMID]
- Di Spiezio Sardo A, Di Carlo C, Minozzi S, Spinelli M, Pistotti V, Alviggi C, et al. Efficacy of hysteroscopy in improving reproductive outcomes of infertile couples: a systematic review and meta-analysis. *Human Reproduction Update*. 2016; 22(4):479-96. [DOI:10.1093/humupd/dmw008] [PMID]
- Feldman DB, Kubota M. Hope, self-efficacy, optimism, and academic achievement: Distinguishing constructs and levels of specificity in predicting college grade-point average. *Learning and Individual Differences*. 2015; 37:210-6. [DOI:10.1016/j.lindif.2014.11.022]
- Fergus TA. I really believe I suffer from a health problem: Examining an association between cognitive fusion and healthy anxiety. *Journal of Clinical Psychology*. 2015; 71(9):920-34. [DOI:10.1002/jclp.22194] [PMID]
- Frederiksen Y, O'Toole MS, Mehlsen MY, Hauge B, Elbaek HO, Zachariae R, et al. The effect of expressive writing intervention for infertile couples: a randomized controlled trial. *Human Reproduction*. 2017; 32(2):391-402. [DOI:10.1093/humrep/dew320] [PMID]
- Gillanders DT, Sinclair AK, MacLean M, Jardine K. Illness cognitions, cognitive fusion, avoidance and self-compassion as predictors of distress and quality of life in a heterogeneous sample of adults, after cancer. *Journal of Contextual Behavioral Science*. 2015; 4(4):300-11. [DOI:10.1016/j.jcbs.2015.07.003]
- Graham CD, Gouick J, Krahe C, Gillanders D. A systematic review of the use of acceptance and commitment therapy (ACT) in chronic disease and long-term conditions. *Clinical Psychology Review*. 2016; 46:46-58. [DOI:10.1016/j.cpr.2016.04.009] [PMID]
- Hanna E, Ward LM, Seabrook RC, Jerald M, Reed L, Giaccardi S, et al. Contributions of social comparison and self-objectification in mediating associations between Facebook use and emergent adults' psychological well-being. *Cyberpsychology, Behavior, and Social Networking*. 2017; 20(3):172-9. [DOI:10.1089/cyber.2016.0247] [PMID]
- Hughes LS, Clark J, Colclough JA, Dale E, McMillan D. Acceptance and commitment therapy (ACT) for chronic pain: a systematic review and meta-analyses. *The Clinical Journal of Pain*. 2017; 33(6):552-68. [DOI:10.1097/AJP.0000000000000425] [PMID]
- Boostanipoor A, Zaker BS. The questionnaire of marital conflicts: a confirmatory factor analysis (CFA). *International Journal of Psychological Studies*. 2016; 8(1):125.
- Martínez-Martí ML, Ruch W. Character strengths predict resilience over and above positive affect, self-efficacy, optimism, social support, self-esteem, and life satisfaction. *The Journal of Positive Psychology*. 2017; 12(2):110-9. [DOI:10.1080/17439760.2016.1163403]
- Vizheh M, Pakgohar M, Babaei G, Ramezanzadeh F. Effect of counseling on quality of marital relationship of infertile couples: a randomized, controlled trial (RCT) study. *Archives of Gynecology and Obstetrics*. 2013; 287(3):583-9. [DOI:10.1007/s00404-012-2595-9] [PMID]
- Minuchin S, Reiter MD, Borda C. *The craft of family therapy*. London: Routledge; 2013. P. 17-24.
- Simister HD, Tkachuk GA, Shay BL, Vincent N, Pear JJ, Skrabek RQ. Randomized controlled trial of online acceptance and commitment therapy for fibromyalgia. *The Journal of Pain*. 2018; 19(7):741-53. [DOI:10.1016/j.jpain.2018.02.004] [PMID]
- Zettle RD, Rains JC, Hayes SC. Processes of change in acceptance and commitment therapy and cognitive therapy for depression: A mediation reanalysis of Zettle and Rains. *Behavior Modification*. 2011; 35(3):265-83. [DOI:10.1177/0145445511398344] [PMID]
- Vahidi S, Ardalan A, Mohammad K. Prevalence of primary infertility in the Islamic Republic of Iran in 2004-2005. *Asia Pacific Journal of Public Health*. 2009; 21(3):287-93. [DOI:10.1177/1010539509336009] [PMID]
- Ryff CD, Singer BH. Know thyself and become what you are: a eudaimonic approach to psychological well-being. *Journal of Happiness Studies*. 2008; 9(1):13-39. [DOI:10.1007/s10902-006-9019-0]
- Peterson BD, Eifert GH. Using acceptance and commitment therapy to treat infertility stress. *Cognitive and Behavioral Practice*. 2011; 18(4):577-87. [DOI:10.1016/j.cbpra.2010.03.004]
- Jamshidian QalehShahi P, Aghaei A, Golparvar M. Comparing the effect of Iranian positive therapy and acceptance-commitment therapy on depression, anxiety and stress of infertile women in Isfahan city. *Journal of Health Promotion Management*. 2017; 6(5):8-16. [DOI:10.21859/jhpm-07032]
- Losada A, Márquez-González M, Romero-Moreno R, Mausbach BT, López J, Fernández-Fernández V, et al. Cognitive-behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for dementia family caregivers with significant depressive symptoms: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology*. 2015; 83(4):760-72. [DOI:10.1037/ccp0000028] [PMID]