

# Effectiveness of the Combination of Solution-Focused Therapy and Narrative Therapy in Marital Adjustment among Incompatible Iranian Women

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## Abstract

The present study aims to examine the effectiveness of the combination of solution-focused therapy and narrative therapy in marital adjustment of incompatible women. This research is a pretest-posttest quasi-experimental study design with a nonequivalent control group. The statistical population comprises all the incompatible women who referred to the counseling clinics of Neyshabour in May 2016 (1500 admission per month). The research sample consists of 24 incompatible women who were selected through Random available sampling method. For data collection, Marital Adjustment Scale by Spinner was applied. The data were analyzed using the analysis of covariance test and with the aid of SPSS-22 software. The findings demonstrated that the combination of solution-focused therapy and narrative therapy is significantly effective in marital adjustment of incompatible women ( $P < 0.05$ ). Thus, it can be stated that the combination of solution-focused therapy and narrative therapy can help to promote adjustment among incompatible women.

## Keywords

Solution-Focused Therapy, Narrative Therapy, Marital Adjustment, Incompatible Women

## 1. Introduction

The cornerstone of the family is marriage. Marriage needs cooperation, empathy, unity, interest, kindness, tolerance and accountability. By starting marriage

and creating a marital relationship, marital adjustment becomes an important variable in relation to the quality of marriage. Marital adjustment is an objective sense of happiness, satisfaction and pleasure experienced by the man and woman with regard to all aspects of the marital relationship. Marital adjustment is considered as one of the most important components of couples' emotional stability [1]. [2] regards marital adjustment as the compatibility between the current situation and expected situation. According to this definition, marital adjustment exists when the existing situation of the individual in marital relations conforms to his expectations. Marital adjustment is affected by a set of various factors none of which is sufficient by itself for creating satisfaction. However, these factors can be diverse among different couples and cultures and multiple personality, culture, faith, cognitive, communicative, emotional and social factors can influence it [3]. By the same token, symbolic interaction theory describes family as a unit of interaction between personalities and defines marital adjustment in family with regard to the manner of transferring bilateral meanings which take a particular color and form in various cultures [4]. Marital adjustment is widely used in marital and family studies. This term is associated with many other terms such as "marital happiness", "marital satisfaction" and "marital stability". While each of the previous terms shows only one dimension of marriage, marital adjustment is a multi-dimensional term which makes clear the multiple levels of marriage and is a process that is created during the couples' life because its requirements are the adjustment of tastes, recognition of personality traits, creation of behavioral rules and formation of interactional patterns. Hence, marital adjustment is an evolutionary process between husband and wife [5].

Given the importance of the component of marital adjustment in family stability, we intend in this study to raise an approach that leads to the promotion of this component in incompatible women. In the field of applied psychology, various couples' therapy approaches have been developed with the aim of increasing marital adjustment and reducing conflict and confusion in communication between couples, which are also applicable to incompatibility of couples. One of these approaches is the short-term solution-focused approach. Short-term solution-focused therapy is one of the effective treatment approaches to help the individuals who are faced with marital stress. Insoo Kim Berg and Dishizher in the center for short-term family therapy in Milwaukee and Wisconsin invented the short-term solution-focused therapy [6].

According to the theory by [7], this approach tends to give the clients this feeling that they are heard and that they are unique people; the one who has ability and capability of growth for his part [8]. Solution-focused therapy has a non-pathological perspective towards the clients and helps them find a solution for their current problems. In this approach, unlike the problem-focused perspective, the emphasis is on finding solutions instead of problems [9]. Therefore, solution-focused therapy is based on solution-making, not problem-solving and is directed by discovering the current forces of the clients and hopefulness about

future not discussing the existing issues and their causes in the past [10].

Basically, short-term solution-focused therapy is grounded on the assumption that it should change the clients' perception of their problems and possible solutions. Short-term solution-focused therapy makes such a change through speaking with clients about how to solve their problems [11]. But despite the consistency of solution-focused model with the brevity and scientism of strategic approaches, therapists of this school emphasize the collaboration between the therapist and client in making solution-focused narratives. As a result, solution-focused therapists can raise the problems of clients by getting help from narratives and provide solutions for those problems. So, helping and training the couples to express the problems leading to marital dissatisfaction and reduced intimacy between husband and wife, forgetting the past mistakes and injuries and laying stress on the role of past inefficient narratives of life events in decreasing the intimate relationships between couples can be considered among the activities that are effective in restoring and enhancing intimacy in relations between spouses [12] [13]. For example, [14] conducted a study and investigated the effectiveness of short-term solution-focused group couples therapy in improving the marital relationship of women. They reported that solution-focused intervention therapy can be used to improve and promote the quality of marital relations.

Indeed, recent studies reveal that the stories of couples about their own relationships indicate each couple's effort to give narrative meaning to their experiences of intimacy with another couple [15]. Today, social psychologists have applied narrative techniques (telling the life story and replacing stories with positive meaning) to test the hypotheses relating to the dynamics of close, intimate and affectionate relationships in relations between spouses in order to improve family functions and promote intimacy [16] [17]. Making stories for important events in relations between couples leads to success in integrating the subject of intimacy within a positive emotional framework and ultimately brings communicative and psychological well-being of couples [18]. In this respect, [19] in an article entitled "Analyzing the narratives of the relationships between couples" came to the conclusion that group narrative therapy is effective in reducing cognitive vulnerability and substituting adaptive management solutions to deal with marital problems.

Hence, it can be mentioned that narrative therapy is a process to help the individuals overcome their problems through engaging in therapeutic conversations. This process includes speaking, listening, retelling the stories and listening to the stories again. This approach views the individuals as the main specialists of their life and regards problems as the separate sections from people and believes that individuals possess many skills, beliefs, values and abilities that help them in reducing the effects of problems on their lives and provide a way of understanding the human experience [20]. Consequently, we can help people in understanding their problems by resorting to these narratives and assist them to solve their problems through the solution-focused approach. Based on the fore-

going, it can be said that these two approaches can be practically placed alongside each other and we can benefit from their combination to solve the problems of marital maladjustment. Thus, the present research seeks to answer the question as to whether the combination of solution-focused therapy and narrative therapy is significantly effective in marital adjustment of incompatible women.

## **2. Method, Population and Sample**

This research is an applied study in terms of purpose and an experimental study in terms of data collection method. Also, it is a pretest-posttest quasi-experimental study design with a nonequivalent control group. The research statistical population consists of all the incompatible women who referred to the counseling clinics of Neyshabour in May 2016. The sample was chosen through available sampling method. After referring to all the clinics in Neyshabour, incompatible women who were willing to participate in the research were selected as the sample. In this way, 24 incompatible women were chosen who were randomly assigned into two experimental (12 subjects) and control (12 subjects) groups and the interventions were conducted only on the experimental group. In the present study, Spinner Marital Adjustment Scale was employed to collect the data.

### **2.1. Spinner Marital Adjustment Questionnaire [21]**

This scale is a self-assessment questionnaire with 32 questions and shows the individuals' perceptions about marital adjustment. Scoring is performed based on a Likert scale. Factor analysis suggests that this scale measures four dimensions of the relationship: Dyadic satisfaction (the rate of satisfaction with various aspects of the relationship), dyadic cohesion (the rate of participation in joint activities), dyadic consensus (the amount of the two sides' agreement on issues related to marital relationship such as financial affairs, upbringing of children, etc.) and affectional expression. Scores of this questionnaire vary between zero and 151 and obtaining the scores higher than or equal to 111 indicates the adjustment of individuals and the scores lower than 111 represents the existence of a problem in marital relationships and also incompatibility and family disagreement. This scale evaluates the overall marital adjustment of the individual. Studies related to the reliability and validity of this scale have been always positive. [21] reported the overall reliability of the questionnaire to be 0.96 using Cronbach's alpha, which enjoys significant internal consistency. In the research carried out in Iran, the researchers achieved high internal consistency (0.95) in the whole questionnaire [22]. Besides, some evidence has been obtained regarding the existence of content validity by using the experts' judgment about the content of the scale. Based on the correlation of 0.86 between its results with Locke and Wallace Marital Adjustment Test, its concurrent validity has been determined [23].

### **2.2. Implementation Method**

After a preliminary study and preparation of tools and referring to counseling

and psychotherapy clinics and selection of incompatible women, the sample was randomly divided into two experimental (12 subjects) and control (12 subjects) groups. In a letter, the sample was asked to provide the necessary cooperation concerning the study and the subjects were assured that the data obtained from this study is personal and confidential and will not be made available individually to others. The inclusion criteria included the following: 1) The women should be married for more than 5 years and 2) incompatible women should not be in another treatment group and want to continue their marriage to their spouse. After implementing the interventions on the experimental group, the questionnaires were collected and the data was analyzed.

The educational content of sessions was as follows: At the beginning of each session, a summary of the discussions of the previous session was presented and report of the assignments of members was reviewed. At the end of each session, after summing up the discussions, some assignments were provided for the next session. Objectives of the training sessions are as follows (**Table 1**).

**Table 1.** Framework of the training sessions.

Session	Overall purpose	Behavioral purpose
1	Introduction of therapeutic approaches	Introduction, explaining the group rules, introducing narrative therapy, describing the dominant story of individuals in life and life narrative, stating solution-focused methods and giving assignments
2	Externalization and familiarity with the basic principles of solution-focused counseling	Starting externalization, examining the life narratives of individuals, my life story, familiarity with the basic principles of solution-focused counseling and its application, assessing the active acceptance of responsibility in a relationship, formulating the rings of solutions to problems
3	Attitude towards the problem	Group discussion about the attitude towards the problem and stating the individuals' solutions in this regard, participants' familiarity with helpful solutions and repeating them and giving up inappropriate solutions, finding a positive story
4	Dominance and rule over the individual	Group discussion about feedback on the previous sessions, dominance and rule over the committed person and encouraging the participants to solve problems, identifying and solving the resistances of participants, talking about future and works, using the technique of scale questions
5	Members' familiarity with exceptions of the problem	Examining one's own flaws, providing some points regarding the boosters of the problem, strengthening and highlighting the exceptions of the problem, making the participants realize their own potentials and capabilities, role play and explaining the exercise of incomplete sentences
6	Techniques to deal with negative emotions towards stressful relationships of the past	Techniques to deal with negative emotions towards stressful relationships of the past and stating a narrative of individual perceptions about life events, helping the participants identify other ways of thinking and admiring each other instead of criticizing, implementing the technique of miracle questions
7	Rewriting the life narrative from past to present	Rewriting the life narrative from past to present, helping the participants imagine their favorite future and a better world, helping the participants get out of the problem framework and identify objective and desired changes
8	Summing up the sessions and conclusion	Group discussion about the changes made in individuals due to attending the sessions, examining the evidence related to the change in the group, summing up the sessions and conclusion, implementing the posttest, thanks and appreciation to the members for their participation in the session

### 2.3. Data Analysis Method

The data obtained from the scores of this study is analyzed at two descriptive and inferential levels. At the descriptive level, indicators such as mean, standard deviation, frequency and percentage were used and at the inferential level, covariance analysis by SPSS-22 statistical software was applied.

### 3. Findings

To describe the data relating to the sample, central indices and dispersion of the research variables were initially calculated, which is as follows.

As can be observed in **Table 2**, the average score of marital adjustment (dyadic satisfaction, dyadic cohesion, dyadic consensus and affectional expression) of the subjects in the experimental group has had a significant increase in the post-test stage compared to the pretest, but this change is not observed in the control group.

In this study, multivariate analysis of covariance test has been employed due to more appropriateness and compatibility with the research hypotheses. Before conducting the analysis of covariance test, three assumptions (normal distribution of scores, homogeneity of variances and consistency of covariance matrices) were investigated, whose results have been provided in the tables below (**Tables 3-5**).

Results of Kolmogorov-Smirnov test have been presented in **Table 3**. Distribution of scores in all components is normal since the significance level of Kol-

**Table 2.** Descriptive indicators between the experimental (N = 12) and control (N = 12) groups in the variable of marital adjustment.

Variable	Group	Type	Mean	Adjusted mean	SD	Adjusted SD	
Marital adjustment	Experimental	Pretest	29.00	41.26	3.04	1.42	
		Posttest	40.42		6.24		
	Control	Pretest	32.92	33.15	4.01	1.42	
		Posttest	34.08		4.83		
	Dyadic cohesion	Experimental	Pretest	10.92	17.62	2.23	0.92
			Posttest	17.83		4.26	
		Control	Pretest	13.25	13.87	2.66	0.92
			Posttest	13.67		2.06	
Dyadic consensus	Experimental	Pretest	13.92	50.45	8.36	1.85	
		Posttest	48.50		5.50		
	Control	Pretest	40.58	41.30	6.17	1.85	
		Posttest	41.50		4.89		
Affectional expression	Experimental	Pretest	8.75	13.93	2.63	0.71	
		Posttest	13.33		2.57		
	Control	Pretest	10.00	10.72	1.80	0.71	
		Posttest	10.67		1.49		

**Table 3.** Results of examining the normality of the distribution of marital adjustment scores.

Variable	Dimensions of the variable	Test	Z value	Significance level
Marital adjustment	Dyadic satisfaction	Pretest	0.81	0.52
		Posttest	0.73	0.66
	Dyadic cohesion	Pretest	0.77	0.58
		Posttest	0.84	0.46
	Dyadic consensus	Pretest	1.18	0.11
		Posttest	0.72	0.66
	Affectional expression	Pretest	0.70	0.70
		Posttest	0.89	0.36

**Table 4.** Continue from **Table 3**.

Variable	Dimensions of the variable	Levene	Degree of freedom 1	Degree of freedom 2	Significance level
Marital adjustment	Dyadic satisfaction	1.80	1	22	0.19
	Dyadic cohesion	4.13	1	22	0.05
	Dyadic consensus	0.67	1	22	0.41
	Affectional expression	1.83	1	22	0.83

**Table 5.** Box test to ensure the homogeneity of covariance matrix of marital adjustment.

Indicators	F	Degree of freedom 1	Degree of freedom 2	Significance level
Values	1.81	10	2313.94	0.05

mogorov-Smirnov test has been obtained to be higher than 0.05 for all components. So, the first assumption has been observed. The results provided in **Table 4** demonstrate that the assumption of the homogeneity of variances has been observed in all components. As can be seen, the results shown in **Table 5** indicate that the Box test is not significant ( $P = 0.053$ ,  $F = 1.817$ ). In other words, covariance matrices are homogeneous. Thus, the third assumption has been also observed. With regard to the significance of the test assumptions, analysis of covariance test is used.

To evaluate the research hypothesis indicating the effectiveness of the combination of solution-focused therapy and narrative therapy in marital adjustment among incompatible women, analysis of covariance method was applied, whose results are as follows (**Table 6**).

**Table 6** shows the results obtained from the covariance test in marital adjustment score. The results reveal that in the components of marital adjustment, the difference between the groups is statistically significant ( $P < 0.001$ ). Hence, the existence of difference between the experimental and control groups can be accepted. Additionally, the effect size of the intervention is 51% for dyadic satisfaction, 42% for dyadic cohesion, 45% for dyadic consensus and 35% for affect-

**Table 6.** Results of covariance analysis regarding the difference between the experimental and control groups in terms of the average score of marital adjustment.

Covariate variables	Dependent variables	Degree of freedom	Mean Square	F value	Significance level	Effect size
Group membership	Dyadic satisfaction	1	456.17	22.07	0.001(**)	0.51
	Dyadic cohesion	1	154.50	15.04	0.001(**)	0.42
	Dyadic consensus	1	401.26	17.24	0.001(**)	0.45
	Affectional expression	1	48.39	11.13	0.003(**)	0.35

(\*\*) Significance at the level of 0.01.

tional expression. In other words, the subjects of the experimental group have had 35% to 51% increase in marital adjustment (dyadic satisfaction, dyadic cohesion, dyadic consensus and affectional expression) relative to the control group. Thus, the research hypothesis stating that the combination of solution-focused therapy and narrative therapy is effective in the subscales of marital adjustment among incompatible women was confirmed. It should be noted that with regard to **Table 2**, the adjusted mean score of the subscales of marital adjustment in the experimental group is greater than the control group.

#### 4. Discussion and Conclusion

The aim of the present study is to investigate the effectiveness of the combination of solution-focused therapy and narrative therapy in marital adjustment of incompatible women. The overall research results suggested that the combination of solution-focused therapy and narrative therapy is effective in marital adjustment of incompatible women and there is significant difference between the experimental and control groups in the component of marital adjustment so that the scores of marital adjustment in the experimental group compared to the control group showed a significant increase in the posttest stage.

The results of the studies by [21]-[27] are consistent with the findings of this research and show the effectiveness of the combination of solution-focused therapy and narrative therapy in marital adjustment of incompatible women. In explaining the results of this study, it can be stated that [14] developed the narrative therapy model, following the theory of dialogue based on the stories. The purpose of these interventions is to help the clients externalize a cumbersome and difficult problem. In this approach, the client and therapist are indeed the editors of the client's personal biography and the therapy is the editing of the personal biography. Therefore, this method provides an active role for the client in the treatment. In this approach, the individual learns to assume his responsibility in relieving and improving his own psychological problems. When writing the life story, the individual thinks about it at the same time, selects some parts of it and puts aside unimportant parts. In fact, he becomes the editor of his own story and this is what is emphasized in this approach. This approach views people as the specialists of their own life and considers problems as the separate sections from people and believes that individuals possess many skills, beliefs,

values and abilities that help them in reducing the effects of problems on their lives. Thus, the process of narrative therapy is a highway to heal the events of the past and pass them and is a smooth road which drives the individuals towards a future with positive meaning. The result of such an attitude will be inner peace. After finding the inner peace, the solution-focused approach gives the clients the opportunity to review and reconsider the methods they had considered for resolving the conflicts and also the roles they had determined for themselves and others in the path to adjustment such that after the awareness of having a choice between conflict resolution and escalation of conflicts, they engage in the correct handling of their marital conflict and incompatibility. Considering what has been mentioned so far, the combination of solution-focused therapy and narrative therapy leads to enhanced marital adjustment among incompatible women.

Furthermore, in explaining the results of the present study suggesting the effectiveness of the combination of solution-focused therapy and narrative therapy in the subscales of marital adjustment (dyadic satisfaction, dyadic cohesion, dyadic consensus and affectional expression), it can be said that in the solution-focused approach, the therapist lays the emphasis on the fact that language determines meaning. Rather than relying on external analysis and search for truth by an expert, a dialogue should begin between the therapist and client. The underlying philosophy of the solution-focused model is that continuous changes are inevitable and in this treatment, what is possible and variable is emphasized not what is impossible. According to [12], it can be stated that solution-focused therapists more than the therapists of the Mental Research Institute (MRI) ensure the clients that they reach their specific goals. In their opinion, people already have the skills to solve their problems; but these problems are so great in their views that they forget their strengths and ignore their abilities. Sometimes, a simple change in the focus of attention from what does not seem good to what they already do and is effective can make the clients remember their capabilities and widely use these resources. Consequently, with the application of the solution-focused approach, we could induce this belief to them that their satisfaction depends on their effort to gain satisfaction and by considering the strength within oneself, reaching satisfaction is not impossible. As a result, with the help of the solution-focused approach and by highlighting the strong points of the clients' married life in the form of narrative expression provided by them, we attempted to improve their motivation to achieve marital adjustment. Based on the foregoing, it can be said that the combination of solution-focused therapy and narrative therapy is effective in the subscales of marital adjustment.

But this study was faced with specific limitations including the inattention of some subjects and also their dishonesty in answering the questionnaire. Their low motivation and lack of interest caused them not to cooperate properly, especially given that therapeutic interventions need more time to be effective. Considering the results of this research, it is recommended that the therapists widely use the results of this study to conduct training workshops in connection with solution-focused sessions, narrative therapy and rewriting the life story in

schools, universities, companies and different institutions and benefit from various dimensions of these treatment methods to create marital adjustment and happy lives without conflict for couples.

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