


Original Article

Comparing the effect of solution-focused therapy and structural family therapy on marital satisfaction and family function in married women

Iman Seyyedmoharrami¹ , Bahramali Ghanbari HashemAbadi² , Mohammad Javad Asghari
EbrahimAbad*² , Anahita Zandi³ 

¹ Department of Educational and Counseling Psychology, Faculty of Education Sciences and Psychology, Ferdowsi University of Mashhad, Mashhad, Iran.

² Department of Psychology, Faculty of Education Sciences and Psychology, Ferdowsi University of Mashhad, Mashhad, Iran.

³ Department of Anesthesiology, School of Paramedical Sciences, Torbat Heydariyeh University of Medical Sciences, Torbat Heydariyeh, Iran.

Corresponding author and reprints: Mohammad Javad Asghari EbrahimAbad, Department of Psychology, Faculty of Education Sciences and Psychology, Ferdowsi University of Mashhad, Mashhad, Iran,

Email: mjasghari@um.ac.ir

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Abstract

Background: Marital satisfaction is a situation in which couples can feel happiness and satisfaction with each other. Recently, various therapy techniques have been developed to solve marital and family problems. The purpose of the study was to comparing the effects of group counseling based on solution-focused therapy and structural family therapy (SFT) on the marital satisfaction and family function among married women.

Material and Methods: This interventional study was performed in three of groups married women (20 people as cases in two groups and 10 people as control group). The research population included of all married females referred to the Faculty of Education and Psychology clinic, at Ferdowsi University of Mashhad in Iran. The instruments for data collection in this study were marital satisfaction scale (MSS) and the family function scale (FFS). Data analysis was done using SPSS 21 software and the analysis of covariance, and LSD post-hoc test were employed.

Results: The findings revealed that there is no meaningful difference among married females who received SFT and solution-focused therapy ($p>0.05$); However structural family and solution-focused of group counseling compared with the control group had significant difference in the influence on family function and marital satisfaction ($P=0.014$ and $P=0.024$, respectively).

Conclusions: Based on the results, solution-focused group counseling had more effective than structural group counseling in improving family function and marital satisfaction.

Keywords: Family; Family Therapy; Marriage; Personal Satisfaction; Psychotherapy, Brief; Women.

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Introduction

Family is the first natural group and the main foundation of the society. It is a multilevel social system which entails interdependent relationships. The

groups of spouses, parents and children, and children together are placed within a network of interdependencies and form a family (1). The efficiency of family in fulfilling its duties is a good index for evaluating the performance of society

members. The health of a society with growing number of families suffering from dysfunction is threatened because disorderliness in the performance of a family creates some problems in its system and in case the problems are intensified, the family is led to an immediate collapse (2). The concept of family function includes the quality of interactions among household limbs and information about the efforts of members for increasing the quality of life (3). The sound performance of a family necessitates the family members to accept each other and believe that the success of a family depends on the cultural richness, power balance, leadership, and the growing movement of members in the stages of life cycle (4). Walker and Shepherd argue that the performance of the family and family ties are vital for the health of individuals, families, and the society. In order for a family system to reach its desired performance, a number of roles, duties, responsibilities and reciprocal relationships should be organized among all the members of the family in a systematic way (5).

Studies show that marital satisfaction is one of the factors affecting family performance (6). This concept is a condition in which couples have a feeling of happiness and satisfaction with one another in most situations. In other words, compatible couples are husbands and wives who are satisfied with their relationships and to a large extent agree on different issues of life such as ideas and decisions for the future, investment, how to pass leisure time, and how to continue life (7). Marital satisfaction is vital for the welfare of couples and children. It is a very strong predictive for the stability of a marriage and research in this area for developing successful treatments with the aim of preventing divorce is beneficial (8).

In recent decades, the use of therapeutic techniques to solve marital and family problems has increased significantly. Short-term solution-focused family therapy was first proposed by Dishers. Many

marital problems could be solved using the principles discovered by this therapy approach and through adopting a strong position against early divorce (9). Solution-focused therapists with a postmodern orientation reject the role of the therapist as an expert who scientifically evaluates the problems of patients and then intervenes. Instead, they favor participatory and consultative positions and consider families as the experts of their own life (10). However, Structural therapists see their duty as helping families to encounter their issues more effectively by improving interactions, separation and amendment of borders, etc. therapists with a structural approach are experienced observers who recognize vicious cycles and recover them so that the family can continue its evolution. According to structural theory, the duty of therapists is to lead the treatment sessions so as to change the structure of the family and in other words, the therapist should be the agent for change (11). To the authors' best of knowledge, no study has to date compared the effects of group counseling based on structural family therapy (SFT) and solution-focused therapy on the two variables of the present study. However, Shafi Abadi et al., to compare effectiveness of transactional analysis with SFT on the marital satisfaction of married women and found that both of these methods have a semantic effect, but there was not a significant difference between the two methods (12). Also, Sevier et al., conducted a research to compare the effectiveness of Traditional Behavioral Couple Therapy (TBCT) and Integrative Behavioral Couple Therapy (IBCT) on the marital satisfaction of disturbed couples and found that TBCT is more successful than IBCT in this respect (13). The current study focuses on comparing the effects of group counseling based on SFT and solution-focused therapy on the marital satisfaction and family function.

Based on what has been said before, there are some theoretical and practical differences between Minuchin's structural

therapy and De Shazer's solution-focused therapy which urge researchers to compare the two with one another. The advocates of solution-focused therapy reject the role of the therapist as an expert who academically evaluates the problems of patients and then intervenes. However, the supporters of SFT believe that the therapist should perform evaluation and intervention. The structural approach prioritizes practice over insight, but the solution-focused approach gives priority to insight and gaining new meaning from a family story, not practice. This study was done to comparing the effects of group counseling based on structural therapy and solution-focused therapy on the marital satisfaction and family function in married females referring to the clinic.

Methods

This study is a semi-empirical study was done on married females. The population of this research included all married females who referred to the clinic of the faculty of Education and Psychology at Ferdowsi University of Mashhad in Iran. 30 of the clients based on the study of Beyabangard (14) were chosen through convenience sampling and were randomly allocated to three groups (20 people in two groups as cases and 10 people as control group).

In order to consider ethical issues, the research participation was entirely voluntary and the subjects were given the right to withdraw from the research at any stage. Anonymity was observed by assigning a code for each of the participants. Also, they were assured that the results would be reported in a general manner, not case by case.

The criteria for inclusion in this study was as follows: having at least one child, having a relatively high economic condition, having at least diploma or higher education degrees, and being at least 20 and at most 35 years old. If these individuals participated in other therapeutic workshops during the counseling sessions, they would be excluded from the study.

At the beginning of the study, the marital satisfaction scale (MSS) and the family function scale (FFS) were completed by the participants in the intervention and control groups. Then, solution-focused intervention and structural intervention were done in eight group sessions, each lasting for two hours. During this time, the control group did not take any training. Immediately after the end of the last group counseling session, the study participants came to the counseling center and the post-test was taken from them.

The MSS of Fowers and Olson used for investigating the degree of marital satisfaction (15). This questionnaire consists of four subscales including 35 items which can be employed as an instrument for evaluating marital satisfaction and relationships and solving the potential conflicts. The items of this questionnaire have been arranged in a 5-point Likert scale. The MSS has 4 separate scores and for the total items of each subscale, a total score is calculated and the raw scores are converted into percentages. A score above 65 indicates high marital satisfaction. Between 40 and 60 is considered average marital satisfaction and the score is lower than 40 marital satisfactions is low. Fowers and Olson found the Cronbach Alpha of this questionnaire to be 0.92 (16). This questionnaire been translated to Persian and Asudeh (17) found the reliability of the above subscales to be 0.68, 0.78, 0.62, and 0.77. Concurrent validity of the MSS was expressed by the correlation that it has with the Locke-Wallace Marital Adjustment Scale which was 0.73 (13).

The (FFS) was designed by Epstein, Baldwin & Bishop based on McMaster's pattern with the aim of describing the organizational and structural characteristics of the family (18). This scale evaluates the performance of the family in the format of seven factors. The pointing of each of the items of this scale is changing from 1 to 4. In this scale, points less than 110 show a

dysfunction and points above 146 indicate a healthy performance. Persian version of this questionnaire has been translated by Najjarian (19) and found the Cronbach Alpha of the role factor to be 0.93. The study confirmed that the Persian-version 45 item FAD-1 was a reliable and valid instrument for assessing familial roles, and can effectively measure problem solving and emotional companionship in subjects in Iran.

Group counseling was then introduced for educating the intervention group (18 members in two seasons). The counseling meetings with the solution-focused method included familiarization with the group members, investigating positive events in life which exist at the moment, ranking the objectives of group members from the view of clients according to the degree of importance, improving the relations, fighting with previous faulty structures, studying failed methods and converting them into solutions, correcting and activating the solutions which have been effective in improving the relations, changing the viewpoints of clients, help finding and emphasizing the exceptions in clients, miraculous questions and wrapping-up the sessions.

Counseling sessions with the structural approach included expressing the problems and issues and life stories by clients, joining the clients, extracting family map, creating new subsystems or improving the previous subsystems of the family, modification of the atmosphere in the family environment, strengthening the marital subsystem, making changes to the family borders based on the family map, improving the roles, scrutinizing the stresses imposed on the family, studying the coalitions, triangulations, indirections and the response of families to stressful conditions, improving and modifying the transactional patterns of the family, familiarizing the clients with the familial life cycle and wrapping-up the sessions.

After the solution-focused and structural group consulting sessions finished, the people in the intervention and control groups completed the questionnaires. The instruments for data collection in this study were demographic information, MSS and FFS. The data were analyzed using SPSS 21 software and in order to make inferences from the data, analysis of covariance (ANCOVA) and LSD post-hoc test were employed.

Results

In this study, the two variables of family performance and marital satisfaction were investigated in the solution-focused intervention group, the structural intervention group, and the control group. The demographic information is as follows. Among the subjects, 7(24%) were between 20-25 years old, 7(24%) between 26-30 years old, and 16(52%) were between 31-35 years old. 9(30%) of the participants had a diploma, 5(16.6%) associate degree, 10(33.3%) bachelor of science and 6(20%) had master of science degree. 12(40%) of the subjects had one child, 13(43.3%) had two children and 5(16.6%) had three children. 14(46.6%) of the subjects were housewives, 8(26.6%) were university students, and 8(26.6%) were clerks. Mean of family function and marital satisfaction in the control and intervention groups are presented in Table 1.

In the following, in order to analyze the data, ANCOVA test was used. In order to examine the normality of grade distribution in the three study groups (control and intervention groups), the Kolmogorov Smirnov test was employed. The results indicated that the distribution of the points of family function in Before the intervention ($Z=0.62$, $P=0.836$) and after of intervention ($Z= 0.54$, $P=0.984$) and the distribution of the points of marital satisfaction in Before the intervention ($Z=0.45$, $P=0.985$) and after of intervention ($Z=0.45$, $P=0.984$) were normal. Also, in order to investigate the assumption of

Table 1. Comparing of family function and marital satisfaction in the control and intervention groups

Group	Family Function		P	Marital Satisfaction		P
	Before	Mean \pm SD		Before	Mean \pm SD	
Solution-focused	Before	100.33 \pm 24.43	0.01	Before	85.88 \pm 17.20	0.01
	After	141 \pm 20.77		After	113.67 \pm 23.77	
structural	Before	99.11 \pm 18.78	0.037	Before	86 \pm 18.57	0.02
	After	129.44 \pm 16.61		After	110.75 \pm 23.10	
control	Before	104.57 \pm 10.16	0.75	Before	88 \pm 9.62	0.69
	After	105.86 \pm 8.07		After	87.71 \pm 9.44	

homogeneity of variance in the three groups, the Levene's test was applied and the results showed that the variances are homogenous in the three groups ($P > 0.05$).

Findings of the Covariance Test regarding the comparison of marital satisfaction and family function in three groups of solution-focused, structural, and control has been shown in table 2. Based on the results obtained from the ANCOVA test, there is a meaningful difference in marital satisfaction between solution-focused, structural, and control groups at the confidence level of 95% ($F_{(2,20)} = 3.498$, $P < 0.05$). Analysis of covariance test was also used to compare family function in the three groups. The results showed that there is a significant difference in the family function among solution-focused, structural and control groups ($F_{(2,21)} = 8.605$, $P < 0.001$).

After determining the difference between the test groups (analyzing the significance of the test in the analysis of covariance

table), the LSD post-hoc test was conducted in order to compare mean difference of the groups two by two in marital satisfaction and family function, which the results of the LSD test are presented in Table 3. According to the results of post-hoc test, there was not a significant difference in marital satisfaction among the solution-focused and structural intervention groups ($P = 0.842$). While the solution-focused group and control group showed a significant difference ($P = 0.024$).

Moreover, a significant relationship was observed in marital satisfaction between the structural and control groups ($P = 0.041$). Also, based on the results of post-hoc test,

there was not a meaningful difference in the FF between the SFT and ST intervention groups ($P = 0.14$); however, there was a significant difference in the family function between the solution-focused and control groups ($P < 0.001$). Moreover, the structural and control groups had a significant difference in family function ($P = 0.014$).

Table 2. Results of the covariance test on studied variables in solution-focused, structural, and control groups

Variable	Source of changes	Sum of squares	df	Mean square	F	P	PES	Observed power
marital satisfaction	Before the intervention	216.69	1	216.69	0.505	0.485	0.025	0.104
	group	3000.20	2	1500.1	3.498	0.048	0.259	0.585
	error	8576.23	20	428.81				
	sum	277055	24					
Family Function	Before the intervention	432.281	1	432.281	1.615	0.218	0.071	0.228
	Group	4606.593	2	2303.297	8.605	0.002	0.45	0.942
	Error	5620.798	21	267.657				
	Sum	414225	25					

Table 3. Comparing of the mean of marital satisfaction and family function by Post-hoc Test

Variable	Group 1	Group 2	Mean Difference	Std. Error	P
marital satisfaction	Solution-focused	Structural	2.052	10.135	0.842
	Solution-focused	Control	25.494*	10.456	0.024
	structural	Control	23.443*	10.733	0.041
Family Function	Solution-focused	Structural	11.836	7.715	0.14
	Solution-focused	Control	34.171*	8.28	0.000
	Structural	Control	22.335*	8.303	0.014

Discussion

The present study was aimed to comparing the effects of group counseling of SFT and solution-focused therapy on the marital satisfaction and family function among married women. Regarding to the results, there was a meaningful difference in the effectiveness of the three groups on marital satisfaction. This difference was seen between the groups of structural intervention group and control, and between the groups of SFT and control. However, the two cases groups had not a significant difference. The average score of family function in the cases groups increased in Before the intervention. Moreover, the average scores of marital satisfaction in the experimental groups demonstrated a significant difference before and after of intervention, a result which is indicative of an improvement in the marital satisfaction and family function of subjects in the intervention groups. However, there was not a significant difference in the before and after stages.

So far, no study has been done directly with the aim of comparing group counseling with a structural therapy approach and solution-focused therapy approach. The lack of significant difference between the two experimental groups regarding their effect on marital satisfaction is indirectly in accordance with the study of Azadi (20). Some possibilities could be explained using the obtained result. Goldenberg, et al. made a comparison between therapeutic methods in the realm of family therapy and argued that the similarity of solution-focused therapy and SFT is their unit of investigation. The investigation unit of both

of these methods is three-unit (i.e. structural and solution-focused therapy both see the place of trauma, pathological behavior or anomalies inside the individual (one-unit) and the result of inappropriate interactions of the members of the two-unit (couple) and three-unit (family) element (10). This similarity between the structural and solution-focused approaches may be the reason for non-significance of the comparison between these methods in affecting marital satisfaction.

In this study, the solution-focused intervention group and the control group revealed a significant difference regarding marital satisfaction. The findings of Odell et al. and Nazari et al., confirmed the effect of solution-focused therapy on increasing marital satisfaction (21, 22). The effectiveness of solution-focused therapy on marital satisfaction could be explained as follows. Based on the arguments of De Shazer, in order to solve a problem, first, the reality must be changed through modifying the language (23). In the current study, the shift of clients from talking about the problem to the solution played a significant role in the improvement of marital satisfaction. Talking about the solutions was done with the objective of guiding the clients and was conducted through developing and creating exceptional moments.

Moreover, the structural intervention group and the control group on marital satisfaction had a significant difference, which is in accordance with the studies conducted by Ashuri, et al., and Parcover, et al., (24, 25). In order to explain the reason why Group counseling with structural

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approach improved the marital satisfaction of clients, Minuchin must be mentioned who believed that exchange patterns act as regulators of the family members' behavior (26). On the one hand, in this study investigated the exchange patterns among family members and their manner of communication with one another and faulty or repetitious patterns were corrected and modified. Some limitations including general rules and individual rules were determined for family members and in this way, some of the dissatisfaction between husbands and wives was improved. On the other hand, the functions of the marital subsystem which is among the main discussions of structural therapy was investigated. Two important responsibilities of the marital subsystem which are satisfying the needs of each other (husband and wife) and having psychological-social support for one another were investigated in the therapy session. By presenting some tasks to the women participating in this research about paying attention to each other and satisfying each other's needs, the clients who had failed to properly do these tasks, changed their attitudes significantly. The psychological-social support of the couples for each other improved through strengthening the family borders. The support of husband and wife for each other (marital subsystem) against the other subsystems resulted in an increase in marital satisfaction.

Here, the findings of the present study indicated a meaningful difference between the effectiveness of the three groups on the performance of the family. This difference was seen between two interventional groups of SFT and solution-focused therapy with the control group; however, the two interventional groups hadn't a significant difference. To the authors' best of knowledge, no study has to date compared the effectiveness of solution-focused and structural group counseling on the performance of families. In order to explain this result, the viewpoint of Yalom

about the comparison between therapeutic methods could be mentioned (27). Yalom believes that researchers need to compare different kinds of therapies with one another; however, in these researches, scholars should present a standard therapy (a uniform therapy for all the participants in the experimental research) so that other scholars and therapists can use and repeat it in the future. In fact, the equal treatment of the consultant with the clients causes the members of the group to have similar effectiveness which could be a justification for the lack of significant difference between the pre-mentioned methods.

The significant effect of solution-focused therapy approach in comparison to the control group on the performance of the family is indirectly in agreement with the study of Delavar et al (28) and Ramisch, et al. (29). In order to justify this result, we can refer to one of the assumptions of solution-focused therapy which is that the changing of one of the family members or couples could change the other individuals in the system (22). In the current study, due to some changes made to the solutions of the clients, many of their problems related to family, roles and emotions were solved. This result was very important and effective, since the results of the effects of solution-focused therapy on the family performance of women participating in the study indicated that most of the problems related to the family are solvable by presenting proper solutions and there is no need for the therapist to search for the cause of the problem or the troubled individual.

The effectiveness of structural therapy approach in contrast with the control group on the performance of the family is in accordance with the studies of Minuchin, Ramisch, et al., and Mousavi, et al (26, 29, 30).

In order for a family to be effective and have a decent performance, it must have three characteristics: having clear generational boundaries, having unity regarding important issues and having

power and authority along with rules (10). Accordingly, counseling with a structural approach revised the boundaries in the family and hence, individuals who had previously lost their main role were replaced in their own subsystems. Therefore, the family system was brought forth again and by being placed in their main roles, family members were able to do their duties properly. Moreover, part of the family performance was improved through changing the tasks of each family subsystem and correcting the situation of family borders.

The study limitations can include the lack of a program for the control group. Also, since only married women participated in this study, it is suggested that authors be careful in generalizing the results. Furthermore, the use of a quasi-experimental research design caused the researcher to be unable to eliminate all disturbing variables and this condition is reported as a limitation.

Conclusion

According to the results of this study, it can be said that group counseling with De Shazer's solution-focused therapy approach and Minuchin's structural approach can improve marital satisfaction and the performance of married females' families. Also, with respect to the findings of the study, it could be argued that solution-focused group counseling is more effective than structural group counseling in improving family function and marital satisfaction. Furthermore, solution-focused therapy and SFT may be used in the form of group counseling and with the attendance of married females to improve family function and marital satisfaction as two basic components in the scope of families. According to the results, it is recommended that solution-focused and structural family therapies be used for solving marital issues of married men.

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