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Effectiveness of Solution-Focused Brief Therapy on Marital Commitment and Marital Burnout among Couples with Marital Conflicts: A Randomized Trial

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ABSTRACT

Background & aim: Any problem faced by maladjusted couples has roots in their little knowledge of their own moods, emotions, and personality traits. The present study investigated the effectiveness of solution-focused brief therapy (SFBT) on marital commitment and marital burnout among couples with marital conflicts.

Methods: This quasi-experimental research was performed based on a pretest-posttest control group design. The statistical population consisted of all couples who visited the couple therapy clinics of Mahshahr, Iran, in 2019. Using convenience sampling, 60 participants were selected and randomly divided into experimental and control groups. The research tools included the Marital Burnout Questionnaire and Marital Commitment Questionnaire. The experimental group participated in eight sessions of SFBT, whereas the control group only received routine counseling. At the end of the intervention, participants were administered a post-test and a follow-up questionnaire. Data were analyzed by SPSS software-23.

Results: The mean of post-test scores for marital commitment and marital burnout were 196.10±18.72 and 48.81±5.32 in the experimental group and 100.27±5.43 and 75.79±4.28 in the control groups, respectively. The results showed that the mean score of marital commitment was higher and the men score of marital burnout was lower in the experimental group than in the control group, and the difference between the two groups was significant ($p<0.001$).

Conclusion: SFBT was effective in reducing couples' marital burnout and improving their marital commitment. Therefore, this intervention is recommended to be used in counseling centers to reduce marital conflicts in couples.

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Introduction

The family is the most important pillar and the main component of any society. A prerequisite to achieve a healthy society is the health of families, which depends on the acceptable mental health status of family members and good relationships between them (1). The family is a place where individuals can satisfy their various physical, intellectual, and emotional needs. The main reasons for marriage are love and affection, the need to have a partner in life, satisfying emotional and psychological needs, and increasing happiness and contentment (2). Moreover, the most common goals of couples are solidarity, freedom, love and affection, family formation, sexual mutual understanding, and having children (3).

Although men and women are more sustainably committed to each other at the beginning of marriage, the reality is sometimes

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different. Studies have shown that half of the housewives assume that they are losers in their marital life, mainly due to marital problems (4). It seems that some simple problems can lead to more serious conflicts among couples who have many differences, have grown in totally different environments, and do not sufficiently know each other. If such simple problems are not appropriately addressed, they can threaten the marital life of couples and cause marital burnout (5-6).

The most common problem among unhappy couples is their failure to communicate with each other. Any problem of helpless and maladjusted couples has roots in their little knowledge of their own moods, emotions, thoughts, and personality traits. There are methods to help such couples to increase their knowledge of each other, learn effective communication skills, improve marital commitment, and solve their problems (7). Studies found a relationship between emotion avoidance and reduced satisfaction in an intimate relationship (8, 9). The relationship between emotion expression and the quality of an intimate relationship is complex which is influenced by various factors, including the level of marital satisfaction. When we succeed or fail in something like marriage or marital relationships, we naturally think about the reasons behind our success or failure. In fact, we review our own performance and look for anyone or anything that may be responsible for our performance (10-12).

There are currently several theoretical perspectives and approaches which seek to explain and resolve marital conflicts. Solution-Focused Brief Therapy (SFBT) is a short-term therapeutic intervention which aims to help couples (13). SFBT has received great attention in recent years because of its emphasis on rapid treatment-dependent changes and respect for the views of clients, both of which are in line with the philosophy of health care (14). SFBT is a future- and goal-oriented approach. Lack of on time treatment intensifies the conflict problems of couples. Solution-oriented therapy reminds the problem-solving skills to couples when needed and enables them to break the vicious cycle of the problem and develop long-term solutions (15). Solution-focused couple therapy focuses on not only recognizing what is being done and built but also on eliminating ineffective and useless patterns. Changes in one spouse can influence other individuals in a system. Studies have shown that this approach can work well and produce favorable results even in emergencies (16-18).

Since there are few research on the effects of SFBT on marital commitment and marital burnout of couples, the present study was performed to investigate the effectiveness of SFBT on marital commitment and marital burnout among couples with marital conflicts.

Materials and Methods

This study was conducted from May to September 2019. This quasi-experimental research was performed based on a pretest-posttest control group design. The study was approved by the Ethical Committee of Islamic Azad University- Bushehr Branch (code: IR.IAU.REC. 1399.200). The statistical population consisted of 128 couples who visited the couple therapy clinics of Mahshahr, Iran, in 2019. Of the study population, 30 couples were estimated to be included in the study using G-power software (test power=0.90, effect size=1.75, α=0.05), and based on the inclusion criteria and the scientific evidence of other studies (19). The participants were randomly assigned to the experimental (n=15 couples) and control group (n=15 couples) (Figure 1).

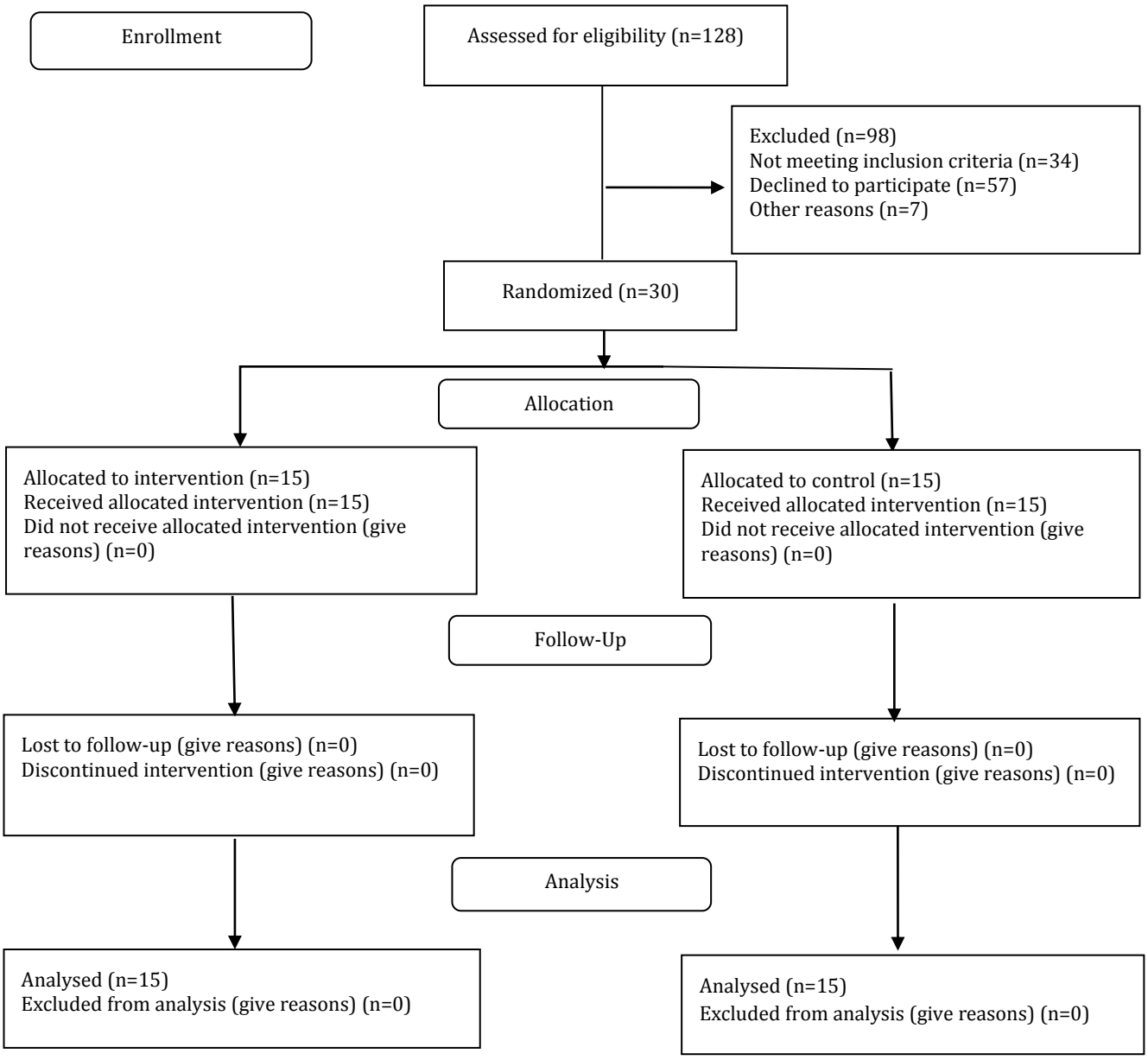
The inclusion criteria were a score above the average on martial burnout and a score below the average on marital commitment questionnaires, age of 25-45 years, no history of neurological and mental illnesses or hospitalization, no addiction to drugs, ability to participate in group therapy sessions, and willingness to participate in the study. The subjects in the experimental group who were absent in more than two sessions of the intervention and had no reluctance to continue the interventions were excluded from the study.

The research tools included the Marital Burnout Questionnaire and Marital Commitment Questionnaire. The Marital Burnout Questionnaire (MBQ) consisted of 21 items with three components of emotional exhaustion, psychological exhaustion, and physical exhaustion. The items are scored on a 7–point Likert scale, with 1 and 7 indicating “no

experience" and "high experience", respectively. The minimum and maximum scores are 21 and 147, respectively. A higher score on this questionnaire indicates higher marital burnout. Heshmati et al. (2022) reported alpha Cronbach coefficient of 0.91 for the Persian version of this questionnaire (20). In the present study, the Cronbach's alpha coefficient for the questionnaire was 0.87.

Marital Commitment Questionnaire, which was developed by Adams and Jones in 1997 is a 44-item questionnaire to measure couples' adherence to their spouse and marriage in three subscales of personal commitment, moral commitment, and structural commitment. The items are scored on a 5-point Likert scale ranging from 1 to 5. The minimum and maximum scores are 44 and 220, respectively.

Figure 1. The CONSORT flow diagram of intervention in the two groups



A higher score on this questionnaire indicates higher marital commitment. Mahmoudpour et al. (2018) reported alpha Cronbach coefficient of 0.89 for the Persian version of this questionnaire (21). In the present study, the Cronbach's alpha coefficient for the questionnaire was 0.83.

Table 1. A summary of instructions in eight sessions of SFBT

Session	Content
1	The group members introduced themselves and performed a pre-test, and behavioral limits and the rules, principles, and contracts of counseling sessions were discussed, the informed consent was obtained from members to participate in the intervention, the objectives of the intervention were explained, the participants were assured that they could change their conditions, the philosophy of intervention based on this approach was described, therapeutic cohesion and alliance were established, the couples and the therapist introduced themselves for each other.
2	The participants learned how to develop the treatment goals; they learned that the goals should be effective, positive, explicit and objective, practical, achievable, understandable and controllable, important, and exact, they also learned and practiced to organize the goals in small steps and in behavioral and practical vocabulary.
3	It was emphasized that we cannot change the past, but we can change our goals, it was assured that each of the spouses agreed on the preplanned therapeutic goals, therapeutic potentials were identified, the couples were encouraged to be autonomous and discover and express their abilities through questions highlighting past successes, the couples were encouraged to be autonomous and discover and emphasize the strengths of their relationship through questions focused on the positives of their relationship.
4	The participants' performance and experiences of previous sessions were evaluated and the homework was checked, the participants were assigned to discover and write down the strengths of their spouse and their relationship, each of the spouses was asked "What different things do you expect your spouse to do to make you feel valued and respected?" to identify effective behaviors, the therapist asked special questions to find exceptions in order to repeat and reinforce past positive behaviors, the current vicious cycles in the relationship between spouses (behaviors that have not been effective so far.) were identified, the therapist tried to get familiar with the way spouses communicate.
5	Each of the spouses was asked "How do you feel being noticed and admired by your spouse?", the "rating scale" technique was again used to assess the treatment progress (on this scale, 0 refers to the dire status of couples before the first session of intervention and 10 shows the mood similar to what mentioned in the miracle questions) (this technique was used twice: once at the beginning of the first session and once in the middle of the intervention).
6	The therapist asked the couples the miracle question and gave them enough opportunity to process the question and find the answer in silence; this technique aimed to activate the positive mentality of spouses to produce effective solutions.
7	The participants were encouraged to engage in recalling and consolidating solution-focused ideas. The therapist focused on the past and present conversations of the spouses in order to bring out and emphasize innovative and solution-focused ideas, and the participants learned how to use the important word "instead". The therapist taught couples that they could apply and experience other methods instead of current thoughts, emotions, and behaviors.
8	The previous session homework was employed as a therapeutic agent; the couples were asked to do the "write, read, and burn" technique according to the assignment in order to get rid of past mistakes, the couples were asked to use the "instead" technique to introduce 10 behavioral habits for their current and future relationship, solution-focused therapeutic tasks were assigned to change behaviors, the "180-degree rotation" was introduced to be performed by participants as a task.

After receiving permission from the university and obtaining the approval of the clinics in Mahshahr, Iran, the couples who met the inclusion criteria were selected as the sample and informed consent was obtained from them. After obtaining their written consent to participate in the study, they were randomly assigned to the experimental and control groups. All participants completed a demographic form, MBQ, and the Marital Commitment Questionnaire before and immediately after the intervention. The experimental group participated in an SFBT intervention, whereas the control group only received routine care and counseling. Table 1 provided a summary of instructions for SFBT. In addition, participants in the experimental group were invited to attend a meeting three months later to evaluate the effectiveness of the intervention. To observe ethical considerations, the intervention was also performed for those in the control group at the end of the study (Figure 1).

Descriptive statistics were used to describe the pre-test, post-test, and follow-up data. The one-way repeated measures ANOVA was used to investigate the research hypothesis. The independent t-test and paired t-test were used to determine the significance of the effect of the SFBT on the research variables. Data were analyzed by SPSS software (version 23.0). $p<0.05$ was considered statistically significant.

Results

The mean age of participants in the experimental group was 43.80±4.49 years for men and 36.26±4.40 years for women.

Table 2. Demographic variables of the participants in the experimental and control groups

Variable		Solution-focused brief therapy (n=15 couples)	Control (n=15 couples)	P-Value
Mean ± SD age of men (years)		43.80 ± 4.49	42.77 ± 4.58	0.382
Mean ± SD age of women (years)		36.26 ± 4.40	35.72 ± 5.11	0.662
Duration of marriage (years)		8.27 ± 3.65	9.91 ± 4.19	0.111
Education of men and women	High school College education	23 (76.67%) 7 (23.33%)	21 (70.00%) 9 (30.00%)	0.562

The demographic characteristics of the participants were presented in Table 2. The independent sample t-test and chi-square test showed that there was no significant difference between the two groups in terms of demographic variables.

Table 3. Mean of marital commitment and marital burnout in the experimental and control groups

Variables	Solution-focused brief therapy	Control	Mean Difference	SE	P-Value (between groups)
	Mean ± SD	Mean ± SD			
Marital commitment					
Pre-test	98.50 ± 5.00	98.84 ± 5.72	0.34	1.39	0.807
Post-test	196.10 ± 18.72	100.27 ± 5.43	-95.83	3.56	0.001
Follow-up	194.23 ± 13.94	99.93 ± 4.85	-94.30	0.95	0.001
Marital burnout					
Pre-test	77.94 ± 4.42	77.65± 4.87	-0.29	1.20	0.810
Post-test	48.81 ± 5.32	75.79 ± 4.28	26.98	1.25	0.001
Follow-up	51.95 ± 7.87	76.94 ± 4.24	24.99	1.63	0.001

Table 3 showed that the mean of marital commitment and marital burnout in the experimental and control groups in the pre-test, post-test, and follow-up. There was no significant difference in the marital commitment and marital burnout between the experimental and control groups in the pre-test stage. A comparison of the mean values between the groups in post-test indicated the increased mean score of marital

commitment and the reduced mean score of marital burnout in the experimental group (p<0.001). The solution-focused intervention was effective in improving marital commitment and reducing marital burnout; these results were persistent until the follow-up stage (Table 3).

Results of one-way repeated measures ANOVA indicated that time or phase of evaluation had a significant effect on marital commitment and marital burnout scores of the couples with marital conflicts (p<0.001). Table 4 presented a pairwise comparison of marital commitment and marital burnout scores according to the evaluation phase. The results indicated that there was a significant difference in the pre-test, post-test, and follow-up phases in terms of marital commitment and marital burnout scores in the couples (p<0.001). According to the results, SFBT increased marital commitment scores in the post-test and follow-up phases compared to the pre-test phase. Moreover, SFBT decreased marital burnout scores in the post-test and follow-up phases compared to the pre-test phase (p<0.001).

Table 4. Results of pairwise comparison of the marital commitment and marital burnout across time series

Variables	Phase A	Phase B	Mean difference (A-B)	SE	P
Marital commitment	Pre-test	Post-test	97.60	3.54	0.001
		Follow-up	95.73	2.70	0.001
	Post-test	Follow-up	-1.87	4.26	0.662
Marital burnout	Pre-test	Post-test	-29.13	1.26	0.001
		Follow-up	-25.99	1.65	0.001
	Post-test	Follow-up	3.14	1.73	0.075

Discussion

The present study aimed to investigate the effectiveness of SFBT on marital commitment and marital burnout among couples with marital conflicts in Mahshahr (Iran). The results showed that SFBT increased marital commitment scores in the post-test and follow-up phases compared to the pre-test phase. This finding was consistent with the results of previous studies (17, 22). Abbasi et al. (2017) showed that SFBT reduced the rate of depression and increased marital satisfaction in women with depression and unsatisfied marital life (17). Olia Zadeh and Raeisi (2017) reported that solution-oriented method can be proposed as an efficient method to relieve marital conflicts and promote life quality in couples referring to the family interventions center (22). To justify this finding, it can be stated that the solution-focused approach encourages clients to express their problems because they find a gap between the demands of the environment and perception of their ability to cope with these demands.

Inevitably, in their reports, they ignore the recognition of those areas of their lives that are most part of the solution. The story of their problems lacks depth and breadth, leaving them alone with a limited perspective of the problems which may face in the future; such incomplete and unbalanced stories make the clients to accept unrealistic rules of life leading to marital burnout and poor marital commitment (23, 24). The solution-focused approach encourages clients to break this vicious cycle and develop positive anecdotes about their own resources and competencies (18). Poor marital commitment can be highly vulnerable to the events of married life and the attitude of members, especially wife and husband, toward the relationship affects this process. One of the basic principles of the solution-focused approach is focusing on solutions alone which solves most problems (25). Since men and women are different in the nature of their relationships, the solution-focused approach considers the uniqueness of any client and all the problems and then encourages them to find solutions which best fit their worldview. On the other hand, by emphasizing interpersonal relationships, the solution-focused approach trains the clients to express their own emotions while understanding the other side's different views. As a result, this method improves the marital self-efficacy of couples (17).

The solution-focused approach reiterates that problems may persist in the interpersonal world of clients due to some problem-bearing behaviors; the first step to solving a problem is

to change the problem-bearing behavior (26). Therefore, solution-focused group therapy helps clients make changes in their lives by finding exceptions in their lives and inventing useful and efficient solutions in collaboration with the group members. In this approach, it is assumed that all the client needs for solving a problem is to make a crack in the problem to reduce it. Since changes comprise an integral part of therapies and minor changes lead to major ones, any perceptual and behavioral change can reduce the client's problem (27). During the solution-focused group therapy sessions, clients find the ability to come up with solutions and discuss the problems with their spouses and resolve them through consultation instead of not talking to their spouses about problems that may exacerbate marital burnout (physical, mental, and emotional). There is ample evidence that the solution-focused approach is an effective therapy for improving marital life (13). This approach assumes that clients can achieve positive changes in a short period of time by emphasizing solution-oriented rather than problem-oriented talks.

The results of the present study showed that SFBT decreased marital burnout scores in the post-test and follow-up phases compared to the pre-test phase. This finding was consistent with the results of previous studies (18). Shirashiani et al. (2017) reported that the solution-focused therapy is significantly effective in marital adjustment of incompatible women. SFBT can also effectively help couples use words as a way to reduce marital burnout (physical, mental, and emotional) (18). Based on a non-pathological view of problems, the solution-focused approach focuses on "communication" as a basis which can cause empathy, warmth, and acceptance and reduce components of marital burnout. In fact, the solution-focused approach indicates that since marital burnout is the result of internal realities, rather than external ones, there is no single solution to any problem; there are many solutions, you just have to discover them. The solution-focused approach helps clients come up with a solution by looking at behaviors and situations (16). Based on this approach, clients should focus on mutable issues because changes are inevitable. The couples' attitude towards each other is the other factor which can cause marital burnout. In this study, the solution-focused approach was applied to correct dysfunctional attitudes affecting marital burnout. In this approach, solutions are obtained by recognizing and applying exceptions and not by exploring and explaining problems. This approach helps clients resolve their grievances by doing or thinking about something different to enjoy a higher level of satisfaction with their lives (15). This approach helps the client make a shift from talking about the problem to talking about the solutions. The primary objective of the solution-focused approach is to make clients think about what they can effectively do, what resources they possess, and what effective things they have done in the past. Based on the cognitive component of the solution-focused approach, solution-focused counseling focuses on solutions rather than problems (16). The cognitive components in the solution-focused approach improved the marital burnout in this study.

Poor marital commitment of couples can be attributed to the inefficiency of the family system, especially parents. Malfunctioning of the family disrupts the family system and causes the failure in fulfilling the duties. Obviously, poor marital commitment does not happen all at once; it results from an inefficient process in marital relations. Therefore, the role of adjustment in marital relationships has always been considered by family experts, as they argue that the absence of adjustment is the main cause of poor marital commitment and severe marital burnout (28). SFBT seeks to help individuals effectively solve their problems while positively expressing their emotions in stressful situations (29). This approach aims to train couples to gain a common view of the issues to address the existing challenges collaboratively. The obvious result of this process is the improved marital commitment. Moreover, by focusing on solutions rather than problems, this approach helps clients to find effective solutions under the therapist's supervision. In SFBT, the clients are not expected to find a specific solution for a specific problem, but they are expected to practice problem-solving techniques to achieve a general abstract principle or law which can be generalized to other situations. SFBT can reduce

the psychological effects of role overload among couples.

One of the limitations of the present study was the small sample size; although there was no participants' dropout this study, the small sample size did not allow us to accurately estimate the effect size of this intervention. The other limitation was the use of self-report measurement tools that have some inherent problems such as measurement error and lack of self-control. In addition, since this study was conducted on couples living in Mahshahr, Iran, the study findings should be cautiously generalized to other regions.

Conclusion

It can be concluded that the couple therapy based on the choice theory was effective in improving marital commitment and reducing marital burnout, and these results were persistent until the follow-up stage. This approach helps clients to be responsible and active in their lives and look for effective practices and behaviors. SFBT in small groups can be a good strategy to achieve many goals related to reducing the sychological effects of role overload among couples. Therefore, this intervention is recommended to be used in counseling centers and by couple therapists to reduce marital conflicts in couples.

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Conflicts of interest

Authors declared no conflicts of interest.

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