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Effectiveness of Structural Couple Therapy and Intensive Short-Term Dynamic Psychotherapy on Intrapersonal-Interpersonal Skills and Family Function in Couples

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ABSTRACT

Objective: The current investigation sought to evaluate the efficacy of structural couple therapy in conjunction with Intensive Short-Term Dynamic Psychotherapy (ISTDP) regarding the enhancement of intrapersonal-interpersonal skills and family function of couples.

Methods: The research methodology employed was a quasi-experimental design incorporating pre-test and post-test assessments alongside a control group. The statistical population comprised couples who sought assistance at counseling centers within Tehran and who exhibited difficulties in performance, intrapersonal, and interpersonal competencies. A total of 24 couples were selected through convenience sampling and subsequently allocated at random to two experimental groups and one control group, with each group containing eight couples. The two experimental cohorts underwent six treatment interventions distributed over a total of twelve sessions. The instruments utilized in this study encompassed the Family Assessment Device (FAD-I), Intrapersonal-Interpersonal Skills Couple Scale (IISCS), and clinical interviews. Analysis of covariance alongside the LSD test was employed to facilitate comparisons of mean scores among the groups.

Results: The findings indicated the significant effectiveness of both structural couple therapy and ISTDP in enhancing couples' performance as well as their intrapersonal and interpersonal skills. Nevertheless, no statistically significant differences were detected between the two experimental groups. The results unequivocally demonstrated that intrapersonal skills experienced enhancement within the ISTDP group, whereas improvements in interpersonal skills were observed within the structural group ($P<0.001$).

Conclusions: In light of the findings, it is recommended that integrated methodologies that concurrently incorporate both intrapersonal and interpersonal dimensions be adopted in interventions targeting couples.

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Introduction

The family unit represents the quintessential social institution, exerting a pivotal influence on the overall health and functionality of society. Couples, serving as the driving force behind the familial dynamics throughout the life cycle, necessitate focused attention and analysis. The inception of the marital relationship is characterized by elevated expectations and enthusiasm, which subsequently transitions into a phase of mutual disillusionment and adaptation, ultimately culminating in a more sophisticated and adept partnership (McKay et al., 2006).

A salient concern within marital empowerment initiatives pertains to the training of communication skills (Khajeddin et al., 2011). Empirical research and scholarly investigations concerning couples' dynamics underscore the significance of life skills in fostering satisfaction among partners (Yalcin & Karahan, 2007). This study explores competencies encompassing two primary domains: intrapersonal skills and interpersonal skills, drawing upon the outcomes of qualitative-quantitative research aimed at the construction and validation of a scale measuring these skills within couples. The interpersonal constructs analyzed include individuality versus belonging, spousal awareness, empathy, and conflict resolution, while the intrapersonal constructs incorporate issues related to the syndrome of returning to the maternal home, management of defense mechanisms, cognitive distortions, and anger regulation (Saadatmand et al., 2018).

One notable interpersonal skill investigated in this research is the comprehension of the principles governing the balance of togetherness and separateness. This skill embodies a sense of belonging and externalization within the familial context, concurrently maintaining a degree of individuality. The interplay of individuality with belonging signifies a healthy form of separation, which enables individuals to preserve objectivity by dissociating emotional responses from cognitive processes (Gladding, 2004). Thus, the maintenance of individuality in conjunction with belonging is fundamentally integral to an individual's capacity for developing intimacy (Patrick et al., 2007). In an investigative study, Young and Long (1998) elucidated that a profound marital relationship mandates that couples cultivate the ability to communicate effectively while embracing their inherent differences. In this research, another critical interpersonal skill identified is the mutual awareness that partners hold of one another. An individual's capacity to introspectively assess and comprehend the cognitive states of others is intrinsically linked to the rationale behind these states and the predictive ability regarding their subsequent behaviors. Additionally, an individual's

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insight into the perceptions held by others about themselves has been demonstrated to influence two significant facets of interpersonal relationship dysfunctions: the provision of interpersonal support and the quest for social validation (Dattilio et al., 1999).

Another imperative interpersonal skill encompasses the capacity for empathy. Empathy serves to enhance familial and social relationships, promotes psychological safety and well-being, and facilitates the articulation of one's emotions while fostering an understanding of the emotions experienced by others (Burnette & Franiuk, 2010). In the context of empathy, an individual endeavors to adopt the perspective of another person to gain insight into their emotional experiences (Kordnoghabi et al., 2017). Individuals endowed with high levels of empathy typically exhibit positive emotional states and engage in constructive interactions with others. They manifest the ability to listen actively, articulate emotions effectively, and communicate through both verbal and nonverbal channels (Abdi et al., 2012). Proficiency in empathy can significantly contribute to the resolution of interpersonal conflicts and the regulation of one's emotional responses. Furthermore, empathy fosters a heightened sense of cooperation and mutual support among couples (Refahi & Moghtaderi, 2013).

Another significant interpersonal competency is the resolution of conflicts. The occurrence of conflict is an inherent aspect of intimate relationships, and marriage is no exception; the frequent and diverse interactions between partners yield numerous opportunities for discord (Weeks & Fife, 2014). Marital conflict is conceptualized as a continuum of disagreements within a spectrum of interpersonal interactions that encompasses behaviors leading to hostile, tense, confrontational, and conflicted relational dynamics (Buehler et al., 1998). Research conducted by Bookwala et al. (2005) demonstrated that the enhancement of conflict resolution skills correlates with diminished expressions of anger, resentment, and dominance in marital exchanges. Furthermore, it has been established that marital conflict exerts deleterious impacts on both the physical and psychological well-being of family members (Fincham, 2003). The repercussions of marital discord manifest significantly within the family context, including ineffective parenting, suboptimal child adjustment, and disputes between parents and children.

Another facet of couple skills examined in this research pertains to intrapersonal competencies, notably the ability to manage the syndrome associated with returning to the parental home. Unresolved intrapsychic conflicts that have been engendered and internalized from one's family

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of origin, along with early experiences and relationships with significant individuals, can profoundly influence a couple's perceptions, emotions, behaviors, and responses, thereby shaping their relationship dynamics through the mental representations of parental figures ingrained in the subconscious (Zielinski, 1999).

The persistence of unresolved internal experiences within marital relationships leads to the repetition of established patterns unless couples acquire the capacity to differentiate from their previously internalized experiences (Muro et al., 2016). Weiss (2014) indicated that the family of origin exerts a lasting influence on the quality of marital life. Empirical studies (Muraru & Turliuc, 2012) have indicated that individuals' perceived constructs of their family of origin serve as predictors of their children's marital patterns. An additional intrapersonal skill involves the management of defense mechanisms. It is imperative to recognize that defense mechanisms operate both consciously and unconsciously, influencing the extent of cognitive and emotional processing within the individual; maladaptive defense mechanisms can disrupt the emotional equilibrium of the individual. According to the conceptualization of defense mechanisms, this process endeavors to alleviate cognitive dissonance and mitigate abrupt fluctuations in internal or external realities by shaping the perception of threatening events (Perry et al., 2013). Defense mechanisms have the potential to alter emotional perceptions, distort attention to reality, and divert focus away from critical situations (Chung & Choi, 2014). Yasaq and Golestane (2013) found a positive correlation between well-developed defenses and marital satisfaction, while underdeveloped defenses exhibited a negative correlation, with both categories of defense mechanisms significantly predicting marital satisfaction. Furthermore, another intrapersonal skill pertains to the regulation of cognitive distortions. Cognitive distortions are characterized as excessively exaggerated, rigid, irrational, and absolute convictions regarding the nature of interpersonal relationships. The presence of cognitive distortions can adversely influence marital satisfaction. Another important intrapersonal skill is the management of anger. Anger is conceptualized as an aversive internal emotional condition exhibiting variability in frequency and intensity, frequently characterized by distorted cognitions and perceptions, physiological arousal, and an augmented inclination to engage in culturally proscribed verbal or physical actions (DeWall et al., 2011). A multitude of studies indicate that acquiring the capacity to regulate anger markedly diminishes marital discord and enhances overall life satisfaction (Parvin et al., 2014). Within the

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scope of this investigation, family functioning emerges as an additional variable warranting examination. The concept of family functioning is delineated as a collaborative endeavor aimed at establishing and maintaining equilibrium within the family unit; it encompasses the capacity to adapt to alterations, resolve conflicts, foster solidarity among members, and successfully implement disciplinary frameworks, delineate personal boundaries, and enforce regulatory practices and principles governing this institution, all with the overarching objective of safeguarding the integrity of the family system. The family unit is posited as a fundamental institution wherein the health of society is perceived to be contingent upon the effective functioning of familial structures (Ja'fari Harandi & Islami Harandi, 2021). The McMaster model emphasizes the significance of the functioning of the couple's family of origin, with particular attention to components such as adaptive skills, problem-solving capabilities, and the capacity to navigate changes throughout the processes of family evolution and development, as well as the coping mechanisms that most profoundly influence the physical and emotional well-being of its members (Epstein et al., 2003). According to Goldenberg, family functioning is defined as the family's capacity to fulfill essential needs, encompassing emotional, psychological, and physiological dimensions; conversely, a dysfunctional family is deemed incapable of satisfying these fundamental requirements (Shiri & Godarzi, 2020).

Research conducted by Muraru and Turliuc (2012) has illustrated that the dynamics of family interaction and functioning exert a substantial influence on the quality of marital relationships and interpersonal connections. It is imperative to regard the experiences within the family of origin and their correlation with the couple's skills as critically important, as an individual's comprehension of these experiences and skills significantly impacts the caliber of marital relationships and the institution of marriage itself. Farzi et al. (2020) indicated that family functioning demonstrated a significant correlation with the fulfillment of fundamental needs, the management of inconsistencies, the capacity to adapt to changes throughout life processes, the effectiveness of disciplinary methodologies, the observance of boundaries and limits within the family, and the solidarity among its members. A cohort of researchers has endeavored to identify strategies aimed at enhancing family functioning and augmenting the skills of couples, particularly focusing on the dimensions of intrapersonal and interpersonal skills that possess potential for management, assessment, modification, and growth. Family structure is characterized as an

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assemblage of latent roles through which family members engage in communication with one another; consequently, enhancing this structure via structured counseling interventions facilitates observable changes in the roles associated with family functioning.

In systemic and structural paradigms of family therapy, the primary emphasis is placed on the interpersonal dynamics among family members as well as the broader social networks that facilitate familial development (Muntigl & Horvath, 2016). A notable methodology within this framework is the Minuchin approach. Minuchin (1991) posited that structural modifications within the family unit must transpire prior to any diminishment of symptomatic manifestations. Within this framework, the structural therapist becomes cognizant of the governing rules that dictate family interactions and actively endeavors to enhance these regulations. By integrating into the family system and aligning with their communicative style, Minuchin and other proponents of structuralism aspire to reorganize the familial structure, thereby impacting maladaptive family functioning and directly addressing the disordered familial organization. Structuralists predominantly adopt a systems-oriented perspective, with prominent figures such as Minuchin and his associates, including Edgar Oswald, Broglio Montalvo, Jay Healy, and Charles Fishman, being widely recognized in the field (Goldenberg & Goldenberg, 1983). Structural family therapy has experienced three significant transformations: initially, the processes of information acquisition, goal establishment, and treatment design and execution; subsequently, the dynamics of the child-family relationship; and lastly, an increased focus on the emotions and emotional states of the family (McGeorge et al., 2014).

A comprehensive examination of the scholarly literature within the domain of family psychology reveals that various theoretical frameworks have been proposed in the form of couple therapy models aimed at enhancing the efficacy of marital competencies, one of which is the structural family therapy model introduced by Minuchin and his collaborators (Minuchin, 1991). The structural approach is predicated on the notion that the family transcends the individual psychobiological dynamics of its members. Family members interact within specific configurations that dictate their communicative exchanges; however, it is important to recognize that these configurations are often not explicitly articulated or even recognized. The essence of this structure adheres to a system that is distinct from the individual characteristics of each member (Goldenberg & Goldenberg, 1983).

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Certain empirical evidence indicates the efficacy of this methodology in the realms of family psychology and couples' psychotherapy, along with its beneficial impact on enhancing specific capabilities among couples (Parisuz et al., 2019). In a general sense, to facilitate couples and family members in achieving optimal functional outcomes, constructivist approaches endeavor to reconstruct the rules governing familial exchanges and to educate family members on more effective strategies for managing stress. In this context, boundaries are redefined between family subsystems, the power hierarchy within the family is recalibrated, and differentiation alongside individuality is developed within interconnected relationships, while interaction, belonging, and adaptability are cultivated within fragmented family units. In this scenario, the establishment of effective regulations assists couples and other family members in relinquishing their maladaptive functioning (Minuchin, 1991). Therapeutic interventions within a structural framework focus on familial exchange patterns and dysfunctional interpersonal interactions.

Intensive short-term dynamic psychotherapy (ISTDP) represents a viable modality aimed at ameliorating and augmenting the competencies requisite for couples. ISTDP constitutes one of the therapeutic methodologies that employs interpretation as its primary instrument of intervention, while also extensively utilizing transference. The emphasis on emotional experiences is pronounced; furthermore, the maintenance of a heightened level of transference during the initial therapeutic sessions fosters improved therapeutic conditions, enhances client motivation, and facilitates the active interpretation and dissociation of defensive mechanisms (Davanloo, 1995). ISTDP aspires to achieve individuation, diminish self-punitive behaviors, augment the capacity to cultivate satisfying interpersonal relationships, lessen defensive postures, and promote greater ease in the expression of emotions (Thoma & Abbass, 2022).

Within the framework of ISTDP, moment-to-moment engagement, exposure, and somatic feedback are employed to address emotional conflicts. Clients often become detached from reality as a result of prior distressing experiences and the employment of defense mechanisms. Consequently, this therapeutic approach encourages clients to confront authentic emotions and articulate their emotional realities (Thoma & Abbass, 2022). The framework ISTDP, through the enhancement of communicative efficacy—which encompasses the capacity to articulate opinions and emotions with clarity, to actively listen to one another, and to heighten awareness of nonverbal communication and its implications—facilitates a more lucid articulation of roles, expectations,

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and responsibilities associated with each role, as well as an understanding of the intergenerational dynamics within the family. It also fosters an increased sensitivity to the individual requirements of each couple and family member, while simultaneously endorsing the principles of individuality and autonomy, and recognizing the inherent limitations of each individual. This approach further rectifies exaggerated projections and identifications among couples and family members, alleviates anxiety related to concealed and overt expressions of anger, diminishes fears surrounding separation, and enhances the capacity for comprehension and resolution of interpersonal conflicts inherent in marital responsibilities (Town et al., 2013). ISTDP has demonstrated efficacy in enhancing relational dynamics and marital satisfaction. Prior research has indicated the application of this therapeutic modality in couples therapy, highlighting its beneficial impact on the enhancement of various couple-related competencies (Chavooshi et al., 2016).

Interventions associated with ISTDP have been evidenced to enhance marital satisfaction, diminish marital discord, and bolster marital adjustment (Parisuz et al., 2019). Research concerning issues encountered by couples utilizing these two methodological frameworks predominantly concentrates on the conflicts that arise within relationships, and a notable absence of scholarly inquiry has been identified that seeks to enhance couples' competencies through the application of these two approaches; furthermore, in the realm of studies pertaining to couples psychotherapy, a lack of research has been noted regarding the identification of which psychotherapy modalities are efficacious in augmenting intrapersonal skills and which are effective in enhancing interpersonal skills. Consequently, the objective of the current investigation is to examine the efficacy of structural couple therapy and Intensive short-term dynamic psychotherapy (ISTDP) in the enhancement of intrapersonal skills, interpersonal skills, and overall family functioning among couples.

Material and Methods

The current investigation is characterized as an experimental study employing both pre-test and post-test methodologies alongside a control group. The statistical population targeted in this investigation comprised all couples residing in Tehran who sought assistance from counseling and psychological service centers due to deficiencies in intrapersonal and interpersonal competencies

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within their relationships, and who exhibited suboptimal levels of marital skills and family functioning. The inclusion criteria for couples participating in this research necessitated possession of a minimum of a high school diploma, a duration of marriage extending beyond three years, and an age range from 18 to 46 years; conversely, the exclusion criteria encompassed the presence of clinical or personality disorders, any physical ailments that could impede treatment, such as epilepsy or diabetes, utilization of any form of psychiatric medication at least four months prior to the initiation of the first counseling session and extending until three months subsequent to the conclusion of the counseling period (up to the end of the follow-up period), as well as engagement in any alternative psychological services concurrently with the counseling regimen until three months after the termination of the counseling period. The sampling technique employed was convenience sampling.

The prerequisites for each couple's participation in the study were thoroughly evaluated, and both the family functioning questionnaire and the researcher-developed intrapersonal-interpersonal skills questionnaire were administered. Following the initial interview and the assessment scores derived from the pre-test questionnaires, a total of 24 couples (comprising 48 individuals) were ultimately accepted, subsequently allowing for the random allocation of 16 couples to two experimental groups and 8 couples to the control group. The first experimental group engaged in an Intensive Short-Term Dynamic Psychotherapy intervention comprising six distinct steps over the course of 12 sessions, which included both joint participation of couples (8 sessions) and individual sessions (4 sessions). The second experimental group (Structural Couple Therapy) also participated in a comprehensive 12-session Structural Couple Therapy program, adhering to the same six-step framework with both couples present.

Instruments

Family Assessment Device (FAD-I): Family Assessment Device (FAD-I) was utilized to evaluate family functioning. This instrument is founded on the McMaster model, which is employed to assess the structural characteristics of families (Epstein et al., 2003), facilitating the evaluation of both healthy and dysfunctional family dynamics and interaction patterns among family members. The McMaster model delineates family functioning across six dimensions: problem-solving, communication, roles, emotional reactions, emotional participation, and behavioral inhibition. The development of the FAD-I, subsequent to factor analysis for its applicability in Iran, demonstrated

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a reliability coefficient ascertained via Cronbach's alpha coefficient for the role constructs at 0.92, the problem-solving construct at 0.75, the emotional expression construct at 0.77, and an overall scale reliability of 0.93, indicating statistical significance at the P<0.001 level (Najarian, 1996). The FAD-I consists of 45 items, with responses recorded on a four-point Likert scale ranging from strongly agree (1) to strongly disagree (4). Lower scores are indicative of healthier family functioning; this scale exhibits commendable internal consistency, with alpha coefficients ranging from 0.72 to 0.92. The overall reliability of the scale was established at 0.91 (Najarian, 1996). The McMaster scale, alongside the convergent and extrapolative validity coefficients pertaining to the Communication Patterns Questionnaire (CPQ) and the Locus of Control Questionnaire (LOCS) subscales encompassing emotional reactions and social integration, were recorded at 0.46, 0.36, 0.46, and -0.43 respectively, with statistical significance established at the level of (P < 0.0001). The reliability metrics of the questionnaire, evaluated in terms of internal consistency for research applications, were determined to range between 0.84 and 0.89, with a test validity coefficient of 0.82.

Couples Interpersonal and Intrapersonal Scale: A custom-designed questionnaire was employed to evaluate the interpersonal and intrapersonal skills of couples, which was formulated with 72 items addressing intrapersonal-interpersonal skills distributed across two primary scales (intrapersonal and interpersonal skills) and eight subscales: management of defense mechanisms, differentiation from the syndrome of returning home, regulation of cognitive distortions, and anger regulation (intrapersonal), as well as empathy, conflict resolution, individuality, belonging, and awareness of the spouse (interpersonal). The construct validity examination revealed that the extracted factors accounted for 59.6% of the total variance. To investigate the convergent validity of the intrapersonal and interpersonal scales among couples, the concurrent administration of the Family Assessment Device (FAD-I) was employed. The Pearson correlation coefficient established a significant relationship between family functioning and the intrapersonal scale (r = -0.574) as well as between family functioning and the interpersonal scale (r = 0.735), both achieving significance at an error level of less than one percent (P ≤ 0.01). The Cronbach's alpha coefficients, utilized to assess the internal consistency of the questionnaire, were calculated at 0.76 for intrapersonal skills, 0.74 for anger, 0.77 for relapse syndrome, 0.78 for cognitive distortions, and 0.78 for defense mechanisms. For the interpersonal scale and its corresponding subscales, the

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coefficients were determined to be 0.75 for interpersonal skills, 0.78 for spouse awareness, 0.65 for conflict resolution, 0.74 for empathy, and 0.65 for individuality-belonging. The four-month test-retest reliability for intrapersonal and interpersonal skills was conducted with an assessment involving 80 participants. The correlation coefficients for the intrapersonal scales were found to be 0.54 and for the interpersonal scales were 0.81, while the intrapersonal subscales yielded correlation values of 0.62 for anger regulation, 0.59 for differentiation from relapse syndrome, 0.71 for the regulation of cognitive distortions, and 0.69 for the management of defense mechanisms. In terms of interpersonal subscales, the coefficients were 0.74 for spouse awareness, 0.69 for conflict resolution, 0.58 for empathy, and 0.62 for individuality-belonging, all of which achieved significance at the error level of less than one percent ($P \leq 0.01$). In this evaluative framework, the participant articulates their degree of concurrence with each inquiry presented. For instance, statements such as “In instances where I experience distress or anger towards my partner, I tend to retreat from him/her” are employed. Response alternatives are quantified utilizing a Likert scale ranging from 1 to 5, with the cumulative score reflecting the mean score across all items. Within the context of this investigation, an elevated score in interpersonal capabilities denotes proficiency, whereas a diminished score in intrapersonal competencies signifies high proficiency. Additionally, the factor validity of this evaluative framework has been substantiated (Saadatmand et al., 2018).

Method of Implementation

Subsequent to elucidating the research aims for the participants in the sample group, the questionnaire assessing family dynamics and the intrapersonal-interpersonal skills of couples was administered for preliminary evaluation. The members of the sample group were systematically randomized into experimental and control cohorts, wherein ISTDP and structural couple therapy interventions were conducted for the two experimental subsets.

The focal point of the Intensive Short-Term Dynamic Psychotherapy (ISTDP) methodology is the confrontation and articulation of emotions. The phases encompassed within the ISTDP is delineated as follows (table 1) and content of the "Structural Couple Therapy" is presented in table 2.

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Table 1. Phases encompassed within the ISTDP

Session	Content
1	The principle of exploring the couple's problems with pressure and challenge and experiencing emotions to clarify defenses and focus on transference feelings and resistance in the transference (individual and couple)
2	Introducing couples to their defenses in relation to each other, clarifying defenses, examining the consequences of defenses and responding to analysis of the couple's defenses
3	Directly engaging with transference resistance and intensifying transference feelings and confronting couples with the self-destructive nature that is the result of using defenses in the couple's relationship and challenging resistance and the collapse of the couple's defensive barrier (individual and couple)
4	Attention to the pathological dynamic forces that have occurred in other past relationships and the couple's confrontation and focusing on what is happening in the couple's relationship with the therapist and their other relationships and its repetition in the couple's relationship and approaching the couple's unconscious opening (individual-couple)
5	Systematic analysis of transference with analysis of the conflict triangle in the transference relationship and other dimensions of the person triangle, especially for couples who have body-building, psychosomatic symptoms and depression (Individual - Couple)
6	A dynamic exploration of the unconscious is carried out using the conflict triangle and the person of both couples, analyzing the material that has been revealed, and looking at the similarities and differences in the transference with each other and the past (exploring the life of the couple's family of origin is very important at this stage), and paying attention to the couple's unconscious feelings and overcoming the remaining resistances. (Individual - Couple).

Table 2. Summary of structural couple therapy sessions

Session	Content
1	In this step, we become familiar with the language of couples; for example, which of the couples or which couple has a marginal role in the page turner. While joining the couple and recognizing the structure, communication, and interactive context of the couple, it is necessary for the couple to feel safe in the therapy session, emphasizing the positive points of each couple. We gradually challenge what we have tracked.
2	In the change stage, clarifying ineffective interactions, forcing the couple to change their perspective on the problem and the responses they have used so far to solve the problem. In this session, before the change strategy and dealing with the pathological symptom, the systems and subsystems of the family are clarified, such as the subsystems of the husband and wife and how the husband and wife support and strengthen each other.
3	In the renovation stage, after activating spontaneous interactions and recalling dysfunctional interactions, (alternative) interactions are carried out. With an emphasis on what maintains dysfunctional communication between couples.
4	Awareness of boundaries within the husband-wife subsystem, as well as boundaries between the husband-wife subsystem and other subsystems of the family, is formed along with an explanation of the intertwined, clear, and dry boundaries and the formation of interventions within the session to form clear and specific relationships.
5	As a new hierarchy is formed, the concept that couples understand. Each wants to dominate the other is formed and we seek to recognize that changing the other requires changing ourselves.
6	In this session, the therapeutic triangle is considered, such as triangulating a couple with their child, along with reversing the roles of the couple and (de-triangulating)

Results

In the present study, 24 couples (48 people) participated and were alternated in the experimental and control groups. The descriptive results of the variables are presented in Table 3.

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The descriptive indicators show that a high score in family functioning and interpersonal skills indicates high functioning and skill, and a low score in intrapersonal skills indicates high skill. Accordingly, it is expected that in the post-test and follow-up stage, the average level of family functioning and interpersonal skills will be higher and the average level of intrapersonal skills will be lower.

Table 3. Statistical indicators of family functioning, intrapersonal and interpersonal scales

Variable	FAD-I scale		Variable	Intrapersonal scale		Variable	Interpersonal scale	
	M	SD		M	SD		M	SD
Family function	134.90	16.72	Intrapersonal Skills	82.56	11.19	Interpersonal skills	99.31	8.06
Roles	58.65	8.5	Anger	19.37	3.19	Spouse awareness	26.20	3.45
Problem solving	53.20	6.78	Return Syndrome	20.07	3.81	Conflict resolution	25.20	3.05
Emotions	23.82	4.14	Cognitive Distortions	21.66	3.82	Empathy	26.65	2.77
-	-		Defense Mechanisms	21.44		Individuality – belonging	21.25	

Table 3 outlines the mean and standard deviation values for measures of family functioning, intrapersonal skills, and interpersonal skills. When comparing average scores across groups categorized by age, gender, education level, or duration of marriage, the analysis revealed no statistically significant differences in family functioning or skill levels between these demographic subgroups.

Assumptions of covariance analysis

The scores for all variables followed a normal distribution. The Levene's test was used to assess homogeneity of variance between groups, and in all cases, the F-value indicated no statistically significant differences in group variances. Prior to the intervention, baseline measurements of the control variable were collected before any training or manipulation of independent variables. A critical assumption of analysis of covariance (ANCOVA)—homogeneity of regression slopes—was validated by confirming that the interaction effect between the covariate and independent variables (as indicated by the F-value) was non-significant. Additionally, there was no significant interaction between the control variable and independent variables across any measures, confirming that the assumptions of covariance analysis were met.

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Table 4. Results of the analysis of covariance of intrapersonal skills and its subscales in the post-test

Source	Variable	SS	DF	MS	F	P	Eta	Power
Group membership	Intrapersonal skills	110..82	2	551.91	10.54	0.001	0.378	0.998
Group membership	Return syndrome	45.44	2	22.72	7.32	0.001	0.305	0.977
Group membership	Cognitive distortions	26.83	2	13.41	1.89	0.143	0.102	0.460
Group membership	Anger	73.50	2	36.75	10.02	0.001	0.375	0.997
Group membership	Defense mechanism	202.77	2	101.38	10.83	0.001	0.625	0.999

In accordance with the information presented in Table 4, along with the outcomes derived from the analysis of covariance and the F test, it has been determined that both the dynamic and structural approaches hold statistical significance at a threshold of less than 1%, thereby indicating the existence of a substantial difference among the groups. To elaborate, the data illustrated in the aforementioned table suggests that the ISTDP and structural couple therapy methodologies have exerted a favorable influence on the intrapersonal skills as well as their respective subscales within the couples, and the LSD follow-up test was employed to ascertain whether these observed differences were attributable to the disparities between specific groups and their respective means. The findings indicate that both the ISTDP approach and the structural approach were successful in enhancing the intrapersonal skills and their respective subscales among couples. Nevertheless, the cognitive distortion subscale did not yield significant results during the post-test phase.

Table 5. Covariance analysis of interpersonal skills and its subscales at post-test

Source	Variable	SS	DF	MS	F	P	Eta	Power
Group membership	Interpersonal skills	502.51	2	251.25	6.56	0.001	0.315	0.963
Group membership	Spouse awareness	45.90	2	22.95	2.94	0.043	0.250	0.764
Group membership	Conflict resolution	47.40	2	23.70	3.62	0.019	0.278	0.763
Group membership	Empathy	121.13	2	60.65	7.39	0.001	0.307	0.978
Group membership	Individuality and belonging	85.77	2	42.88	4.73	0.006	0.321	0.874

According to the findings presented in Table 5, both the psychodynamic and structural methodologies exhibit significance at a threshold of less than $P < 0.01$, indicating the existence of a substantial disparity between the groups. In other terms, as derived from the data illustrated in Table 5, the psychodynamic and structural therapeutic techniques have positively influenced the interpersonal skills scale and its associated subscales. The subscales pertaining to individuality-belonging within the experimental group utilizing the structural approach demonstrate a significant distinction at a level of $P < 0.01$, while the group employing the dynamic approach shows a significant difference at a level of $P < 0.05$ when compared to the control group. A comparative analysis of the mean differences pertaining to the variable of spouse awareness at a level of $P < 0.05$ revealed a significant divergence within the structural group, whereas no significant

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difference was discerned in the experimental group utilizing the dynamic approach. The subscales addressing conflict resolution and empathy exhibited a notable difference during the post-test and follow-up phases when compared to the control group. The Least Significant Difference (LSD) post-test was employed to ascertain whether the observed differences were attributable to variations between the groups and their respective means. Based on the findings, both the psychodynamic and structural approaches proved effective in enhancing the interpersonal skills and foundational components of interpersonal skills among couples. A significant difference exists between the adjusted means of individuality-belonging and spouse awareness within the structural and dynamic groups at the $P<0.05$ level, with the structural method demonstrating greater efficacy. There is no significant difference observed between the adjusted means of conflict resolution and empathy within the structural and dynamic groups.

Table 6. Covariance analysis of family functioning and its subscales in the post-test

Source	Variable	SS	DF	MS	F	P	Eta	Power
Group membership	Family Functioning	1170.95	2	585.47	4.58	0.007	0.316	0.862
Group membership	Roles	136.78	2	68.392	1.617	0.197	0.088	0.399
Group membership	Problem Solving	51.32	2	25.66	0.598	0.651	0.032	0.154
Group membership	Emotions	65.79	2	32.89	3.55	0.046	0.33	0.895

According to the findings presented in Table 6, both the psychodynamic and structural approaches exhibit a statistically significant impact on family functioning in the post-test phase, with a significance level of less than $P < 0.01$. In other terms, the data encapsulated in Table 6 indicates that both methodologies have proven effective in enhancing the construct of family functioning.

No statistically significant differences were noted in the subscales pertaining to roles during the post-test phase at a significance level of $P < 0.05$. Additionally, the problem-solving construct did not reveal any significant differences during the post-test stage. Furthermore, no significant differences were detected in the subscale related to emotional expression at the post-test stage. The LSD follow-up test was employed to assess the efficacy of each intervention method.

The findings indicate that both the ISTDP group and the group utilizing the structural couple therapy method were successful in enhancing the functioning of couples. Nevertheless, no significant differences were identified between the two groups regarding psychodynamic and structural approaches in the post-test phase. In the follow-up phase, both the structural couple therapy group and the ISTDP group demonstrated significant effectiveness in improving family functioning, achieving a level of significance at $P < 0.01$. The problem-solving subscale did not

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yield any significant differences among the experimental groups. The variance in the adjusted means concerning family emotions illustrates that both groups were effective in enhancing the emotional expressions of couples at a significance level of $P < 0.05$. However, the difference in the adjusted means between the two groups was not statistically significant in the post-test phase.

Discussion

The current investigation was undertaken with the objective of exploring and contrasting the efficacy of structural couple therapy and short-term intensive psychodynamic couple therapy in enhancing intrapersonal skills, interpersonal skills, and familial functioning among couples. In examining the impact of short-term intensive psychodynamic couple therapy on the intrapersonal skills of couples, the findings from the analysis of covariance test indicate that the disparity between these two methodologies in the intrapersonal skills construct was not statistically significant. The outcomes of the pairwise comparison within the intrapersonal skills subscale, particularly in cognitive distortion, anger, and defense mechanisms, revealed that couples receiving dynamic therapy demonstrated greater effectiveness than those undergoing structural therapy.

The distinction between the two experimental approaches regarding the interpersonal skills construct was found to be statistically insignificant. Within the interpersonal skills subscale, the constructs of individuality-belongingness, roles, and spousal awareness were deemed significant, with structural couple therapy proving to be more effective than dynamic therapy. The results obtained from the family functioning scale, particularly in the subscale concerning the expression of emotions and roles, exhibited a significant difference between the two experimental methodologies, with couples utilizing the dynamic approach being more proficient in emotional expression compared to their counterparts in the structural approach, whereas the structural approach demonstrated greater effectiveness in role management. Consequently, dynamic couple therapy, by focusing on emotions, impulses, and the couples' capacity to access their emotional states more profoundly and to experience their emotions in a comprehensive manner encompassing cognitive, physiological, and motor components, was found to be more effective than the structural couple therapy model in the realms of anger regulation skills, cognitive distortions, defense mechanisms, and emotional expression.

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The enhanced efficacy of short-term psychodynamic couple therapy in regulating cognitive distortions, managing anger, and addressing defense mechanisms is attributed to its emphasis on unearthing concealed emotions, particularly anger within the individual, alongside an examination of transference distortions experienced by individuals. Such distortions have the potential to entrap couples in a cycle of repetitive past experiences, rendering them incompatible, thus effecting a transformation in the mental and behavioral paradigms of couples, and as a result, proving to be instrumental in diminishing cognitive distortions, regulating anger, and managing defense mechanisms.

In elucidating the efficacy of couple interventions within the framework of psychodynamic therapy on intrapersonal skills among couples, it can be asserted that short-term psychodynamic couple therapy paradigm demonstrated a substantial impact on the facets of intrapersonal skills and emotional expression scrutinized in this investigation by enhancing the individual's self-awareness, managing psychological defenses, focusing on concealed emotions, particularly anger, and differentiating the individual within the relational triad of past and present, alongside transference distortions, and in the conflict triad, attending to the individual's anxiety. Furthermore, through the exploration of the person triangle, namely, the dynamic examination of past experiences, especially concerning significant individuals and life events, it has proven to be effective in shaping skills pertinent to the family return syndrome. In alignment with the outcomes of this study, all researchers noted that short-term intensive psychodynamic therapy, which centers on childhood trauma and contemporary marital disputes, was efficacious in diminishing marital conflicts and enhancing marital adjustment (O'Leary, 2013; Prakash, 2010). Additionally, Buehler et al. (1998) observed the management of marital conflicts and its significant correlation with mental and physical health, as well as the overall well-being of couples.

By concentrating on the rectification of couples' impaired emotional experiences and neutralizing and challenging these experiences through their transference to current relationships, alongside scrutinizing and stressing cognitive, emotional, and behavioral responses in circumstances of anxiety and other distressing emotions, the therapy was effective in ameliorating intrapersonal anger regulation skills and attenuating cognitive distortions and flashback syndrome. As articulated by Muro et al. (2016), couples who are capable of distinguishing themselves from

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previously internalized experiences foster a relationship that is independent of the cyclical recurrence of unresolved internalized experiences in marital contexts.

In explicating the effectiveness of the structural couple therapy approach on interpersonal skills, as well as the subscales of individuality-belonging, and awareness of the spouse and respective roles, it is influenced by interventions that concentrate on rigid and intertwined boundaries and the dynamics of hierarchies within relationships, in addition to the couples' awareness of each other's plans, attentiveness to one another, and the fulfillment of mutual needs. The structural approach, by identifying and engaging with the known problematic couple, recognizing ineffective experiences in mutual responsiveness, pinpointing detrimental boundaries within couple relationships, addressing ineffective triangulations involving the couple's family of origin, individuals, circumstances, and children, as well as elucidating how alliances and styles of proximity and distance manifest in agreement and disagreement, has proven to be effective in cultivating skills such as maintaining distinction while preserving intimacy (individuality-belonging) and enhancing couples' awareness of each other and their relational performance. Dattilio et al. (1999) identified a noteworthy correlation between the capacity for self-awareness regarding one's own emotions and needs and the effective functioning of couples. Johnson et al. (2015) identified a significant correlation in a study focusing on couples' awareness of one another's emotions and the enhancement of intimate communication among partners.

The findings of the current study suggest that couple interventions based on ISTDP enhance the intrapersonal competencies of couples, while couple interventions based on a structural methodology, foster the enhancement of interpersonal skills among couples. A plausible rationale for the association between dynamic interventions targeting couples and the advancement of intrapersonal skills is that such interventions predominantly address intrapersonal conflicts; conversely, the relationship between structural interventions and the enhancement of interpersonal skills can be attributed to their focus on interpersonal conflicts.

The imprecision with which couples responded to the scale items constitutes one of the limitations of the research findings. Additionally, another limitation of this study is the fact that the researcher, assessor, and therapist were identical. In light of the study's findings, it is recommended that integrated models that simultaneously consider both intrapersonal and interpersonal factors of couples be employed concerning the interpersonal and intrapersonal skills of couples and their

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performance. Furthermore, it is advisable to implement an integrated model that combines short-term dynamic psychotherapy with structural family therapy.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Farhangian University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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