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Effectiveness of Short-Term Solution Therapy on Marital Conflicts, Communication Skills and Family Functioning in Women on the Verge of Divorce

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ABSTRACT

Objective: The present research was conducted with the aim of determining the effect of short-term solution therapy on marital conflicts, communication skills and family functioning in women on the verge of divorce.

Methods: The researched population of women were on the verge of divorce. According to the purpose of the research, the sample size is 30 people, who should be replaced in the control and experimental groups. To select the sample, it was done through random cluster sampling. The data were obtained through questionnaires of marital conflicts, communication skills and family functioning. The data was analyzed using the statistical method of covariance analysis.

Results: Results showed that short-term solution therapy has an effect on marital conflicts, communication skills and family functioning in women on the verge of divorce.

Conclusions: Overall, the findings support the effectiveness of Short-Term Solution Therapy in issues related to divorce and marital conflict.

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Introduction

The familial unit serves a pivotal function in the formation of the psychological comportment of individuals (Goldenberg & Goldenberg, 1983). While the functions of a family may be conceptualized as a collection of essential objectives inherent to the family as a systemic entity, family functioning can be delineated as the methodology by which the family executes its responsibilities. In a comprehensive sense, family functioning encompasses the capacity of the family to fulfill the requisite tasks necessary for the attainment of familial well-being and the adaptability to fluctuating circumstances (Prochaska & Norcross, 2018). Numerous scholars have characterized family functioning as the familial ability to coordinate or adjust to alterations throughout the lifespan, resolve conflicts and disputes, foster solidarity among members, successfully implement disciplinary patterns, respect individual boundaries, and adhere to the laws, regulations, and principles that govern this institution, all aimed at safeguarding the entirety of the system, and have assessed it as a critical variable in evaluating familial dynamics (Chio et al., 2021). Conversely, women are regarded as a crucial pillar within the family structure, and their health constitutes the cornerstone of both familial and communal health, which is of paramount significance in ensuring and sustaining the health of both the family and the community. Women on the brink of divorce often find themselves at a juncture where the functioning of the family and the marital conflicts have escalated to a level necessitating the termination of their marriage, thereby prompting them to seek potential solutions. Nevertheless, during the process of divorce or separation, it is imperative that appropriate solutions are employed to enable these women to achieve their desired outcomes in a timely manner. Interpersonal conflict arises in relationships when one individual's conduct deviates from the expectations of another individual. A prevalent issue within the family context is marital conflict (Najarpourian et al., 2021; Sedaghatkhah et al., 2022). Conflict within intimate relationships is an inherent aspect of human interaction, and marriage is not exempt from this phenomenon, as the frequent and diverse interactions between partners provide numerous opportunities for discord (Bahari et al., 2011). Freud attributed the origins of interpersonal conflict to the clash of internal psychological energies stemming from unresolved childhood issues. Ellis's cognitive-emotional-behavioral framework posits that the turbulence in marital interactions can be traced to the unrealistic expectations harbored by partners not only regarding themselves or each other but also concerning the marital relationship itself.

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From a systemic viewpoint, the majority of couples encounter conflict due to each partner's attempts to compel the other to change; however, such change is often accompanied by resistance that may later manifest either overtly or covertly (Kheyrollahi et al., 2019). Marriage constitutes a relational dynamic. This relational framework enables couples to engage in discussions and exchange ideas, fostering awareness of each other's needs. The couple's relationship is fundamentally conducted with the intention of satisfying all tiers of needs. For this reason, the predominant issue articulated by discontented couples pertains to the inability to cultivate a meaningful relationship (Shayesteh Fard et al., 2023). Effective communication is paramount in addressing interpersonal discrepancies. Furthermore, given that social support constitutes a form of verbal interaction wherein an individual attends to the needs of others through comforting, encouragement, reassurance, care, and assistance, and considering that social support enhances marital satisfaction, it can be posited that communication proficiencies may also contribute to the augmentation of marital satisfaction by fortifying the articulation of social support (Korahng Behshti & Torkaman, 2023). While communication barriers are not the sole determinant of marital strife, they nonetheless represent a hallmark of distressed relationships and appear to exacerbate prevailing issues. Persistent discord within a relationship frequently culminates in actions toward divorce and separation (Babaee & Ghahari, 2016). Through the examination of data and evidence prevalent in society and within the lives of individuals, one encounters the phenomenon of escalating divorce rates, marital conflicts, and the erosion of familial foundations, which yield detrimental effects on family members. Additionally, a significant number of couples continue to cohabitate for various reasons despite their dissatisfaction with marital life. The most salient challenges reported by couples include communication difficulties and financial concerns (Shokrzadeh et al., 2024). Solution-focused therapy represents one of the efficacious modalities designed to assist individuals experiencing low mental health. This therapeutic approach is categorized as a postmodern methodology for behavioral interventions that hinges on the collaborative relationship between the therapist and the client during the treatment process (Van Lith, 2016). Solution-focused therapy adopts a non-cognitive, cognitive orientation toward clients and aids them in identifying solutions to their present dilemmas. Within this framework, as opposed to a problem-focused paradigm, the emphasis is placed on solution identification rather than problem examination (De Shazer et al., 2021). Consequently, solution-focused therapy is

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predicated on solution construction, rather than problem resolution, and is directed by the exploration of clients' current challenges and aspirations for the future, rather than delving into their historical origins (Kim, 2008). This therapeutic approach prioritizes the amplification of individuals' strengths and achievements and the establishment of supportive relationships throughout the therapeutic journey, rather than concentrating on individuals' deficiencies and limitations (Bannink, 2007). This therapeutic methodology posits that clients possess the inherent competencies and creativity required for personal transformation (Pichot & Dolan, 2014). Therefore, within the context of this study, we seek to address the inquiry: Does short-term solution-focused therapy exert an influence on marital conflicts, communication abilities, and family functioning among women who are contemplating divorce?

Material and Methods

The research methodology employed in this study is predicated upon a semi-experimental design that incorporates both experimental and control groups. The statistical population pertinent to this investigation encompasses all women situated in Yazd city who are on the brink of divorce. The designated sample size, aligned with the objectives of the research, consists of 30 individuals who are to be allocated to the two groups: control and experimental. To facilitate the selection of the sample, a cluster random sampling technique was implemented. Initially, medical centers and clinics were approached, where the staff were requested to refer married couples who had maintained their relationship for no less than six months and were currently receiving treatment at the facility for inclusion in the study. In this regard, these individuals were subsequently contacted to ascertain their willingness to participate in the research. In the preliminary phase, questionnaires assessing marital conflicts, communication competencies, and family dynamics were disseminated among those expressing interest in the study. Following the collection of responses, participants exhibiting lower scores were identified, and their willingness to partake in the research was reaffirmed. In the subsequent phase, 30 individuals with the lowest scores were selected and randomly distributed into two groups of 15 participants each: experimental and control.

Instruments

Marital Conflict Questionnaire (MCQ): The Marital Conflict Questionnaire (MCQ) was developed by Sanai Zaker (2000) with the objective of assessing seven fundamental dimensions

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of conflict in marital relationships. This instrument comprises 42 items and is grounded in the clinical experiences of the research supervisor. The MCQ evaluates seven facets or dimensions of marital conflicts, which include: 1- Diminished cooperation (items 3, 9, 19, 21, 27). Diminished sexual relations (items 4, 10, 15, 28, 33). Heightened emotional responses (items 5, 11, 16, 22, 29, 34, 39, 41). Increased demands for child support (items 7, 18, 24, 31, 36). Amplified personal affiliations with one's relatives (items 12, 6, 17, 23, 30, 35). Weakened familial connections with the spouse's relatives and friends (items 1, 19, 25, 37, 40, 42). Separation of financial responsibilities (items 2, 8, 13, 20, 26, 32, 38). Each item provides five response options, which are rated on a scale from 1 to 5. The maximum achievable score on the questionnaire is 210, while the minimum is 42. The highest score for each subscale corresponds to the number of items within that subscale multiplied by 5. In this evaluative tool, a higher score is indicative of greater conflict, whereas a lower score signifies a more favorable relational dynamic (Sanai Zaker, 2000). The Marital Conflict Questionnaire demonstrates substantial content validity. In the process of evaluating the test materials subsequent to the preliminary implementation and computing the correlation coefficients for each question in relation to the comprehensive questionnaire and its respective scales, a total of 13 questions were excluded from the original pool of 55 questions (Sanai Zaker, 2000).

Communication Skills Questionnaire: The Communication Skills Questionnaire was conceptualized by Queendom in 2004 (Mahmoudi & Najafi, 2012). This instrument comprises 34 items that delineate various communication skills. To complete the questionnaire, respondents are required to read each item and subsequently indicate the extent to which their current circumstances align with the described content on a five-point Likert scale ranging from never to always. The subcategories of communication skills assessed in this instrument encompass five listening skills, the capacity to both receive and transmit messages, comprehension of the communication process, emotional regulation, and assertive communication. 1- Capacity to receive and transmit messages: (9 questions): 4-5-6-12-21-22-23-24-29. 2- Emotional regulation: (9 questions): 7-8-9-11-13-16-28-30-32. 3- Listening skills (6 questions): 3-25-26-27-31-34. 4- Comprehension of the communication process (5 questions): 1-2-17-18-20. 5- Assertive communication (5 questions): 10-14-15-19-33. This assessment tool was developed by Queendom to evaluate communication competencies in adults and consists of 34 statements (items) that

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characterize communication skills. To complete the questionnaire, respondents must read each statement and indicate the extent to which their current situation corresponds with the content, using a five-point Likert scale from 1 (never) to 5 (always), where always (5), most of the time (4), sometimes (3), rarely (2), and never (1). Items 2-4-6 are scored in reverse order. A distinct score is computed for each participant across each of the aforementioned skills, presented in the form of subtests containing varying numbers of items. Furthermore, the aggregate score derived from each of the 34 statements yields an overarching score for the individual, reflecting their communication abilities. Consequently, the range of potential scores for each participant spans from 34 to 170. It is imperative to note that certain statements, owing to their intrinsic nature and content, are scored in reverse during the score calculation. This indicates that while selecting the option or response "always" for other items results in the maximum score, i.e., 5, for the individual, selecting the same response for the reversed items leads to the attainment of the minimum score, i.e., 1, with such items indicated by an asterisk in the questionnaire. Based on the aforementioned methodology, the derived scores are aggregated from the analytical assessment. The total number of inquiries present in the questionnaire multiplied by one yields the minimum score threshold. The maximal score threshold is established at 170, while the mean score threshold is delineated at 102, and the minimum score threshold is ascertained at 34. A score that falls within the range of 34 to 68 signifies inadequate communication competencies. A score ranging from 68 to 102 reflects moderate communication competencies. A score exceeding 102 denotes elevated communication competencies. In the investigation conducted by Mohamadi et al. (2014), the reliability of this questionnaire, as measured by Cronbach's alpha, was determined to be 0.79.

Family Functioning Scale: This particular scale was formulated to assess family functioning in accordance with the McMaster model. This instrument was conceived by Epstein et al. (1990) and encompasses 60 items, specifically crafted to elucidate the structural characteristics of the family unit. Each item is assigned a score ranging from one to four. This scale appraises family functioning through the lens of seven distinct factors. These factors encompass: problem-solving, communication, roles, emotional responsiveness, emotional involvement, behavioral control, and overall functioning (Epstein et al., 1990). The validity and reliability of the Family Functioning Scale have also been scrutinized within the Iranian context, yielding results deemed satisfactory. The Cronbach's alpha coefficients for the subscales of this instrument vary from 0.72 to 0.92,

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signifying relatively robust internal consistency (Mohammadi et al., 2024). For the evaluation of each of the FAD subscales, specific inquiries are incorporated within the questionnaire. The subscales along with their corresponding inquiries are delineated below: Problem Solving: Questions 2, 12, 24, 38, 50, 60 Communication: Questions 3, 14, 18, 29, 43, 52, 59 Roles: Questions 4, 10, 15, 23, 30, 34, 40, 45, 53 Emotional Companionship: Questions 5, 9, 19, 28, 39, 49, 57 Emotional Involvement: Questions 13, 21, 22, 23, 33, 35, 37, 42, 54 Behavioral Control: Questions 7, 17, 27, 32, 44, 47, 48, 55, 58 Overall Functioning: Questions 1, 6, 8, 11, 16, 20, 26, 31, 36, 41, 46, 51, 56. For the scoring of the assessment, each inquiry is allocated a score from 1 to 4, employing these descriptors: Strongly agree: 1, Agree: 2, Disagree: 3, and Strongly disagree: 4. Inquiries that delineate maladaptive performance, specifically inquiries 1, 4, 5, 7, 8, 9, 13, 14, 15, 17, 19, 21, 22, 23, 25, 28, 31, 33, 34, 35, 37, 39, 41, 42, 44, 45, 47, 48, 51, 52, 53, 54, 58, are assigned reverse scoring. In the subsequent stage, to derive the scores for each subscale, the scores corresponding to the inquiries related to each subscale are aggregated and subsequently averaged. The resultant scores reflect the individual's performance in each respective subscale. In this empirical investigation, diminished scores are indicative of enhanced performance (Sanai Zaker, 2000). The development of the Family Assessment Device (FAD) was predicated upon a research study comprising a sample size of 503 individuals, wherein 294 participants were drawn from families with at least one member diagnosed with a DSM-III classified disorder, and 209 participants were enrolled as general psychology students. Following the administration of various research methodologies, the FAD scale was ultimately formulated, consisting of 53 items, each exhibiting a minimum alpha coefficient of 0.75. The construct validity of the FAD was substantiated through two methodologies: firstly, by utilizing the scores derived from the families' responses to the FAD scale; secondly, within the same sample of 503 individuals and employing a diagnostic approach, the FAD score demonstrated the capability to accurately predict 67% of non-clinical families and 64% of clinical families. Collectively, the findings of the aforementioned inquiry were deemed statistically significant at the $P \leq 0.001$ level (Epstein et al., 1990).

Solution-focused therapy: Solution-focused therapy sessions are delineated as follows: First session: Introduction and communication stage, articulation of objectives, establishment of trust; engagement in introductory activities. Second session: Articulation of individuals' emotional states and adherence to the principles governing the transition stage (depression). Discussing challenges

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and prospective outcomes. Engaging in task-oriented dialogues. Employing the method of analogical inquiries. Third session: Evaluating the objectives established in the preceding session. - Envisioning potential issues and articulating resolutions to address these concerns. - Encouraging participants to cultivate a sense of commitment and optimism regarding problem-solving. - Recognizing and addressing the participants' inherent resistances. Fourth session: Reiterating the objectives from the prior session. - Acquainting members with the exceptions related to the identified issues. - Reinforcing and emphasizing the exceptions concerning the problems. Participants acknowledging their personal strengths and competencies. Fifth session: Concisely reviewing the prior sessions through the contributions made by group members. - Assisting participants in recognizing alternative cognitive approaches - Experiencing and acting in lieu of merely cognitive processes - Presenting current emotional and behavioral challenges. Facilitating an environment where participants commend rather than criticize one another. Sixth session: Executing the miracle question methodology, summarizing the insights gained, and drawing conclusions.

Results

Before conducting any analysis that presupposes the normality of the data, it is essential to assess the normality of the score distribution (Normality) by computing the skewness and kurtosis. This presumption has been substantiated for all examined variables (Table 1). Specifically, the skewness and kurtosis values of the variables fell within the acceptable limits, thereby indicating that the distribution of data across all variables adheres to a normal distribution (within the range of -2 to 2). Furthermore, the Kolmogorov-Smirnov test was utilized to evaluate the normality assumption relevant to the study variables. The outcomes of this test are delineated separately for both the control and experimental groups in Table 1.

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Table 1. Results of the Kolmogorov-Smirnov test to verify the assumption of normality

Variable		K-S			K-S		
		Control group			Experimental group		
		Value	DF	P	Value	DF	P
Marital Conflict	Pretest	0.20	15	0.08	0.21	15	0.05
	Posttest	0.18	15	0.18	0.16	15	0.20
Communication Skills	Pretest	0.20	15	0.08	0.19	15	0.12
	Posttest	0.13	15	0.20	0.11	15	0.20
Family Functioning	Pretest	0.12	15	0.20	0.13	15	0.20
	Posttest	0.15	15	0.20	0.13	15	0.20

The subject groups must exhibit homogeneity in terms of variance. The Levene's test and Box- M tests are employed to assess this particular assumption.

Table 2. Evaluation of the homogeneity of variances

Box`s M	F	df1	df2	P
8.742	2.689	3	21	0.145

Table 2 presents the findings regarding the homogeneity of variances, indicating a significance level ($p > 0.05$). It is evident that the condition of homogeneity of the variance-covariance matrix has been adequately satisfied ($F = 2.689$ and $P > 0.05$).

First hypothesis: Short-term solution-oriented therapy exerts an influence on marital conflicts among women on the brink of divorce. An examination of the interaction effects and between-subjects factors in the two groups regarding the marital conflict variable

Table 3. Analysis of between-subjects effects (dependent variable: marital conflicts)

Source	SS	DF	MS	F	P	Eta coefficient
Corrected model	239.744	8	36.718	6.87	0.001	0.724
Group	114.05	1	114.05	21.36	0.001	0.504
Error	112.12	21	5.33			
Total	26102	30				
Total error	405.86	29				

The aforementioned table illustrates that a statistically significant difference is discernible between the adjusted means of the marital conflict variable in both the experimental and control groups. Consequently, it can be posited that short-term solution-oriented therapy significantly impacted the marital conflict variable within the experimental group. Thus, the null hypothesis was rejected with a confidence level exceeding 99% ($F = 21.362$, $P < 0.05$). Additionally, based on the eta

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squared statistic, it can be inferred that the impact of short-term solution-oriented therapy on the marital conflict variable among individuals is 50%.

Second hypothesis: Short-term solution-focused therapy has a measurable effect on communication skills among women on the verge of divorce.

An investigation into the interaction effects and between-subjects factors in the two groups concerning communication skills

Table 4. Analysis of between-subjects effects (dependent variable: communication skills)

Source	SS	DF	MS	F	P	Eta coefficient
Corrected model	3475.05	8	434.38	7.013	0.001	0.728
Group	1086.98	1	1086.98	17.54	0.001	0.455
Error	1300.79	21	61.94			
Total	243832	30				
Total error	4775.86	29				

The preceding table indicates that a statistically significant difference is observable between the adjusted means of communication skills in the experimental and control groups. Consequently, it can be asserted that the training in short-term solution-focused therapy significantly affected the enhancement of communication skills within the experimental group. As a result, the null hypothesis was rejected with a confidence level exceeding 99% ($F = 17.548$, $P < 0.05$). Furthermore, according to the eta squared statistic, it can be concluded that the effect of short-term solution-focused therapy on the communication skills dimension of individuals is 45%.

Third hypothesis: Short-term solution-focused therapy influences family functioning in women on the verge of divorce. An exploration of the interaction and between-subjects effects across the two groups concerning family functioning.

Table 5. Test of between-subjects effects (dependent variable: family functioning)

Source	SS	DF	MS	F	P	Eta coefficient
Corrected model	1453.64	8	181.07	17.05	0.001	0.867
Group	523.08	1	523.08	49.10	0.001	0.70
Error	223.74	21	10.65			
Total	86691	30				
Total error	1677.36	29				

Table 5 illustrates that a statistically significant disparity is evident between the adjusted mean scores of family functioning within the experimental and control cohorts. Consequently, it can be inferred that short-term solution-focused therapy exerted a considerable impact on the

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enhancement of the family functioning variable in the experimental cohort. Thus, the null hypothesis was dismissed with an assurance exceeding 99% (F=49.100, P<0.05). Furthermore, based on the eta squared statistic, it can be deduced that the influence of short-term solution-focused therapy on the family functioning of women approaching divorce is quantified at 70%.

Discussion

Based on the findings derived from the research and data analysis, short-term solution-focused therapy exhibits a significant influence on marital discord, communication proficiency, and family dynamics among women contemplating divorce, corroborating the conclusions reached by Asadi Hasanvand et al. (2018), Azizi and Ghasemi (2017), Chio et al. (2021) and Shokrzadeh et al. (2024). In elucidating this hypothesis, it can be articulated that the theoretical framework underlying it, despite its complexity, is fundamentally straightforward. It rests on the premise that individuals possess the capabilities and requisite resources to address their challenges. During solution-focused therapy sessions, it is advisable to concentrate on potential solutions to address the issues at hand in the present moment rather than delving into the origins of the problems, cognitive patterns, and their genesis (Epstein et al., 1990). Theoretically, this therapeutic modality is founded on the conceptual premise that a transformation occurs in the perspectives of both the client and the therapist concerning the problem and the discourse surrounding it. In essence, problems and their corresponding solutions are not inherently intrinsic issues; instead, they reflect a dialectical relationship between the client and the external environment (Bannink, 2007). Solution-focused therapeutic thinking stands in stark contrast to problem-focused and issue-focused methodologies. Within the problem-focused paradigm, it is postulated that merely identifying and acknowledging the underlying root causes of an issue, or in other words, comprehending the problem's historical context, facilitates the pathway to effective problem resolution.

Conversely, solution-focused therapy prioritizes potential remedies over the exploration and analysis of the etiological factors contributing to the issues at hand. This solution-oriented approach posits that the pursuit of a problem's etiology is unproductive and only exacerbates the complexity of the issue, serving as a barrier to recognizing viable solutions. Such an approach

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diminishes the individual's self-efficacy and exacerbates the client's difficulties by undermining motivation and resilience (Azizi & Ghasemi, 2017).

Ultimately, this problem-centric cognitive framework engenders a detrimental cycle that, through the process of incessantly contemplating issues without identifying viable solutions, intensifies the predicament and confines the individual within a perpetual state of hopelessness. Numerous empirical studies have indicated that rumination serves as a significant risk factor for conditions associated with depression and its recurrence, while simultaneously acting as a negative prognostic indicator for life satisfaction and overall quality of life. Furthermore, rumination is associated with diminished concentration, adverse cognitive orientation, and ineffective problem-solving capabilities (Pichot & Dolan, 2014). Consequently, the predominance of problem-focused thinking appears to be less than optimal. Conversely, cognitive processes founded on solution-oriented paradigms do not excessively dwell on the problems and their underlying causes.

In the course of this cognitive processing, a considerable portion of the individual's cognitive energy is conserved for the identification of appropriate solutions, thereby facilitating the effective utilization of cognitive resources, which results in the development of more efficacious problem-solving abilities and a diverse array of skills, thereby generating substantial potential for action for clients. Hence, it is anticipated that the solution-oriented cognitive style correlates positively with psychological well-being and favorable psychological outcomes. The primary rationale for this phenomenon may lie in the manner in which contemplating existing solutions enables the attainment of various options for each goal, ultimately fostering the emergence of innovative solutions to challenges.

The investigation concerning the efficacy of short-term solution therapy (STST) for women contemplating divorce is replete with several methodological constraints. Firstly, the limited sample size (N=30) and dependence on cluster sampling techniques may impede the external validity of the conclusions drawn. Secondly, the singular concentration on female participants neglects the insights of male counterparts, which may introduce a potential bias in the findings. Thirdly, the employment of self-reported questionnaires engenders the possibility of response bias, particularly in terms of social desirability influences. Furthermore, the research fails to take into consideration external variables (e.g., financial pressures, cultural factors) that could significantly impact marital outcomes. Lastly, the lack of longitudinal follow-up data renders it ambiguous

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whether the noted enhancements in marital discord, communication competencies, and family dynamics are enduring.

Future research endeavors ought to rectify these limitations by utilizing larger, more heterogeneous samples that encompass both genders, alongside the implementation of randomized controlled trials (RCTs) to bolster the robustness of the findings. Longitudinal methodologies could evaluate whether the advantages of STST are maintained beyond the immediate term. A mixed-methods framework—integrating quantitative data with qualitative interviews—would yield more profound insights into the lived experiences of participants. Investigators should also conduct comparative analyses between STST and other therapeutic modalities (e.g., cognitive-behavioral therapy) to ascertain its relative effectiveness. Delving into mediating variables (e.g., emotional regulation, problem-solving abilities) and incorporating physiological indicators (e.g., stress hormones) could further elucidate the mechanisms underlying STST. Ultimately, cross-cultural investigations would contribute to assessing the intervention's relevance within varied sociocultural frameworks.

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 Islamic Azad 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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