

The Effectiveness of Family Therapy in Hope Therapy Method on Reducing Marital Conflict and Couple Marital Disturbance

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Abstract

Purpose: The purpose of this study was to study the effect of family therapy in hope therapy method on the reduction of marital conflicts in couples. **Methodology:** The statistical population of the study included all incompatible couples referring to Pishro counseling center. The sample consisted of 30 couples who were selected based on entry and exit criteria and were randomly divided into two groups (each one consisted of 15 couples). They were evaluated using research tools before and after interventions. The research tools included Marital Conflict Questionnaire (MCQ) and Penis Marital Disturbance Scale. Data were analyzed using multivariate covariance analysis. **Findings:** The results of the data analysis indicated that there is a significant difference in variables of marital conflicts and marital disturbance of hope therapy group and the control group by removing the effect of pre-test variable ($P < 0.01$). **Discussion:** family therapy is one of the most effective strategies in producing and increasing hope in family contexts and also the role of this method is inevitable in reduction of marital conflicts

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1. Introduction

The family is a social system that has its own characteristics. In such a system, people are connected to each other by strong, long-lasting and mutual emotional interests (Goldenberg, 2008). In many cultures, marital relationship is considered as the primary source of support and affection (Levinger & Huston, 1990). The wives are expected to show a special relationship with honesty, affection, intimacy and self-support. Almost all couples report a high level of satisfaction at the beginning of their marital life but sometimes this satisfaction decreases over the time (Goldenberg and Goldenberg translated by Shahi and NaghshBandi, 2015).

2. literature review

Many of the wives begin their common life with love and in this period they do not think that one day their flames of love may be omitted. Ellis (1995), says the married couples are less likely to think that their legendary love may be dimmed and that's just when the marital disturbance has begun. Marital disturbance is an experienced physical, emotional, and psychological fatigue resulting from a great difference between expectations and reality (Pines, translated by Shadab 2010). Marital disturbance emerges due to a series of unrealistic expectations and irrational thoughts and ups and downs of life. Contrary to imagination of the most clinical approaches used in couple therapy, couple's disturbance is not due to the problem in one or both, but love disturbance is a gradual process and rarely occurs suddenly. In fact, intimacy and love gradually die and causes general fatigue. It can be said that in the most severe type, marital disturbance is equal to breaking up the relationship (Burnstain, translated by Toozandeh Jani & Kamalpour, 2001).

The results of Adib Rad (2005) showed that there is a significant difference between marital disturbance and rational beliefs in women willing to live. The results of this study show that logical beliefs play a very important role in satisfaction and dissatisfaction with life and eventually marital disturbance. People come to this area with a set of expectations and beliefs about their spouses and behavior and in general the about marriage; it seems that many of these beliefs are unrealistic and irrational. As a result, relationship gradually become cold, frustrated and distrustful. The results of studies (Burnstain, translated by Toozandeh Jani & Kamalpour, 2001.) Have shown that many spouses have problem in establishing and maintaining friendly and intimate relationships; because they expect to get benefits from marriage in general, and from their spouses in a particular way. In other words, their expectations of marital relationship are more widespread and in many cases, irrational. They have even been able to prepare the ground of marital disturbance.

On the other hand, a satisfied marital life is an effective factor in coping with conflicts, living pressures, and having a good performance in life. In interpersonal relationships, conflict is an inevitable component and has been investigated in researches related to close relationships. Conflict is an interactive process that is characterized by inconsistency and disagreement or is defined in the form of abnormalities associated with institutions. When conflicts occur, the relationships between couples become weaker or stronger, so the conflict is a critical point in the path of establishing relationships. If the conflict is resolved in a useful way, it can be a good factor for a deeper understanding and close interactions (Rahim et al. 2000).

A healthy or unhealthy relationship depends on how distribution and how resolve the conflict. Therefore, this should be considered in solving marital conflicts (Karairmak & Duran, 2008; quoted by Karami Beldaji et al. 2015). Attempts to resolve conflicts among couples appear to involve intense discussions between spouses and the couple's cooperation to regain marital

satisfaction. During the conflict, each spouse expresses their obligations by doing things like exposing emotions and position, compromising and negotiating for a common agreement, integrating opinions and expressing sadness and empathy. This kind of action improves the understanding of couples from each other and enhances them to improve and deepen relationships and express feelings (Roberts, 2000).

Creating and maintaining sincere relationships and satisfying emotional and psychological needs during marriage is a skill that in addition to mental health and early healthy experiences, it needs to have logical attitudes and learning skills and performing certain tasks (Bernstein and Bernstein, 1989).

Method therapy used in this study as an intervention to reduce marital conflicts and disturbance among couples is hope therapy. Hope is a psychological characteristic that is essential for life satisfaction. Eriksson (1964) believes that "hope is the most elemental and essential characteristic of the living creature"; it comes from the kind of relationship that man has with his primary caregivers. Hope leads to the belief that the world is basically a credible place (quoted by Schrank & Stanghellini, 2008). Other psychologists expanded the concept of hope and defined it more precisely. The goal of hope therapy is to help people set clear goals and create more diverse paths to reach them, encourage them to pursue their goals and avoid obstacles as challenges to overcome them (Carr 2004, translated by Pasha Sharifi, Najafizand and Sanaie, 2016).

Snyder's hope therapy is the only therapy that considers the hope as the main goal of therapy. Snyder, the founder of hope and the therapy based on it, has defined the hope as a construct that includes two concepts of the ability to design the desired goals in spite of existing barriers and the factor or motive necessary for using these passages (Snyder, 2000).

Given the increase of conflicts and marital disturbance on the one hand and its accompanying problems, also claims of Glaser's approach based on increasing the likelihood of success, satisfaction, and hope and other positive aspects of human nature as responsibility, increasing inner control and also due to the lack of research on the effectiveness of hope in reducing conflict and marital disturbance, this research aims to investigate the effectiveness of hope therapy on the reduction of marital conflicts and marital disturbance among the couples.

3. Methodology

The method of the present study was experimental and the design was two-group post-test pre-test. Both groups are measured twice. The first measurement is done by implementing a pre-test before training and the second measurement is done after completion of the required training. In order to form two groups using random sampling method, 15 couples in the experiment group and 15 other couples in the control group were assigned to the control group. Two groups that were formed in this way were as similar as possible and measurement of the dependent variables for both groups was done at the same time. In summary, the diagram of the research project is as follows:

Table 1. Society, Sample and Sampling Method

Group	Random selection and replacement	Pre-test	Independent variable	Post-test
Experiment	R	T1	X	T2
Control	R	T1	-	T2

Not: R stands for random, T1 for pretest, T2 for posttest, X for variables

In this research, the statistical society includes all incompatible couples referring to Pishro counseling center. The sample group consists of 30 referring couples. Entry Criteria of Research

Are to have at least a diploma degree and Being in the age range of 30 to 40 years' old. Also Exit criteria of the research were having history of psychiatric interventions over the past year. This questionnaire has been prepared by Barati and Sanaie (1999) based on clinical experiences in Iran to measure the conflicts of the husband and wife and has 42 questions that measure seven aspects or areas of marital conflicts. In this questionnaire, Likert method was used for scoring the highest score of the whole questionnaire was 210 and the lowest score was 42. Cronbach's alpha for the whole questionnaire was 0.83 in a group with 32 members. The options are expressed as "always, often, sometimes, rarely, never". Cronbach's alpha coefficient for the whole scale was 0.71. In this study, the Cronbach's alpha coefficient was calculated 0.88.

Marital disturbance is a self-knowledge tool that was developed by Paynes (1996) to measure marital disturbance among couples. The questionnaire consists of 21 articles, 17 ones contain negative phrases such as fatigue, discomfort and worthlessness and 4 ones contain positive phrases such as being happy and energetic. This scale is scoring on a 7-degree Likert scale in the range between 1 (never) and 7 (always); the subject identifies the number of times that occurred in his marital relationship. Scoring of 4 items is also done in reverse. The subject's higher score on this scale is a sign of more disturbances. The reliability coefficient of the scale was calculated 0.76 in a one-month period with a retest method. Also the reliability of this scale was calculated using the Cronbach's alpha method in the range of 0.91 to 0.93 (Paynes, 1996). Naiim (2008), in his study, calculated 0.85 and 0.82 respectively, the reliability of this scale using Cronbach's alpha and Sensei's coefficient.

In Naderi's research (2005), Cronbach's alpha and Sensei's alpha were used to measure the reliability of this scale, which was calculated 0.78 and 0.81, respectively. In this study, an evaluation of the validity of this scale was performed using the Enrique Marital Satisfaction Questionnaire, which correlation coefficient between these two questionnaires was -0.40; it was significant at level 0.001. In the present study, the Cronbach's alpha coefficient of the whole questionnaire was calculated 0.90.

4. Findings

After obtaining the necessary permits for conducting research in Pishro counseling center, a list of couples was first provided. Among them, 30 couples who had entry criteria were randomly selected from the list. 30 couples were selected for two experiment groups, "15 couples for each group".

Table 2. Summary of Hope Therapy Sessions

First session	Objectives: Presenting the problem by couple and getting familiar with couples and unity therapy and pre-test Method: 1- Getting familiar with couples by using connecting, self-medication in therapy, using self 2- Structuring the treatment sessions including stating the rules of the session, such as the time of each session, the period of the sessions, the rules of attendance, the cooperation of couples during all sessions 3. Inviting couples to express their problems through palliative and intrusive techniques (meaningful listening, empathic comprehension, and questioning)
Second session	Objectives: 1. Maintaining a promising unity therapy; 2. Measuring couple's problems; 3. Determining the extent and severity of dissatisfaction and marital conflicts among couple. Method:

	<p>1- Making close, vital, and sometimes circumventive interaction, including confirming the positive aspects of couples, tracking, understanding empathic responses and understanding.</p> <p>2. Using an in-depth interview, drawing family genealogy, solving the presented problems, and couples' engagement.</p> <p>3- Giving tasks to couples for daily meetings (fifteen minutes of husband and wife's conversation about the conflict at home-each day, one subject).</p>
Third session	<p>Objective: Couples familiarity with cognitive-behavioral principles of marital conflicts</p> <p>Method: Scoring and interpreting the results of implementing the marital satisfaction questionnaire and information about the genealogy interview, explaining the ABC model, Ellis and Seligman, explaining various types of irrational beliefs, cognitive errors and all kinds of irrational marital beliefs, providing examples of irrational beliefs leading to marital conflicts in couples</p> <p>Tasks:</p> <p>Identifying spouses' irrational beliefs and writing them down, identifying the marital conflicts of two spouses with marital problems, determining the irrational expectations that led to negative thoughts in each of the couples.</p>
Fourth session	<p>Objective:</p> <p>Finding hope in couples (determining the power of will, planning power, obstacles and goals in each of the couples)</p> <p>Method:</p> <ol style="list-style-type: none"> 1. conducting hopeful interview, 2. Measuring the level and areas of hope in couples using the adult hope scale and the range of adult hopes, 3. Using the solution-centric interventions techniques such as scale questions, miraculous questions, exception finding questions 4. Explaining the concept, principles and foundations of hope therapy and the components of hope, the distinction between true hope and unbelievable hope for couples; 5. Using narrative techniques including: a) maintaining comfort and well-being; b) focusing on the problem (conflict) areas; or hope areas; c) the interpretation of events from the couple perspective; d) the inference from the couple's narratives of controversy; e) guiding couples to the present and future; and encouraging couples to write promising material.
Fifth session	<p>Objective:</p> <p>Hope enhancing in couples</p> <p>Method: 1. Explaining the basics of healthy and unhealthy relationships (attitudes and behaviors). 2. Describing communication styles as the basis of marital conflict styles and healthy communication styles. 3. Identifying couples' communication styles and exercises.</p>
Sixth session	<p>Objective:</p> <p>Determining hopeful objective therapy</p> <p>Method:</p> <p>Couples familiarity with six phases of goal setting by using a technique: providing a framework for defining goals by exploring the areas of life (and the areas of conflict that are important for couples to resolve). (Goals worksheet), Technique: Creating clear and practical goals (according to the principles of setting goals in the perspective of a concise solution-oriented method), 2. Eliminating mental barriers of hope using the ABCDE Model of Ellis and the ABCDE Model of Seligman</p> <ul style="list-style-type: none"> • Enhancing sense of empowerment: Recalling events or visualize exceptions in couple's life • Enhancing and consolidating the way power: Using the technique of visualization of the mind, setting the goal sheet, the check list of ways (should and shouldn't)
Seventh session	<p>Objective:</p> <p>Hope enhancing in couples</p> <p>Method:</p> <p>Planning to solve problems through: 1. Describing conflict resolution styles (avoidance, persuasion, uncertainty, compromise, cooperation) 2. Learning to design conflict resolution steps</p>

(Octagonal steps: identification and definition of problem, commitment, interactive definition of problem, Determination of desires or goals, creation of possible solutions (brain storming), selection of one or two solutions for implementation (practical action) and evaluation of solutions.

Eighth session	Objective: Hope Reminding in couples Method: 1. Identifying barriers to conflict resolution planning: environmental barriers to achievement, weakness in will power, weakness in planning power, and barriers in one or more of the areas of awareness cycle, 2. Emphasizing the strengths of the ability to perform objectives, 3. Break old couples' habits that prevent them from improving their relationships (beliefs and behaviors) using metaphors.
Ninth session	Objective: Determining the effect of hope-based interventions in couples Method: 1. Reviewing the interventions of previous meetings; 2. Reviewing couples' comments on the extent to which they achieved their goals; 3. Reviewing the strengths and weaknesses of interventions from couple's view. Method: Implementation of Marital Conflict Questionnaire and Marital disturbance Questionnaire, after the implementation of Hope therapy

Descriptive information of the extent of marital conflicts and marital disturbance are presented in table 2 divided by pre-test and post-test in the experiment and control groups.

Table 3. Descriptive information on the extent of marital conflict and marital disturbance divided by the measurement step in the groups

	Statistical index	Factors	Pre-test	Post-test
Marital disturbance	Hope-therapy group	Number	15	15
		Mean	149.73	120.00
		Standard deviation	27.73	24.92
	Control group	number	15	15
		Mean	149.66	150.02
		Standard deviation	25.95	26.31
Marital conflicts	Hope-therapy group	Number	15	15
		Mean	115.70	98.20
		Standard deviation	23.05	23.21
	Control group	Number	15	15
		Mean	113.66	113.93
		Standard deviation	24.19	24.77

As it is seen, the mean of experiment groups in post-test stage is reduced compared to the pre-test one. Based on the results presented in the table, it can be said that the intervention of hope therapy compared to the control group has reduced the marital conflicts and marital disturbance of the couples.

In this research, the components of marital conflict and marital disturbance in the experiment and control group have been studied and the hypothesis is designed according to the research topic. The multivariate covariance analysis has been used to measure them after approving the hypotheses.

Table 4. Multivariate Covariance Analysis Test

Statistical index	Test	Value	F	Df hypothesis	Df error	Sig
Difference between two	Pillais Trace	0.82	59.47	2	25	0.001

groups with the control of the pre-test effect	Wilk's Lambda	0.17	59.47	2	25	0.001
	Hotelling's Trace	4.75	59.47	2	25	0.001
	Roy's largest root	4.75	59.47	2	25	0.001

The results of Table 3 show that there is a significant effect on the "independent variable" grouping after the elimination of the pre-test effect by the multivariate covariance analysis method. This effect shows that there is a significant difference between at least one of the dependent variables in the couples who have had intervention in hope therapy method with the couples in the control group (Wilk's Lambda=0.17, $p<0.05$).

Table 5. One-way covariance analysis in multivariate covariance analysis

Statistical index of variables	Source of change	SS	df	F	Significance level	Size of effect	Power of test
Marital conflicts	Group	6658.33	1	109.23	0.001	0.81	0.99
Marital disturbance	Group	2103.31	1	13.04	0.001	0.33	0.94

The results of Table 4 show that by eliminating the effect of the pre-test variable, the hypothesis of the research based on a significant difference in the variables of marital conflicts and marital disturbance in hope therapy group and the control group. As it is observed in results of the table, the significance level for marital conflicts and marital disturbance scales is smaller than the significance level of 0.025 obtained from the Benfrowny correction (the division of the significance level 0/05 to two dependent variables). As a result, it can be said that with 95% confidence, the components of marital conflict and marital disturbance in the hope therapy group had more reduction than control group. The effectiveness of "practical significance" group for marital conflicts and marital disturbance was 0.81 and 0.33, respectively; that is, for example, 81 percent of the total variance or individual differences in the marital conflicts variable of couple group were related to the effect of group differences. In addition, high power of the statistical test in this study suggests that with a high probability, the null hypothesis is completely rejected.

5. Discussion

Hope therapy sessions have been taken to help couples in understanding the clearer goals, create countless ways to achieve the goal, maintaining mental energy to keep track of goals, framing unsolved barriers as challenges that must be overcome. The process of hope therapy was introduced in two main stages. The first stage is the hope or encouragement of hope which is achieved through empathy and consolidation of hope. The second stage is an increase in hope that will be achieved by increasing and maintaining hope (Snyder, 2000). During the meeting, people tried to move more positively through suffering, discomfort and insight about "things are not right". In fact, couples bring some kind of hope when they go to the therapist's sessions. They identify ways to help and re-establish the goals. With the help of couples, therapists can increase the couples' hope for change and recovery in order to find the hope they have already had and have already shown in their lives. The therapist helped couples make positive perspectives on future health of promising proliferation and hopeful interpersonal relationships among couples in promising treatment textures (Snyder and etal, 2002).

Preserving hope is a purposeful search and re-gathering of hopeful and successful previous efforts. For example, clients should be learned to use exposure as a clue to the use of therapist techniques. In this way, preserving the hope raises hopeful minds so that the disturbance decreases (Anthony and etal, 2006).

On the one hand, it is cognitive distortion what affects our perceptions and interpretations of external reality. These distortions not only interfere in thoughts, but also in our imaginations, in a way that somewhat distract us from reality. Some of these distortions include bipolar thought, excessive generalization, jumping to conclusion, mind-reading, clinging, etc. Another kind of distortion that is essentially a mother of cognitive distortions is called concept of equality; it is a kind of distortion that considers an incident or something categorically equal to something else (having an addicted spouse = misery, not addicted spouse = happiness) (Pines Translated by Shadab, 2010).

One of the results of the equality thought is the frustration and one of the implications of breaking the equality thought of mind is creation of hope, which is provided by finding clauses, clauses and exceptions. For this reason, one of the ways of rising hope is working on exceptions in hope therapy sessions.

Coping with the equality thought can also create a state of balance mode in fear and hope. Therefore, the other matter expressed at the meetings, emphasized that the inequality in the conclusion of negative affairs and events could raise the couples' hopes; while inequality in the conclusion of affairs and events can lead to an increase of the fear in couples (Snyder, 1994).

Khoshkharam and Golzari (2011) did a research on the effectiveness of hope therapy in order to improve the marital satisfaction and change the unsafe interest style in married university students. The results showed that the training of hope therapy in the experiment group significantly increased the hope and marital satisfaction of married students with insecure interest style compared with the control group but it has not changed the interest style of individuals. Diplely and Worthington (2002) in another study entitled "Hope-based group interventions based on the forgiving of paired enrichment" found that couples in the experiment group had improved compared to the control group couples on the communication scale. Hoping-paired enrichment interventions have led to clinical changes in couple relationships and increasing the level of positive interactions.

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