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The Effectiveness of Narrative Couple Therapy on Improving the Psychological Well-Being maladaptive Couples

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Abstract

The present study was conducted aimed to investigate the effectiveness of narrative couple therapy on improving psychological well-being of incompatible couples in a semi-experimental design with pretest and posttest with control group. The population of the present study consisted of all maladaptive couples referred to counseling centers in Ahvaz city, Iran. 30 couples select using voluntary sampling method and were assigned randomly to experiment (15 couples) and control (15 couples) groups. Experimental group received 8 sessions of narrative couple therapy and control group did not receive treatment. The both groups were assessed in psychological well-being variable during the pre-test and post-test stages. Data were analyzed using covariance analysis statistical method and spss software. The results showed that there are a statistically significant difference between the experimental and control groups in components of psychological well-being ($p < 0.001$). Therefore, narrative couple therapy can be used as an effective treatment to improve the psychological well-being of incompatible couples.

Keywords: Narrative couple therapy, psychological well-Being, maladaptive couples

Extended Abstract

Introduction

Marriage is considered to be an important custom in almost all societies and is one of the most important relationships between men

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and women that includes the emotional and legal commitment that is important in the lives of every adult (Momenzadeh et al., 2015). Marital adjustment or *compatibility* is one of the most important factors affecting family functioning (Sinha & Mackerjee, 1990) and is a process that its consequences are characterized by the degree of problematic disputes between couples, interpersonal tension, personal anxiety, marital *satisfaction*, couple cohesion, and couples' consultation on important marital issues. (Gong, 2000). According to various studies, several factors affect marital *compatibility*, including psychological well-being (Safari & Amiri, 2017; Baz Kiyani & Sadeghi Fard, 2015; Darvizeh & Kahaki, 2009).

Ryff (1995) considers psychological well-being as an attempt toward perfection in order to realize one's true potentials. In this view, well-being means striving for transcendence and completeness that is manifested in the realization of one's talents and abilities. He and his colleagues attempted to classify the desirable living or so-called "good life" standards according to philosophical foundations. Accordingly, its six factors are self-acceptance (ability to see and accept personal strengths and weaknesses), Purpose in life (having goals that give direction and meaning to one's life), personal growth (the feeling that one can actualize his/her own potential talents and abilities over time and throughout life), Having positive relationship with others (having a close and valuable relationship with important people in life), dominate the environments (ability to handle and manage life issues especially in everyday life) and autonomy (having the ability and power to pursue desires based on personal principles even if they are *contrary* to the general customs and social demands) as key components of psychological well-being (Ryff, 1995). The importance of addressing well-being and mental health has been shown in various studies, in that satisfied individuals experience more positive emotions and have more positive evaluations of events (Oster, Markinter, Black, & Goodwin, 2000), have a greater sense of control and experience a higher degree of life satisfaction (Markus, Ryff, Curhan, & Palmersheim, 2004).

In recent years, many treatment efforts have been made to improve couples' relationships, marital *adjustment*, and couples' psychological well-being. Narrative therapy is one of these therapeutic approaches that has been widely used in recent years. Narrative therapy is the process of helping individuals overcome their problems by engaging them in therapeutic dialogue. Narration is a form of dialogue that connects events over time and can therefore reveal the emotional dimensions of the human being. These conversations can include externalizing problems, extracting outcomes, highlighting new maps, and connecting them to the past (Carr, 1998). By examining incompatible couples' stories about love, it is observed that each spouse brings his or her own stories to marital life and then replaces the other with the original story, and the process continues. The stories change each time. In this story transformation process, individuals may find stories that are quite

similar to their marital life and their relationships. Couples' stories tend to be different over time that it results from a lack of mutual understanding due to their different perceptions of love and relationship (Sternberg, 2010). However, problems in marital life begin when the told stories are not significantly matched by the lived stories of individuals. In addition, meaningful aspects of a person's lived story may be inconsistent with the dominant narrative of his/her life (Carr, 1998). Also, according to this view, people are having problem in their personal and marital life when their life stories are made up of discontinuous pieces that important pieces have been omitted or removed. In these situations, people usually connect irrelevant and negative parts of their stories and create a new and alternative story that disturbs their lives. (Mohammadi, Abedi, & Khanjani, 2008). The narrative therapeutic approach to treatment seeks to find and bring together the missing parts of the life story puzzle with the collaboration of client to recreate a shared story of love and marital life through the reconstruction of the life story (Mohammadi, Abedi, & Khanjani, 2008). Making stories about important events in couples' relationships leads to success in integrating the subject of intimacy in positive emotional framework and ultimately it brings psychological well-being as well as well-being in couple relationship (Frost, 2011)

The results of numerous studies have shown that couple and family narrative therapy improve intimate relationship (Banker, Kaestle, & Allen, 2010) and couple relationships (Besa, 1994), improve judgment about problems, improve positive emotions, change couples' stories (Coolhan, 1998, cited in Hinatsu, 2002), reduce family and couple problems (James Conner, Mix, Pickering, & Squoman, 1997), improve interpersonal relationships and reduce emotional divorce (Salimi Ghaleh Taki, Ghasemi Pirbaluti, & Sharifi, 2015), improve early maladaptive schemas (Narimani, Abbasi, Bagiyan Koole Marzi, & Bakhshi, 2014) and improve family functioning (Rabiei, Fatehizadeh, & Bahrami, 2008), increase marital satisfaction (Bustan, 2007), *reduce the tendency to divorce* (Ghods, Ahmad Barabadi, & Heydarnia, 2017), improve conflict resolution techniques in couples (Soodani, Dastan, Khojaste Mehr, & Rajabi, 2015), improve marital quality significantly, improve behavioral and cognitive disruptive (Behradfar, Jazayeri, Bahrami, Abedi, Etamadi, & Fatemi, 2016) and reduce marital burnout.

Increasing numbers of divorces, decreasing marital adjustment and compatibility, and increasing the numbers of couples referring to counseling centers, which illustrate the problems that have put family foundation and couple relationships at risk, explain the need for effective treatment in this area. On the other hand, due to the lack of scientific researches on the effectiveness of narrative couple therapy on improving psychological well-being of incompatible couples, the present study aimed to investigate the effectiveness of narrative couple therapy on improving the psychological well-being of incompatible couples.

Method

Population, sample, and sampling method

The current study was conducted in a semi-experimental design with pre-test and post-test with control group. The sample consisted of all incompatible couples referred to counseling centers in Ahvaz city in the first six months of the year 2019. 30 maladaptive couples were selected using voluntary sampling method based on inclusion criteria (no personality disorders, no addiction, and no legal involvement with divorce, and earning 30% of each subscale score from the Spanier Adjustment Questionnaire). 30 maladaptive couples were assigned randomly to randomly experimental (15 couples) and control groups (15 couples). The both groups were assessed in psychological well-being variable pretest and posttest stages. The experimental group receive 8 sessions of narrative couple therapy and the control group not received treatment. Then, both groups were reassessed in the psychological well-being variable, in post-test.

Instruments

Dyadic Adjustment Scale (DAS): The purpose behind creating the DAS was to develop a relationship adjustment measure that could be used not only with married couples, but with other dyads such as unmarried co-habiting or same sex couples (Graham B. Spanier, 1976). DAS is a 32-item rating instrument written at an 8th-grade reading level that may be completed by either one or both partners in a relationship. Respondents are asked to rate each of the items on a Likert-type scale choosing the most suitable response options. Respondents are also asked to indicate the extent of agreement or disagreement between the individual and his/her partner for each item. DAS includes the following four subscales: Dyadic consensus assesses the extent of agreement between partners on matters important to the relationship: religion, recreation, friends, household tasks, and time spent together. Cronbach's alpha reliability coefficients of the whole questionnaire were 0.96 and in the subscales of dyads satisfaction 0.94, dyads correlation, 0.81, dyads agreement, 0.90, and expression of love, 0.73 (Sanayi, 2000).

Ryff Scale Psychological Wellbeing: Well-being is a dynamic concept that includes subjective, social, and psychological dimensions as well as health-related behaviors. The Ryff Scales of Psychological Well-Being is a theoretically grounded instrument that specifically focuses on measuring multiple facets of psychological well-being (Ryff, 1998). These facets include the following: self-acceptance, the establishment of quality ties to other, a sense of autonomy in thought and action, the ability to manage complex environments to suit personal needs and values, the pursuit of meaningful goals and a sense of purpose in life, continued growth and development as a person. The Ryff inventory consists of 84 items (long form) Respondents rate

statements on a scale of 1 to 5, with 1 indicating strong disagreement and 5 indicating strong agreement. Cronbach's alpha reliability coefficient of self-acceptance subscales 0.93, positive relationship with others 0.91, autonomy 0.86, mastery of the environment 0.90, purposefulness in life 0.90 and personal growth 0.87(Ryff, 1998). Molavi, Turkan, Soltani and Palahang (2010) reported Cronbach's alpha reliability coefficients of subscales of environmental dominance 0.69, personal growth 0.74, positive relationship with others 0.65, purposefulness in life 0.73, admission reported 0.65 and autonomy 0.60.

Data Analysis

In current study, the data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics (covariance analysis).

Findings

The mean age of participants in the study was 34 years for women and 36 years for men with a standard deviation of 6.67 and 5.66, respectively. In terms of education level, 9 (17%) had below high school diploma education, 18 (33%) had a diploma, 13 (24%) had an associate degree, 10 (19%) had a bachelor degree, 4 (7%) had a master after degree.

By considering that Kolmogorov-Smirnov test wasn't significance, the underlying assumptions of analysis of covariance showed that, distribution of scores was normal ($p > 0.05$). Also Levin test was not statistically significant ($p > 0.05$) indicating the homogeneity of variances. Moreover, lack of coefficient of determination greater than 0.7 among variables indicated no correlation between the variables of covariate. Also, the assumptions of *homogeneity of the slope of the regression line*, which was tested by lambda-Wilks test for interaction between group and pretest with dependent variable (psychological well-being components) was obtained ($p > 0.05$) and indicated parallel regression slopes for analysis of covariance. In addition, according to the data obtained from analysis of covariance, the linearity of the regression t-test variables on the pre-test of psychological well-being components including relationships and mastery of the environment was ($P = 0.05$) indicating the existence of linear relationships.

Table 1
The significant tests analysis of covariance of psychological well-being variance in experimental and control groups

Effect	Value	F	Hypothesis df	Error df	Sig
Pillai's Trace	0.96	58.57	6	14	0.001
Wilks' Lambda	0.03	58.57	6	14	0.001
Hotelling's Trace	25.10	58.57	6	14	0.001
Roy's Largest Root	25.10	58.57	6	14	0.001

Considering the significance of the results of the analysis of covariance analysis in the experimental and control groups, which is shown in Table 3, the results indicates that there is a statistically significant difference between two groups in at least one of the research variables. Consequently, the analysis of covariance is permissible, Table 2 shows the results of the analysis of covariance for the post-test scores of the experimental and control groups.

Given the above information and presence of the necessary assumptions that are required for performing the covariance analysis, covariance analysis was used to analyze the data related to the research hypothesis (narrative couple therapy has an impact on the psychological well-being of incompatible couples) and the results indicate that there is a statistically significant difference between these groups in at least one of the research variables.

Table 2
Analysis of covariance on post-test scores of psychological well-being variable in experimental and control groups

Source	Dependent variable	sum of squares	df	Mean square	F	P	Partial eta squared
Group	Self-acceptance	365	1	365	317	p < 0.001	0.94
	Positive relationships	266	1	266	44	p < 0.001	0.70
	Autonomy	265	1	265	53	p < 0.001	0.70
	Mastery on the environment	193	1	193	59	p < 0.001	0.75
	Purposeful living	253	1	253	51	p < 0.001	0.73
	Personal growth	294	1	294	43	p < 0.001	0.69

F ratio of analysis of covariance were significant in self- acceptance (F = 317, p < 0.001), positive relationships with others (F = 44, p < 0.001), autonomy component (F = 53, p < 0.001), mastery on the environment (F = 59 , p < 0.001), purposeful living (F = 51, p < 0.001) personal growth components (F = 43, p < 0.001); that is there was a statistically significant differences between the experimental and control groups in post-test scores on psychological well-being, indicating the effectiveness of narrative couple therapy on improving components.

Discussion

The findings of the present study indicates that narrative couple therapy improves all components of psychological well-being including

self-acceptance, positive relationships with others, autonomy, mastery on the environment, purposeful life and personal growth of couples. Our findings are consistent with the results of the researches conducted by Banker, Kaestle and Allen (2010), David Bisa (1994), Coolhan (1998 cited in Hinatsu, 2002), James Conner, Mix, Pickering and Squoman (1997), Salimi Ghaleh Taki, Ghasemi Pirbaluti and Sharifi (2015) and Rabiei, Fatehizadeh and Bahrami (2008), which demonstrated the effectiveness of narrative therapy on improving positive relationships with others. However, no research on the effectiveness of this treatment on psychological well-being and its components was found.

Narrative therapy takes advantage of man's ability to narrate and interprets the problems in life as the problems in discourse and metaphors. Discourse and metaphor are places where the realities are created, the realities that we live them. In this approach, one is the product of the "self" rather than the product of the environment because we perceive ourselves as narrative, and the reason for what happens around us is within us, and every human being is a continuation of his or her narrative. Therefore, given the emphasis of this perspective on components such as personal growth and enhancing the sense of agency, it is expected that psychological well-being components including self-acceptance, autonomy, mastery on the environment, and personal growth will improve in the treated individuals. In fact, the treatment is the process of transition from one narrative to another, couples' narratives have some problems, and therapeutic narrative reconstructs desirable narratives by destructing the problematic components so that the couples will be able to construct unique stories and live them. This intervention occurs in a process and appears in three phases: The destruction phase, the reconstruction phase, and the stabilization phase. In the destructive phase, the story, that is actually the couples' problem, is broken down. During the reconstruction phase, clients with the help of a therapist create a problem-free story. Then in the stabilization phase, the clients will live a new story (Friedman & Comes, 1996). By considering the above therapeutic emphasizes, couples who have problematic narratives are unable to accept themselves and establish good relationships with others, also they have lost their autonomy, control on the environment, and purpose in life and their personal growth has been hampered. However, with the help of narrative therapy and through therapeutic techniques including finding unique consequences and building alternative stories, they will be able to break down and demolish the problems and reconstruct a new narrative of their lives in which none of the above problems are found, in the stabilization phase, by using techniques such as retelling

alternative stories and re-membership, couples can improve their positive relationships, stabilize the alternative stories, enhance their abilities, and ultimately improve the effectiveness of their psychological well-being.

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