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# Investigating the Effectiveness of Problem-Focused Couple Therapy and Metacognitive Therapy Approach on Strengthening Communication Skills and Reducing Marital Conflicts

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#### ABSTRACT

**Purpose:** This study aims to analyze how problem-focused couple therapy and metacognitive therapy can enhance communication skills and decrease marital conflicts.

**Methodology:** The study utilized a semi-experimental design, consisting of a pretest, post-test, and a three-month follow-up period, with two groups receiving interventions and one serving as the control group. The participants were couples seeking family counseling and dealing with marital conflicts in Shiraz between July and October 2023. A total of 42 couples were selected for the study using purposive sampling. One group received metacognitive training consisting of seven 60-minute sessions twice a week, while the other group received problem-focused couple therapy with six 60-minute sessions twice a week. The research utilized the Communication Skills Test-Revised (CSTR) and Marital Conflict Questionnaire-Revised (MCQ-R) as assessment tools. The statistical analysis in this study utilized the Kruskal-Wallis H test, repeated measure ANOVA, and Bonferroni post hoc test in SPSS version 27, with a p-value set at 0.05.

**Findings:** The most recent study's results show that the P-value for the Between-Subjects Effects related to the Marital Conflict variable was deemed statistically significant (p<0.001). Likewise, the interaction effects between groups and time in the Within Subjects Effects also showed significance for the Marital Conflict variable (P=0.021). Additionally, the P-value for the Between-Subjects Effects was significant for the components of the Ability to receive and send messages, Emotional regulation, and Insights into the communication process (p<0.01). The analysis of the Between-Subjects Effects also revealed significant P-values for listening skills and Assertiveness components (p<0.01).

**Conclusion:** This research shows that problem-focused couple therapy and metacognitive therapy help improve communication skills and reduce marital conflicts. These findings can assist couples looking to enhance their relationships and promote empathy and mutual understanding in selecting the most suitable treatment to address their issues.

Keywords: Couple Therapy, Metacognitive Therapy, Communication Skills, Marital Conflicts

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#### 1. Introduction

ommunication in marriage involves both the spoken and unspoken sharing of information between partners, encompassing not only the words used but also non-verbal cues like tone of voice, eye contact, and facial expressions, which can influence how the spoken words are interpreted (Piekarska, 2022). It is viewed as a crucial element in connecting individuals and locations, particularly within marriage, where it plays a vital role in mutual sharing through various forms such as speaking, writing, and physical expressions (Nyarks & Hope, 2022). Effective communication skills are often cited as key indicators of marital satisfaction, allowing couples to express their desires, resolve conflicts, communicate their thoughts and emotions, and build intimacy (Jafari et al., 2021). Research has shown that having effective communication skills is associated with increased satisfaction in marriage, underscoring the significance of interpersonal communication in building a strong connection between spouses (Kılıçarslan & Parmaksız, 2023).

Marital relationships have a significant impact on the growth and self-improvement of individuals, however, they can also have negative aspects that result in conflict. While marital conflicts is natural, if it becomes chronic and unresolved, it can have a detrimental effect on emotional and marital satisfaction, leading to disrespect, insults, and psychological abuse (Azarnik et al., 2024). Conflict arises from a lack of agreement and compatibility of opinions and goals, impacting all family members (Darbani & Parsakia, 2022; Navabinejad et al., 2023). Studies indicate that marital satisfaction is negatively affected by marital conflicts and expectations (Kakolian, Mashayekh, Davaee, et al., 2024). "Marital satisfaction is greatly influenced by emotional maturity, love, and expectations within the relationship, as they directly and indirectly affect conflicts that arise (Kakolian, Mashayekh, Davaei, et al., 2024)."

Couples experiencing numerous marital conflicts and personal lives often encounter a range of obstacles, such as lack of affection, financial and ethical challenges, issues with communication, and trouble resolving disagreements. It is essential to utilize different therapeutic methods, such as couple's therapy, to assist couples in gaining understanding, acquiring new interpersonal skills, modifying their behavior, and developing more adaptive responses (Emamipour, 2022). Systemic problem-focused couple therapy is grounded in the family systems approach and typically consists of 6 to 12 sessions, focusing on the

present rather than the past and addressing the behavior patterns within the family (Naghdi et al., 2017). Research has shown that couple therapy can positively impact couple compatibility, marital social skills, as well as symptoms of depression and anxiety in couples (Durães et al., 2020). Furthermore, it has been discovered that interventions that involve both couples and families can improve the dynamics of their relationships (Wittenborn et al., 2022).

"Focusing on cognitive processes and metacognition is an important aspect examined about marital satisfaction and intimacy. One method used in couple therapy is metacognitive therapy (MCT), which involves any knowledge or cognitive processes related to evaluation, monitoring, or control. Cognitive processes refer to the processes used to consciously select appropriate strategies, monitor their effectiveness, and make adjustments when needed (Aghabeygi & Khanjani, 2020). The metacognitive approach offers individuals strategies to break free from maladaptive self-regulation mechanisms and prepare to confront threats or harm through flexible emotional training (Hasani et al., 2022). A study revealed significant results supporting the effectiveness of metacognitive therapy in enhancing the relational and marital functioning of couples facing conflicts (Esmaeili et al., 2024). Additionally, research findings demonstrated that metacognitive interpersonal therapy can lead to improved communication patterns and enhanced marital compatibility (Montajabian & Rezai Dehnavi, 2021)."

Marital conflicts are a common issue in relationships between couples that can impact individuals' mental, emotional, and social well-being. Enhancing communication and conflict resolution can enhance the quality of married life and play a crucial role in alleviating stress and promoting mental health. Given the rising divorce rates and marital problems in today's societies, it is vital to explore new and effective treatment methods to enhance communication skills and minimize conflicts. While there have been numerous studies on couple therapy, few have specifically examined the impact of problem-focused couple therapy a metacognitive approach on improving communication skills and reducing marital conflicts. This gap in research highlights the need for a comparative analysis of these two approaches to understand their benefits and limitations. The current study is among the first to address this gap by exploring the effects of the two therapeutic approaches on bolstering communication skills and decreasing marital conflicts.

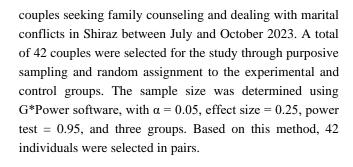


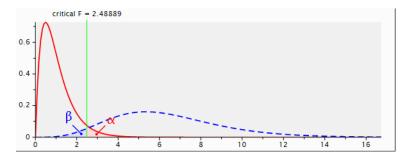
#### 2. Methods and Materials

# 2.1. Study Design and Participants

The current study utilized a semi-experimental design with a pre-test, post-test, and three-month follow-up setup involving two experimental groups (problem-focused couple therapy training and metacognitive therapeutic approach) and a control group. The statistical population included

Figure 1
Sample Size Calculation with G\*Power Software





The study's eligibility criteria required couples to have marital conflicts, be at least 20 years old, possess the physical health necessary to attend intervention sessions and have a consultation record at centers and clinics. Individuals were excluded from the research if they had a condition preventing regular attendance at intervention sessions, missed more than one in-person training session, or were late for more than two sessions, resulting in withdrawal from the study.

To start the research, approval was obtained from the university, and researchers visited three specialized counseling centers for couples. The centers were chosen based on availability and recommendations from professors and researchers. The names of the counseling centers were kept confidential to protect the identities of individuals and coordination with the centers. Following center management, a virtual announcement was made on the center's social media pages to recruit participants for the intervention sessions. The researchers intentionally selected couples who met the required criteria for the study from those who submitted their information. The researcher chose a total of 52 couples. A larger sample size was selected to account for potential dropouts and ensure the study's reliability.

During the initial in-person interview at counseling clinics, the couples were informed about the research objectives and ethical principles, addressing any questions they had. "During this phase, the researchers evaluated the couples, excluding those who were unable to fulfill the research criteria, such as attending meetings regularly or taking part in counseling and training simultaneously. Some couples chose not to proceed with the research. In the end, the researchers selected 42 individuals." The couples underwent a pre-test using research tools to gauge their communication skills and level of marital conflicts. After the pre-test, the individuals were randomly grouped and prepared for training. Participants were intentionally chosen and then assigned to groups randomly using a coin flip. The group receiving metacognitive training participated in seven 60-minute sessions twice a week, while the group receiving problem-focused couple therapy training attended six 60minute sessions twice a week. The control group did not receive any training.

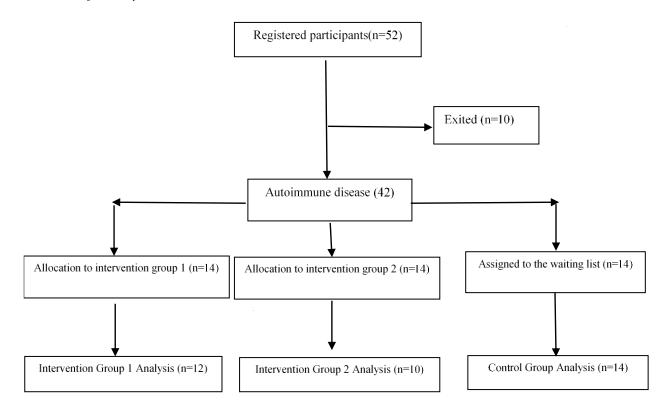
The training sessions took place in person at one of the appropriate offices of the training workshops, supervised by the research centers. After finishing the study, the control group received an online training course to ensure they understood and complied with research ethics. Tables 1 and 2 display a summary of the sessions for metacognitive training therapy (Sherafati et al., 2023; Wells, 2010) and problem-focused couple therapy groups (Rahmani et al., 2022; Shojaei KalateBali et al., 2022). After the final session, the experimental groups completed post-test research questionnaires, and three months later, they filled



out the questionnaires again. The researcher conducted virtual group assessments online during the follow-up phase. Figure 2 shows the flow chart of CONSORT.

Figure 2

Consort Model of the study



# 2.2. Measures

# 2.2.1. Communication Skills Test-Revised (CSTR)

Queen Dam created this survey in 2004 (Queendom, 2004). The **CSTR** questionnaire evaluates communication skills of adults through 34 questions, with responses on a five-point Likert scale. The survey is divided into five main parts: Ability to receive and send messages, emotional regulation, listening skills, Insight communication, and assertiveness. Scores this questionnaire typically range from 34 to 170. A score of 34 to 68 indicates weak communication skills, 68 to 102 is moderate, and above 102 is considered severe. A higher score suggests better communication skills. Iranian researchers reported an internal consistency of 0.69 for this questionnaire (Mojadam et al., 2015). The Cronbach's alpha coefficients for each section were 0.886 for Ability to receive and send messages, 0.885 for Emotional regulation,

0.894 for Listening skills, 0.782 for Insight into communication, and 0.802 for assertiveness.

# 2.2.2. Marital Conflict Questionnaire Revised (MCQ-R)

In 2009, Sanai Zaker et al. developed and confirmed the validity of a self-report questionnaire to measure marital conflicts (Sanaei Zaker et al., 2009). The questionnaire consists of 54 items on a 5-point Likert scale, ranging from always (5) to never (1). It assesses various issues such as decreasing cooperation, decrease in sexual activity, increase in emotional reactions, getting child support, personal relationships with relatives, financial affairs, and effective communication. The total score ranges from 54 to 270, with higher scores indicating more marital conflicts and lower scores indicating fewer conflicts. The questionnaire creators determined a Cronbach's alpha of 0.96 (Morade et al., 2020). In this study, the researcher found the Cronbach's alpha coefficient for this scale to be 0.77.

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#### 2.3. Intervention

The intervention protocol for Mindfulness-Based Cognitive Therapy consists of seven structured sessions aimed at enhancing metacognitive awareness, improving communication, and fostering effective conflict resolution in couples. The first session focuses on an initial introduction, orientation, and assessment, where the therapist familiarizes participants with the metacognitive framework, gathers data on marital conflicts and cognitive processes, and helps couples recognize their thought patterns and beliefs affecting communication. second session introduces metacognitive principles, teaching couples to distinguish between thoughts and reality, monitor their cognitive processes, and challenge negative or irrational thoughts. In the third session, couples further explore metacognitive skills by identifying thought patterns related to marital conflicts and learning techniques for managing them effectively. The fourth session enhances communication skills through a metacognitive approach, including active listening, reflection techniques, the use of "I" statements, and implementing metacognitive exercises in real-life situations to regulate emotions and thoughts during stressful interactions. The fifth session focuses on conflict resolution using a metacognitive approach, where couples practice structured problem-solving techniques and learn the "Stop and Think" method to pause and reflect before reacting to conflicts, helping them break repetitive conflict patterns. In the sixth session, couples work on strengthening their social relationships by engaging in exercises that improve communication, identifying sources of support, and utilizing feedback methods to express emotions constructively. The final session reviews and assesses progress by analyzing advancements in communication and conflict resolution, evaluating the impact of metacognition on relationship dynamics, and establishing a future monitoring plan that includes joint activities, review sessions, and continued exercises to reinforce relationship skills. A post-test is administered to measure improvements and provide further guidance on sustaining mindfulness and metacognitive strategies in daily interactions.

The intervention protocol for Problem-Focused Couple Therapy consists of six structured sessions designed to enhance communication, conflict resolution, emotional connection, and mutual trust between partners. The first session focuses on the initial presentation, where the therapist familiarizes with the couple, assesses the nature and severity of their marital conflicts, and collaboratively sets shared goals aimed at improving communication and reducing conflicts. The second session emphasizes awareness of couple issues, guiding partners in recognizing and articulating their marital concerns while understanding each other's emotions related to these concerns. In the third session, fundamental communication skills are taught, including active listening, expressing emotions and needs non-aggressively, and avoiding blame or accusations by using "I" statements. The fourth session is dedicated to conflict recognition and management, where couples practice identifying underlying thoughts disagreements and use reflection techniques, such as deep breathing and short breaks, to prevent impulsive emotional reactions while focusing on problem-solving. The fifth session enhances emotional intimacy and mutual trust through gratitude exercises, activities that foster emotional closeness, and strategies for improving empathy and understanding each other's perspectives. The final session evaluates progress by assessing the couple's advancements in therapeutic goals, providing feedback, and establishing reinforcement schedules to ensure the continued application of learned skills. The therapist also administers a post-test to measure outcomes and recommends follow-up sessions if needed for ongoing support.

# 2.4. Data Analysis

This study utilized descriptive statistics, such as mean and standard deviation, to analyze research hypotheses using Kruskal-Wallis H and analysis of covariance with repeated measurements at a p-value of 0.05 in SPSS version 27. The Kolmogorov-Smirnov test assessed normal distribution, while Levene's test examined homogeneity of variances. Bonferroni's post hoc test compared the means.

# 3. Findings and Results

This study gathered information from couples in three stages: pre-test, post-test, and three-month follow-up, involved in Problem-focused couple's therapy, MCT, and control groups. Initially, the researcher examined the demographic characteristics of the participants. The participants were categorized into four age groups: 20 to 25 years, 25 to 30 years, 30 to 35 years, and 35 to 40 years. Additionally, the participants were grouped based on their education level: High school, Diploma, Bachelor's degree, and Master's degree. The findings from the Kruskal-Wallis H test indicated that there were no noteworthy differences among the participants regarding demographic variables



(P>0.05). Consequently, the groups exhibited similarity in terms of demographic factors.

 Table 1

 Demographic Characteristics in the Experimental and Control Groups

Variables	Demographic Information	Problem-Focused Couples Therapy	%	MCT	%	Control	%	Kruskal-Wallis H	P value
Age	20 to 225 years	6	50.0%	7	70.0%	7	50.0%	0.954	0.621
	25 to 30 years	0	0.0%	0	0.0%	1	7.1%		
	30 to 35 years	4	33.3%	2	20.0%	4	28.6%		
	35 to 40 years	2	16.7%	1	10.0%	2	14.3%		
	High School	1	8.3%	0	0.0%	1	7.1%	0.305	0.858
Education	Diploma	2	16.7%	3	30.0%	4	28.6%		
	Bachelor's Degree	7	58.3%	5	50.0%	7	50.0%		
	Master's Degree	2	16.7%	2	20.0%	2	14.3%		

The researcher also analyzed the mean and variability of the variables in the research groups in Table 2.

 Table 2

 Description of Research Variables

Variable	Groups	M± SD							
		Pre-test		Post-test	Post-test		Follow up		
		M	SD	M	SD	M	SD		
Marital Conflict	Problem-Focused Couples Therapy	115.833	5.458	111.750	4.770	106.083	7.292		
	MCT	117.900	2.807	115.600	2.011	117.100	2.644		
	Control Group	116.929	2.841	116.857	3.505	114.786	4.406		
Ability to Receive	Problem-Focused Couples Therapy	32.083	2.712	33.917	1.505	33.417	2.193		
and Send Messages	MCT	32.300	3.302	33.200	2.098	35.300	2.627		
	Control Group	31.786	2.723	31.714	2.758	31.714	2.400		
Emotional Regulation	Problem-Focused Couples Therapy	28.917	1.084	31.500	2.316	31.750	2.927		
	MCT	28.900	1.197	31.500	2.550	31.200	2.616		
	Control Group	28.857	1.027	29.143	1.351	29.214	1.369		
Listening Skills	Problem-Focused Couples Therapy	14.917	1.084	14.083	0.669	15.167	1.193		
	MCT	14.900	0.994	15.700	0.949	17.800	0.789		
	Control Group	14.643	1.082	14.214	0.802	14.500	1.286		
Insights into the	Problem-Focused Couples Therapy	13.917	0.793	14.083	1.240	14.583	1.730		
Communication	MCT	13.900	0.738	15.700	0.823	16.600	1.075		
Process	Control Group	14.000	0.784	13.714	0.611	14.214	1.311		
Assertiveness	Problem-Focused Couples Therapy	14.583	1.311	15.250	1.138	17.250	1.215		
	MCT	14.900	1.370	15.000	1.054	16.000	1.491		
	Control Group	14.571	1.089	14.929	1.269	14.786	1.122		

Table 2 displays the mean and standard deviation of the participant's scores for the research variables. It was observed that the mean score of the Marital Conflict variable did not vary significantly between the Problem-focused couples' therapy, MCT, and control groups in the pre-test phase. However, the mean scores for this variable decreased in the Problem-focused couples' therapy group compared to the control group in the Post-test and Follow-up stages, while no changes were noted in the control and MCT groups. Similarly, the elements of the Ability to receive and send

messages, listening skills, and Insights into the communication process did not show significant differences between the three groups in the pre-test stage. Nonetheless, the mean scores for these elements increased in the MCT group compared to the control group in the Post-test and Follow-up stages, with no changes observed in the control and Problem-focused couples' therapy groups. In the pre-test phase, there were no significant differences in Emotional regulation and assertiveness among the three groups. However, the mean scores for these components increased



in the experimental groups compared to the control group in the Post-test and Follow-up stages. The researcher examined the findings of the repeated measures analysis in Table 3.

**Table 3**Covariance Analysis Test

Variable		Source	SS	MS	F	P-value	η2
Marital Conflict	Within Subjects Effects	TIME	4.446	4.446	0.266	0.610	0.000
		TIME ★ Pre-test	5.722	5.722	0.342	0.563	0.000
		TIME * Group	146.258	73.129	4.371	0.021	0.075
	Between Subjects Effects	Pre-test	11.581	11.581	0.467	0.499	0.000
		Group	822.573	411.287	16.578	< .001	0.471
Ability to Receive and	Within Subjects Effects	TIME	1.689	1.689	0.352	0.557	0.000
Send Messages		TIME ★ Pre-test	2.250	2.250	0.468	0.499	0.000
		TIME ★ Group	19.702	9.851	2.051	0.610 0.563 0.021 0.499 < .001 0.557	0.028
	Between Subjects	Pre-test	E * Pre-test 5.722 5.722 0.342 0.56 E * Group 146.258 73.129 4.371 0.02 test 11.581 11.581 0.467 0.49 up 822.573 411.287 16.578 < .00 E * Pre-test 2.250 2.250 0.468 0.49 E * Group 19.702 9.851 2.051 0.14 up 92.881 46.440 8.162 0.00 E * Pre-test 12.074 12.074 2.937 0.09 E * Pre-test 12.082 12.082 2.939 0.09 E * Group 0.869 0.434 0.106 0.90 test 16.088 16.088 3.184 0.08 up 91.085 45.543 9.013 < .00 E * Pre-test 0.737 0.737 0.855 0.36 E * Group 10.062 5.031 5.833 0.00 test 0.540 0.540 0.490 0.48 up 74.073 37.037 33.609 < .00 E * Pre-test 0.057 0.057 0.066 0.79 E * Pre-test 0.145 0.145 0.169 0.68 E * Group 0.599 0.299 0.348 0.70 test 3.654 3.654 1.880 0.18 up 58.999 29.499 15.178 < .00 E * Pre-test 0.948 0.948 0.676 0.41 E * Group 15.031 7.516 5.355 0.01 test 5.031 7.516 5.355 0.01 test 0.948 0.948 0.676 0.41 E * Group 15.031 7.516 5.355 0.01 test 3.987 3.987 2.661 0.11	0.112	0.047		
	Effects	Group	92.881	46.440	8.162	0.563 0.021 0.499 < .001 0.557 0.499 0.145 0.112 0.001 0.096 0.096 0.900 0.084 < .001 0.209 0.362 0.007 0.489 < .001 0.799 0.684 0.709 0.180 < .001 0.282 0.417 0.010 0.113	0.290
Emotional Regulation	Within Subjects Effects	TIME	12.074	12.074	81       0.467       0.499         287       16.578       < .001	0.026	
		TIME ★ Pre-test	12.082	12.082	2.939	0.096	0.026
		TIME * Group	0.869	0.434	0.106	0.900	0.000
	Between Subjects Effects	Pre-test	16.088	16.088	3.184	0.084	0.060
		Group	91.085	45.543	9.013	< .001	0.314
Listening Skills	Within Subjects Effects	TIME	1.419	1.419	1.646	0.209	0.009
		TIME ★ Pre-test	0.737	0.737	0.855	0.362	0.000
		TIME * Group	10.062	5.031	5.833	0.007	0.113
	Between Subjects	Pre-test	0.540	0.540	0.490	0.489	0.000
	Effects	Group	74.073	37.037	33.609	0.557 0.499 0.145 0.112 0.001 0.096 0.096 0.900 0.084 <.001 0.209 0.362 0.007 0.489 <.001 0.799 0.684 0.709 0.180 <.001 0.282 0.417 0.010 0.113	0.651
Insights into the	Within Subjects Effects	TIME	0.057	0.057	0.066	0.799	0.000
Communication Process	v	TIME * Pre-test	0.145	0.145	0.169	0.684	0.000
		TIME * Group	0.599	0.299	0.348	0.709	0.000
	Between Subjects Effects	Pre-test	3.654	3.654	1.880	0.180	0.025
		Group	58.999	29.499	15.178	< .001	0.448
Assertiveness	Within Subjects Effects	TIME	1.684	1.684	1.200	0.282	0.003
	<b>,</b>	TIME * Pre-test	0.948	0.948	0.676	0.417	0.000
		TIME * Group	15.031	7.516	5.355	0.010	0.112
	Between Subjects	Pre-test					0.047
	Effects	Group					0.298

According to the findings from the covariance analysis provided in Table 3, the P-value for the Between-Subjects Effects in the Marital Conflict variable was deemed significant (p<0.001). This indicates that a notable difference was observed among the research groups while controlling for the effects of the Pre-test stage, highlighting a significant distinction between the groups. Additionally, the interaction effects between groups and time in the Within Subjects Effects were significant for the Marital Conflict variable (P=0.021). Moreover, the P-value for the Between-Subjects Effects in the components of the Ability to receive and send messages, Emotional regulation, and Insights into the communication process also showed significance

(p<0.01). Thus, a significant difference was noted in the research groups while keeping the effects of the Pre-test stage constant, emphasizing a noticeable distinction between the groups. The outcomes of the covariance analysis in Table 3 revealed a significant P-value for the Between-Subjects Effects in the listening skills and assertiveness components (p<0.01). This once again highlighted a significant difference between the research groups while controlling for the effects of the Pre-test stage. The components showed significant Within Subjects Effects (P>0.05). The researcher analyzed the pairwise comparison of interaction effects between time and research groups in Table 4.



**Figure 3**Interaction Effects Between Time and Group in Listening Skills

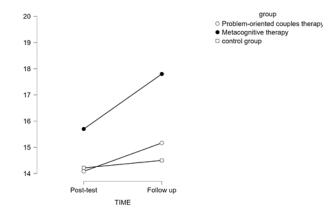


Figure 4

Interaction Effects Between Time and Group in Assertiveness

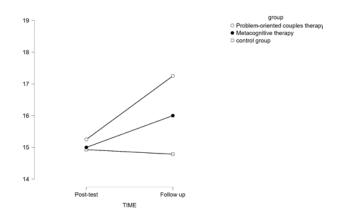


Figure 5

Interaction Effects Between Time and Group in Marital Conflict

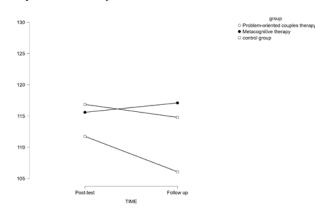




Table 4

Post Hoc Comparisons - Group ★ TIME

Variable			MD	SE	t	$p_{\rm bonf}$
Listening Skills	(Problem-Focused Couples	MCT, Post-test	-1.620	0.339	-4.772	< .001
	Therapy, Post-test)	Control Group, Post-test	-0.182	0.314	-0.579	1.000
		(Problem-Focused Couples Therapy, Follow up)	-1.106	0.380	-2.910	0.098
		MCT, Follow up	-3.739	0.432	-8.658	< .001
		Control Group, Follow up	-0.435	0.386	-1.126	1.000
	MCT, Post-test	Control Group, Post-test	1.438	0.330	4.359	0.002
		(Problem-Focused Couples Therapy, Follow up)	0.514	0.418	1.230	1.000
		MCT, Follow up	-2.119	0.416	-5.095	< .001
		Control Group, Follow up	1.185	0.399	2.967	0.085
	Control, Post-test	(Problem-Focused Couples Therapy, Follow up)	-0.924	0.397	-2.330	0.394
		MCT, Follow up	-3.557	0.424	-8.399	< .001
		Control Group, Follow up	-0.253	0.353	-0.718	1.000
	(Problem-Focused Couples	MCT, Follow up	-2.633	0.495	-5.320	< .001
	Therapy, Follow up)	Control Group, Follow up	0.671	0.458	1.465	1.000
	MCT, Follow up	Control Group, Follow up	3.304	0.481	6.867	< .001
Assertiveness	(Problem-Focused Couples	MCT, Post-test	0.218	0.508	0.429	1.000
	Therapy, Post-test)	Control Group, Post-test	0.323	0.465	0.694	1.000
		(Problem-Focused Couples Therapy, Follow up)	-1.984	0.484	-4.099	0.004
		MCT, Follow up	-0.827	0.518	-1.595	1.000
		Control Group, Follow up	0.484	0.474	1.022	1.000
	MCT, Post-test	Control Group, Post-test	0.105	0.492	0.213	1.000
		(Problem-Focused Couples Therapy, Follow up)	-2.202	0.517	-4.263	0.002
		MCT, Follow up	-1.045	0.533	-1.962	0.878
		Control Group, Follow up	0.266	0.499	0.533	1.000
	Control, Post-test	(Problem-Focused Couples Therapy, Follow up)	-2.307	0.475	-4.856	< .001
		MCT, Follow up	-1.150	0.502	-2.289	0.432
		Control Group, Follow up	0.161	0.448	0.360	1.000
	(Problem-Focused Couples	MCT, Follow up	1.157	0.528	2.190	0.539
	Therapy, Follow up)	Control Group, Follow up	2.468	0.483	5.111	< .001
	MCT, Follow up	Control Group, Follow up	1.311	0.511	2.564	0.229
Marital Conflict	(Problem-Focused Couples	MCT, Post-test	-3.916	1.635	-2.395	0.339
	Therapy, Post-test)	Control Group, Post-test	-5.142	1.480	-3.475	0.022
		(Problem-Focused Couples Therapy, Follow up)	5.817	1.690	3.443	0.024
		MCT, Follow up	-5.577	2.007	-2.778	0.136
		Control Group, Follow up	-3.085	1.778	-1.735	1.000
	MCT, Post-test	Control Group, Post-test	-1.226	1.554	-0.789	1.000
		(Problem-Focused Couples Therapy, Follow up)	9.733	1.949	4.995	< .001
		MCT, Follow up	-1.661	1.850	-0.898	1.000
		Control Group, Follow up	0.831	1.843	0.451	1.000
	Control, Post-test	(Problem-Focused Couples Therapy, Follow up)	10.959	1.831	5.986	< .001
		MCT, Follow up	-0.435	1.954	-0.222	1.000
		Control Group, Follow up	2.057	1.546	1.330	1.000
	(Problem-Focused Couples	MCT, Follow up	-11.394	2.301	-4.952	< .001
	Therapy, Follow up)	Control Group, Follow up	-8.902	2.083	-4.274	0.002
	MCT, Follow up	Control Group, Follow up	2.492	2.187	1.139	1.000

Based on Table 4 and Figure 3, there was a notable distinction in the listening skills aspect between the

Problem-focused couples' therapy and MCT groups in the post-test phase (p<0.001). By analyzing the average variance



between the two groups and its negativity, it is evident that the level of listening skills improved in the MCT group. No significant difference was found between the Problem-focused couples' therapy and control groups (p>0.05). Likewise, a notable difference was seen between the MCT and control groups in the post-test and follow-up periods (p<0.01). Consequently, only the MCT approach has proven effective in enhancing listening skills. Considering the average variance between the follow-up and post-test stages, it is clear that there was an increase in the amount of listening skills in the follow-up phase compared to the post-test phase. Thus, the impacts of MCT have demonstrated lasting effects.

Table 4 and Figure 4 show a notable variation in the Assertiveness element in the Problem-focused couples therapy group during the post-test phase as opposed to the follow-up period (p<0.001). The difference in means between the two phases is negative, indicating a rise in Assertiveness in the Problem-focused couples' therapy group during the follow-up. In addition, the Assertiveness

element in the Problem-focused couples' therapy group significantly differed from the control group during the follow-up stage (p<0.001). As a result, problem-focused couples' therapy was successful in improving Assertiveness.

Based on Table 4 and Figure 5, there was no statistically significant difference in the Marital Conflict variable between the Problem-focused couples' therapy and MCT groups at the post-test stage (p=0.339). However, the Marital Conflict variable differed significantly between the Problem-focused couples' therapy groups and the control group at the post-test stage (p=0.022). The data suggests that Marital Conflict decreased in the Problem-focused couples' therapy group compared to the control group. Additionally, a significant difference was observed between the post-test and follow-up stages within the Problem-focused couples' therapy group (p=0.024), indicating the long-term effectiveness of this therapy method on Marital Conflict. The researcher also examined pairwise comparisons between the different research groups in Table 5.

 Table 5

 Bonferroni's Post Hoc Test to Examine Differences Between Groups

Variables	TIME	(I) Group	(J) Group	MD	Std. Error	P-value
Ability to Receive	Post-test	Problem-Focused Couples Therapy	MCT	0.667	0.924	1.000
and Send Messages			Control Group	2.271*	0.849	0.035
		MCT	Control	1.604	0.895	0.248
	Follow up	Problem-Focused Couples Therapy	MCT	-1.906	1.036	0.225
			Control Group	1.733	0.952	0.234
		MCT	Control	3.638*	1.004	0.003
Emotional	Post-test	Problem-Focused Couples Therapy	MCT	-0.014	0.805	1.000
Regulation			Control Group	$2.307^{*}$	0.805 0.740 0.779 0.779 1.016 0.933	0.012
		MCT	Control	2.321*	0.779	0.016
	Follow up	Problem-Focused Couples Therapy	MCT	0.549	1.016	1.000
				0.933	0.032	
		MCT	Control	1.983	0.982	0.156
Insights into the	Post-test	Problem-Focused Couples Therapy	MCT	-1.611*	0.380	0.001
Communication			Control Group	0.339	0.350	1.000
Process		MCT	Control	$1.949^{*}$	0.849 0.895 1.036 0.952 1.004 0.805 0.740 0.779 1.016 0.933 0.982 0.380 0.350 0.368 0.608 0.559	0.001
	Follow up	Problem-Focused Couples Therapy	MCT	-2.013*	0.608	0.007
	_		Control Group		0.559	1.000
		MCT	Control	2.361*	0.589	0.001

Table 7 showed a significant difference between the Problem-focused couples therapy group and the control group in the post-test phase regarding the Ability to receive and send messages component (P=0.035). "In contrast, there was a notable difference observed in the follow-up phase between the MCT and the control group (P=0.003), demonstrating the effectiveness of both methods in improving this ability." The Emotional Regulation component showed a significant difference between the

Problem-focused couples therapy group and the control group in both the post-test and follow-up phases (P<0.05). However, there was also a noteworthy contrast between the MCT group and the control group in the post-test phase (P=0.016), showing effectiveness in improving Emotional Regulation for both approaches without a significant difference between them. In terms of Insights into the communication process, only the MCT approach displayed effectiveness in enhancing this aspect, as there was no



significant distinction between the Problem-focused couples' therapy group and the control group in both the post-test and follow-up stages (P=1.000), while a significant difference was evident between the MCT group and the control group in both phases (P=0.001).

#### 4. Discussion and Conclusion

The main objective of the current research was to examine how problem-focused couple therapy and MCT can enhance communication skills and decrease marital conflicts. The findings indicated that MCT improved listening skills and insight into the communication process. On the other hand, problem-focused couple therapy enhanced assertiveness and decreased marital conflicts. Both methods were successful in improving the capacity to both receive and send messages and emotional regulation; however, there was no significant difference between the two approaches.

The results of this current study, which demonstrated that MCT enhances listening skills and insight into the communication process, are in line with previous research (Esmaeili et al., 2024; Montajabian & Rezai Dehnavi, 2021). Previous research has also shown significant results supporting the effectiveness of MCT in enhancing the relationship and marital functioning of couples experiencing conflicts (Esmaeili et al., 2024). Another study found that metacognitive interpersonal therapy (MIT) can improve communication patterns and increase marital compatibility (Montajabian & Rezai Dehnavi, 2021).

MCT, which concentrates on enhancing awareness and control of thoughts and cognitive processes, assists individuals in gaining a better understanding of their thought patterns and reactions. Within the realm of listening skills and insight into the communication process, MCT encourages individuals to actively listen to the words of others instead of responding automatically or defensively, leading to more effective communication. This method fosters attentive listening and consideration of the emotions and viewpoints of others, ultimately improving the quality of interactions within marriages (Aghabeygi & Khanjani, 2020). Additionally, metacognitive therapy aids individuals in recognizing their communication habits and thought processes rather than fixating on negative, automatic thoughts. Individuals can now improve how they handle their emotional responses and communication during conflicts by using empathetic and effective listening as a part of communication (Hasani et al., 2022). The specificity of this therapy in enhancing listening skills and insight into the communication process can be attributed to its emphasis on raising awareness and control of individual thoughts and emotions to help individuals overcome dysfunctional mental patterns and address and rectify automatic emotional reactions in relationships. Essentially, this approach encourages individuals to delve deeper into their behaviors, steer clear of negative behaviors, and refrain from impulsive reactions. Conversely, Couples therapy sheds more light on interpersonal issues and mutual interactions, with less emphasis on altering thought patterns and promoting profound self-awareness at an individual level (Esmaeili et al., 2024).

Furthermore, another discovery from the study revealed that problem-focused couple therapy enhances assertiveness and decreases marital conflicts. The two techniques used in the recent study enhance the ability to receive and send messages and Emotional regulation, aligning with findings from earlier research (Fouladi et al., 2023; Nooripour et al., 2023; Rahmani et al., 2022; Wittenborn et al., 2022). Research findings suggest that the couple therapy protocol has a positive impact on couple compatibility, marital social skills, depression, and anxiety symptoms (Wittenborn et al., 2022). Additionally, a study demonstrated that interventions for couples and families enhance relationship dynamics (Nooripour et al., 2023). Results from research also indicate that MCT has a significant effect on cognitive emotion regulation (Fouladi et al., 2023). Another study found that using MCT interventions improves and controls the level of meta-arousal (Rahmani et al., 2022).

The results indicate that problem-focused couple therapy is a successful approach to improving marital relationships by decreasing disagreements and boosting assertiveness through addressing specific issues. This therapy prioritizes resolving issues and enhancing communication skills over just dealing with conflicts, helping couples learn how to face challenges together in a logical way (Navabinejad et al., 2023). By learning problem-solving skills and effective communication, couples are better equipped for productive discussions and reaching mutual agreements. This approach allows couples to express their needs while respecting those of their partners, ultimately leading to a decrease in misunderstandings and marital conflicts (Emamipour, 2022). Problem-focused couple and metacognitive therapies also stress the importance of communication skills and emotion regulation, enabling couples to send and receive messages more effectively and manage emotions during difficult situations. These therapies aim to assist couples in



enhancing their communication skills and self-awareness, allowing them to receive and send messages while minimizing misunderstandings and fostering intimacy within the relationship (Rahmani et al., 2022).

The current study faced limitations, such as the lack of updated research materials on merging problem-focused couple therapy with metacognitive therapy to enhance communication skills. More studies are needed in this field to address the missing information. Another constraint was the influence of personality and historical disparities among couples, indicating that forming subcategories based on common characteristics and examining them individually could enhance comprehension of these discrepancies. The study also had constraints in controlling external factors and environmental conditions, like work and family stress. Couples who were hesitant to alter their communication patterns had the potential to exhibit psychological resistance, but this issue was mitigated through the implementation of foundational training and the establishment of trust. Some couples may not fully grasp therapeutic concepts, but explaining these through practical exercises can help. The use of self-report questionnaires in the study might have been affected by cultural and social biases, preventing some couples from participating or expressing their true feelings. Educating couples about the significance and safety of the research can help alleviate these biases.

The results of this study indicated that both problemfocused couples' therapy and metacognitive therapy are effective in enhancing communication skills and decreasing marital conflicts. These results could be helpful for couples who want to improve their relationship and promote understanding and empathy while choosing the best treatment for their problems. Furthermore, these outcomes can serve as a manual for counselors and therapists to utilize problem-focused couples' therapy and MCT to enhance couples' communication skills. Each of these techniques focuses on different aspects of the relationship, such as assertiveness, empathy, and insight into communication. This data can aid therapists in selecting the appropriate treatment for each couple based on their specific requirements. Counselors can create more thorough treatment plans that enhance couples' communication skills combining problem-solving and metacognitive techniques. Counseling centers and educational institutions can host workshops and educational initiatives based on these discoveries to support couples in enhancing their communication skills and managing marital conflicts. These workshops can include practical exercises and be conducted

at regular intervals. For couples in the pre-marital stage, these results can be utilized as a tool to acquire fundamental communication skills and prevent conflicts in the future. Moreover, creating and disseminating educational material based on these approaches on social media and specialized counseling websites can help raise awareness among the general public about the significance of communication skills and the positive impact of this type of treatment in minimizing conflicts.

## **Authors' Contributions**

All authors significantly contributed to this study.

# Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

# **Transparency Statement**

Data are available for research purposes upon reasonable request to the corresponding author.

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# **Declaration of Interest**

The authors report no conflict of interest.

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# **Ethical Considerations**

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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