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Investigating the effectiveness of group training based on solution-based approach on cognitive flexibility and marital satisfaction of married women

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Abstract

Introduction: Cognitive flexibility is one of the most important variables related to marital relationships The aim of this study was to evaluate the effectiveness of group training based on the solution-oriented approach to flexibility, cognition and marital satisfaction of married women.

Methods: This study was a quasi-experimental design of pre-test and post-test that was performed by bilateral and random sampling in experimental and control groups. The statistical population included women referring to counseling centers in District 3 of Tehran, from which 30 volunteers were selected. They were divided into two experimental groups (15 people) and a control group (15 people). The solution-based protocol was used to apply the independent variable, which was run for 90 minutes per week for eight weeks. Dennis and Fenderval Cognitive Flexibility Questionnaire and Enrich's Marital Satisfaction Questionnaire were used. Data in SPPS26 software were used in two sections of descriptive findings using standard mean standard deviation and linear graph statistical indices and in inferential findings and hypothesis tests using ANCOVA and MANCOVA tests.

Results: Solution-based group training had an effect on cognitive flexibility and marital satisfaction of married women referring to counselling centers in Tehran Region 3 and the relationship was significant ($p < 0.50$).

Conclusion: Due to the effectiveness of solution-oriented group training on marital satisfaction and cognitive flexibility, solution-oriented treatment is expected to be introduced to therapists and family counsellors at the university, municipal, municipal cultural centers and justice counseling centers to use this treatment for Take practical steps to improve marital satisfaction and self-efficacy.

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Introduction:

Marital bond is one of the oldest human bonds (1) and the family formed by marital bond as a social (2) and emotional (3) unit is one of the most important institutions in society and forms the human personality. It leads to the development of feelings and values, self-confidence and socialization, power of choice and ultimately rational decision-making. One of the variables that ensure the continuity of marital life and health of marital life and family is marital satisfaction ((4). Marital satisfaction is one of the most important indicators of family function strength, during which a couple feels satisfied with marriage and being together (5). In other words, marital satisfaction is defined as a personal feeling of happiness in married life in all aspects of actual marriage (6). Cognitive flexibility is one of the most important variables associated with marital relationships (7), so that flexibility has been defined as the ability and willingness to adapt to life changes, which requires understanding different views, adaptation, changing the course of movement if necessary, and the desire to learn and grow, so that individuals show positive adaptive behavior during crises, tragic events, threats, and stress (8). It determines the type of reaction of individuals to new experiences (9). Various definitions of this structure have been presented. For example, it has been defined as the ability to change thoughts to respond to situations in an adaptive way, and in general, the ability to change cognitive preferences to adapt to changing environmental stimuli. The key in these definitions is cognitive flexibility (10).

There are various educational and therapeutic methods to increase marital satisfaction and its components. One of the methods to improve the psychological-cognitive characteristics of couples is the solution-oriented couple therapy (11), which is classified as a postmodern approach to behavioral interventions depending on therapist and client cooperation for treatment (12). Solution-oriented therapy has a non-pathological approach to clients and helps clients find solutions to their current problems. In this approach, unlike problem-oriented view, instead of focusing on problems, the emphasis is on finding solutions (13). This approach, developed by De Shazer in the 1970s emphasizes strengths instead of limitations and weaknesses and health instead of pathology and disease (14). The basic hypotheses of solution-oriented treatment are: 1) Do more and do not change the effective method, change the method that does not work, big changes, solution to the problem, solution development, not description of the problem (15). Considering the findings of research on therapies affecting family function on the one hand and the importance of family function and spouse satisfaction in family life on the other hand, the aim of this study is examining the effect of solution-oriented counseling on marital cognitive flexibility.

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Methods:

This study is an applied and quasi-experimental research with a pre-test, posttest design with two experimental groups and a control group. The statistical population of the study includes women referring to counseling centers in Tehran's District 3. Among them, 30 were selected and randomly assigned to two experimental groups (15 people) and a control group (15 people). Inclusion criteria for the experimental group: 1- Gender: Female, 2- Marriage status: Married. 3- Having at least reading and writing literacy 4- Referring to counseling centers due to problems in marital life. 5- At least 5 years of living together. 6- Not having one of the psychological disorders. 7- Having personal consent to participate in the study and cooperating with the research team. 8- Not receiving psychological treatment during the last 6 months. Exclusion criteria for the experimental group 1: 1- Unwillingness to continue attending intervention sessions. 2- Having any physical illness or severe psychological disorder during the sessions. 3- Being absent in 3 intervention sessions for no reason. 4- No Consumption of psychotropic drugs during the intervention sessions. The tools used in this research are:

Cognitive flexibility questionnaire: The Cognitive Flexibility Questionnaire developed by Dennis & Vanderwall was used (24). This questionnaire is a short self-report scale on the type of cognitive flexibility people need to successfully challenge and replace maladaptive thoughts with more balanced and adaptive thinking. This questionnaire is also used to assess the individual's progress in clinical and non-clinical work and to assess the individual's progress and develop flexible thinking in cognitive-behavioral therapy of mental illness. This questionnaire is designed to measure three aspects of cognitive flexibility: the desire to understand difficult situations in a controllable way, the ability to understand multiple alternative explanations for human events and behaviors, and the ability to create multiple alternative solutions for difficult situations. However, this tool is a valid two-factor structure. In other words, the final version of this scale consists of 20 items, including 13 questions for the alternative subscale and 7 questions for the control subscale. The questions of this questionnaire are scored on a 7-point Likert scale from strongly agree = 1 to strongly agree = 7. A number of its questions are scored in reverse and the total score is obtained by sum of the numerical values of scores. The higher the subject scores on this scale, the higher the individual's cognitive flexibility and the higher the individual's progress in developing flexible thinking. Cronbach's alpha for the two subscales and its total score is between 0.84 and 0.91. concurrent validity of Dennis & Vanderwall Cognitive Flexibility Questionnaire with Beck Depression Inventory was -0.39 and its convergent validity with Martin and Robbins Cognitive Flexibility Scale was 0.75 (24). Also, its Cronbach's alpha and test-retest reliability was obtained at 0.90 and 0.71, respectively (25). Enrich Marital Satisfaction Questionnaire: The Marital Satisfaction Questionnaire was designed and validated by Olson et al. (26). This questionnaire consists of 47 items scored on a five-point Likert scale (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree). In addition, some questions are scored in reverse. The higher an individual’s score, the higher the marital satisfaction. The maximum test score in the short form is 235 and the minimum score is 47. The Questionnaire measures 12 dimensions of idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sex, parenting, family and friends,

egalitarianism, and religious orientation. The alpha coefficients of the subscales of the Enrich Questionnaire in the report of Olson et al. (26) ranged from 0.48 to 0.90. The validity of the 47-item form was reported at 0.92 using the Cronbach's alpha method. In Iran, for the first time, Soleymanian calculated and reported the internal consistency of the test 0.93 for its long form and 0.95 for the short form (27). In the present study, De Shazer solution-oriented protocol (14) was used to apply the independent variable. The solution-oriented approach treatment program was performed for eight weeks, one session per week for 2 minutes as follows.

Session 1: The purpose of this session is to introduce and communicate and reassure patients about the implementation of the principles of confidentiality and the implementation of the pre-test and determine the frameworks and the general principles of treatment. After the therapist introduces himself to the patients, he reminds the patients that using the techniques of this type of treatment can make their life more enjoyable. The task of this session is writing down the goals for the next session.

Session 2: Examining patients' goals and adapting their goals to the three principles of being positive, definite, tangible, and measurable, and then asking patients to talk about their problems and solutions from their perspective. Expressing themselves effectively about improving their living conditions, and expressing their expectations of life accurately and clearly so that they can evaluate their capabilities to meet their needs. The task of this session is to think about their answers to the miracle questions and to bring their answers in writing to the next session. The content of the miracle question is that if one day you wake up and see that your problem is completely solved, what will be different in your life.

Session 3: The purpose of this session is to eliminate the destructive behavioral pattern by using miraculous questions and reflecting on their answers to the exceptional situation questions. In this session, the answers and solutions provided by patients will be discussed and they realize various aspects of the solutions that lie in their answers and that have already happened in their lives in addition to guiding them. The task of this session is to write down their capabilities and bring them in written form for the next session.

Session 4: The purpose of this session is to find exceptions so that participants can realize the positive aspects of their lives and raise their quality of life level based on the discovered self-sufficiency and self-efficacy, and reduce their problem areas and know what they will do different work when they fell more self-efficacy. The task of this session is to find out what solutions the participants suggest to others who have similar problems with themselves.

Session 5: The purpose of this session is to create solutions and consolidation, and the participants are praised for finding different and innovative solutions for their new goals so that they realize that they can improve their living conditions and quality of life from their own resources and capabilities favorably. Participants should answer the questions of what they would do if they were to take a small step towards their problems, and what different things they would do when their problems were resolved to stabilize their favorable life.

Session 6: Replacing the word (instead) in their daily activities to get a newer sense of their capabilities.

Session 7: The purpose of this session is to summarize and conclude the duration of this treatment and prepare the participants for the completion of the sessions. In addition, participants are asked what has improved since the sessions began, what motivates them to keep

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trying, and what they want to do and what they will do after the treatment is over and what changes they will make in their lives.
Session 8: Performing the follow-up test one month after the posttest

Results:
In this study, 26 data were analyzed using SPSS software. Univariate analysis of covariance or ANCOVA (ANCOVA) was used to evaluate the effectiveness of the intervention. The maximum alpha error level for testing the hypotheses was considered at ($p \leq 0.05$). Table 1 presents the level of education of the respondents. Chi-square test was used to assess the homogeneity of respondents' level of education.

Table 1. Describing the level of education of the respondents along with the Chi-square homogeneity test

Characteristic	classes	Control group		Experimental group		Chi-square test
		f	%	f	%	p-value
Level of	Diploma	4	26.7	5	33.3	0.881
	Associate and	7	46.7	7	46.7	
	Master and PhD	4	26.7	3	20	

The results of chi-square test showed that there was no significant difference between the groups in terms of education ($p > 0.05$). The results showed that most of the respondents in the two groups had associate and bachelor's degrees. Also, the mean age of the control group was 38.40 and that of the experimental group was 37.53 years. The mean age of duration of marital life in the control group was 11.33 and that in the experimental group was 10.73. The results of independent t-test showed that the two groups were homogeneous in terms of age and duration of marital life ($p > 0.05$).
Table 2 describes the main variables (cognitive flexibility and marital satisfaction). Variables were described using mean statistics and standard deviation.

Table 2. Mean and standard deviation of cognitive flexibility and marital satisfaction based on group and test time

Variable	time	Control group		Experimental group	
		Mean	SD	Mean	SD
Cognitive flexibility	pretest	71.87	8.27	73.33	8.46
	posttest	72.20	7.85	81.13	7.58
	Follow-up	72.67	9.16	81.87	6.44
	pretest	98.73	6.17	99.6	6.93

Marital Satisfaction	posttest	102.60	5.37	133.40	5.93
	Follow-up	103.27	6.33	134.60	7.73

Examining the mean values of cognitive flexibility showed that the mean of cognitive flexibility in the control group increased from 71.87 in the pretest to 72.20 in the posttest and showed an increase of 0.33 points and the mean of cognitive flexibility in the experimental group increased from 73.33 to 81.13 and showed an increase of by 7.80 points, which is a relatively large difference compared to the rate of changes in the control group. Also, regarding the total score of marital satisfaction, its mean in the control group increased from 98.73 to 102.60 and showed an increase of 3.87, but in the experimental group, its mean increased from 99.60 in the pretest to 133.40 in the posttest and showed an increase of 33.80 points, which indicates a relatively large difference in the marital satisfaction score in the posttest. Then, analysis of covariance test was used to evaluate the effectiveness of the intervention. It should be noted that the assumptions of normality, homogeneity of variance and homogeneity of regression slope were examined before performing the analysis of covariance. The above assumptions were fulfilled Table 3.

Table 3. Results of univariate analysis of covariance to evaluate the effectiveness of group solution-oriented training on cognitive flexibility

Source	Sum of squares	df	Mean of squares	F value	P value	Effect size
Group	459.47	1	459.47	20.16	<0.001	0.427
pretest	13.86	1	13.86	0.227	0.638	0.008
error	615.40	27	22.79			

Hypothesis 1: Group solution-oriented training is effective on cognitive flexibility. Results revealed that the research hypothesis on the effectiveness of group solution-oriented training on cognitive flexibility was confirmed ($p < 0.05$). The results showed that group solution-oriented training has significantly increased the level of flexibility and cognition of the subjects. The intensity of the effect size was 0.427 in Table 4.

Table 4. Results of univariate analysis of covariance to evaluate the effectiveness of group solution-oriented training on marital satisfaction

Source	Sum of squares	df	Mean of squares	F value	P value	Effect size
Group	94.7025	1	94.7025	66.217	<0.001	0.890
pretest	66.23	1	66.23	0.73	0.400	0.026
error	54.781	27	28.32			

The results of correlated t-test with the aim of comparing the scores of the posttest and follow-up stages are shown in Table 5 separately for the experimental and control groups. If the mean of the follow-up stage compared to the posttest does not change significantly ($p < 0.05$), the persistence of the results will be confirmed.

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The results showed that in both variables of marital satisfaction and cognitive flexibility, the effect of the intervention was persistent. The results showed that the mean of marital satisfaction and cognitive flexibility in the follow-up stage did not change significantly compared to the posttest ($p < 0.05$). Thus, the persistence of the intervention was confirmed.

Table 5. Correlated t-test to compare the means of research variables in two posttest and follow-up stages separately based on groups

group	Variables	mean		Mean difference	Standard error	p-value
		posttest	Follow-up			
Control	Personality marital satisfaction	102.60	103.27	0.67	1.585	0.680
	Cognitive flexibility	72.20	72.67	0.47	0.749	0.543
Experimental	Personality marital satisfaction	133.40	134.60	1.20	1.831	0.523
	Cognitive flexibility	81.13	81.87	0.73	0.679	0.299

Discussion and conclusion:

The results of the present study revealed that group solution-oriented training is effective on marital satisfaction. Thus, solution-oriented therapy is based on solution building not problem-solving, and is driven by the discovery of reference forces of clients and hope for the future, not by discussing existing problems and their causes in the past. Instead of emphasizing the shortcomings and disabilities of individuals, this approach focuses on the capabilities and strengths of individuals and establishing supportive relationships during the treatment process (16). The studies conducted by Najarpoorian, Hassani, Samavi and Samani (17) reported the effectiveness of this approach on improving marital adjustment. The study conducted by Mokhles et al. (18) reported its effectiveness in marital intimacy and the studies conducted by Frankin (13) reported its effectiveness on improving family boundaries and the study conducted by Altundağ & Bulut (19) reported its effectiveness in reducing marital boredom. Regarding the effect of solution-oriented on cognitive flexibility, it can be said that in the solution-oriented approach, individuals are considered healthy and competent and they have the ability to design solutions to improve life. It helps them to be free from irrational beliefs and preoccupations of their failures and to revitalize their abilities (20).

This approach emphasizes the client's successes and abilities and considers clients as life experts and believes that most problems and crises have solutions that can be identified and discovered (21). Previous studies (16, 22, 23) indicate the effectiveness of this approach on cognitive flexibility. These findings are in line with those of studies conducted by Torrance (21); Mirabi et al. (16); Behbahani and Zolfaghari (22); Johnson et al. (23); Taghavi et al., (20). Based on the results of the present study, it can be said that the solution-oriented treatment uses the capabilities of the clients in the process of change and this creates an image of hope in the clients, so that it strengthens the sense of self-sufficiency and autonomy in clients (22). It is done by empowering clients to create solutions and structuring those solutions. Hence, solution-oriented therapists believe that couple problems persist and are exacerbated by the way couples use to solve them. Solution-oriented therapy reminds couples of problem-solving skills when needed, enables them to break the vicious cycle of problems, and develop long-term solutions. Changing one spouse changes other people in the system (23). The solution-oriented approach helps clients to correctly identify the risks, barriers and crises of their lives and provides clients with a very good insight into their capabilities and support resources. Solution-oriented approach is based on a joint activity between the therapist and clients to find and focus on solutions to problems and crises, rather than focusing on the crises themselves (16). This approach emphasizes the client's successes and capabilities and considers clients as life experts and believes that most problems and crises can be identified and detected (21).

The results showed that group solution-oriented approach is effective on marital satisfaction. These results are consistent with the results of Najarpoorian et al. (17), Mokhles et al. (18), Frankel et al. (13), Alandag and Bioliot (19), Dinmohammadi et al. (28). In explaining the obtained results, it can be said that in the treatment of the solution-oriented approach, the gradual discovery of exceptions in the life of client can inspire hope in the client to see a better future (19). In treatment sessions, when the clients were able to recall times when they did not have problems with their spouse, or if so, the severity of these problems was very low, extracting these moments without difficulty allowed clients to understand what their marital relationships were like in those situations and what they did and still do today (18). In solution-oriented therapy, clients are asked to rate their problems on a scale from 1 to 10. These questions help clients determine the progress or lack of progress in a particular problem or within and outside of treatment. Spouses often respond to each other without thinking and insist on their behavior without achieving the desired results. Solution-oriented therapist helps spouses stop blaming each other, emphasizes self-awareness between selves and their spouses, change useless patterns, and achieve better balance (13). In addition to the exceptions and scale questions, one of the interventional questions of solution-oriented therapists is the miraculous question (28). Asking miraculous questions helps to find information about the clients' vision for the future or the solution to the problem. In other words, the therapist and the client discuss the solutions they want to reach, so this method increases satisfaction by reducing the severity of problems and even preventing occurrence of some problems.

As a result, solution-oriented couple therapy will increase the satisfaction of couples through the described processes .Since group solution-oriented training is effective on marital satisfaction, solution-oriented training approach is expected to be introduced to therapists and family counselors at the level of universities, municipal cultural centers and justice counseling centers to use this treatment for couples to improve marital satisfaction and self-efficacy, so

that couples take practical steps to reduce conflict and increase marital satisfaction in order to promote public health.

Recommendations:

To increase the generalizability of the results, it is recommended to conduct a similar study in other provinces and regions with different cultures, other statistical populations (such as men, or both couples, couples with early maladaptive schemes, conflicting couples without children, etc.). Given the effectiveness of the solution-oriented on marital satisfaction and cognitive flexibility, at the practical level, it is recommended that the solution-oriented treatment be introduced to therapists and family counselors at the university, municipal cultural centers and justice counseling centers to apply it on couples to take practical steps to improve marital satisfaction and self-efficacy.

Research Limitations:

The scope of study was limited to women referring to counseling centers in District 3 of Tehran and living together for at least 5 years. Lack of control over the variables affecting marital satisfaction and cognitive flexibility and the unwillingness of some women to participate in research and attend and the participation of only women was one of the limitations of research.

Conflict of interests:

The authors declare that they have no conflict of interest.

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