

Review Article

Effectiveness of solution focused couple therapy (SFCT) on dysfunctional communicative attitude (DCA) of couples with diabetes

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ABSTRACT

This study aimed to examine the effectiveness of SFCT on the DCA of couples suffering diabetes in Bandar Abbas. This is applied in terms of purpose and regarding the method, it is quasi-experimental done by **Solomon** Four-Group design. The population of this study is all diabetic patients of Bandar Abbas, to select the sample, first notes of holding training sessions related to this study in counseling centers, other related institutes in Bandar Abbas were hung, and the candidates were registered. Then, based on entry criteria (including a definite diagnosis of diabetes by a physician, diabetes type 2, being married, and the age range of 20-50 years), 80 volunteers to participate in the workshop, were randomly divided into six groups of experiment and control this means for each intervention 20 patients and in the control group 20 patients were assigned randomly. Data were collected through relationships beliefs questionnaire. The experimental group received 8 sessions (1.5 hour) of couple therapy. The results showed that SFCT is effective in reducing DCA of couples ($F=33.95$, $P<0.001$). SFCT significantly improves dysfunctional communicative attitude of diabetic couples.

Keywords: solution focused couple therapy, dysfunctional communicative attitude, couples

INTRODUCTION

Conjugal DCA is documentary styles, couples understanding from each other, and the family environment that may cause serious damage to relations of family members. SFCT focuses on exceptions of the problem. According to this view, consultation, change, and transformation are inevitable and constructive changes are possible in particular. Thus, in this type of therapy, the focus is on issues that change is likely to happen in them rather than on hard and unchanging areas

(Nazari & Navabinejad, 2006). Javanmiri, Kimiyayi and Ghanbari (2011) reviewed the effectiveness of SFCT in reducing depression in adolescent girls, and the results of the effectiveness of this approach affects adolescent depression. Shafiabadi and colleagues (2010) in a study compared the effectiveness of solution-focused approach and transactional analysis (TA) in changing the level of marital satisfaction of employed married

women in Tehran. The results show that solution-focused therapy can improve marital satisfaction.

Najafi, MirHosseini, MoghaniLankarani and Asari (2006) assessed the correlation between marital satisfaction and sexual dysfunction in patients with diabetes. According to the results of this study, marital satisfaction status in patients with diabetes with sexual dysfunction is more difficult than other patients with diabetes. Researchers gave the maximum attention to the marriage of people with diabetes with sexual dysfunction. Franklin et al (2008) studied the efficacy of short solution focused therapy in the children, the findings suggested that short solution focused therapy has been effective in improving externalizing and internalizing behavior problems. Gregg et al (2007) performed a study on diabetic patients and it was shown that the use of acceptance and understanding skills (Intelligence) is effective in controlling the negative thoughts and feelings related to diabetes.

Hamamci (2005) has conducted a study on the dysfunctional relationship beliefs of marital satisfaction and the results have shown that DCA in married couples with low adaptability has shown more significance than in married couples with high adaptability. The results showed that these children have benefited from the approach. Nelson (2001) also studied the effectiveness of solution-focused group therapy in reducing marital conflict and reported significant increase in marital satisfaction.

MATERIAL AND METHODS

The present study is an experimental research conducted with the aim of showing solution-based training efficiency in marital satisfaction and attitudes of couples suffering diabetes. This was a quasi-experimental study (of Solomon four groups design). The population of this study is all diabetic patients of Bandar Abbas, to select the sample, first notes of holding training sessions related to this study in counseling centers, other related institutes in Bandar Abbas were hung, and the candidates were registered.

The sample size and method of measurement: After selecting people based on based on entry criteria (including a definite diagnosis of diabetes by a physician, diabetes type 2, being married, and the age range of 20-50 years), 80 volunteers to participate in the workshop, were randomly divided into six groups of experiment and control this means for each intervention 20 patients and in the control group 20 patients were assigned randomly. The experimental and control groups took pretest before the intervention of couples' marital satisfaction and dysfunctional attitudes and approaches to carry out the intervention sessions for each group based on the post-test was performed after the meetings.

Research Tools: Relationships beliefs questionnaire (RBQ) is one of the relatively widely used scales to measure thoughts and irrational beliefs and dysfunctional marital relationship that is developed to understand the relationships of couples, the place of cognitive mediation in emotional reactions and behavior of couples in marital relations and also to understand the nature and meaning of their interactions. Some studies (Romans, 1996). Conducted to assess the validity of RBQ especially through factor analysis showed that the scale has nine factors. 1) totally honest and tolerance for each other at all times, 2) read the thoughts of each other, 3) do everything together, 4) satisfying all the needs 5) the ability and willingness to change ourselves for another 6) everything's being perfect within the marriage, 7) ease of maintaining good marital relations 8) perfect romantic relationships, and 9) romanticism. Results of the validation of agents extracted from RBC scale, in the study by Azkhosh and Askari (2007) for test-retest reliability, internal consistency with one month distance were 0.945 and 0.925 respectively. The results show that the set of scale has proper accuracy, reliability, repeatability, and reliability. This is such that we can trust the results from measuring the effectiveness of the results of its interventions and counseling, as well as future

studies and research in related areas. RBQ correlation with Jones Irrational Beliefs Test (1968) confirmed its convergent validity ($r=0.32$, $P>0.001$). The content structure of this factors substantially aligned with Alice's theory.

Table 1. The demographic characteristics of subjects

Variables	Percent	Frequency
Man	50	40
Female	50	40
Married for 5 years	0.10	8
6-10years	25.46	37
11-15 years	25.41	33
more than 15 years	5.2	2
No reply	0.0	0
Age 29-36	75.3	3
37-44	75.73	59
45-52	0.10	8
No reply	0.0	0

Statistical Inference of Data: Before testing research hypotheses the sameness of the two experimental groups and reliability of the tests used in this study present and normal distribution of data

Table 2: Summary of analysis of variance to compare the duration of marriage

	Source of changes	Sum of squares	Degrees of freedom	Mean Square	F	Significance level
SFCT	Intergroup	28.25	3	9.714	0.856	0.468
	Intragroup	836.500	76	11.007		
	Total	864.750	70			

Table 3: Summary analysis of variance to compare age

	Mean Square	Degrees of freedom	Sum of squares	Source of changes	Significance level	F
SFCT	11.779	3	35.337	Intergroup	0.412	0.968
	12.165	76	924.550	Intragroup	Significance level	
		79	959.887	Total	0.412	

Given that the F index calculated (in both variables in all three studies) is smaller than critical index $F_{0.05}$ with the stated degree of freedom so with 95 percent confidence the null hypothesis stating the equality of average duration of marriage and age of the subjects in four research groups in all three studies is confirmed.

Table 4. The internal consistency of the instruments used in this study ($20 = n$)¹

	Average (Z Fisher)	SFCT	
Dysfunctional communication attitude questionnaire	0.977	0.957	0.988

¹The fourth group study to assess the reliability data (post-test without treatment) is intended to be independent of the effect of pre-test results and treatment.

RESULTS

Frequency distribution and percentage of the sample group in terms of demographic characteristics are reported in Table 1

were examined. For comparison, the average duration of marriage and age of four categories each of the treatments, ANOVA test was used. Results are reported in Tables 2 and 3.

In solutions based on subgroups of gender, duration of marriage and age are homogeneous. Given that the validity of the test is dependent on the sample, before data analysis and hypothesis testing, to ensure the accuracy of the results, internal consistency of the test used in the study was estimated using Cronbach's alpha coefficient. The results of these indexes are reported in Table 4.

The above results indicate the validity and acceptable internal consistency to use this research tool in the community and sample to measure the relevant variables.

Kolmogorov-Smirnov test shows the normal distribution of research data. The results are reported in Table 5 separately related to marital satisfaction and DCA.

Table 5: Results Kolmogorov-Smirnov test to study the normality of DCA data

Group	Running time	Average	The standard deviation	Z Index (Significance level)
		90.70	16.61	0.409)0.996
Pre-test - post-test and treat (n=20)	pre-test	182.08	13.97	0.524)0.947(

Given that significance level of z index calculated (in both variables in the triple therapy group, four groups and two runs times) is larger than 0.05, so the null hypothesis of no difference of data distribution with normal distribution is confirmed with 95% level of confidence.

The hypothesis is SFCT has an effect on reducing DCA anxiety of diabetic couples.

To test this hypothesis, according to Solomon's study design, first the average of four groups was studied in post-test using two-way ANOVA, the summary of analysis of variance is shown in Table 6.

Table 6: Summary of two-way ANOVA [solution-oriented –DCA]

Sources of Change	Sum of squares	df	Mean Square	F	Effect size Partial eta squared η^2
The corrected pattern	136703.509	3	45567.836	68.669	
Width from origin	1463810.778	1	1463810.778	2205.913	
Treatment (test / control)	123991.878	1	123991.878	186.852**	0.711
Pre-test (with pre-test / without post-test)	3584.503	1	3584.503	5.402 *	0.066
Interaction between treatment and pre-test	9127.128	1	9127.128	13.754 **	0.153
Error	50432.462	76	663.585		
total	1650946.750	80			
Total corrected	187135.972	79			

* P<0.05, ** P<0.01

Interaction between treatment and pre-test:

Given that the F indicator calculated (13.754) is larger than F0.01 with degrees of freedom 76 and 1 (6.96), so the null hypothesis of equality of means with 99% confidence is rejected. In other

words, the average post-test scores of DCA in four groups of subjects of SFCT have significant difference with each other.

Test results of two independent groups, for the above comparisons are reported in Table 7.

Table 7. The results of two independent groups [solution-focused - DCA]

		Frequency	Mean	SD	Variances sameness test	Test of average of two independent groups				
					F	Mean difference	The standard error of difference	df	t	Size of effect
With pre-test	Experiment	20	178.63	19.12	0.163	100.10	5.069	38	19.749**	0.911
	Control	20	78.53	12.17						
Without pre-test	Experiment	20	170.65	28.44	7.917 **	57.38	10.345	35.86	5.546 *	0.447
	Control	20	113.28	36.50						

* P<0.05, ** P<0.01

Review Article

Given that the t indicator calculated (19.749) is larger than $t_{0.01}$ with 38 degrees of freedom in one range test (2.423), so the null hypothesis of equality of means of DCA in post-test with two groups that have pre-test is rejected with 99% confidence. In other words, DCA mean of the group that received SFCT (178.63) was significantly higher than the group that did not receive SFCT (78.53). Given that the t indicator calculated (5.546) is larger than $t_{0.01}$ with 38.86 degrees of freedom in one range test (1.684), so the null hypothesis of equality of means of DCA in post-test with two groups that have pre-test is rejected with 99% confidence. In other words, DCA mean of the group that received SFCT (10.65) was significantly higher than the group that did not receive SFCT (113.28). So It confirmed that SFCT approach is effective in reduction of diabetic couples' DCA.

DISCUSSION

The present study was conducted with the aim of examining the effects of SFCT on DCA of couples suffering diabetes in Bandar Abbas. The first hypothesis:

SFCT is effective in reducing DCA of diabetic couples. The mean of DCA of the group that received SFCT (178.63) was significantly higher than the group that did not receive treatment (78.53) and this is consistent with the results of Greg et al (2007), Franklin et al (2008), Javanmiri, Kimiyayi and Ghanbari (2011), Asadi et al (2013), Davarnia et al (2015), Golmohammadi, Kimiyayi and Yazdi(2012), Shafiabadi and colleagues (2010) and Nelson (2001). Hamamci (2005) has conducted a study on the dysfunctional relationship beliefs of marital satisfaction and the results have shown that DCA in married couples with low adaptability has shown more

significance than in married couples with high adaptability.

Pichot and Dolan(2003) in line with the results of this study reported that almost all of solution-focused therapy is used almost in all behavioral disorders and in all treatment models, especially for the treatment of mild disorders, and can be useful about adaptability disorders. In Iran, Golmohammadi and colleagues (2012) studied the effect of solution focused group therapy on educational motivation and goal orientation of students and this study is a good guide that shows solution focused approach affects in psychological components such as goal orientation and attitudes of people and consistent with the results of this study. Moreover, Fearington et al (2011) confirmed the effect of solution-focused counseling on doing math homework and the efforts of six students in grade five who had failed. Therefore, it can be said that solution focused approach affects increasing decision-making skills and cognitive processes. The main goal of solution-focused treatment is to help therapy-seekers to change their attitude and the quality of explaining about the solution. According to Banikshort-term solution-focused treatment is considered as a form of cognitive behavioral therapy. As the effectiveness of cognitive behavioral approach is proven on the beliefs and attitudes, it might be explained that, solution-focused treatment, due to behavioral emphasis in therapy and working on creating a new vision of the problem, directs the person to change in attitudes.

CONCLUSION

The limitations of the study listed as follows.

- Researcher was faced with a lack of subjects for research.

- Instrument used in this research is just questionnaire and by using just one instrument, one may not be able to collect accurate information.
- As SFCT is of new treatments, therefore, access to adequate and effective research literature was not possible.

The Suggestions of the study listed as follows.

Due to the novelty of solution-focused approach, testing these hypotheses on other psychological structures is recommended, in line with the psychological wellbeing of Iranian families. It is recommended that solution focused approach be compared with other approaches in the future studies. Comparing this approach with other approaches such as individual therapy, group therapy and other couples-therapy approaches to improve relations between couples can also be studied; and doing research with the subject of research in other cultures, due to different cultural texture of our country.

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