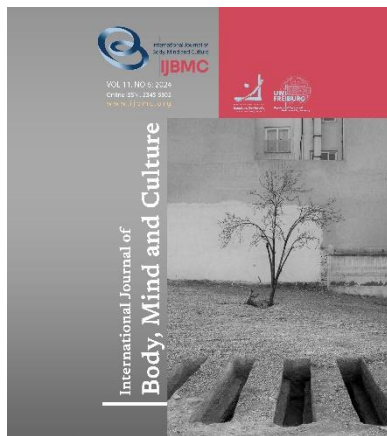


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Introduction

The concept of dysfunctional attitude was first introduced by Beck (1975) in describing the thoughts of depressed patients and as the main concept in development and continuation of depression (Ebrahimi et al., 2015). Couples may use different coping styles to cope with this inflexibility and dysfunction (Movahedrad

Investigating The Effect of Solution-Focused Therapy on Coping Styles and Dysfunctional Attitudes of Couples

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ABSTRACT

Objective: Couples may use different coping styles to cope with this inflexibility and dysfunction. The aim of present study was to investigate the effectiveness of solution-focused counselling on coping styles and dysfunctional attitudes of couples.

Methods and Materials: The present study was a semi-experimental research with pre-test, post-test and follow-up design. The statistical population of the study consisted of couples who referred to counselling centers in Isfahan in 2018. A convenience sampling method was used in this study. Among the couples who responded to dysfunctional attitudes scale (1978) and coping strategies scale (1984), 16 couples who scored below the mean and were willing to participate in the study were selected and assigned into two groups of experimental and control. Then, the solution-focused training package was performed on the experiment group couples for 8 sessions, but the control group received no intervention. After the intervention, both groups completed the scales again. Data analysis was performed using repeated measures analysis of variance in SPSS-23 software package.

Findings: Findings showed that solution-focused therapy was effective in enhancing coping styles ($P < 0.001$) and decreasing dysfunctional attitudes ($P < 0.001$). These results can also be used to increase and enhance coping styles and reduce dysfunctional attitudes of couples.

Conclusion: It can be concluded that solution focused therapy increased coping styles and decreased dysfunctional attitudes of couples and it can be used to improve the problems of couples.

Keywords: solution-focused therapy, coping styles, attitude.

et al., 2023). Coping styles are a set of individual cognitive and behavioral efforts used to interpret and correct a stressful situation and leads to a decrease in suffering caused by it. Two main coping styles are the emotion-focused and problem-focused coping style (Bakhtiyarovich et al., 2023; Davoudi-Monfared et al., 2023; Hiefner, 2021). Although both coping styles reduce stress, research has indicated that the use of problem-focused

coping style is related to better adaptive performance, and in contrast, the emotion-focused coping styles are associated with a higher level of social, emotional and behavioral dysfunction (Agah et al., 2021; Bulut et al., 2024). Solution-focused style is one of the coping styles that was formed by De Shazer and Kim Berg. The solution-focused coping style focuses on the solution (Allen & Lebow, 2023). Focus in the solution-focused style is on present and future. The solution-focused therapist in fact acts as a counselor and interview with clients to affect their views on the problem and lead to a solution. He tries to help couples to create a solution, rather than talking about the problem. Considering this style, it can be stated that each of the clients in their efforts to create optimal changes has a unique way of cooperation. The characteristics of the solution-focused style can be referred to the "miraculous question", "exception questions", "agency questions", "self and other perception/ view " (Gutermann, 2012). The effectiveness of the couple therapy approach has been proven in domestic and foreign studies. For example, in Iran, Rezazadeh (2014) examined the effectiveness of solution-focused counseling on marital coping styles, the quality of relationship, and decreasing tendency for divorce in couples (Rezazadeh, 2014). Among the foreign studies, Mudd (2018) investigated the effect of the solution-focused therapeutic view in couple counseling on marital satisfaction (Mudd, 2018). Thus, based on the studies conducted and considering the fact that healthy family is one of the most important factors in creating a healthy community and the direct effect of attitudes in the family on social, financial and educational factors of family members (Alavi et al., 2022; Hosseini et al., 2021; Shariatzadeh Jonidi et al., 2021; Taheri Fard et al., 2023) and according to the effectiveness of solution-focused coping style in solving the problems of clients, this research was conducted with the aim of investigating the effect of solution-focused counseling on coping styles and marital dysfunctional attitudes in Isfahan.

The solution-focused approach has been applied to different populations and situations such as couple therapy, family therapy, treatment of clients with mental impairment, treatment of sexual abuse and treatment of chronic schizophrenia and has resulted in beneficial results. Also, satisfactory results in the treatment of clients with problems such as education, marital violence, addiction and drug and alcohol abuse, different

types of depression disorder, anxiety disorder and adaptive disorder have been obtained (Kim et al., 2018; Shirashiani & Namani, 2017). However, the innovation of this study is because this treatment has focused more on improving the quality of marital relationships, marital adjustment, happiness and emotion regulation in couples and so far no study has been conducted to investigate the effectiveness of solution-focused therapy on coping strategies and dysfunctional attitudes of couples. Therefore, considering the importance of coping strategies as one of the important constructs in couples' relationships that have profound effects on the couple system and considering that appropriate coping strategies can lead to more adaptive and marital satisfaction for couples and according to the contents about the efficiency of solution-oriented approach in the treatment of different marital and clinical problems, and since so far, researches have been conducted. A little intervention has been performed on the variable of coping strategies and dysfunctional attitudes of couples and according to the searches conducted so far, the effect of this therapeutic intervention on coping strategies and dysfunctional attitudes of couples has not been investigated, so this study aimed to study the effectiveness of solution-focused group couple therapy on coping strategies and dysfunctional attitudes of couples.

Methods and Materials

Study Design and Participants

The present study was a semi-experimental research with pre-test, post-test and follow-up design. The statistical population of this study was couples referring to Isfahan counseling centers in 2018. A convenience sampling method was used in this research. Among the Isfahan counseling centers, three centers (Tohid, Padideh, and Zendegie Nikoo) were randomly selected and 50 couples referring to these centers were invited to participate in the study. The dysfunctional attitudes scale and coping strategies scale were submitted to the couples. Among 20 couples who had a lower score than the mean, 16 of them were willing to participate in the research and they were randomly assigned to two experimental and control groups. The sample size determined based on G-power software and effect size=

0.25, $\alpha=0.05$, and power= 0.80 for each group of 32 people.

The present study's ethical considerations were as follows: 1- All subjects received information about the research in writing and participated in the research if they wished. 2. People were assured that all information was confidential and used for research. 3- To respect privacy, the names and surnames of the participants were not registered.

The adequacy of the sample size was calculated through statistical power.

Data Collection Tools

Dysfunctional Attitudes Scale: This tool was developed by Beck and Weissman (1978). This scale has 26 items. The reliability coefficients of this scale were reported using Cronbach's alpha and test-retest methods at 0.92 and 0.73, respectively (Fati, 2003). In this scale, the respondent specifies the level of agreement or disagreement to each item on a 7-point Likert scale. In this scale, the highest score is 182 and the lowest score is 26. Obtaining lower score in this scale means that the subject has a dysfunctional attitude and the higher score indicate positive and functional attitude. Ebrahimi, & Moosavi (2013) have reported its internal consistency at 0.90 and its reliability at 0.73 (Ebrahimi & Moosavi, 2013). In Iran, Tehranizadeh (2004) has reported its Cronbach's alpha at 0.84-0.92 (Tehranizadeh, 2004).

Coping strategies scale: This scale was developed and designed by Moss and Billings (1984) to assess coping responses and includes 32 items. The reliability coefficient using a test-retest method was obtained at 0.79 and the Cronbach's Alpha was obtained at 0.90, 0.68, 0.65, 0.90, and 0.90, respectively, for the subscales of problem-focused coping, coping based on cognitive evaluation, emotion-focused coping, coping based on achieving social support, and coping based on somatization. It is scored on a 4-point Likert scale and has 5 sub-scales. The final score of this scale is obtained as problem-focused and emotion-focused coping, so that the sum of scores of the two sub-scales of problem solving and cognitive evaluation is problem-focused coping score, and the sum of scores of emotion-focused coping, coping based on achieving social support, and coping based on somatization is the emotion-focused coping score. The highest problem-focused coping score is 24 and the lowest score is zero, and the highest score

in the emotion-focused coping is 72 and the lowest score is zero. In Iran, Hosseini-Ghadamgaahi et.al (1998) reported the questionnaire's overall reliability at 0.79, and 0.93 and 0.65 for the problem-focused and emotion-focused subscales, respectively (Mousavi Diva et al., 2023). We calculated the scale's reliability at 0.83 using Cronbach's alpha.

Intervention

The independent variable consisted of 8 sessions of 60 minutes of solution-focused counseling, which was performed on the experimental group. Educational sessions were prepared with the use of a book entitled "The Gutermann solution-focused counseling art" (Gutermann, 2012). Counseling sessions were held in a personal garden in Isfahanak neighborhood in Isfahan on Friday every week for 8 weeks. Summary of treatment sessions were as follows:

In Session 1, the focus is on familiarizing the participants with each other and introducing the solution-focused treatment. The aim is to establish respect, understanding, and trust within the group, while discussing the realities of life to foster a more empathetic atmosphere. Participants are given their first task. In Session 2, the previous tasks are reviewed, and encouragement is provided. The session focuses on identifying the clients' problems and transforming them into positive and practical goals that are articulated by the clients themselves. Session 3 continues the review of the tasks done, providing encouragement, and introduces exception questions. The session also includes assigning a new task. Session 4 begins with a review of tasks and encouragement, followed by an analysis of failed attempts, turning them into potential solutions. Effective strategies are modified and implemented to improve communication, and the "instead" technique is introduced along with a new task. In Session 5, tasks are reviewed and encouragement is offered. The session focuses on consolidating the changes made so far, using miraculous questions to uncover solutions, and applying adaptation questions. A new task is provided for the participants. Session 6 continues with the review of tasks and encouragement, introducing the question "What has been improved?". The techniques of "Do less of the same work" and "Do more of the same work" are introduced to the participants. A new task is given at the end. In Session 7,

the tasks are reviewed, and encouragement is provided. The session encourages clients to discard dysfunctional thoughts, feelings, and behaviors while promoting the development of new solutions. A new task is provided. Finally, in Session 8, the tasks are reviewed, and encouragement is offered. Assessment questions are asked, and feedback is gathered from participants. The session highlights the changes that have occurred, conducts post-tests, and appreciates the members' efforts and activities.

Table 1

Mean and standard deviation of research variables

Variables		Group	N (couple)	pretest		posttest		Follow-up	
				M	SD	M	SD	M	SD
Coping styles	Problem-focused	control	8	9.62	1.85	9.75	1.61	9.75	1.48
		experimental	8	10.31	1.40	13.75	1.84	14.81	2.48
	Coping-focused	control	8	35.5	3.20	35.37	3.89	35.39	3.5
		experimental	8	35.25	3.21	33.18	3.33	32.56	2.92
Dysfunctional attitudes	control		8	95	7.97	94.12	7.65	93.37	6.98
	experimental		8	98.12	11.98	139.68	9.28	142.37	9.06

The variables of research were examined using repeat analysis of variance. The significance level obtained in the Kolmogorov-Smirnov test is higher than the error level of 0.05 and normality of research variables was confirmed. Also, the homogeneity of variance -

Data analysis

To test the hypotheses, SPSS-23 software was used, and to evaluate the effectiveness of the intervention, repeated measure analysis of variance was used.

Findings and Results

The mean (SD) of the age of the subjects in the experimental group was 38.8 (10.4) and in the control group were 40.7 (11.3), respectively.

covariance matrix was confirmed. The presumption of homogeneity of variances was confirmed in the research variables. This test was not significant for any of the variables. As a result, parametric tests were used.

Table 2

Results of analysis of variance with repeated measures of research variables in pretest, posttest and follow-up in experimental and control groups

Variable		Source	SS	df	MS	F	P	Effect size
Coping styles	Problem-focused	Time	85.56	1	85.56	36.73	0.001	0.55
		Group	253.50	1	253.50	36.35	0.001	0.54
		Time*group	76.56	1	76.56	32.87	0.001	0.52
	Emotion-focused	Time	31.64	1	31.64	11.22	0.002	0.27
		Group	73.50	1	73.50	2.48	0.125	0.07
		Time*group	26.26	1	26.26	9.31	0.005	0.23
Dysfunctional attitudes	Time		7267.56	1	7267.56	601.661	0.001	0.95
	Group		25447.54	1	24447.54	115.24	0.001	0.79
	Time*group		8418.06	1	8418.06	696.90	0.001	0.95

Based on the findings obtained in Table 2, the difference between the scores of the problem-focused coping strategy is significant among three stages of the research ($P < 0.001$), meaning that 55% of the difference is related to the difference among the research stages. Also, the mean scores of this variable are significantly different between experimental and control groups ($P < 0.001$). The results showed that almost 54.8% of individual differences were related to differences

between two groups (experimental group and control group). In addition, the interaction between research stages and group membership is significant ($P < 0.001$). The rate of these differences is about 0.523. The statistical power represents the adequacy of sample size. Therefore, it can be concluded that the research hypothesis was confirmed. In other words, the solution-focused counseling affects the problem-focused coping style of couples referring to Isfahan counseling centers.

Accordingly, the post-hoc test of pairwise comparisons was performed for problem-focused coping strategies.

Table 3

Bonferroni test to compare scores in pretest, posttest and follow-up stages

Variables	Stages		Mean difference	Standard error of estimates	sig
Problem-focused	pretest	posttest	-1.78	0.27	0.001
	pretest	follow up	-2.31	0.38	0.001
	posttest	follow up	-0.53	0.23	0.085
Dysfunctional attitudes	pretest	posttest	-20.34	0.90	0.001
	pretest	follow up	-21.31	0.89	0.001
	posttest	follow up	-0.96	0.60	0.36

The results of Bonferroni's post-hoc test show the scores problem-focused coping strategies. However, the difference in posttest and follow up was not significant ($P>0.05$), indicating that the effect of intervention has remained stable during two months. The results of Bonferroni's post-hoc test of dysfunctional attitudes showed that the difference between pretest and posttest ($P<0.01$) and follow-up ($P<0.01$) was significant, indicating that intervention significantly increased dysfunctional attitudes. However, the difference between posttest and follow up was not significant ($P>0.05$), indicating that the effect of intervention has remained stable during two months.

Discussion and Conclusion

The aim of present study was to investigate the effectiveness of solution-focused counselling on coping styles and dysfunctional attitudes of couples. Therefore, it can be concluded that a solution-focused therapy reduces couples' dysfunctional attitudes and increasing coping styles in the experimental group. The results are consistent with the previous research findings (Alavi et al., 2022; Baratian et al., 2016; Davarniya et al., 2015; Greenberg et al., 2001; Gutermann, 2012; Kalantar, 2015; Kim, 2006; Kim et al., 2018; McKeel, 2004; Morone et al., 2017; Nazari & Beyrami, 2008; Ranjbari, 2013; Saeedi et al., 2007; Shariatzadeh Jonidi et al., 2021; Taheri Fard et al., 2023). The effectiveness of the solution-focused therapy in reducing dysfunctional attitudes is consistent with the findings of the present study. Furthermore, Davarniya et al. (2015), showed that treatment based on solution-focused approach can reduce dysfunctional attitudes (Davarniya et al., 2015).

It can be said that solution-focused therapy considers clients as experts having the ability to solve their own

problems and refers to treatment as a therapy process to provide optimal reconstruction of reality. During the treatment process for solution-focused therapy, it is important for the therapist to keep participatory relationships with clients, using proper language, opinions and performance (Jonidi et al., 2021; McKeel, 2004; Morone et al., 2017). Brief solution-focused therapy believes that clients are able to detect their objectives and empowers them to discover the previous exceptions and solutions for issues and encourages them to repeat useful behaviors that are the basis of effective solutions (Novella et al., 2022).

One of the main interventions in solution-focused therapy to reduce marital burnout is searching for exceptions. Finding some periods in which the clients were not facing marital burnout in their life and restoring them can be very useful (Davarniya et al., 2015; Greenberg et al., 2001; Gutermann, 2012). It is asserted that searching for exceptions provides clients with new ways not in alliance with their current life story. By highlighting these different events, they can have the opportunity to write their own story for new situations. If clients are able to detect exceptions, or develop them in life, they can obtain the right solutions. Another intervention in solution-focused therapy is in marital burnout is miracle question. Miracle question is a method to find out information about plain future or some ways to resolve problems. The therapist asks couples, if a miracle happens and your problems be solved what do you do differently? How can you recognize your problem has been solved? These questions help the clients find different solutions for their problems and can be an important step in the process of change (de Castro & Guterman, 2008). The scale questions not only help them make progress but

also help the couples assess their improvements outside and inside of the treatment (Baratian et al., 2016; Morone et al., 2017). Therefore, as results indicate, it is notable that an overview of the literature reveals that solution-focused treatment proved effective in different situations and for clients with various problems. This therapeutic approach states that the formulation of a direct and linear method for resolving a problem is not sufficient. In this approach, formulation of therapeutic goals holds a positive method. Solution-focused treatments have a non-judging, non-confronting, comprehensive, and cooperative position to help clients. Emphasizing on the present and future, this approach makes an attempt to use inner resources of clients, by respecting the clients' objectives, identifying the exceptions in the past experience of couples and flourishes hope in their relations, all of which can contribute to the usefulness of this approach. Solution-focused therapy decreased couple's burnout among couples referred to Shahriar city court for divorce.

The findings of this study should be interpreted with caution because the geographic area from which the sample was drawn may make the results not generalizable. Samples drawn at different levels from other geographic areas would provide more statistical data with broad results. Since it is difficult to pursue the results of the study, either in short term and long term and follow up, as mentioned before, some results may also have been affected by the size and position of the sample, thus a larger pool of participants in other places and organizations may find more precise findings. The couples searching for divorce, experience frustration, enmity, silence and lost opportunities in their relations and this generally leads to a relatively dissatisfactory life, so it is difficult to make them regularly participate in treatment sessions especially together.

According to the existing restrictions for conducting research, particularly in the field of training and effectiveness, the 'industry office' as the coordinator between Universities and other organizations should play a more active role to help an affective coordination between students and other organizations. In effectiveness research on divorce of couples, it is better to use treatment or training only for couples in quest of divorce, because the invited couples do not have the motivation and interest to participate in the training meetings and their responses mostly involve bias.

It can be concluded that solution focused therapy increased coping styles and decreased dysfunctional attitudes of couples and it can be used to improve the problems of couples.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this study.

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