KMANPUB | Health Nexus Vol. 3 No. 1 (2025): 21-32

Article history:
Received 09 August 2024
Revised 16 October 2024
Accepted 29 October 2024
Published online 01 January 2025

Comparing the Effectiveness of Solution-Focused Narrative Therapy and Solution-Focused Therapy on Resilience and Marital Intimacy of Couples in Conflict (Counseling Centers of Shirvan County)

Goldasteh Faraydoni Golyan[1], Maryam Sadeghifard[2*], Emad Yosefi[3]

[1] PhD Student, Department of Psychology and Educational Science, Qeshm Branch, Islamic Azad University, Qeshm, Iran
[2] Assistant Professor, Department of Counseling, University of Hormozgan, Bandar Abbas, Iran
[3] Assistant Professor, Department of Psychology and Educational Science, Qeshm Branch, Islamic Azad University, Qeshm, Iran

*** Corresponding author email address**: sadeghim45@yahoo.com

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Faraydoni Golyan, G., Sadeghifard, M., & Yosefi, E. (2025). Comparing the Effectiveness of Solution-Focused Narrative Therapy and Solution-Focused Therapy on Resilience and Marital Intimacy of Couples in Conflict (Counseling Centers of Shirvan County). *Health Nexus, 3*(1), 21-32.
https://doi.org/10.61838/kman.hn.3.1.4

A B S T R A C T

The present study aimed to compare the effects of solution-focused narrative therapy and solution-focused therapy on resilience and marital intimacy among couples in conflict. This research employed a quasi-experimental design with a pre-test, post-test, and control group, along with a two-month follow-up. The statistical population consisted of all couples experiencing marital conflict who referred to counseling centers in Shirvan County during 2022-2023. The study sample included 30 couples (20 participants in each group) with marital conflict who were selected using convenience sampling from clinics and counseling centers in Shirvan County and randomly assigned to two experimental and one control group. Solution-Focused Narrative Therapy (SFNT) and Solution-Focused Therapy (SFT) were administered separately over six sessions for the experimental groups, while the control group received no intervention. Data collection instruments included the Bagarozi Marital Intimacy Questionnaire (2001) and the Connor-Davidson Resilience Scale (2003). Collected data were analyzed using repeated measures analysis of variance and Bonferroni post hoc tests, with SPSS-26 software. Results indicated that both solution-focused narrative therapy and solution-focused therapy were effective in improving resilience and marital intimacy among couples in conflict ($p < .001$). Additionally, Bonferroni test results revealed that the therapeutic effects of both approaches on resilience and marital intimacy were maintained after two months ($p < .001$). Moreover, findings demonstrated that solution-focused narrative therapy had a greater impact on resilience and marital intimacy compared to solution-focused therapy ($p < .001$). Based on these results, both approaches can be used to resolve marital conflict, although solution-focused narrative therapy showed greater effectiveness than solution-focused therapy.

Keywords: *solution-focused narrative therapy, solution-focused therapy, resilience, marital intimacy, couples in conflict.*

1. Introduction

Marriage is a complex, delicate, and dynamic relationship that has always been considered the most significant social behavior for meeting emotional needs and achieving security, drawing the attention of psychologists, counselors, and other mental health professionals (1). A strong, warm, intimate family with mutual respect is one of

the outcomes of a successful marriage, contributing to the physical and mental health, comfort, peace, and safety of spouses and family members (2). Typically, in the early days of marital life, couples feel emotionally and psychologically close to one another. However, over time, some couples face communication issues for various reasons and experience marital conflicts (3, 4). Marital conflict can manifest in different forms, such as depression, psychological distress in one or both partners, spouse abuse, and verbal and physical altercations, potentially leading to divorce (5). Sometimes, marital conflict intensifies to the point where anger, violence, resentment, hatred, jealousy, and verbal and physical abuse dominate the couple's relationship (6). Ozguc and Tanriverdi (2018) found that couples with high marital conflict have poor mental health and well-being (7). As conflicts increase in marital relationships, incompatibility grows, dissatisfaction rises, and these problems can be precursors to divorce (8). Marital intimacy is also affected by marital conflict. Intimacy in marriage is valuable because it fosters commitment to relationship stability and marital satisfaction (9). Intimacy, as a fundamental need, requires awareness, deep understanding, and acceptance. It is defined as closeness, similarity, and a loving relationship with another person (10). In other words, intimacy can be described as a combination of love and affection, self-disclosure and expression, compatibility, sexual communication, conflict resolution, and autonomy (11). Erikson's psychosocial theory emphasizes three components of the capacity for intimacy: the willingness to commit to another person, the ability to share deeply personal matters, and the capacity to connect inner thoughts and feelings (12). People with marital intimacy are better able to express themselves in marital relationships (13).

Given that marital intimacy is affected by family conflicts, only resilient couples can effectively deal with these conflicts. Neill (2006) defines resilience as the capacity to avoid psychopathology despite environmental challenges (14). Resilience generally refers to a pattern of functioning that indicates positive adaptation in the context of risk or adversity. On the other hand, resilience can be described as the readiness and potential ability to plan, recover, and adapt successfully to distressing events (2). Resilience is defined as the process, ability, or outcome of successful adaptation despite threatening conditions. Importantly, resilience is not merely passive resistance to harm or threat but an active, constructive participation in one's environment. It is the ability to maintain psychological and spiritual balance in the face of adversity (15). Resilience promotes greater life satisfaction through reduced negative emotions and increased happiness and serves as a resource for overcoming difficulties, resisting stress, and eliminating its psychological effects (16). Resilience is a developmental process, and its formation can be viewed as a developmental journey. Overcoming adverse situations successfully enhances self-efficacy and trust in one's ability to influence the environment (17). From a contemporary developmental psychopathology perspective, resilience is a dynamic process that fosters positive adaptation under adverse or traumatic conditions (18).

Considering that low marital intimacy and resilience are issues among couples in conflict, effective therapeutic and counseling approaches to support these couples are crucial. Various interventions have been used in different countries to assist couples in conflict. The solution-focused approach has been shown in multiple studies to be effective for couple-related issues in Iran (19). This research, therefore, employed solution-focused therapy and solution-focused narrative therapy to address low resilience and marital intimacy among couples in conflict.

Solution-focused therapy was developed by de Shazer (1998), Kim Berg (2000), Berg and Kelly (2000), and Berg and Dolan (2000) at the Milwaukee Brief Family Therapy Center. This therapy is a relatively new model of postmodern constructivism (20, 21). Key components of solution-focused therapy include searching for solutions, acknowledging problems, identifying exceptions, focusing on the present and future instead of past-oriented questions, and using techniques like miracle questions, scaling questions, and coping questions (22). Solution-focused therapy emphasizes current resources and future expectations rather than past and present problems. It distinguishes itself as a psychological counseling method that focuses on solutions, prompting clients to recognize and develop their solutions (23). According to de Shazer (1988), understanding the origin of a problem is unnecessary once a solution is found. Therefore, solutions and problems do not have to be interconnected (24). Clients are encouraged to increase their existing helpful behaviors. Unlike traditional

Health Nexus
E-ISSN: 2981-2569

therapy, solution-focused therapy emphasizes clients' capacity to find logical solutions to enrich their lives. It is a strong, constructive approach enabling individuals to create creative solutions, develop a new sense of self, shift their worldview, and implement behavioral changes (25). Generally, solution-focused therapy typically involves one to twenty sessions, ideally six (26). The process usually includes five stages: 1. Constructing a problem and goal, 2. Identifying and reinforcing exceptions, 3. Designing interventions or tasks to strengthen exceptions, 4. Evaluating intervention effectiveness, and 5. Reassessing the problem and goal (27).

Another approach to assist couples in conflict is solution-focused narrative therapy. A growing interest exists among modern professionals in integrating narrative therapy and solution-focused therapy, a development absent among first and second-generation narrative and solution-focused therapists (28-31). This development is grounded in evidence-based practice, the mental health recovery model, positive psychology, strength-based approaches, and recent emphasis on resilience (32). Solution-focused narrative therapy owes its foundation to Michael White and David Epston, the founders of narrative therapy. Narrative therapy posits that individuals perceive their lives as stories, and meaning-making is a continuous process facilitated by narrative. Philosophers like Paul Ricoeur and Michel Foucault emphasize that the structure of human life aligns with the structure of narratives, allowing life to be understood and examined through stories (33, 34) This approach evaluates clients' conversations, thoughts, and behaviors within their cultural and social contexts, considering their self-constructed stories as an entry point for change. Narrative therapy focuses on separating the problem brought by the client and examines how clients' values can be incorporated into a new narrative. Solution-focused therapy, developed by Steve de Shazer and his team at the Milwaukee Family Therapy Center, emphasizes creating solutions for clients' problems by seeking exceptions. Instead of focusing on current issues, therapists guide clients toward exploring their preferred future goals, serving as a guide to construct the journey toward achieving them (35).

Solution-focused brief therapy has gained popularity in recent years due to its emphasis on rapid therapy-induced change and its alignment with health care philosophies that respect clients' perspectives (36). Conceptually, solution-focused therapy and narrative therapy are more closely aligned than any other approaches. Both emphasize the positive aspects of clients' experiences rather than focusing on negatives. Therapists encourage clients to identify times when the problem did not exist, examine these in detail, and use them as a foundation for change (37). Both therapies implement a postmodern linguistic approach, suggesting that language constructs social reality. The core values of both therapies—emphasizing positive change, empowering clients, therapist non-expertise, collaboration, and hope—are easily adaptable. Many professionals favor integrating the two approaches (32).

Few studies have examined the effectiveness of solution-focused narrative therapy domestically and internationally. For instance, Yanaradag & Ozmete (2020) investigated the impact of solution-focused interventions on hopelessness and stress among students and found significant efficacy in reducing hopelessness (38). Additionally, D Abate (2016) used solution-focused and narrative family therapy for families experiencing severe conflict, finding that parents and children in newly formed families adapted better when empowered to create solutions and construct positive family narratives (39). In Iran, Nameni and Shirashiyani (2016) concluded that combining narrative therapy and solution-focused therapy effectively increased vitality and emotional control in women seeking divorce (40). Given the scarcity of studies on marital conflicts in Shirvan County, addressing this issue is crucial. Additionally, marital conflict threatens family foundations and may increase divorce rates, harming children in these families. Marital conflict can erode interpersonal trust, decrease quality of life and marital intimacy, and lower resilience. This research, therefore, seeks to answer the following question: "Is there a difference between the effectiveness of solution-focused narrative therapy and solution-focused therapy on resilience and marital intimacy among couples in conflict who seek counseling services in Shirvan County?"

2. Methods and Materials

Health Nexus
E-ISSN: 2981-2569

2.1. Study Design and Participants

The research method was quasi-experimental with a pre-test, post-test, and control group design, including a two-month follow-up. The statistical population consisted of all couples experiencing marital conflict who visited counseling centers in Shirvan County during 2022-2023. In this study, the sample was selected from clinics and counseling centers in Shirvan County through convenience sampling, based on the primary research criterion (conflicted couples), and randomly assigned to three groups (two experimental groups and one control group). The sample included 30 couples (20 participants per group), selected from all those willing to participate in the training sessions. Each group consisted of 10 couples, and the control group received no intervention. Before conducting the research, a one-hour training session was held to explain the research procedures, and informed consent forms were obtained from all participants, indicating their awareness of the study type.

Inclusion Criteria:

1. Minimum of one year of marital life.
2. At least one year since marriage.
3. No participation in similar training courses.
4. Scoring below the average on resilience, quality of life, and marital intimacy questionnaires.
5. Regular attendance at training sessions.
6. Participation in group discussions during the sessions.

Exclusion Criteria:

1. Lack of cooperation with the researcher.
2. Absence from more than two sessions.
3. Migration or death.
4. Incomplete responses to questionnaire items.
5. Withdrawal from the study at the participant's request.
6. Damaged questionnaires.

Before the research began, a one-hour training session was conducted, and participants signed a written contract committing to cooperate until the end of the treatment. As a result, the researcher experienced no sample attrition during the intervention period. The contract outlined the therapy sessions and included key commitments, such as providing necessary information about the proposed treatment, maintaining the confidentiality of participants' information, and the participants' obligation to attend all therapy sessions, collaborate with the therapist, and share relevant mental health information.

After selecting the sample, couples with marital conflict were randomly divided into three groups (two experimental groups and one control group), with each group comprising 10 couples. The experimental groups received six sessions of solution-focused narrative therapy and six sessions of solution-focused therapy, each session lasting 90 minutes weekly. To collect data, participants first completed the resilience, marital intimacy, and marital quality of life questionnaires. Then, 30 couples were randomly assigned to the experimental and control groups (10 couples per group, N=20), and the experimental groups participated in weekly 90-minute therapy sessions for 54 days. The control group did not receive any intervention and only completed pre- and post-tests. One week after the intervention, post-tests were administered to all groups to compare pre-test and post-test scores. To follow up on treatment effects, the resilience, marital intimacy, and quality of life questionnaires were re-administered two months later.

The independent variable consisted of six sessions of solution-focused narrative therapy and six sessions of solution-focused therapy for the experimental groups. The sessions were conducted step-by-step. At the beginning of the therapy, a separate introductory session was held for each experimental group to explain the research and obtain informed consent and cooperation contracts. Participants were also informed of the therapy rules, such as confidentiality and trust in the therapist. The attendance and withdrawal criteria were fully explained. Each session began with a summary of previous sessions, followed by reviewing participants' assignments and providing individual feedback. New topics were taught according to the therapeutic protocol, and necessary explanations were given. At the end of each session, questions related to the session topic were discussed. If additional explanations were needed, they were provided. Post-tests were administered after the intervention.

2.2. Measures

2.2.1. Marital Intimacy

The Bagarozzi Marital Intimacy Questionnaire (2001) assesses dimensions of marital intimacy. It was developed

Health Nexus
E-ISSN: 2981-2569

by Bagarozzi (2001) and consists of 41 items that measure intimacy needs across eight dimensions: emotional intimacy, psychological intimacy, intellectual intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy, and social-recreational intimacy. In Iran, Etamadi (2015) reported a concurrent validity of .58 and confirmed content validity through a panel of 15 counseling experts and 15 married couples. The reliability of the intimacy needs variable was calculated as .94 using Cronbach's alpha in SPSS software. Khamseh and Hosseinian (2017) calculated the reliability of each intimacy dimension using test-retest reliability: .89 for emotional intimacy, .82 for psychological intimacy, .81 for intellectual intimacy, .91 for sexual intimacy, .80 for physical intimacy, .65 for spiritual intimacy, .76 for aesthetic intimacy, and .51 for social-recreational intimacy, indicating acceptable reliability. This questionnaire uses a 10-point scale, from 1 ("no need at all") to 10 ("very high need"), with scores ranging from 41 to 410 (41).

2.2.2. Resilience

Connor and Davidson (2003) developed the CD-RISC based on a review of resilience research from 1979 to 1991 to measure coping strength under stress and threats. Psychometric properties were evaluated across six groups: the general population, primary care patients, psychiatric outpatients, patients with generalized anxiety disorder, and two groups with post-traumatic stress disorder (PTSD). The developers argued that the scale effectively differentiates resilient individuals from non-resilient ones in clinical and non-clinical groups and is suitable for research and clinical settings. Jokar (2008) reported a reliability of .93 and validated the scale using factor analysis. Connor and Davidson found the mean scores to be 80.7 for the general population, 71.8 for primary care patients, 68.0 for psychiatric outpatients, 62.4 for patients with generalized anxiety disorder, and 47.8 to 52.8 for PTSD patients, demonstrating validity (42). Mohammadi (2005) adapted the scale for use in Iran, reporting a reliability of .89 and item-total correlations ranging from .41 to .64. The scale contains 25 items rated on a 0 ("not true at all") to 5 ("true nearly all the time") Likert scale, with a maximum score of 100 (43).

2.3. Interventions

2.3.1. Solution-Focused Narrative Therapy

The Solution-Focused Narrative Therapy protocol is designed to enhance resilience, marital intimacy, and quality of life among couples experiencing conflict. This intervention consists of six structured sessions, each focusing on gradually guiding couples through understanding the impact of their problems, developing a preferred story, and empowering them to implement positive changes in their lives. The approach integrates narrative techniques with solution-focused strategies to promote constructive storytelling and emphasize strengths, exceptions, and future possibilities (44).

Session 1

The first session begins with an introduction, where the therapist and group members get to know each other. The therapist explains the treatment framework and group rules. Participants are asked to articulate their best hopes for the future, and goals are clarified using specific questions. Participants are prompted to consider what they want rather than what they don’t want. By the end of the session, clients are asked to observe and note any positive occurrences in their lives before the next meeting.

Session 2

This session focuses on understanding the impact of the problem. A brief review of the previous session is followed by a discussion about any improvements observed. Clients explore how the problem has entered their lives and describe its effects, fostering awareness and readiness to challenge the problem. Participants map out the problem's influence and rate its impact on a scale from one to ten. Externalizing the problem by giving it a name helps clients distance themselves from it. They are asked to notice any positive developments before the next session.

Session 3

The third session introduces the concept of a preferred story. After reviewing the previous session, the therapist asks what has improved. Clients are guided to list their preferences for a desirable future using the miracle question and are encouraged to envision this story without limitations. The therapist collects clients' desired actions and beliefs associated with their preferred story, which is documented

Health Nexus
E-ISSN: 2981-2569

and reviewed. Participants are again asked to look for any positive events until the next session.

Session 4

In this session, the focus is on identifying exceptions and distancing from the problem. The session starts with a summary and a question about improvements. The therapist helps clients identify past moments when they successfully overcame challenges, finding at least five exceptions. The group discusses these, and members highlight exceptions they observe in each other. Exceptions are written on a board and documented for future reference. Clients are prompted to notice ongoing positive changes before the next session.

Session 5

Participants work on creating a representation of their preferred future and scaling their progress. They recall instances when they felt their best and reflect on the actions and interactions of that time. These descriptions are documented and given to clients as a resource. A summary of their journey is provided, including their goals, the impact of the problem, their preferred future, and identified exceptions. They are asked to continue observing positive developments.

Session 6

The final session summarizes all five previous sessions and celebrates clients' achievements. Questions are posed to reflect on what has improved and how others perceive the changes. The therapist reviews the clients' journey, including their goals, preferred future, and the exceptions they identified. Participants share their views on the sessions and discuss how their perspectives have evolved.

2.3.2. Solution-Focused Therapy

The Solution-Focused Therapy protocol aims to improve resilience, marital intimacy, and quality of life for couples in conflict. This six-session approach emphasizes setting clear, measurable goals and building on clients' strengths and successes. The sessions focus on identifying and amplifying exceptions, using scaling questions, and developing practical strategies for change. The goal is to foster rapid, solution-oriented improvements by focusing on what works rather than what is problematic (32, 34, 39, 40).

Session 1

The initial session covers an overview of the counseling process, emphasizing the importance of regular attendance and participation. The therapist explains key principles of solution-focused brief therapy and addresses clients' resistance. Couples define their problems succinctly and transform these into attainable goals. Discussions about the issues are held, and clients are given homework for the next session.

Session 2

In the second session, couples review their previous homework and articulate their goals positively, specifically, and measurably. The therapist helps them formulate concrete solutions to their complaints and creates a plan of action. Clients are tasked with identifying additional solutions and given homework for the following session.

Session 3

The third session involves reviewing homework, summarizing the prior discussion, and exploring the problem from different perspectives. Couples are encouraged to recognize their strengths and offer each other praise when appropriate. The therapist introduces techniques such as finding exceptions and the miracle question to highlight positive stories, and homework is assigned.

Session 4

The fourth session reviews homework and emphasizes recognizing positive exceptions in the couple's past and present experiences. Techniques like the "master key" are explained, and scaling questions are used to boost hope and motivation. Clients are encouraged to use these strategies and are given homework to continue practicing.

Session 5

This session focuses on disrupting negative behavioral patterns using techniques like the miracle question and paradoxical interventions. The therapist uses solution-oriented questions to guide couples and introduces strategies like counterfactual reasoning and role-play assignments. Homework is given to reinforce these techniques.

Session 6

The final session summarizes all previous sessions, reviews completed assignments, and introduces new language patterns for positive thinking and behavior. The therapist checks if treatment goals have been met and provides recommendations for rebuilding the couple's relationship. The session ends with strategies to sustain positive changes and advice for ongoing relationship improvement.

Health Nexus
E-ISSN: 2981-2569

2.4. Data Analysis

Descriptive statistics, including frequency, percentages, cumulative percentages, charts, and tables, were used. Inferential statistics were analyzed using repeated measures analysis of variance and Bonferroni post hoc tests. All statistical analyses were conducted using SPSS version 26.

3. Findings and Results

Table 1 presents the descriptive statistics for resilience and marital intimacy across the three groups (Control, SFNT, and SNF) at pre-test, post-test, and follow-up stages.

Table 1

Descriptive Statistics for Resilience and Marital Intimacy Across Groups at Pre-test, Post-test, and Follow-up

Variable	Groups	N	Pre-test (M ± SD)	Post-test (M ± SD)	Follow-up (M ± SD)
Resilience	Control	20	65.80 ± 8.21	63.70 ± 6.89	65.95 ± 9.46
	SFNT	20	63.71 ± 6.89	77.70 ± 5.84	74.50 ± 7.38
	SNF	20	65.95 ± 9.46	73.25 ± 4.60	71.90 ± 9.26
Marital Intimacy	Control	20	83.15 ± 6.93	83.95 ± 6.82	84.05 ± 6.76
	SFNT	20	84.60 ± 7.36	121.75 ± 4.68	118.80 ± 2.96
	SNF	20	85.30 ± 7.74	109.40 ± 5.61	106.40 ± 2.87

The descriptive analysis indicates that the Control group's resilience scores remained relatively stable from pre-test (M = 65.80, SD = 8.21) to post-test (M = 63.70, SD = 6.89) and follow-up (M = 65.95, SD = 9.46). The SFNT group showed a significant increase from pre-test (M = 63.71, SD = 6.89) to post-test (M = 77.70, SD = 5.84), with a slight decrease at follow-up (M = 74.50, SD = 7.38). The SNF group also displayed an improvement from pre-test (M = 65.95, SD = 9.46) to post-test (M = 73.25, SD = 4.60), with a minor reduction at follow-up (M = 71.90, SD = 9.26).

In terms of marital intimacy, the Control group exhibited minimal changes, with scores remaining consistent across the stages. In contrast, the SFNT group showed a marked increase from pre-test (M = 84.60, SD = 7.36) to post-test (M = 121.75, SD = 4.68) and a slight decline at follow-up (M = 118.80, SD = 2.96). The SNF group also experienced an increase from pre-test (M = 85.30, SD = 7.74) to post-test (M = 109.40, SD = 5.61), followed by a small decrease at follow-up (M = 106.40, SD = 2.87). These results suggest that both interventions had a positive impact on resilience and marital intimacy, although the effects were more pronounced and sustained in the SFNT group.

The assumptions for the analysis were checked and confirmed using the sample of 60 participants, divided into three groups (Control, SFNT, and SNF) with 20 participants each. The assumptions of normality were verified using the Shapiro-Wilk test, showing no significant deviations from normality for all variables across pre-test, post-test, and follow-up stages. Homogeneity of variances was assessed with Levene's test, confirming that the variances were equal across groups. Additionally, the sphericity assumption was examined using Mauchly's test, and the results indicated that the assumption was not violated. Thus, all statistical assumptions required for repeated measures analysis of variance (ANOVA) were satisfied.

Table 2

Results of Repeated Measures ANOVA for Resilience and Marital Intimacy Across Experimental and Control Groups

Variable	Source of Variation	SS	df	MS	F	p-value	η^2	Power
Resilience	Between-Groups	1524.81	2	762.40	14.11	.001	.33	.99
	Error	3078.35	57	54.01				
	Within-Groups							
	Factor	1465.64	1.72	850.89	10.17	.001	.15	.97
	Factor × Group	1353.62	3.44	392.93	4.69	.001	.14	.91
	Error (Factor × Group)	8209.40	98.18	83.61				
Marital Intimacy	Between-Groups	18998.67	2	9499.33	145.62	.001	.83	.99
	Error	3718.30	57	65.23				

Health Nexus
E-ISSN: 2981-2569

	Within-Groups						
	Factor	15650.81	1.40	11119.48	362.68	.001	.86	.99
	Factor × Group	8315.48	2.81	2953.96	96.35	.001	.77	.99
	Error (Factor × Group)	2459.70	80.22	30.65				

The repeated measures ANOVA results for resilience and marital intimacy revealed significant effects for both between-groups and within-groups comparisons. For resilience, there was a significant difference between groups, $F(2, 57) = 14.11$, $p = .001$, $\eta^2 = .33$, with high power (.99), indicating a strong effect size. The within-groups analysis showed a significant effect of the factor, $F(1.72, 98.18) = 10.17$, $p = .001$, $\eta^2 = .15$, and a significant interaction between factor and group, $F(3.44, 98.18) = 4.69$, $p = .001$, $\eta^2 = .14$ (Table 2).

For marital intimacy, the between-groups analysis demonstrated a highly significant difference, $F(2, 57) = 145.62$, $p = .001$, $\eta^2 = .83$, with maximum power (.99). The within-groups analysis also showed significant main effects, $F(1.40, 80.22) = 362.68$, $p = .001$, $\eta^2 = .86$, and a significant interaction between factor and group, $F(2.81, 80.22) = 96.35$, $p = .001$, $\eta^2 = .77$. These findings highlight the substantial impact of the interventions on both resilience and marital intimacy (Table 2).

Table 3

Bonferroni Pairwise Comparisons for Resilience and Marital Intimacy Across Different Time Points

Variable	Stage	Groups Compared	Mean Difference	p-value
Resilience	Pre-test	Control - SFNT	2.10	.99
		Control - SFT	0.15	.99
		SFNT - SFT	2.25	.99
	Post-test	Control - SFNT	14.00	.001
		Control - SFT	9.55	.001
		SFNT - SFT	4.45	.05
	Follow-up	Control - SFNT	8.55	.05
		Control - SFT	5.59	.05
		SFNT - SFT	2.60	.99
Marital Intimacy	Pre-test	Control - SFNT	1.45	.99
		Control - SFT	2.15	.99
		SFNT - SFT	0.70	.99
	Post-test	Control - SFNT	37.80	.001
		Control - SFT	25.45	.001
		SFNT - SFT	12.35	.001
	Follow-up	Control - SFNT	34.75	.001
		Control - SFT	22.35	.001
		SFNT - SFT	12.40	.001

The Bonferroni post hoc analysis revealed significant differences between groups in both resilience and marital intimacy. For resilience, there were no significant differences between groups at the pre-test stage (all p-values = .99). However, at the post-test stage, the SFNT group significantly outperformed the Control group ($p = .001$) and the SFT group ($p = .05$). At the follow-up stage, both SFNT and SFT groups maintained significant differences compared to the Control group ($p = .05$), but the difference between the SFNT and SFT groups was not significant ($p = .99$) (Table 3).

For marital intimacy, no significant differences were observed at the pre-test stage (all p-values = .99). At the post-test and follow-up stages, both SFNT and SFT groups showed highly significant improvements compared to the Control group (all p-values = .001), with the SFNT group also significantly outperforming the SFT group ($p = .001$). These results indicate that both interventions were effective, with SFNT demonstrating a more pronounced and sustained impact on marital intimacy (Table 3).

4. Discussion and Conclusion

Health Nexus
E-ISSN: 2981-2569

The current study aimed to investigate the effectiveness of Solution-Focused Narrative Therapy (SFNT) and Solution-Focused Therapy (SFT) on resilience and marital intimacy among couples experiencing conflict. The findings demonstrated significant improvements in both variables for the intervention groups compared to the control group, with SFNT showing a more pronounced and sustained impact.

The results revealed that both SFNT and SFT significantly increased resilience among couples, as evidenced by higher post-test and follow-up scores compared to the control group. This aligns with prior research suggesting that solution-focused approaches effectively enhance coping mechanisms and resilience (14, 45). SFNT, which combines the strengths of narrative therapy and solution-focused methods, seemed particularly effective. This finding is supported by previous studies emphasizing the importance of personal narratives in fostering psychological resilience. For instance, studies by Arslan and Gumuscaglayan (2018) have shown that narrative techniques can help individuals reconstruct their sense of self and increase adaptive functioning in the face of challenges (23).

Regarding marital intimacy, SFNT again emerged as the more effective intervention compared to SFT. The SFNT group exhibited substantial increases in marital intimacy from pre-test to post-test and maintained these gains at follow-up. This outcome is consistent with the work of Bagarozzi (2001), who highlighted the role of communication and shared narratives in enhancing intimacy (9). By focusing on preferred future stories and reinforcing positive experiences, SFNT may foster a deeper emotional connection between partners. Previous research supports this notion; Yoo et al. (2014) found that communication and emotional sharing are critical components of marital satisfaction and intimacy (46). Additionally, the use of narrative therapy to address and reframe marital conflicts has been shown to improve intimacy and emotional closeness (11). The results also align with research by Weinberger, Hofstein, and Whitbouren (2008), who emphasized the significance of intimacy in predicting long-term marital outcomes. The ability of SFNT to create a shared vision of a positive future and integrate each partner's perspective may explain its superior impact on intimacy (12).

The findings for SFT, while still effective, were less pronounced compared to SFNT. This result aligns with studies that have shown the efficacy of solution-focused approaches in reducing marital distress and improving couple communication (23, 24, 47). SFT emphasizes identifying solutions rather than focusing on problems, which can empower couples and promote positive changes. However, the absence of a narrative component may limit the depth of emotional engagement compared to SFNT. According to Kim et al. (2018), SFT's structured approach is beneficial but may not address underlying emotional or relational dynamics as effectively as narrative-based interventions (48).

The current study's outcomes contribute to the growing body of literature supporting the integration of solution-focused and narrative approaches. The results align with research by Johnson, Holyoak, and Cravens Pickens (2019), who demonstrated that narrative therapy could effectively address trauma and relational issues, thereby fostering deeper intimacy (49). Similarly, Ball et al. (2021) found that co-constructing narratives in marital therapy led to improved relationship satisfaction and communication. By merging solution-focused techniques with narrative strategies, SFNT provides a comprehensive framework that addresses both the cognitive and emotional aspects of marital conflict (35).

Despite its promising findings, the study has several limitations. First, the sample size was relatively small, limiting the generalizability of the results. Future studies with larger and more diverse samples are needed to validate these findings. Second, the study used convenience sampling, which may introduce selection bias and limit the representativeness of the participants. Third, the intervention duration was relatively short, and long-term effects were only assessed up to two months post-intervention. Further research is necessary to explore the lasting impact of SFNT and SFT over more extended periods. Finally, the reliance on self-reported measures may introduce response bias, as participants may have provided socially desirable answers.

Future research should address these limitations by using larger, randomized samples to increase the study's external validity. Additionally, longitudinal studies are needed to evaluate the long-term effectiveness of SFNT and SFT, particularly in maintaining improvements in resilience and marital intimacy. It would also be valuable to explore the

Health Nexus
E-ISSN: 2981-2569

mechanisms underlying these therapies, such as the role of communication patterns and emotional expression, to better understand how these interventions produce change. Moreover, comparing SFNT and SFT with other therapeutic modalities, such as Emotionally Focused Therapy or Cognitive-Behavioral Couple Therapy, could provide a more comprehensive understanding of their relative effectiveness. Finally, future studies should consider using mixed-methods approaches, combining quantitative and qualitative data to gain deeper insights into the participants' experiences and the therapeutic process.

Practitioners working with couples experiencing marital conflict may consider incorporating SFNT into their therapeutic repertoire, given its demonstrated efficacy in enhancing both resilience and marital intimacy. The integration of narrative and solution-focused techniques can offer a holistic approach that addresses both the emotional and practical aspects of relationship challenges. Therapists should focus on helping couples co-create positive future stories and identify exceptions to their problems, which can foster hope and motivation. Additionally, training programs for therapists should emphasize the importance of using a strength-based approach that empowers clients and encourages active participation in the therapeutic process. Finally, practitioners should tailor interventions to the unique needs of each couple, ensuring that therapy is culturally sensitive and contextually relevant.

Authors' Contributions

G. F. G., M. S., and E. Y. collaboratively designed and conducted this research. G. F. G. conceptualized the study, developed the theoretical framework, and coordinated the implementation of the interventions at the counseling centers. M. S. managed participant recruitment, facilitated the therapy sessions, and ensured adherence to the intervention protocols for both Solution-Focused Narrative Therapy (SFNT) and Solution-Focused Therapy (SFT). E. Y. conducted data collection, performed statistical analyses using SPSS-26, and interpreted the findings. All authors contributed to drafting and revising the manuscript, critically analyzing the results, and discussing the implications. They reviewed and approved the final version of the manuscript and take responsibility for the accuracy and integrity of the 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.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethics Considerations

The study placed a high emphasis on ethical considerations. Informed consent obtained from all participants, ensuring they are fully aware of the nature of the study and their role in it. Confidentiality strictly maintained, with data anonymized to protect individual privacy. The study adhered to the ethical guidelines for research with human subjects as outlined in the Declaration of Helsinki.

References

1. Surijah EA, Murray K, Wraith D, Shochet I. Examining trajectories of marital satisfaction to represent the resilience process among Indonesian married individuals. Personal Relationships. 2024;31(1):24-43. [DOI]
2. Arvin N, Namjoo A, Mousavikhoo SL, Namjoo F, Keshavarz S. Exploring the Role of Family Resilience in Predicting Marital Functioning: A Cross-Sectional Study. Journal of Psychosociological Research in Family and Culture. 2024;2(1):10-5. [DOI]
3. Lawrence TI. Parental support, marital conflict, and stress as predictors of depressive symptoms among African American adolescents. Clinical Child Psychology and Psychiatry. 2022;27(3):630-43. [PMID: 35200051] [DOI]
4. Salah MM, Shekari E, Hassani H, Salehi A. Prediction of Marital Conflicts Based on Mindfulness in Couples Facing Extra-Marital Relationships Attending Counseling Centers in Fars Province. Transactions on Data Analysis in Social Science. 2024;6(1):1-13.

Health Nexus
E-ISSN: 2981-2569

5. Cribbet MR, Smith TW, Uchino BN, Baucom BRW, Nealey-Moore JB. Autonomic influences on heart rate during marital conflict: Associations with high frequency heart rate variability and cardiac preejection period. Biological Psychology. 2020;151:107-12. [PMID: 31962138] [DOI]
6. Li X, Liu Q. Parent-grandparent coparenting relationship, marital conflict and parent-child relationship in Chinese parent-grandparent coparenting families. Children and Youth Services Review. 2020;109:104-10. [DOI]
7. Özgüç S, Tanrıverdi D. Relations Between Depression Level and Conflict Resolution Styles, Marital Differentiations of Patients With Major Depression and Their Spouses. Archives of Psychiatric Nursing. 2018;32(3):337-42. [PMID: 29784211] [DOI]
8. Frankel LA, Umemura T, Jacobvitz D, Hazen N. Marital conflict and parental responses to infant negative emotions: Relations with toddler emotional regulation. Infant Behavior and Development. 2015;40:73-83. [PMID: 26047678] [DOI]
9. Bagarozzi DA. Enhancing intimacy in marriage. New York: Taylor & Francis Publication; 2001.
10. Atapour N, Darbani SA. Cultural Dynamics in Couple Therapy: Enhancing Marital Intimacy Through Tailored Interventions. Journal of Psychosociological Research in Family and Culture. 2024;2(1):4-9.
11. Stulhofer A, Ferreira L, Landripet I. Emotional intimacy, sexual desire, and sexual satisfaction among partnered heterosexual men. Sexual and Relationship Therapy. 2014;17:229-44. [DOI]
12. Weinberger MI, Hofstein Y, Whitbouren SK. Intimacy in young adulthood as a predictor of divorce in midlife. Personal Relationships. 2008;15(4):551-7. [PMID: 19956778] [PMCID: PMC2733523] [DOI]
13. Asgari A, Goodarzi K. Effectiveness of Emotional Schema Therapy on Marital Intimacy among Couples on the Brink of Divorce. SALĀMAT-I IJTIMĀĪ (Community Health). 2019;6(2):174-85. [DOI]
14. Neill JT. Adventure Education and Resilience: The Double Edged Sword. Journal of Adventure Education and Outdoor Learning. 2006;1:35-42. [DOI]
15. Conway L, Wolverson E, Clarke C. Shared Experiences of Resilience Amongst Couples Where One Partner Is Living With Dementia-A Grounded Theory Study. Frontiers in Medicine. 2020;7:219. [PMID: 32582728] [PMCID: PMC7296104] [DOI]
16. Beckman CM, Stanko TL. It takes three: Relational boundary work, resilience, and commitment among navy couples. Academy of Management Journal. 2020;63(2):411-39. [DOI]
17. Beach SRH, Lei MK, Lavner JA, Adesogan O, Carter S, Barton AW. Strengthening Couple Functioning Promotes Resilience to COVID-19-related Stressors Among Black Americans. Journal of Family Psychology. 2023. [PMID: 37053419] [PMCID: PMC10238637] [DOI]
18. Senger AR. Hope's relationship with resilience and mental health during the COVID-19 pandemic. Current Opinion in Psychology. 2023;50:101559. [PMID: 36812769] [PMCID: PMC9886565] [DOI]
19. Mohammadiyari A, Hosseinian S. Meta-Analysis of the Effectiveness of Solution-Focused Short-Term Therapy on Couple Therapy. Cultural-Educational Journal of Women and Family. 2018;13(43):33-52.
20. Alavi SH, Ghasemi Motlagh M, Esmaeili Shad B, Bakhshipour A. The effectiveness of solution-focused therapy on emotional, cognitive, motivational and biological symptoms of major depressive disorder in men and women. Journal of Adolescent and Youth Psychological Studies (JAYPS). 2022;3(1):253-65. [DOI]
21. Afshar Shandiz H. Comparison of the Effectiveness of Mindfulness-Based Cognitive Therapy (MBCT) and Short-Term Solution-Focused Therapy as Complementary Treatments with Medication in Improving the Quality of Life of Patients with Multiple Sclerosis (MS): Semnan University, Faculty of Psychology and Educational Sciences; 2023.
22. Xinhe Z, Xiaoxuan S, Shuowei X, Jingwen Q, Qinghua H, Turel O. The Effect of Solution-Focused Group Counseling Intervention on college students Internet addiction: A pilot study. MDPI International Journal of Environmental Research and Public Health. 2020;17(7). [PMID: 32272623] [PMCID: PMC7178016] [DOI]
23. Arslan U, Gumuscaglayan G. Solution Focused Brief Therapy: A Brief Overview. University Journal of Education Faculty. 2018;47:491-507.
24. Arslan U, Ulus IC. Solution Focused Brief Therapy Training. Bartin University Journal of Faculty of Education. 2020;9(1):1-12. [DOI]
25. Cortes B, Basllesteros A, Collantes I, Aguilar ML. What makes for good outcomes in solution-focused brief therapy? European Psychiatry. 2016;33:222-33. [DOI]
26. Karahan FS, Bakalım O, Yoleri S. Solution focused thinking and empathy in education faculty students. Journal of Human Sciences. 2017;14(4):4383-92. [DOI]
27. Khalili G, Zehrakar K, Kasaei Esfahani A. Comparison of the Effectiveness of Solution-Focused and Rational-Emotive Behavioral Short-Term Therapy on Work Meaning in Oil Company Employees. Psychological Sciences. 2020;19(90):699-713.
28. Banisafar A, Ahi Q, Mansouri A, Bahrainian A. Comparison of the Effectiveness of Online Narrative Therapy and Cognitive Behavioral Therapy on Mental Health and Adherence to Treatment in Cancer Patients with Low Psychological Hardiness. Journal of Assessment and Research in Applied Counseling (JARAC). 2023;5(5):100-7. [DOI]
29. Boostani-Kashani A-A, Khodabakhshi-Koolaee A, Davoodi H, Heidari H. The Effect of Narrative Therapy on Communication Skills, Emotional Expression and Empathy among Couples Intending to Marry. SALĀMAT-I IJTIMĀĪ (Community Health). 2021;8(2):232-46. [DOI]
30. Kiani F. The Effectiveness of Narrative Therapy on Body Checking and Disordered Eating Behaviors in Female Adolescents. International Journal of Pediatrics. 2023;11(5):17780-9. [DOI]
31. Samaeelvand N, Sadeghi M, Ghadampour E. Comparison of Effectiveness of Integrated Models of Attachment Narrative Therapy and Unified Transdiagnostic on Cognitive Emotion Regulation Strategies in Distressed Couples. Family Counseling and Psychotherapy. 2023;13(1):37-74. [DOI]
32. Metcalf L. Solution Focused Narrative Therapy: Springer Publishing Company; 2017. [DOI]
33. Asmakhani Akbarinejad H, Ghamari M, Pouyamansh J, Fathi Aghdam G. Comparison of the Effectiveness of Narrative Therapy and Rational-Emotive Behavior Therapy on Resilience in Women with Breast Surgery Experience. Iranian Breast Diseases Quarterly. 2019;12(4):52-63. [DOI]
34. Taheri Fard A, Javidan M, Samavi SA, Najarpourian S. Effectiveness of Solution-Focused Narrative Therapy on Burnout, Enthusiasm, and Hope in Women Seeking Divorce. Applied Family Therapy Quarterly. 2023;4(4):331-49. [DOI]
35. Ball J, Mitchell P, Malhi G, Skillecorem A, Smith M. Co-constructing a Marriage: Analyses of Young Couples' Relationship Narratives. Monographs of the Society for Research in Child Development. 2021;12(2):37-51.
36. Rothwell N. How brief is solution-focused brief therapy? A comparative study. Clinical Psychology and Psychotherapy. 2005;12(5):402-5. [DOI]
37. Payne M. Couple Counseling: A Practical Guide to Narrative Therapy. Tehran: Arjmand Publications; 2010.
38. Yanaradag MZ, Ozmete A. The effect of solution-focused work intervention on college students' hope and stress

levels. Journal Of Economic Administrative Sciences Faculty. 2020.
39. D Abate DA. Use of solution-focused and family narrative approaches in working with high-conflict families. Journal of Child Custody. 2016;13(4):269-88. [DOI]
40. Namani E, Shirashiani A. Effectiveness of Combining Solution-Focused and Narrative Therapy on Vitality and Emotional Control in Women Seeking Divorce. Counseling Culture and Psychotherapy. 2016;7(27):149-69.
41. Khamseh A, Hosseinian S. Gender Differences in Various Dimensions of Intimacy Among Married Students. Women's Studies Journal. 2017;10:35-52.
42. Jowkar B. The mediating role of resilience in the relationship between general and emotional intelligence and life satisfaction. Journal of Contemporary Psychology. 2008;2(4):3-12.
43. Mohammadi M. The effective factors on resistance in the people with the risk of substance abuse. Dissertation. 2005.
44. Rostami M, Saadati N, Yousefi Z. Comparison of Emotionally Focused and Solution-Focused Couple Therapy on Reducing Fear of Intimacy and Increasing Sexual Satisfaction in Couples. Applied Counseling. 2018;8(2):1-22.
45. Walsh-Dilley M, Wolford W, McCarthy J. Rights for resilience: food sovereignty, power, and resilience in development practice. Ecology and Society. 2016;21(1):11. [DOI]
46. Yoo H, Bartle-Haring S, Day RD, Gangamma R. Couple communication, emotional and sexual intimacy, and relationship satisfaction. Journal of Sex & Marital Therapy. 2014;40(4):93-275. [PMID: 24111536] [DOI]
47. Deshazer S. Clues: Investigating Solution in Brief Therapy. New York: Norton; 1998.
48. Kim JS, Brook J, Akin BA. Solution-focused brief therapy with substance-using individuals: A randomized controlled trial study. Research on Social Work Practice. 2018;28(4):452-62. [DOI]
49. Johnson DJ, Holyoak D, Cravens Pickens J. Using Narrative Therapy in the Treatment of Adult Survivors of Childhood Sexual Abuse in the Context of Couple Therapy. American Journal of Family Therapy. 2019;47(4):31-216. [DOI]

Health Nexus
E-ISSN: 2981-2569