

Effectiveness of Paradoxical Couple Therapy on Self-Differentiation and Marital Intimacy in Couples with Marital Conflict

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ABSTRACT

Objective: The aim of this study was to determine the effectiveness of paradoxical couple therapy on self-differentiation, communication beliefs, and marital intimacy in couples experiencing marital conflict.

Method: This study employed a quasi-experimental design with a pre-test, post-test, and follow-up, using a control group. The statistical population consisted of all couples with marital conflict in Tehran in 2023. Fourteen couples experiencing marital conflict were selected using a non-random, purposive sampling method, and then, through random assignment, 7 couples were assigned to the experimental group and 7 couples to the control group. The experimental group participated in 8 sessions of paradoxical couple therapy, and after dropouts, 6 participants successfully completed the therapy. The control group received no intervention. To match the number of participants, couples were randomly excluded from the control group to account for dropouts in the experimental group. The study utilized questionnaires measuring self-differentiation, communication beliefs, and marital intimacy. Data were analyzed using repeated measures analysis of variance (ANOVA) and SPSS 22 software.

Findings: The findings indicated that there was a significant difference between the post-test mean scores of the experimental and control groups. Paradoxical couple therapy significantly improved self-differentiation ($F = 4.93$, $p = 0.035$) and marital intimacy ($F = 41.16$, $p = 0.001$).

Conclusion: Based on the results of this study, interventions based on the paradoxical approach can effectively improve self-differentiation, communication beliefs, and marital intimacy.

Keywords: Paradoxical couple therapy, self-differentiation, communication beliefs, marital intimacy, couples with marital conflict.

1. Introduction

Couples, as the core of the family unit, are of significant focus. The health and vitality of the family, which is considered the fundamental nucleus of society, are rooted in the well-being and vitality of the couple. One of the key characteristics of a balanced family is the ability to positively and constructively engage with the surrounding world, or, more broadly, an optimistic outlook. In this case, individuals and families focus on the positive, educational, and inspiring aspects of issues and phenomena, while disregarding the negative aspects (Boutib et al., 2022). The stability and strength of the family depend on a stable and fundamental marital relationship. Any instability or weakness in marital satisfaction, or the absence of a successful marriage, not only disrupts the psychological well-being of the couple but also threatens the survival and continuity of the family (Atapour & Darbani, 2024; Coward et al., 2019). Marriage is a multifaceted phenomenon. It can be considered one of the most important decisions in a person's life, and marital satisfaction is one of the key determinants of quality of life and psychological health (Della Corte et al., 2020).

The functioning of the family essentially refers to the systemic characteristics of the family. In other words, family functioning is the ability of the family to coordinate or adapt to changes throughout life, resolve conflicts, maintain cohesion among members, and succeed in disciplinary patterns, respecting boundaries between individuals, and implementing rules and principles governing this institution with the goal of protecting the overall family system (Günther-Bel et al., 2020). Epstein's (2001) model of family functioning is more concerned with family characteristics and the systemic approaches and interactions between its members than with the intrapsychic characteristics of individual family members. It includes seven dimensions: communication, emotional bonding, role performance, overall functioning, problem-solving, emotional support, and behavior control (Alwuqaysi, 2024; Sevari & Terahi, 2024).

According to MacPherson and colleagues (2018), achieving optimal functioning in the family system requires the roles, duties, and tasks of all family members to be organized systematically and harmoniously. Additionally, he believes that coordination, balance, leadership, and effective relationships are crucial for optimal performance (MacPherson et al., 2018). On the other hand, Staccini and colleagues (2015) outline some features of a family with

optimal functioning, such as open communication, effective control and management of psychological stress, empathy, leadership, expression of love and affection, and personal responsibility (Staccini et al., 2015). Dysfunctional family functioning is the opposite of healthy functioning. A family system with poor functioning reinforces pathological symptoms in progressive interactional processes, and if this pattern is not changed, pathological symptoms are transferred from one member to another (Parade et al., 2019).

In reviewing findings related to family functioning, a study of couples undergoing divorce showed that the failure to reach a solution in shared life was significantly associated with chaotic family functioning and lack of relational commitment, and various studies have highlighted the role of family functioning in the physical and psychological health of family members (Alexander & Robbins, 2019).

Another factor that can affect marital adjustment is the existence of conflict between couples (Cowan et al., 2019). However, more important than the existence of conflict is the conflict resolution styles employed by the couple, which can either lead to the dissolution or continuity of the marital relationship. As Booth and colleagues (2016) showed, a collaborative conflict management style is highly correlated with both marital satisfaction and spousal satisfaction. Whenever one or both partners used a competitive conflict management style, they reported lower levels of marital satisfaction. Disagreement in any marital relationship is natural (Booth et al., 2016). Research has shown that if couples can manage conflicts positively and have the ability to resolve them, frequent conflict is not necessarily harmful (Feeney & Karantzas, 2017). Conflict in human relationships, especially between couples, is common (Zaitov & Teshayev, 2022). Therefore, conflict is not always negative; rather, the way couples manage their conflicts may have a negative impact on their relationship (Lee et al., 2023). Couples who manage relationship conflicts by employing positive methods and minimizing negative interactions create an environment where there is more opportunity for self-disclosure and consensus on problems (Tadros & Vlach, 2023).

In recent years, various approaches and studies have proposed different factors and phenomena to describe and explain the diverse problems faced by families and couples. The expansion of therapeutic interventions grounded in these research findings has distinguished cognitive-behavioral family therapy as a significant approach for treatment, separating it from other mental health therapies

(Peräkylä et al., 2023). Given the limited studies in this area in Iran, research in this field can be insightful and effective. This study aims to investigate whether paradoxical couple therapy is effective in improving self-differentiation and marital intimacy in couples with marital conflict.

2. Methods

2.1. Study Design and Participants

The present study is applied and a quasi-experimental research with a pre-test, post-test, and follow-up design, including a control group. The statistical population of the study consisted of all couples with marital conflict in Tehran who referred to the Kimia Ravan Marriage and Family Strengthening Center for psychological treatments in 2023. To select the sample, 14 couples were first chosen based on the inclusion criteria for the study using a non-random purposive sampling method, and then 7 couples were randomly assigned to the experimental group and 7 couples to the control group. The experimental group participated in 8 sessions of paradoxical couple therapy, each lasting 45 minutes, and ultimately, after dropouts, 6 couples successfully completed the treatment. The control group received no intervention. It should be noted that, in order to match the sample sizes of the experimental and control groups, couples were randomly excluded from the control group to match the dropout rate of the experimental group. The inclusion criteria for the therapeutic intervention included informed consent, at least a basic education level with the ability to read and write, couples with marital conflict, assurance of confidentiality (privacy principle), and respect for participants' human rights. The exclusion criteria included unwillingness to continue participation in the study and prediction of psychological harm to the participants.

In this study, after selecting the statistical population and determining the sample size, and receiving an ethical approval letter from the university's research department, the aforementioned questionnaires were provided to the sample for evaluating the research constructs, using proportional sampling based on the research sample and respecting the participants' ethical rights. After administration, the questionnaires were scored and used for data analysis. Ethical considerations in this research were as follows: participation in the study was entirely voluntary. Prior to the commencement of the study, participants were informed about the study's objectives and regulations. The views and opinions of participants were respected. Members of both the experimental and control groups had the right to

withdraw from the study at any stage. Additionally, members of the control group who were interested could receive the same intervention provided to the experimental group in similar therapeutic sessions after the study was completed. All documents, questionnaires, and confidential records were kept solely by the researchers. Written informed consent was obtained from all participants.

2.2. Measures

2.2.1. Self-Differentiation

The Self-Differentiation Questionnaire was initially designed and administered by Skowron and Friedlander in 1998 with 43 items. It was later revised by Skowron and Smith in 2003, and the final version of the questionnaire, containing 46 items and 4 factors, was developed by Jackson based on Bowen's theory. This self-report tool is used to measure the self-differentiation of individuals, with a primary focus on adults' important life relationships and ongoing connections with their primary family members. Skowron and Smith (2004) considered it a very useful scale for counselors and therapists, especially family therapists. Responses are measured on a 6-point Likert scale ranging from "not at all true for me" to "completely true for me," with scoring as follows. To obtain the score for each subscale, it is sufficient to sum the scores for all items related to that subscale. The overall self-differentiation score can be calculated by summing the scores of all 43 items. Research findings by Skowron and Smith (2003) showed high reliability and validity. The reliability of the revised form, using Cronbach's alpha, was 0.92 for the entire scale (Habibi Kordabad & Darbani, 2023; Homaei et al., 2023; Skowron & Dendy, 2004; Skowron et al., 2003).

2.2.2. Marital Intimacy

Marital Intimacy Questionnaire consists of 41 items and aims to assess various dimensions of marital intimacy, including emotional intimacy, psychological intimacy, rational intimacy, sexual intimacy, physical intimacy, spiritual intimacy, aesthetic intimacy, and social-recreational intimacy. The response scale for each item ranges from 1 to 10, so no additional score calculation is required for each option. The sum of the scores for each dimension (except for emotional intimacy) results in a score ranging from 5 to 50. For the emotional intimacy dimension, the score ranges from 6 to 60. Higher scores in any dimension indicate a greater need for that aspect of intimacy

from the respondent's spouse (Nezamalmolki, 2023; Parsakia et al., 2023).

2.3. Intervention

2.3.1. Paradoxical Couple Therapy

The paradoxical couple therapy sessions were based on the protocol of Besharat (2016) and were conducted over two months, consisting of 8 weekly sessions, each lasting 45 minutes (Basharat, 2016; Besharat, 2020).

Session 1: Introduction and Problem Identification

The session begins with a social phase of the interview, including welcoming the participants and gathering demographic information such as marital status, duration of marriage, number of children, employment status, and any specific familial or social concerns. In the problem phase, the therapist explores the reasons for referral, detailing the issues or disorders identified by the clients and any accompanying individuals. The treatment plan and therapeutic goals are outlined, and appropriate tasks are assigned to be completed between sessions, typically based on the minimal paradoxical time scheduling framework.

Session 2: Behavioral Analysis and Task Review

This session focuses on reviewing the implementation of the tasks assigned in the first session. Clients are encouraged to share any challenges or limitations they faced in completing the tasks, as well as their perceived outcomes. The therapist evaluates the degree of therapeutic change as estimated by the clients and decides whether to continue the previous tasks (potentially with reduced intensity or frequency per the principle of gradual task reduction) or to introduce new tasks targeting additional symptoms within the paradoxical time scheduling model.

Session 3: Behavioral Analysis and Introduction of the First Supplementary Technique

Building on the previous session, the therapist reviews the execution and outcomes of the tasks. The therapist assesses the estimated therapeutic progress and determines the need to continue the previous tasks (with possible adjustments in intensity or frequency). If necessary, the first supplementary technique is introduced, which aligns with the anxiety reduction principle in the PTC model. Clients are instructed not to actively attempt symptom reduction from their current levels.

Session 4: Behavioral Analysis and Introduction of the Second Supplementary Technique

This session continues the review of task implementation and outcomes from the client's perspective. The therapist evaluates therapeutic progress and decides whether to maintain previous tasks with further reductions in intensity or frequency. If required, the second supplementary technique is introduced. In this phase, clients are instructed to maintain their symptoms at their current levels, following the anxiety management principle in the PTC model.

Sessions 5 and 6: Behavioral Analysis and Closure of Therapy

In these sessions, the therapist reviews the execution and outcomes of prior tasks and estimates therapeutic progress. If treatment goals have been achieved, the therapist announces the conclusion of the therapy. If necessary, additional sessions may be conducted to fully achieve therapeutic objectives. The therapist continues to monitor progress and provide support during this transitional phase.

Follow-Up: Self-Therapy Plan

The follow-up session outlines a self-therapy plan for the clients to implement in the future. This plan, explained in detail during the final session, provides strategies for maintaining therapeutic gains and addressing potential challenges independently. The therapist ensures clients are equipped with the necessary tools to sustain progress post-treatment.

2.4. Data Analysis

In the descriptive data analysis, statistical indices for each research variable were calculated. For the inferential statistics, repeated measures analysis of variance (ANOVA) and SPSS-22 software were used.

3. Findings and Results

The mean (standard deviation) age of participants in the experimental group was 39.7 (9.4), while in the control group, it was 36.2 (7.9). The minimum and maximum ages in the experimental group were 30 and 48 years, respectively, and in the control group, they were 31 and 50 years. Table 1 presents descriptive findings of research variables.

Table 1*Central indices and dispersion of research variables' scores in the experimental and control groups*

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Self-Differentiation	Experimental	42.42	7.83	47.25	9.60	48.75	9.80
	Control	42.75	1.71	42.83	1.80	42.85	1.83
Marital Intimacy	Experimental	41.92	5.16	44.08	3.72	44.20	3.97
	Control	42.33	4.73	42.75	4.73	42.80	4.86

To assess the significance of differences in self-differentiation and marital intimacy scores between the experimental and control groups, repeated measures analysis of variance (ANOVA) was used. The Kolmogorov-Smirnov test results for the research variables confirmed the normality of the data. The Levene's test for homogeneity of variance in the experimental and control groups indicated that the variances of the research variables were equal across the pre-test, post-test, and follow-up stages. Additionally, the Mauchly's test of sphericity indicated that the covariance matrix between the groups was not homogeneous, meaning

that this assumption was not met, and therefore, the conservative Greenhouse-Geisser test was used.

The results of the multivariate repeated measures analysis of variance (ANOVA) for self-differentiation and marital intimacy variables showed that the effect between participants (group) was significant. This indicates that at least one of the groups differed from the others in at least one of the variables of self-differentiation and marital intimacy. The within-subjects effect (time) for the research variables was also significant, meaning that, over time, from pre-test to follow-up, at least one of the mean variables had changed.

Table 2*Repeated Measures ANOVA for comparing pre-test, post-test, and follow-up on self-differentiation and marital intimacy in the experimental and control groups*

Scale	Source	Sum of Squares	df	Mean Square	F	Significance	Eta Squared
Marital Intimacy	Time	119.46	13/1	92.71	148.15	0.001	0.84
	Time × Group	93.95	26/2	72.91	116.52	0.001	0.80
	Group	146.94	2	146.94	41.16	0.001	0.59
Self-Differentiation	Time	400.08	13/1	296.70	261.46	0.001	0.90
	Time × Group	277.06	26/2	205.46	181.07	0.001	0.86
	Group	260.10	2	260.10	4.93	0.035	0.35

The results in Table 2 indicate that the repeated measures analysis of variance for the within-subject factor (time) and the between-subject factor (group) was significant. This means that when considering the group effect, the time effect

was also significant on its own. Additionally, the interaction between group and time was significant. To compare the groups, the Bonferroni post-hoc test was also conducted.

Table 3*Results of the Bonferroni post-hoc test for comparing marital intimacy and self-differentiation*

Variable	Stage 1	Stage 2	Mean Difference	Significance
Marital Intimacy	Pre-test	Post-test	-2.16	0.025
		Follow-up	-2.28	0.018
	Post-test	Follow-up	-0.12	0.894
Self-Differentiation	Pre-test	Post-test	-4.83	0.001
		Follow-up	-6.33	0.001
	Post-test	Follow-up	-1.50	0.097

Based on the results in Table 3, comparison of the two groups showed that the scores for marital intimacy and self-

differentiation were significantly different between the experimental and control groups ($p < 0.05$). Marital intimacy

and self-differentiation in the experimental group were higher at post-test and follow-up compared to the pre-test ($p < 0.01$). However, there was no significant difference between the post-test and follow-up stages.

4. Discussion and Conclusion

The aim of this study was to investigate the effectiveness of paradoxical couple therapy on self-differentiation and marital intimacy in couples with marital conflict. Numerous studies have shown that communication training for couples reduces conflict and increases satisfaction. According to Jarvis and colleagues (2005), communication skills training teaches individuals how to initiate and maintain relationships, actively listen to their partner, express their thoughts and feelings with ease, understand the emotions of their partner, and constructively address issues (Vahidi et al., 2021). Research has shown a strong correlation between communication skills and conflict resolution in couples, marital adjustment, and divorce rates (Lawrence & Bradbury, 2007). Yalcin and Karahan (2017) argue that one of the best ways to strengthen marital relationships is through communication skills training, which helps couples resolve marital conflicts. They demonstrated that communication programs for couples are effective in improving marital adjustment (Langer et al., 2022; Peräkylä et al., 2023).

Couples, as the core of the family, are the focus of attention in many studies, and the health and vitality of the family—which is considered the fundamental unit of society—are rooted in the well-being of the couple. One of the most important characteristics of a balanced family is the ability to positively and constructively interact with the surrounding world, or generally, an optimistic outlook. In such cases, individuals and families focus on the positive, educational, and inspiring aspects of issues and phenomena while disregarding the negative aspects (Bradbury-Jones & Isham, 2020). The strength of a family depends on a stable and fundamental marriage and marital relationship. Any instability or weakening in marital satisfaction or the absence of a successful marriage not only disrupts the psychological well-being of the couple but also threatens the survival and stability of the family. Marriage is a multidimensional phenomenon. It is one of the most important decisions in an individual's life, and marital satisfaction is a key factor in determining life quality and mental health (Vedantam & Mesler, 2021). One of the key factors in marital communication is communication skills.

Studies have shown that communication patterns and communication frequency predict life satisfaction and quality of life (Besharat, 2020). People are born and die in relationships, and therefore, communication and interaction with others are fundamental needs. Human beings meet their various needs and develop through communication. As a result, human happiness and well-being are largely dependent on how they interact with others (Peräkylä et al., 2023).

The findings of this study showed that there is a significant difference between the scales of "self-differentiation," "communication beliefs," and "marital intimacy" in paradoxical couple therapy among couples with marital conflict. The impact of the "self-differentiation," "communication beliefs," and "marital intimacy" scales in paradoxical couple therapy for couples with marital conflict was estimated at 56%. In other words, 56% of the changes in the "self-differentiation," "communication beliefs," and "marital intimacy" scales in couples with marital conflict can be predicted based on the implementation of paradoxical couple therapy.

The findings of this study align with the prior results (Bakhtyari et al., 2021; Besharat, 2020; Tardast & Amanollahi, 2015) regarding paradoxical couple therapy and its impact on "self-differentiation," "communication beliefs," and "marital intimacy" in couples with marital conflict.

In conclusion, it can be stated that providing training based on paradoxical couple therapy has a significant effect on increasing "self-differentiation" and "marital intimacy" in couples with marital conflict. Therefore, family health planners can focus on the findings of this study and make necessary arrangements to improve the current situation.

5. Suggestions and Limitations

Based on the results of this study, it is recommended to offer useful and planned training programs based on paradoxical couple therapy aimed at enhancing "self-differentiation" in couples with marital conflict; to provide training based on paradoxical couple therapy to improve "communication beliefs" in couples with marital conflict; and to provide training based on paradoxical couple therapy to enhance "marital intimacy" in couples with marital conflict. Future researchers are encouraged to examine the following topics: comparing "self-differentiation," "communication beliefs," and "marital intimacy" in couples with marital conflict; comparing "self-differentiation,"

"communication beliefs," and "marital intimacy" in couples with over 20 years of marriage; comparing "self-differentiation," "communication beliefs," and "marital intimacy" in couples with marital conflict, with and without religious tendencies; and comparing "self-differentiation," "communication beliefs," and "marital intimacy" in housewives and working women.

Every study encounters limitations, challenges, and shortcomings in its execution and findings. In this research, the researcher faced the following limitations: the main difficulty in accessing couples with marital conflict was their reluctance to participate in the study. Additionally, the difficulty in selecting couples with marital conflict and the general disinterest of most of them in participating were significant limitations. Therefore, caution should be exercised when generalizing the findings. The researcher lacked precise knowledge about the mental and physical health status of the participants (couples with marital conflict), which was not accessible. The limited time for collecting background information was also a serious challenge for this research. Moreover, there was insufficient time to homogenize the participants. Thus, caution should be taken in generalizing the results. Lack of proper cooperation from some participants during the course of the study was another limitation. Some initially agreed to participate but later withdrew from the research.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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