

Effectiveness of Solution-Focused Couples Therapy on Psychological Well-being and Distress Tolerance among Couples

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ABSTRACT

Objective: The current study aimed to investigate the effectiveness of solution-focused couples therapy on psychological well-being and distress tolerance.

Methods: This was a quasi-experimental study using a pre-test and post-test design with a control group and a follow-up phase. The population consisted of all couples attending counseling centers in Tehran during the last two months of the year 2021. A sample of 30 couples was selected using convenience sampling and randomly assigned to an experimental group (15 couples) and a control group (15 couples). The research instruments included the Ryff Psychological Well-being Scale (1988) and the Simons and Gaher Distress Tolerance Scale (2005). The experimental group received eight sessions of McDonald's (2007) solution-focused training in a group setting, whereas the control group received no intervention. Data were analyzed using covariance analysis with SPSS software version 21.

Findings: The results showed that solution-focused couples therapy had a significant effect on the dimensions of psychological well-being ($F = 15.78, p = .001$) and distress tolerance ($F = 12.00, p = .001$); these effects were maintained during the follow-up phase ($p < .001$).

Conclusion: Given the results, therapists can employ solution-focused couples therapy to enhance psychological well-being and distress tolerance among couples, which significantly affects the stability and strength of families.

Keywords: Solution-focused couples therapy, psychological well-being, distress tolerance, couples.

1. Introduction

Families, by satisfying the physical and psychological needs of individuals, transform into positive environments. Positive and constructive families pay special

attention to fostering intimacy, managing conflict, enhancing satisfaction, and providing comfort and peace among members (Ramkissoon, 2020). Nowadays, families are formed based on specific principles and norms, and maintaining and enhancing familial relationships is highly

valued. For this reason, in recent years, extensive efforts have been made to examine the stability and quality of marital relationships using psychological concepts. Efforts to improve the psychological well-being and relationships of couples are valuable for increasing family stability and preventing harm and separation (Adejori et al., 2019). Additionally, the ability to experience and tolerate negative emotions is regarded as a crucial psychological concept that plays a significant role in enhancing family mental health (Ellis et al., 2018). Thus, the variables of psychological well-being and distress tolerance are among the most prominent manifestations of individual and interpersonal health in couples.

The construct of psychological well-being is a topic discussed in positive psychology (Diener et al., 2018). The World Health Organization defines health not only as the absence of disease but also as encompassing mental, physical, and social satisfaction (Pour Hosein Jafari et al., 2000). Psychological well-being implies positive mental health. Research has shown that psychological well-being is a multidimensional concept that emerges from the combination and emotional regulation, personality traits, identity, and life experiences. The concept of psychological well-being consists of six components: autonomy, personal growth, mastery over the environment, having a purpose in life, positive relations with others, and self-acceptance (Brim et al., 2004). Psychological well-being strives for perfection in realizing an individual's potential real abilities. Psychological quality of life, which is defined as individuals' perception of their life in the realm of emotional behaviors and psychological functions and dimensions of psychological well-being, consists of two parts. The first is a cognitive judgment of how individuals are progressing in their lives, and the second includes the level of pleasant experiences of the individual. In psychological well-being, an individual shows interest in activities and life events in a goal-oriented manner and engages effectively with them. Finding meaning in life's efforts and challenges falls under this component (Ryff, 1989). Personal growth means the actualization of an individual's talents and potential abilities over time, positive relations with others; means having quality and satisfying relationships with others. People with this trait are generally pleasant, altruistic, and capable of expressing affection to others. Moreover, such individuals strive to create warm and mutually trusting relationships with others. Mastery over the environment means an individual's ability to manage daily affairs optimally, thus an individual who feels in control of situations and conditions

can control, change, and improve various aspects of the environment and conditions as much as possible. Autonomy refers to the feeling of independence, self-sufficiency, and freedom from norms (Brim et al., 2004). An individual who can decide based on their own thoughts, feelings, and personal beliefs possesses the trait of autonomy. In fact, an individual's ability to resist social pressures relates to this component. The six constructs theoretically and practically explain the meaning of psychological well-being and elucidate how they can lead to physical and mental health. For example, Ryff and Singer demonstrated with multiple empirical evidences that psychological well-being, in addition to reducing stress, anxiety, and depression, also improves job performance and quality of clinical care (Ryff & Singer, 2014; Ryff & Singer, 2006).

Another important variable in relation to couples is distress tolerance, a psychological capability referred to as distress tolerance. Simons and Gaher (2005) defined distress tolerance as an individual's self-reported perceived ability to experience and tolerate negative emotional states or the behavioral ability to persist in goal-directed behavior during emotional distress experiences (Simons & Gaher, 2005). Additionally, from a physiological behavioral aspect, distress tolerance is defined as the ability to endure distressing physiological states (Kratovic et al., 2021; MacKillop & De Wit, 2013). Distress tolerance may affect or be affected by several self-regulation processes, including attention, cognitive evaluations of emotional or physical distressing states. For example, individual differences in the intensity and frequency of emotional experiences may influence the nature of distress tolerance. Individuals with lower levels of distress tolerance may be prone to maladaptive responses to distress and distress-inducing conditions. Conversely, individuals with higher levels of distress tolerance may be more capable of responding adaptively to distress and distress-inducing conditions (Van Eck et al., 2017). Distress tolerance, as a psychological construct, plays a significant role in the onset and maintenance of psychological pathology, as well as in prevention and treatment (Ellis et al., 2018). Therefore, identifying factors that affect distress tolerance appears to play a significant role in the mental health of couples.

One of the methods for improving the psychological traits of couples is solution-focused couple therapy (Seidabadi et al., 2021). This therapeutic approach is popular today due to its emphasis on rapid changes and respect for the client's viewpoint, both of which are compatible with the philosophy of health care (Cortes et al., 2016). Solution-focused therapy

is a non-pathological, future-oriented, and goal-focused approach that, instead of focusing on individual deficits and disabilities, emphasizes abilities, successes, and capabilities of individuals and the creation of supportive relationships (Roth, 2019). In the solution-focused approach, unlike many clinical approaches, clients focus on prominent, accessible, tangible, and measurable goals, and the therapy process based on this involves five specific stages: identifying the problem and goal, identifying and increasing exceptions, interventions or tasks designed to identify and increase exceptions, assessing the impact of interventions, and reassessing the problem and goal (Javid et al., 2019). Studies have also emphasized the effectiveness of couple therapy on psychological well-being, including researchers have shown that group counseling with a solution-focused approach improves the mental health of students (Javid et al., 2019). Additionally, Roozdar and colleagues (2020) found in another study that narrative couple therapy has an effect on improving psychological well-being (Roozdar et al., 2020). Najarpourian and colleagues (2021) also showed in another study that a positive approach has an effect on psychological well-being and improving marital adjustment in families (Najarpourian et al., 2021). Also, in terms of the effectiveness of couple therapy on distress tolerance, it has been shown that emotion-focused couple therapy is effective in enhancing distress tolerance (Gholipour et al., 2022). In another study, Hashemi Saraj, Tozandehjani, and Zendedel (2022) showed that couple therapy can improve distress tolerance in the treatment of patients with psychological disorders (Hashemi Saraj et al., 2022).

Based on the studies conducted, examining the effectiveness of solution-focused couple therapy on the two variables of psychological well-being and distress tolerance remains a research challenge. The increasing problems, dissatisfaction, and incompatibility of couples and the increasing divorce rate and its adverse consequences, and the increasing number of couples seeking counseling centers all indicate that families and couple relationships are at risk. The importance of focusing on the issue of couples and reducing their problems appears necessary. Also, marital disagreements and conflicts impose significant psychological and social pressures on the family. For this reason, recognizing and treating these couple issues in any society should be considered. In this context, the aim of the current research was to employ the approach to enhance the level of psychological well-being and distress tolerance. Therefore, the present research was conducted to determine

the impact of solution-focused couple therapy on psychological well-being and distress tolerance in couples.

2. Methods

2.1. Study design and Participant

The current study was conducted using a quasi-experimental design consisting of pre-tests and post-tests with a control group and a follow-up stage. The study population included all couples attending counseling centers in Tehran during the first six months of 2022. A total of 30 couples were selected through voluntary sampling based on eligibility criteria, which included willingness to participate in the study, no drug addiction, and no legal separation or divorce. These couples were randomly assigned to an experimental group (15 couples) and a control group (15 couples). In this study, solution-focused couple therapy was employed as the independent variable, and psychological well-being and distress tolerance were evaluated as dependent variables using statistical tests.

After coordinating with psychological and counseling centers in areas one and two of Tehran for referral of couples, 40 visiting couples were selected conveniently, and 30 couples who met the entry criteria were chosen as the sample and randomly assigned to the experimental and control groups. Both groups were assessed on psychological well-being and distress tolerance in the pre-test. Subsequently, the experimental group received eight sessions of solution-focused couple therapy in a group setting, while the control group did not receive any intervention. Post-tests were conducted on both groups for psychological well-being and distress tolerance. Ethical considerations such as confidentiality, informed consent, and voluntary participation were addressed.

2.2. Measures

2.2.1. Psychological Well-being

Developed by Ryff in 1998, this instrument consists of 84 items rated on a five-point Likert scale from "strongly disagree" to "strongly agree." The tool includes six subscales: self-acceptance, positive relations with others, autonomy, mastery over the environment, purpose in life, and personal growth. The Cronbach's alpha reliability coefficients for these subscales are: self-acceptance .93, positive relations with others .91, autonomy .86, mastery over the environment .90, purpose in life .90, and personal growth .87 (Ryff, 1989). The retest reliability was reported

as .82 by Assarzadegan & Raeisi. The internal consistency of the subscales ranged from .43 to .60 (Afzali et al., 2022). In the study by Liet al. (2019), the validity of this questionnaire was accepted. In the present study, the overall Cronbach's alpha for psychological well-being was .87 (Lee et al., 2019).

2.2.2. Distress Tolerance

This self-report index of emotional distress tolerance was created by Simons and Gaher in 2005. The scale includes 15 items scored on a five-point Likert scale from 1 ("strongly disagree") to 5 ("strongly agree"), with possible scores ranging from 15 to 75; higher scores indicate greater distress tolerance (Simons & Gaher, 2005). In the study by Simons et al. (2018), a Cronbach's alpha of .92 was reported (Simons et al., 2018). In the study by Mahmoudpour, Dehghanpour, & Vazifedan (2021), a Cronbach's alpha of .71 was reported. Moreover, both convergent and divergent validity were accepted (Mahmoudpour et al., 2021). In the study by Rojas (2017), the validity of this questionnaire was reported as accepted. The Cronbach's alpha in the current study was .87 (Rojas, 2017).

2.3. Intervention

2.3.1. Solution-Focused Couple Therapy

This program was conducted as a group activity using the educational package from McDonald (2007) and proceeded as follows (Salimi & Sodani, 2023):

Session One: Introduction of the therapist and establishment of rapport and confidentiality with the participants, who were then asked to write down their goals for the next session.

Session Two: Identification of problems and their frequency, duration, and management, followed by the identification of strengths and exceptions in marital relationships.

Session Three: Use of the "miracle question" to help eliminate disruptive behavioral patterns.

Session Four: Continuation of previous discussions and the use of scaling questions to develop solutions and goals.

Session Five: Highlighting and reinforcing problem exceptions and exploring participants' capabilities and potential for problem-solving.

Session Six: Assistance in identifying alternative ways of thinking, feeling, and behaving, and training in giving praise instead of criticism.

Session Seven: Visualization of a preferred future and identification of tangible, desirable changes using pretend tasks and predictive task design.

Session Eight: Review of previous sessions, tasks, and techniques taught, concluding with a summary and final conclusions from the educational sessions.

2.4. Data Analysis

Data were analyzed using descriptive statistics such as mean and standard deviation, and inferential statistics such as analysis of covariance, with SPSS software version 29.

3. Findings and Results

The average age of male and female participants in the study was 37 and 33 years, respectively, with standard deviations of 6.53 and 5.41. The educational background of participants included 10 individuals with below-diploma levels, 16 with a high school diploma, 12 with an associate degree, 16 with a bachelor's degree, and 6 with a master's degree.

Table 1

Mean and Standard Deviation of Research Variables for Experimental and Control Groups at Three Stages

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Psychological Well-being	Experimental	110.60	15.10	129.80	14.90	127.80	15.30
	Control	109.30	15.80	110.10	15.90	110.00	17.50
Distress Tolerance	Experimental	45.30	5.99	54.73	6.07	55.00	6.12
	Control	45.37	4.17	46.77	4.93	46.46	4.87

Table 1 indicates improvement in psychological well-being and distress tolerance scores for the experimental group compared to the control group at the post-test stage.

The Kolmogorov-Smirnov test indicated that the distribution of scores was normal, and Levene's test showed homogeneity of variances in the research variables (psychological well-being and distress tolerance) ($p < .05$).

The Mauchly's W test for the variables of psychological well-being and distress tolerance was significant at the .05 level, indicating that variances among the levels of the dependent variable were significantly different; thus, the

sphericity assumption was not met. Under these conditions, the Greenhouse-Geisser correction was used; hence, within-subject effects tests for psychological well-being and distress tolerance employed this statistic.

Table 2

Mixed ANOVA with Repeated Measures at Three Stages

Source of Variation	Component	Sum of Squares	df	Mean Square	F Ratio	Significance	Effect Size
Psychological Well-being	Intervention stages	116.81	1.40	83.44	44.5	.001	.60
	Stages $\times$ Group	89.60	1.40	64.00	23	.001	.43
	Group	145.34	1	145.34	15.78	.001	.45
Distress Tolerance	Intervention stages	1078.48	1.35	798.87	12.9	.001	.30
	Stages $\times$ Group	1083.70	1.35	802.74	13.8	.001	.31
	Group	1026.55	1	1026.55	12.00	.001	.31

Results from Table 2 indicate that the interaction between the experimental group and the intervention stages was significant across the three measurement stages for

psychological well-being ($F = 15.78$, $p = .001$) with an effect size of .45, and for distress tolerance ($F = 12.00$, $p = .001$) with an effect size of .31.

Table 3

Bonferroni Post Hoc Test Results at Three Stages

Comparison	Mean Difference	Standard Error	Significance Level
Pre-test to Post-test (Psychological Well-being)	27.13	1.01	.001
Pre-test to Follow-up (Psychological Well-being)	2.80	1.10	.001
Post-test to Follow-up (Psychological Well-being)	0.03	0.41	.97
Pre-test to Post-test (Distress Tolerance)	7.13	0.93	.001
Pre-test to Follow-up (Distress Tolerance)	1.90	0.74	.003
Post-test to Follow-up (Distress Tolerance)	0.25	0.18	.92

Table 3 shows that the mean difference in scores for psychological well-being and distress tolerance was significant between the pre-test and post-test, and between the pre-test and follow-up stages ($p = .001$); however, the difference between the post-test and follow-up stages was not significant for any of the research variables, indicating that the effects of the intervention were sustained through the follow-up stage.

4. Discussion and Conclusion

The aim of this research was to investigate the effectiveness of solution-focused couples therapy on psychological well-being and distress tolerance among couples. The findings indicate that solution-focused couples therapy significantly enhances psychological well-being. These results are consistent with the prior findings (Hashemi Saraj et al., 2022; Javid et al., 2019; Najarpourian et al., 2021; Roozdar et al., 2020). Javid, Ahmadi Mirzaei, and Attaei (2019) found that group counseling using a solution-focused approach improves the mental health of students

(Javid et al., 2019). Najarpourian et al. (2021) demonstrated that a positive psychological approach has a significant effect on psychological well-being and marital adjustment in families (Najarpourian et al., 2021). Additionally, Roozdar et al. (2020) found that narrative couples therapy has a beneficial impact on psychological well-being (Roozdar et al., 2020). Explaining these results and those from similar studies, it can be said that in solution-focused couples therapy, clients are asked to engage in various activities that help enhance aspects of psychological well-being. In this approach, couples become familiar with the problem-solving process, from defining the problem to presenting and implementing solutions, and they are encouraged to draw a positive and constructive outlook for the future by recalling past successes and strengths. This instills hope in clients because the focus is on strengths rather than deficiencies and weaknesses, helping clients maintain a sense of autonomy while using their personal resources and abilities to overcome problems and feel capable of change (Cortes et al., 2016).

A solution-focused therapist, whose focus is on clients' personal resources and fostering hope, essentially helps individuals accept themselves as capable beings. This approach empowers clients to explore their resources so they can initiate change within themselves (Ayar & Sabanciogullari, 2021; Hashemi Saraj et al., 2022). In couple therapy sessions, each partner realizes that they are the source of change in their current situation, and each must start with changes in their own thoughts, emotions, and behaviors rather than waiting for their partner to take corrective actions. This is fundamentally the first step towards improving positive relationships between couples. Another method used in solution-focused therapy is the "exception question," which asks clients to recall times when they did not have a problem or when it was minimal and they were pleased with their relationship. Highlighting these problem-free moments allows spouses to dynamically think about those situations and understand how their behaviors at those times helped maintain peace, motivating them to behave similarly now, fostering hope that they can resolve current issues. This question gives partners a chance to shape their perception of control over their environment based on past successes, thereby enhancing their current and future lives and fostering personal growth (Seidabadi et al., 2021).

The study also found that solution-focused couples therapy significantly improves distress tolerance, aligning with prior findings (Ayar & Sabanciogullari, 2021; Gholipour et al., 2022; Hashemi Saraj et al., 2022). Gholipour, Akbari, and Shariatnia (2022) demonstrated that emotion-focused couples therapy effectively enhances distress tolerance (Gholipour et al., 2022). Another study by Hashemi, Tozandeh, and Zendehtdel (2022) showed that couples therapy can improve distress tolerance in patients with psychological disorders. This approach emphasizes identifying solutions rather than focusing on the causes of problems and helps clients recognize and strengthen the exceptions and moments when they cope better with life's challenges (Hashemi Saraj et al., 2022). This realization that life's disturbances are not constant allows individuals to recognize their ability to appropriately deal with events and their consequences, facilitating significant cognitive changes that can prompt further positive changes and, consequently, an increase in distress tolerance (Ayar & Sabanciogullari, 2021).

5. Suggestions and Limitations

Limitations of this research include the use of a convenience sampling method. Additionally, the study population was limited to couples visiting counseling centers in Ahvaz, so caution should be exercised in generalizing the findings to other populations or groups. It is recommended that future research be conducted in other communities and cities to compare similarities and differences in results. Based on the findings of this study, it is suggested that organizations, family counseling centers, and public and private educational institutions employ this solution-focused couples therapy approach to enhance the psychological well-being and distress tolerance of couples attending counseling centers.

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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