



The Effectiveness of Narrative Therapy on Reducing Marital Conflict

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ABSTRACT

Purpose: Adjustment is regarded as a basic psychological need which is being mostly studied in clinical and social psychology. The present research aims at studying the effectiveness of narrative therapy on reducing marital adjustment and its scopes on married teachers of Jooyam Department of Education.

Methodology: This is a semi-experimental study conducted on 80 women who were selected by purposive sampling and then they were randomly assigned to experimental and control groups. First, both groups' level of couples' marital adjustment was assessed by the marital adjustment questionnaire of Graham Spanier in pre-test stage. After the intervention, the experimental group was provided by 8 treatment sessions and after that both groups were given the questionnaire again (post-test). The research data were analyzed by descriptive statistics and covariance analysis.

Findings: The research results showed that narrative therapy has reduced marital conflict and its components (marital satisfaction, marital solidarity, mutual agreement and affection expression) in the experimental group and that there were significant differences between the control and experimental groups.

Conclusion: Regarding the present research findings, the study on the effect of narrative therapy on reduction of marital conflicts can provide worthy implications for mental health of couples. The research results and implications will be discussed in the present article.

Keywords: Narrative therapy, Marital adjustment, Scopes of adjustment.

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INTRODUCTION

Family is regarded as the key institution of any society. It is one of the groups that can meet human mental, emotional and financial needs. It is the most valuable and effective institution among other social institutions and is considered as the most pervasive and comprehensive social unit and the normality or abnormality of any society depends on the general conditions of families because all social problems are influenced by family (Navabi Nezhad, 2007). Nowadays, the main reasons for marriage and the mutual expectations of couples have been changed considerably. The main reasons for marriage are need to love and affection and satisfying emotional-mental needs. On the other hand, marriage leads to the emergence of cooperation, compassion, interest, kindness, tolerance and responsibility towards the family (Butt, 2005). Marital adjustment can be defined as a process in which there are different implications such as difficulty in understanding gender differences, personal and interpersonal anxiety, marital satisfaction, etc. (Spanier, 1976). Marital adjustment is a situation in which couples often feel happiness and satisfaction. This can be regarded as the base of family's good performance and it is the most important predictive factor for the mental health of married people (Erfanmanesh, 2009). Marital adjustment can be achieved by mutual love, care for one another, acceptance, understanding and satisfying the needs of each other (Sinhala & Mukherjee, 1991). Conversely, marital conflicts and divorce increases the risk of depression, suicide and physical illnesses in adults. Also more than others, their children are prone to anxiety and behavioral and health problems (German & Frankel, 2000). The

most important issue in any marriage is marital adjustment. The couples' adjustment is a successful implication which not only affects the couples' level of satisfaction and happiness, but also reduces marital conflicts. Marital adjustment means that couples are ready to change themselves in some aspects and to ignore some of their needs in order to meet the needs of their spouse. This is because it is normal for couples to have some differences and such differences are followed by special moral and behavioral characteristics which are exactly the opposite of the other party desires. In marriage, couples should attempt to recognize characteristics, desires and the level of sensitivity of each other and be aware not to do anything to stimulate the sensitivity of their partner (Ebrahimi Piseh, 2010).

As Harvey (2005) suggests, 10 % of couples will get divorce within 5 years after their marriage and 20% of them get divorce within 10 years after their marriage. Divorce is regarded as the most reliable index of marital conflict and has recently become epidemic in western societies and even in our society. However, the high rate of divorce only shows one aspect of the total population of couples who have communication problems. Other couples often have serious communicative problems which affect their adjustment as well as their process of life. But they decide to continue to live with each other for reasons such as financial problems of divorce and cultural individual ideas toward divorce. Generally, statistics obtained in recent decades since 1980 have reported that the probability of finding happiness in marriage and its permanence is desperately low (Gordon & Durana, 2011). Many couples who seek for mutual treatment considerably lack the main communication skills (Johnson, 2005) and as Harvey (2005) states, nothing can improve couples' relationships and interactions than creating and maintaining intimacy.

Among the issues that marriage counselors are facing with, are problems related to adjustment in couples' relationships and helping them improve and reduce their conflicts. Creating and maintaining intimate relationships and satisfying the couples' emotional and mental needs is considered as an art, which in addition to mental health on primary healthy experiences, it requires having or obtaining logical attitudes, communicative skills, life skills and doing one's duties, all of which require training and practice. Human beings have long been faced with numerous questions regarding the importance of marital adjustment in health of family members, their balance and the significance of successful happy marriage which is the origin of marital adjustment and mental balance. As an example, which factors affect marital adjustment? What are the advantages of marriage for couples irrespective of observance of a religious duty, correct and permissible satisfaction of sexual instincts and liberation of loneliness? How they can avoid conflicts and so on. Many studies have been done to answer such questions. They contain many numerous findings that reveal variables, criterion and factors that affect marriage and marital adjustment (Karimi, 1998).

Various approaches exist in couple therapy each of which consider different aspects of treatment. Couple therapists have long been involved with the reliability, validity and efficiency of such approaches. One of these approaches is narrative therapy which is introduced by White & Epston (1990) which emphasizes on externalizing the couples' problems and proximity of couples' narratives. Literally, narrative means expression of events in terms of story. In most dictionaries, this word is being interpreted as story. However, as unreal events are often proposed in stories, it is better to use the word "narrative". In other words, in narratives we encounter realities which different people convey with their own style. Kelly (2000) believes that narrative is a structure we use in order to achieve meanings of different things. White (1990) has proposed a more comprehensive definition. He suggests that narratives are people's statements about their experiences in their lives and that such statements are the outcomes of their interpretations; the interpretations by which they assign meaning to their life experiences. Such interpretations make them sensitive about themselves.

Narrative therapy deals with individual life stories concerning couples' relationships (Josselson, Lieblich & Mc Adams, 2007). Creating stories for important events of couples' relationships causes successful integration of intimacy issue within a positive emotional framework and finally, it is associated with couples' communicative and psychological welfare (Frost, 2012). Narrative therapy is regarded as one of the effective methods in the field of couples' treatment and it is used as a new approach towards the classic psychotherapy (Amundson, 2001). Nowadays, social psychologists use narrative methods (stating one's life story and replacing stories with positive expressions) to test hypotheses related to the dynamics of close and intimate relationships in couples' relationships. Hereby, they improve family performances and their intimacy (Mouri & Holms, as stated in Skerret, 2010). In this approach, the bases of treatment are interpretations or meanings which people attribute to their life events. Understanding of interpretations which people have concerning their life events can limit or develop their possible proceedings. The narratives of therapists help referees to achieve wider unique interpretations about themselves, people and situations. These narratives cause changes in narrative therapy approach as an effective approach towards interpersonal relationships (Plngurn, 2004). Based on the narrative therapy viewpoint, as much as the environment shapes us, we also shape the environment. Human creates a world by narration. Often, people do not understand their active roles. Because of this, we often hear that: "This problem always

happens to me" (White, 1990; as stated in Naziri, Ghaderi & Zare, 2009). This approach will help members to create new stories for their lives. The present approach believes that the process of making new stories creates a personal necessity in members which enables them to better deal with their problems and conflicts in future (Gladding, 2013) and to achieve more intimacy in their relationships.

Narrative therapy sees people as the original specialists of their own lives and regards problems apart from people. This approach imagines that people already have many skills, abilities, beliefs and values all of which help them to reduce their problems. The most important concept of narrative therapy is that problem is problem and individuals or families are not problems. Narrative is a form of conversation which relates events over time, and let people to talk about their life story without being criticized even if it was wrong, and express his/her their emotional aspects. These conversations include externalization of their problems, achieving outcomes, highlighting new plans and relating them to past events (Fiese & Grotevant, 2001).

Marital adjustment can fully affect quality of life and recent studies have emphasized on the effect of this issue on different clinical results, such as mental health, physical health and even people's longevity (Abbasi, Begian Koolesmarz & Dargahi, 2015). This research revealed that by using principles of behavioral treatment, e.g. behavior exchanges, reinforcement of positive behavior, punishing couples' bad behaviors, modification of bad behavior and preventing formation of undesirable interactions and conflicts, therapists can improve marital adjustment in couples. Teaching life skills reduce marital conflicts (Shooraki, Amini & Rahmani, 2015). Shooraki, et al showed that therapists can reduce couples' conflict on the verge of divorce by teaching life skills to them and eliminating their restrictions and barriers. In another research, Khodabakhsh et al (2014) studied the efficacy of narrative therapy approach on the couples' intimacy and its scopes. They realized that stories are formed via assigning meaning to life events and selecting special events and taking them into consideration. These stories can be rewritten and hereby improve people's lives. In fact, narrative therapy helps patients to replace the preferred story with the problematic story. It can be expected that narrative therapy can have an essential role in reducing the couples' communicative and intimacy problems by looking at the couples' problems from the context in which they are located as well as by considering their social and cultural roles that affect their problems. Narrative therapy deals with formation of therapeutic alliance with the patient in order to achieve and improve their abilities concerning their relationships with themselves and others. This approach can help couples to improve their quality of interpersonal relationships and therefore, reduces interpersonal problems and increases couples' intimacy.

In addition, Ghavami et al (2014) analyzed the efficacy of narrative therapy on reduction of anxiety and self-esteem. They concluded that the purpose of narrative therapy is to make patients be aware of inefficient beliefs and changing them in a proper way, externalizing and weakening problems, creating an external look towards a problem from different perspectives and finally, creation of a different interpretation and writing a new story for the life narratives. Thus, people can achieve a new look towards realities by narrative therapy in order to reduce their unhealthy thoughts and attitudes towards themselves and the environment. Consequently, they can have more effective interpersonal relationships, increase their group and social interactions and develop interpersonal experiences in these groups and reduce negative factors like fear, anxiety, etc. Honarparvaran (2014) studied the efficacy of Acceptance and Commitment Therapy (ACT) on forgiveness and adjustment of

females who were affected by their husbands' infidelity. She focused on discovering values of each couple by concentrating on what is really important and how a person creates a meaningful life for their marital life by using personal values. She highlighted couples' life experiences to help them discover ways of effective living. These women learnt that the meaning of life satisfaction is not reaching to whatever we want. Rather, it means that we should be satisfied with our experiences, accept them and encounter negative emotional situations.

Vromans & Schweitzer (2011) assessed the effect of narrative therapy on people's anxiety and interpersonal relationships. They selected 47 adults and provided them with 8 treatment sessions. They showed 74% improvement in depression symptoms, 61% improvement in their performance and 53% clinical improvement. After treatment, they showed lower level of interpersonal improvement than depression symptoms improvement ($d=0.62$). Three months follow-up showed that these symptoms have remained the same. However, the interpersonal improvements have been changed. Metoos et al (2009) selected 10 people and divided them into two groups and provided them with narrative therapy sessions. One of the groups showed higher efficient outcomes than the other one. In both groups the therapeutic alliance was seen to varying degrees. The group which had higher efficiency could increase and maintain their new experiences. In the middle of their treatments they showed positive changes and they maintained their therapeutic alliance. However, the other group had less efficacy and most of them were absent in the fourth session.

Yancey (2007) analyzed the couples' marital adjustment and flexibility and showed the relationship between three variables of adaptable personality, rewarding experiences and social protection (that were effective in making flexibility) with marital adjustment. The research samples were 142 couples who were in the first stages of family life and they have passed 2-6 years of their marriage. Results showed that there were positive correlations between marital adjustment and personality variables and that there were positive meaningful relationships between personality characteristics, flexibility and marital adjustment. Etkins (2005) compared two educational programs in order to improve marital adjustment and communicative patterns in 131 couples. Their educational programs included teaching the traditional behavioral skills and teaching by emphasis on cognitive structures. They used Dyadic Adjustment Scale (DAS) and the communicative patterns questionnaire (CPQ) of Kristen and Salavi. Their findings indicated that both teaching methods could improve components of communicative patterns. However, teaching by emphasis on cognitive and emotional structures had more effect on couples' communicative patterns.

Totally, it can be said that identification of effective factors on improvement of marital relationships and their management is regarded as one of the considerable methods in solving couples' problems and achieving marital satisfaction. Therefore, identification of these factors not only help the couple therapist to diagnose their problems, but also help couples to create, improve or modify these factors and to achieve marital adjustment, satisfaction and intimacy. In addition, the importance of conducting such investigation is that there are increased rate of divorce annually. Also, the undesirable effect of communicative problems on couples' lives and their children, the necessity to find effective ways to reduce implications and to improve the improper relationships between couples, seeking new fields of study concerning marital conflicts and problems to be used by family therapists and scholars, are among factors that show the significance of such study. Also, it is predicted that the efficacy of this approach and raise awareness of the families of the patients and family planners also reveal the necessity to run this investigation. Thus, the

purpose of the present article is to answer the following questions:

1. Whether the narrative therapy approach significantly reduces marital conflicts and its scopes?
2. Whether the efficacy of narrative therapy is constant on reduction of marital conflicts and its scopes over time?

METHODOLOGY

The present study is experimental and uses pre-test, post-test and follow-up stages in the experimental and control group.

The research populations are 80 married women who were teachers in Department of Education of Jooyam district. They participated in the project in the spring 2016. The authors first referred to Department of Education of Jooyam district and talked about their project with relevant authorities and received their approval. Then, they did the necessary arrangements with the intended girls' school. Over time, the researchers met the sample members and talked to them about the research purposes and the way of answering to the questionnaire and invited them to cooperate in the project. The researchers conducted a purposive sampling: they randomly selected 5 schools out of 8 girls' schools. Then, all married teachers of those schools were given DAS marital adjustment questionnaire in pre-test stage. Afterwards, 30 people were randomly selected out of those who had low scores. Then, those who scored lower than 38, had at least the associate degree, aged 20-40 and were inclined to participate in the project were selected and were randomly assigned to the experimental and control groups. The experimental group participated in 8 sessions of narrative therapy (each session lasted 90 minutes). After these sessions, both groups were given DAS questionnaire (post-test stage) and researchers compared their marital adjustment in post-test and pre-test. They also compared the lasting effects of treatment within 2 months (follow-up stage). The independent variable of the present study was narrative therapy and the dependent variable was marital adjustment. For data analysis descriptive statistics (mean and standard deviation) and inferential statistics (analysis of variance and ANOVA one way) were used. To respect the research ethics, patrons were told that in addition to the usefulness of this intervention for them, these sessions are part of an investigation. Also, they were told that items that are discussed in sessions will not be shared with anyone else without their consent and they will remain anonymous. Because many teachers had low scores, it was not possible to select all of them. So, a group session was held to teach marital skills to these women. For further assistance, the free counseling center of socio-cultural department of Shiraz Municipality was introduced to them. After the experimental group spent the sessions and the follow-up stage, the control group also was provided by similar sessions. The independent variable was group training based on narrative therapy approach and the dependent variable was marital adjustment and its scopes namely marital satisfaction, marital solidarity, mutual agreement and affection expression. There were 8 treatment sessions (2 times a week, each lasted 90 minutes) for the experimental group. The content of these sessions was based on the narrative therapy theory and the existing texts were designed and implemented as follows. Then, both groups were given the post-test.

The first session:

- a- The introduction of the therapist and the client and getting to know each other,
- b- Assigning the treatment purposes,
- c- Creating a sense of commitment in the patients towards treatment,
- d- Assigning the clients' expectations towards treatment and the way it is handled,

- e- Creating hope and positive attitude in the patient towards treatment by presenting positive samples that have been treated previously.

The second session:

- a) A review of the previous session,
- b) Summarization (retelling the clients' sayings) at the beginning and end of the next sessions,
- c) Asking the patient to explain his life events in form of a story,
- d) Helping the patient to divide her life events into different chapters and naming them,
- e) Asking her to write her life story and present it to the therapist for the next session.
- f) Summarization.

The third session:

- a- A review of the previous sessions,
- b- Summarization,
- c- A review of the written story which is set out by the therapist,
- d- Discovering and analyzing significant and affective memories,
- e- Analyzing the sample's grief
- f- Discovering and analyzing the excitements associated with these memories
- g- Discovering and analyzing the patient's feelings towards the people in those memories.
- h- Summarization.

The fourth session:

- a- A review of the previous sessions,
- b- Summarization,
- c- Discovering big problems by the clients and splitting the history of the problem which has shaped the lives of family members.
- d- Naming the problem by asking help of the clients themselves,
- e- Exteriorizing the problem and attempting to deconstruct by using unique results.
- f- Exceptional questions and metaphors.
- g- Permanent use of exteriorization and metaphors during the therapy sessions.
- h- Summarization.

The fifth session:

- a- A review of the previous sessions,
- b- Summarization,
- c- Asking the client to define a new story for his life.
- d- Asking the client to write this story and deliver it to the therapist to use it in the next sessions,
- e- Summarization.

The sixth session:

- a- A review of the previous sessions,
- b- Summarization,
- c- Continue to analyze the new story
- d- Using external witnesses such as wife, children and other important people in the patient's life to overcome dogmatism when the therapist thought it was necessary,
- e- Helping the client to set out a new story based on reality,
- f- Deconstruction and challenging the dominant negative narratives,
- g- Using unique results to improve and create new motivations to present positive and different ideas,
- h- Summarization.

The seventh session:

- a- A review of the previous sessions,
- b- Summarization and using external witnesses if necessary,
- c- Reminding the new story,

- d- Analyzing the story by the help of the client in new situations and analyzing the environmental feedbacks,

- e- Analyzing the patient's capabilities in the new situations which occur based on the new story,

- f- Analyzing the changes which occur in the patient's life based on the new story and stating its positive effects by the help of the patient,

- g- Summarization.

The eighth session:

- a- A review of previous sessions,

- b- Summarization,

- c- Ensuring that the new story is rich enough to support the client and his/her future,

- d- We can manage to have a happy atmosphere in the last session,

- e- The envelope written by therapist is given to the patient. This envelope contains important points of the therapy sessions and new changes have been included in it.

- f- Running a test and determine the date of the follow-up session.

.During the research on the experimental group, their wives were also called to attend the sessions in order to improve the process of therapy. The present research used the following tool to collect data:

DAS marital adjustment questionnaire: This questionnaire includes 32 questions to evaluate the quality of couples' marital relationships. This tool can be used to assess overall satisfaction in an intimate relationship. Factor analysis shows that this scale assesses 4 scopes: mutual satisfaction (the level of satisfaction of various aspects of one's relationship), mutual solidarity (the level of participation in joint activities), mutual agreement (the level of mutual agreement in a marital relationship issues such as finances, child upbringing, etc.) and affection expression (Sanaei, 2000). Spanier (1976) has estimated that the validity of this scale in the total scores is 96%. This shows that this scale has a significant sign of internal consistency. The internal consistency estimates that validity of subscales also range from good to excellent: 94% for marital adjustment, 81% for marital solidarity, 90% for mutual agreement and 73% for affection expression. In addition, Spanier (ibid.) reported that the content and construct validity of this scale is desirable. In order to determine the reliability of the questionnaire, Haj Abol Zadeh (2002) run this questionnaire on 15 couples with an interval of one week. The correlation coefficient between scores of males and females (after 2 times adoption of the questionnaire) was totally 81%. Also, as to the subscales, the correlation coefficient was 68% for marital satisfaction, 81% for marital solidarity, 77% for marital agreement and 78% for affection expression. Scoring in this questionnaire is in a way that each item receives a score 1 to 5 based on its instruction. The higher the score of a person is, the better is the couples' adjustment.

FINDINGS

Descriptive findings

Table (1) the statistical indices of marital adjustment and its components in the control and experimental groups in pre-test, post-test and follow-up

Variables	Test	Experimental group			Control group		
		Mean	Standard deviation	Number	Mean	Standard deviation	Number
Marital adjustment	Pre-test	46/87	14/22	15	39/00	8/16	15
	Post-test	78/93	19/74	15	38/21	6/41	15
	Follow-up	71/50	22/10	15	31/93	6/08	15
Mutual satisfaction	Pre-test	25/20	4/41	15	19/60	4/21	15
	Post-test	29/07	7/37	15	19/40	3/81	15
	Follow-up	26/79	8/16	15	16/33	3/87	15
Mutual solidarity	Pre-test	7/40	2/64	15	6/07	1/75	15
	Post-test	13/33	3/85	15	5/67	1/54	15
	Follow-up	11/73	4/20	15	4/73	0/70	15
Mutual agreement	Pre-test	11/27	7/63	15	10/07	2/66	15
	Post-test	29/27	11/70	15	10/20	2/68	15
	Follow-up	27/53	11/08	15	8/13	1/85	15
Affection expression	Pre-test	3/00	1/73	15	3/27	1/75	15
	Post-test	7/27	1/75	15	3/21	1/42	15
	Follow-up	6/40	1/88	15	2/73	1/44	15

In assessing MANOVA, as the linear combination of variables in the regression equation is being analyzed, it suffices to include differences between variables (difference between post-test and pre-test or Follow-up and post-test) and adding the third variable (difference between follow-up and post-test) does not create and meaningful differences. **As can be seen in table (1), the mean of marital adjustment and its components is increased in post-test for the experimental group. However, such difference is not significant in the control group.**

INFERENCE FINDINGS

Before conducting the covariance analysis, the authors managed to exclude any interaction between the independent variable (group), covariate variable (pre-test) and dependent variable (post-test). These results are presented in Table (2).

Variables	Sources of changes	Sum of squares	Degree of freedom	Mean of squares	Test statistic	p
Marital adjustment	The interaction effect of pre-test and group	19/10	1	19/10	0/13	0/726
Mutual satisfaction	The interaction effect of pre-test and group	62/09	1	62/09	2/06	0/163
Mutual solidarity	The interaction effect of pre-test and group	0/21	1	0/21	0/04	0/846
Mutual agreement	The interaction effect of pre-test and group	15/36	1	15/36	0/34	0/566
Affection expression	The interaction effect of pre-test and group	2/23	1	2/23	1/33	0/26

As it can be seen in Table (2), there are not any significant relationships for all the research variables ($p > 0/01$) and this

condition is established for covariance analysis that the slopes of the regression lines should be paralleled. Therefore, we use covariance analysis test to analyze the effectiveness of narrative therapy based teaching on marital adjustment and its components on married woman.

As it can be seen in Table (3), none of the variables show a significant relationship in their interaction test between group and pre-test with post-test of marital adjustment and its components in the follow-up stage ($p > 0.01$) and this condition is established for covariance analysis that the slopes of the regression lines should be paralleled. Therefore, we use covariance analysis test to analyze the effectiveness of narrative therapy based teaching on marital adjustment and its components on married woman.

Table (3) the interaction test between group and pre-test with post-test of marital adjustment and its components in the follow-up stage

variables	Sources of changes	Sum of squares	Degree of freedom	Mean of squares	Test statistic	p
Marital adjustment	The interaction effect of pre-test and group	32/43	1	32/43	0/13	0/722
Mutual satisfaction	The interaction effect of pre-test and group	50/71	1	50/71	1/43	0/243
Mutual solidarity	The interaction effect of pre-test and group	0/01	1	0/01	0/00	0/982
Mutual agreement	The interaction effect of pre-test and group	0/81	1	0/81	0/01	0/908
Affection expression	The interaction effect of pre-test and group	0/72	1	0/72	0/26	0/613

The first research question: Does narrative therapy has any significant relationships on marital adjustment and its components?

In order to answer this question, covariance analysis was used. These results are presented in Table (4).

Table (4) results of covariance analysis of narrative therapy on marital adjustment and its components in post-test

Component s	Sources of changes	Sum of squares	Degree of freedom	Mean of squares	Test statistic	p	Eta
Marital adjustment	The effect of pre-test	2157/32	1	2157/32	14/63	0/001	0/36
	The effect of independent variable	7779/97	1	7779/97	52/76	0/000	0/67
Mutual satisfaction	The effect of pre-test	119/42	1	119/42	3/82	0/061	0/12
	The effect of independent variable	251/82	1	251/82	8/05	0/009	0/23
Mutual solidarity	The effect of pre-test	97/96	1	97/96	18/54	0/00	0/41
	The effect of independent variable	294/20	1	294/20	55/66	0/000	0/67
Mutual agreement	The effect of pre-test	818/24	1	818/24	18/46	0/000	0/41
	The effect of independent variable	2383/29	1	2383/29	53/75	0/000	0/67
Affection expression	The effect of pre-test	25/17	1	25/17	14/83	0/001	0/36
	The effect of independent variable	131/30	1	131/30	77/38	0/000	0/75

As it can be seen in the above table, there are significant relationships in the effect of independent variable of marital

adjustment and its component in the post-test stage ($p < 0/01$). Thus, there are significant differences between the mean of marital adjustment and its components in both control and experimental groups at the post-test stage and after omission of the pre-test effect. Also, narrative therapy shows meaningful differences on marital adjustment and its components in the post-test stage. The extent of such effect, as the square of Eta coefficient suggests, is 67% for marital adjustment, 23% for mutual satisfaction, 67% for mutual solidarity, 67% for mutual agreement and 75% for affection expression.

CONCLUSION

Results of Table (4) revealed that there are meaningful differences between the mean of marital adjustment of the control and experimental groups. Therefore, the first research hypothesis will be approved. In other words, it can be concluded that narrative therapy reduces the experimental group's conflict and has positive effects on its components (marital satisfaction, marital solidarity, mutual agreement and affection expression). These findings are consistent with Daneshvar (2013) (narrative therapy has positive effects on reduction of marital pointlessness), Vromans and Schweitzer (2011) (narrative therapy has positive effects on reduction of major depression and interpersonal relationships), Kashin et al (2013) (narrative therapy can help identification of future challenges and common problems by developing skills), Nouri Tirtashi and Kazemi (2012) (narrative therapy increases the women's tendency to forgiveness) and Rabiei, Fatehi and Bahrami (2012) (couple's narrative therapy improves couples' family performance and its scopes and it is under the effect of their gender).

In explaining the efficacy of narrative therapy on marital adjustment and its components it should be said that narrative therapy reduces women's conflicts in their relationships with their husbands. Therefore, their quality of life and the family members' health increases and the couple's attraction and understanding is improved. In addition, the couples' satisfaction, solidarity, agreement and affection expression is increased. The aim of narrative therapy is considering the dysfunctional beliefs and changing them, externalizing and weakening the problems, creating external look towards problems from different perspectives and consequently and creating and setting out a different image for narrating the life story. Therefore, narrative therapy can help people to have a new perspective towards reality. This causes people to provide themselves with more effective interpersonal relationships, to help them have complete satisfaction of physical and emotional needs, to increase their mutual understanding, to have similar opinions and finally, to gain the ability to modify and solve practical problems. The process of creating new stories from past events, create a personal need in couples to reinterpret their past events and enables them to better overcome their future challenges. In the process of narrative therapy sessions, the therapist helps these families to create new stories and asks them to express their unique and special results (e.g. a situation in which families can reach to their goals by using their own solutions). The purpose of such interventions is to help referees to externalize their hard problems. When such problems externalize, the couples' understanding increases and consequently, their interpretations and viewpoints will be closer to one another and finer degree of adjustment emerges in them.

Satisfying marital relationships is the base of family's good performance which facilitates the role of parents directly or indirectly, improves children's relationship with each other and their parent and develops competence and ability among children. Totally, families in which both mother and father live

together with high adjustment and understanding, have more desirable emotional status with their children. The low level of mutual companionship, commitment, agreement and forgiveness is a useful index to assess the level of marital conflicts, because forgiveness and achieving agreement reduces verbal aggressive behavior towards each other (Vinchman, Pich & Davilla, 2010). This approach is possible to achieve through narrative therapy approach.

Moreover, avoidance to interact with each other in behavioral complications –such as avoiding to answer, having unrealistic expectations from each other, having illogical or unrealistic beliefs towards one's spouse and relationship- increases the level of marital conflict. This conflict can be solved using narrative therapy approach and verbal and behavioral interactions.

During the therapy sessions, the therapist creates positive attitude and hope in the client towards positive examples that have been treated previously. The therapist also asks the client to explain his life events in the form of a story and helps her to divide his life-story into different chapters and name these events. Then, the therapist asks them to analyze these important and effective memories and to state a new story for their lives and to have a new look towards marital life. By doing so, they can have a better understanding of themselves and their spouses and consequently, their marital adjustment will be increased.

The therapist attempted to make the clients learn that marital conflicts are somehow natural and that they are not the cause of their problems. Problems are caused because of the way by which the couples react to their inevitable differences and the way they tell their stories. The center part of narrative therapy is people and they are regarded as a specialist in their own lives. Such viewpoint considers that problems are apart from people and assumes that people have the required skill and capability to change their communication with their problems and relationships and to improve their adjustments.

Regarding marital adjustment, most of the times, couples have different viewpoint towards a subject or event. This will cause reduction of adjustment and impairment in relationships. Narrative therapy has attempted to approximate the couples' viewpoint towards life events. In fact, the couples' different narratives cause problems. Narrative therapy takes attention to stories upon which we live. The stories which are in our minds concerning who we are and what is important for us. Narrative therapy includes discovering these stories, understanding and restating them. Narrative is a form of conversation which relates important events over time and let people to express their life story in front of their spouse without being criticized, and talk about their emotional aspects. This process includes stating, listening, restating and re-listening to these stories. These stories provide materials and sources to draw meaning, understanding and insight. The most important part of treatment is helping the individuals to understand and relate the relationship between their stories with others and their lives.

During the training sessions and after that, women participating in the research sample claimed that their interactions are increased and that they feel lucky, mutual understanding and support and optional care and responsibility towards each other and their family. This will in turn have direct effect on marital satisfaction, marital solidarity, mutual agreement and affection expression all of which are regarded as the most important components of marital adjustment. During treatment sessions, the therapist ensures that the new story is rich enough for the client and her future. Then, the therapist summarizes each session, analyzes the patient's capabilities in new situations that will occur in near future and calls on the patient's spouse to participate in the sessions and help him improve the

therapy process. By doing so, adjustment and its components will be improved and the effects of this approach will not just be limited to training sessions.

In summary, the findings of the present study revealed that narrative therapy reduces marital conflicts. The research results add to the richness of recent findings in the field of research variables and considering narrative therapy as a new approach towards the classic psychoanalysis. To point out some limitations of this study we can talk about sexual restrictions; as all the participants in the study were women, we should be cautious in generalizing the research results to men. Also, many effective religious, social and psychological factors that may affect the treatment results (e.g. depression, anxiety and social, local beliefs, etc.) are not being controlled. Thus, the authors suggest other researchers to assign more sessions in order to reduce the couples' conflicts. By doing so, therapists can present a more comprehensive training and by more repetition and practice they will have lasting impacts and changes. Also, the authors suggest researchers to analyze the efficacy of treatment interventions by using other approaches. In order to generalize the present research findings, scholars are suggested to conduct such study in other districts. In addition, this therapeutic method can be applied on different age groups in clinics, prisons, courts and other institutions. The research results not only can pave the way for larger scale studies, but also it can emphasize on the necessity to teach family members in order to make them being aware of factors that can improve the quality of marital relationships.

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