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Effectiveness of Therapist-Assisted Couple Therapy on Psychological Well-being, Negotiation Increase, and Aggression Reduction in Women Victims of Partner Violence

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A B S T R A C T

Objective: The current study was conducted to determine the effectiveness of therapist-assisted couple therapy on psychological well-being, negotiation increase, and aggression reduction in women victims of partner violence.

Methods and Materials: This research was a quasi-experimental study with a pre-test, post-test design with a control group. The study population included couples visiting counseling and psychotherapy centers in Qom city during the second half of the year 2021, among whom 30 couples were randomly assigned to two groups after controlling for entry criteria: the therapist-assisted intervention (15 couples) and the control group (15 couples). Research instruments included the Conflict Tactics Scale by Straus et al. (1979) and the Psychological Well-being Scale by Ryff (1989), administered to the female victims of violence in three stages: pre-test, post-test, and follow-up. The intervention group received an educational package by Aghayousefi et al. (2020) over eight sessions, while the control group did not receive any intervention. Data were analyzed using repeated measures analysis of variance.

Findings: Results indicated that therapist-assisted couple therapy was effective in reducing aggression, increasing negotiation, and enhancing the psychological well-being of women victims of violence ($P<0.05$), with these effects being stable at the follow-up stage.

Conclusion: The findings suggest that therapist-assisted couple therapy is an appropriate method for resolving conflicts and improving psychological well-being.

Keywords: *Therapist-assisted couple therapy, aggression, negotiation, psychological well-being, violence*

1. Introduction

Nowadays, a healthy society is composed of healthy families, and when the family environment encompasses a healthy and constructive setting with warm relationships and intimate interpersonal interactions, it can lead to the growth and progress of society members (Zabihivalad Abad et al., 2017). However, couples may engage in harmful relationships, such as severe conflicts or violence, which can seriously jeopardize the mental health of the family and the relationships among its members. Violence is defined as a behavioral pattern imposed through the creation of fear, threat, and harassing behaviors to exert power and control over another person (Barth & Jiranek, 2023; Jahani Janaghard, 1399). Moreover, the most common form of violence within the family is "domestic violence," also referred to as violence against women or intimate partner violence. According to the World Health Organization (2016), it means the violent and dominating behavior of a family member against another or other family members, ranging from verbal, psychological, emotional, economic abuse, to physical, sexual abuse, and even death. Domestic violence, as an environmental stressor, can affect cognitive functions (Pournaghash Tehrani et al., 2018). Violence against women has not only persisted from the past to the present but also reports and statistics indicate human rights violations against women (Gulati & Kelly, 2020). Domestic violence is categorized into various types, including physical and psychological violence (Jahani Janaghard, 1399). Therefore, examining cognitive functions in women affected by domestic violence is important. One of these cognitive functions is "psychological well-being." Well-being is the individual's satisfaction with life, cultural and intellectual conditions, goals, expectations, and concerns based on which one lives (Hushyari et al., 2016). Consequently, psychological well-being means the ability to realize all of an individual's potentials, encompassing six components: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance (Ryff & Keyes, 1995). On the other hand, "negotiation" is one of the most important and common means of communication between humans, which can play an effective role in resolving "marital conflicts." Familiarity and ultimately mastery of negotiation principles and techniques equip individuals with the ability to reach a reasonable, logical, fair, durable, and quick agreement in their communications with others at any level (Larson, 2001; Rahimi et al., 2013). Negotiation is a communicative tool between two parties used to achieve agreement on common yet conflicting interests (Larson, 2001; Panaghi et al., 2011). Numerous studies have pointed to a significant relationship between negotiation and the reduction of marital conflicts (Larson, 2001; Rahimi et al., 2013). It should also be noted that conflicts and disagreements in any marital relationship are natural and inevitable. Research has shown that if couples can manage differences positively and have the ability to resolve them, the existence of conflict is not harmful (Siffert & Schwarz, 2010). Aggression is also a reaction to the following underlying biological behavioral mechanisms: increased threat sensitivity and disappointing lack of reward as activating conditions, as well as weak cognitive control as a monitoring condition (Bertsch et al., 2020). In this context, various techniques for controlling aggression in the family environment, including intimacy, reflection and silence, discharge, non-aggressive aggression model, punishment, and talking about the problem, have been introduced (Raji & Khalatbari, 2017).

In this context, one of the psychological interventions known to improve individuals' psychological functioning is "therapist-assisted coping" (Agha Yousefi et al., 2009). Among psychological intervention methods, therapist-assisted coping, which is primarily aimed at controlling and managing stress and worry related to chronic diseases, has received considerable attention (Saadat Momeni et al., 2020). "Coping" is the continuous change in cognitive and behavioral efforts to manage specific external or internal demands that are perceived as threatening to the person's resources and beyond (Lazarus & Folkman, 1984). The foundation of the therapist-assisted coping technique is based on the research of Lazarus and Folkman, who presented a new theory in the field of emotion. In this theory, coping is considered an important moderating variable in the relationship between stress and outcomes such as anxiety and depression. Therefore, if an individual's coping efforts are effective, efficient, and adaptive, the stress is less pressing, and the individual's response to it is in the direction of reducing negative outcomes (Agha Yousefi et al., 2009). Coping efforts and skills can also be divided into two main groups: problem-focused coping and emotion-focused coping. Problem-focused coping, compared to emotion-focused, seems to be the most adaptive coping style and an efficient mechanism in relation to psychological distress such as anger, anxiety, and depression. In this theory, the emotion results from the coping style that follows (Bodenmann, 2005; Samari et al., 2023; Seyedtabaee et al., 2017).

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The "therapist-assisted coping" method is used as a treatment for psychological patients and patients suffering from physical consequences of stress, as well as a method for teaching efficient coping skills (Aghayousefi et al., 2020). Aghayousefi et al. (2020) reported on the effectiveness of therapist-assisted coping on psychological indicators (stress, quality of life, and coping strategies) of type 2 diabetic patients (Aghayousefi et al., 2020). Saadat Momeni et al. (2020) reported on the impact of therapist-assisted coping and cognitive-behavioral therapy on cognitive safety indices and psychological well-being (Saadat Momeni et al., 2020). The results of the research by Samari Safa et al. (2023) indicated that successful couples have efficient coping strategies categorized at three levels: individual, couple, and family, and at two time points (during partner selection and new life phase) (Samari et al., 2023). Isanejad and Alizade (2020) showed that training in strengthening couple coping has a positive effect on marital compatibility and couple coping strategies (Isanejad & Alizade, 2020). Findings by Aslani et al. (2019) indicated the positive effectiveness of couple therapy focused on domestic violence against women in incompatible couples (Aslani et al., 2020). Seyyedtabaee et al. (2016) and Donato et al. (2021) showed that coping styles have a significant impact on psychological well-being (Seyedtabaee et al., 2017). Mahapatro & Singh (2020) also introduced coping strategies as an effective method in therapeutic interventions for women victims of domestic violence, but despite the usefulness of the coping therapy method, no study has been conducted on its impact on marital conflicts among couples (Mahapatro & Singh, 2020).

The objective of the present research was conducted to determine the effectiveness of therapist-assisted couple therapy on psychological well-being, negotiation increase, and aggression reduction in women victims of partner violence.

2. Methods and Materials

2.1. Study Design and Participants

The current study is a quasi-experimental research employing a pre-test, post-test design with a control group. The study population included all couples attending counseling and psychotherapy centers in Qom city in 2022. In experimental (causal or intervention) research, studies are usually conducted with smaller samples. In this study, using a convenience sampling method, couples were selected based on clinical interviews (with attention to violence and spousal abuse as the primary complaint) and were assigned into two groups: one experimental and one control group. The sampling method was purposive. For experimental research, the sample size with controlled conditions is minimally set at 20 individuals per group, thus, this research estimated a total of 30 couples, dividing 15 couples for each group.

Inclusion criteria for the study were: subjects' informed consent to participate in the research, being married, high aggression levels among couples, clinical interviews of the samples, and diagnosis of domestic violence against women by the therapist. Exclusion criteria included illness or death of the samples, lack of willingness and inadequate cooperation from one or both partners, two consecutive unexcused absences, and receiving pharmacotherapy alongside psychotherapy.

This research consisted of two groups of subjects, including an experimental group of 15 couples and a control group of 15 couples, with women victims of violence present in all couples. After selecting individuals, during an introductory session with the members, discussions about the research, its goals, and outcomes were held, and assurance about the safety of the treatment process was provided. Following their consent to participate and cooperate in this research, subjects were invited. Women in these groups were assessed three times (pre-test, post-test, and follow-up) using standard instruments. The design was such that the pre-test was initially administered to the female members of both the experimental and control groups. Then, the experimental group couples were exposed to the independent variable (therapist-assisted couple therapy). However, the control group was not exposed to these variables (the control group is of the waiting list type, meaning that after the research concludes, members of the control group also benefit from one of the interventions). Finally, both groups were subjected to the post-test. Two months after the post-test, to evaluate the treatment's durability, the groups were reassessed to determine the intervention's effect at the follow-up stage.

2.2. Measures

2.2.1. Psychological Well-Being

Psychological Well-being Questionnaire: Designed by Ryff in 1989 and revised in 2002 at the University of Wisconsin, this version contains 18 questions and 6 factors including autonomy (3 questions), environmental mastery (3 questions), personal growth (3 questions), positive relations

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with others (3 questions), purpose in life (3 questions), and self-acceptance (3 questions). In Khanjani et al.'s (2014) research, the internal consistency of this scale for self-acceptance, environmental mastery, positive relations with others, having a purpose in life, personal growth, and autonomy was found to be 0.51, 0.76, 0.75, 0.52, 0.73, and 0.72, respectively, and 0.71 for the entire scale. The validity of this scale was examined by checking its correlation with Seligman's Positive Psychotherapy Inventory, the Depression, Anxiety, and Stress Scale (DASS), and reported to be relatively high. In the current study, the questionnaire's content validity was deemed satisfactory based on the opinions of several professors and experts, and its reliability, based on Cronbach's alpha coefficient, was 0.77 (Khanjani et al., 2014).

2.2.2. *Conflict Resolution Tactics*

This scale was developed by Straus et al. (1979) and revised in 1990 and 1996, and measures the physical and psychological violence between couples in the past 12 months. The latest version of this scale represents a multidimensional concept of violence and conflict resolution strategies, encompassing five dimensions: negotiation (6 items), psychological aggression (8 items), physical violence (12 items), sexual coercion (7 items), and injury (6 items). In 2011, Panaghi et al. translated this questionnaire, eliminated 13 statements, and the revised questionnaire with 52 questions, used in this research, consists of three dimensions: negotiation (6 items), psychological violence (8 items), and physical violence (12 items), comprising two tests with repeated items. Half of the items describe aggressive actions (aggressor form) and the other half measures the partner's actions in response to the aggressive behavior (victim form), assessing the physical and psychological violence between couples in the past 12 months. Various studies have provided evidence of acceptable reliability and validity of this test in different countries and cultures (Panaghi et al., 2011; Straus et al., 1996).

2.3. *Intervention*

2.3.1. *Therapist-Assisted Coping Treatment*

Developed by Aghayousefi et al. (2020), this protocol involves various stages of teaching coping strategies in this research through eight 120-minute group sessions (Aghayousefi et al., 2020). The content and stages of the sessions are as follows:

Session 1: Introduction and Assessment

The first session is dedicated to introductions and establishing a therapeutic alliance with the couples. The therapist explains the goals, structure, and expectations of the therapy. Couples are assessed for their levels of aggression, negotiation skills, and psychological well-being through interviews and questionnaires. This session sets the groundwork for the intervention, emphasizing confidentiality, trust, and openness.

Session 2: Understanding Aggression

This session focuses on understanding the dynamics of aggression in relationships. Couples are encouraged to explore the roots of their aggressive behaviors, differentiate between healthy and unhealthy expressions of anger, and identify specific triggers. The therapist introduces basic concepts of emotional regulation and the impact of aggression on relationships.

Session 3: Developing Communication Skills

The third session aims to enhance communication skills, with a particular focus on active listening and expressing needs and feelings non-aggressively. Couples engage in exercises that promote empathy and understanding, learning to replace accusatory language with "I" statements and to recognize the other's perspective.

Session 4: Introduction to Negotiation Skills

Couples are introduced to negotiation as a constructive tool for resolving conflicts. The therapist covers the principles of fair negotiation, including identifying common goals, brainstorming solutions, and reaching compromises. Role-playing exercises help couples practice these skills in a supportive environment.

Session 5: Implementing Coping Strategies

This session delves into coping strategies for managing stress and emotions that lead to conflict and aggression. Couples learn about problem-focused and emotion-focused coping mechanisms, practicing techniques such as deep breathing, taking timeouts, and positive reappraisal to handle stressors more effectively.

Session 6: Enhancing Psychological Well-being

Focusing on the individual and collective psychological well-being, this session introduces activities and discussions aimed at improving self-esteem, autonomy, and personal growth. Couples explore their values, aspirations, and the components of a fulfilling life, recognizing how these elements contribute to a healthier relationship.

Session 7: Consolidating Skills and Preventing Relapse

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In the penultimate session, couples review the skills learned throughout the therapy and discuss how to apply them consistently in their daily lives. The therapist emphasizes the importance of maintaining these changes long-term and develops a personalized plan with each couple for preventing relapse.

Session 8: Closure and Future Planning

The final session is dedicated to closure and reflection on the therapy process. Couples share their progress, insights gained, and plans for continuing their growth beyond therapy. The therapist provides feedback, encourages ongoing communication and negotiation practices, and discusses options for future support if needed.

2.4. Data analysis

In the current study, repeated measures analysis of variance and SPSS-26 software were used.

3. Findings and Results

Table 1 presents the descriptive statistics for the mean and standard deviation of aggression scores separately for individuals in the control and therapist-assisted coping groups, across three measurement stages (pre-test, post-test, and follow-up).

Table 1

Descriptive Statistics for Aggression Scores Across Three Measurement Stages by Group

Variable	Grouping	Measurement Stage	Mean	Standard Deviation
Aggression	Therapist-assisted Coping	Pre-test	98.8	6.879
		Post-test	70.67	3.288
		Follow-up	70.93	3.882
	Control	Pre-test	98.33	6.821
		Post-test	98.2	6.635
		Follow-up	98.47	7.09
Negotiation	Therapist-assisted Coping	Pre-test	19	1.512
		Post-test	23.33	1.543
		Follow-up	23.2	1.612
	Control	Pre-test	19.27	1.28
		Post-test	19.4	1.404
		Follow-up	19.33	1.589
Psychological Well-being	Therapist-assisted Coping	Pre-test	53.27	2.89
		Post-test	64	1.773
		Follow-up	63.4	2.063
	Control	Pre-test	52.8	2.541
		Post-test	53.87	2.1
		Follow-up	53.67	2.498

As observed, the mean scores in the control group do not show significant changes between the post-test and follow-up stages compared to the pre-test. However, for the aggression variable in the experimental groups, there is a decrease in scores at the post-test and follow-up stages compared to the pre-test, and for the negotiation and psychological well-being variables, there is an increase in scores at the post-test and follow-up stages compared to the pre-test. To perform a mixed ANOVA, the test's assumptions were first checked. Due to the use of random assignment of subjects into the experimental and control groups, the condition of independence of scores was met in the current study. The Kolmogorov-Smirnov test results for checking the normality of the distribution of pre-test scores showed that the significance level of the statistic calculated for all variables was greater than 0.05, therefore, the assumption of the normal distribution of scores was accepted. To check the equality of means between the experimental and control groups at the pre-test stage, the results of one-way ANOVA showed no significant difference between the pre-test means of the studied groups (therapist-assisted coping and control) in the variables of aggression, negotiation, and psychological well-being ($P>0.05$). The Levene's test was used to assess the homogeneity of variances assumption, which showed that the Levene's statistic for aggression, negotiation, and psychological well-being variables was not significant ($P>0.05$). Thus, the homogeneity of variances assumption was also met. Additionally, the homogeneity of the covariance matrices was examined with Box's M test,

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indicating that the Box's M significance did not confirm the homogeneity of variance-covariance matrices for the aggression variable at different levels of independent variables. This heterogeneity indicates that Pillai's trace effect should be reported for evaluating multivariate effects, the results of which are shown in Table 2.

Table 2

Results of Multivariate Analysis of Variance (MANOVA) for the Significance of Time Effect and the Interactive Effect of Time and Group on Variables

Variable	Effect	F-value	df1	df2	p-value	Eta Squared (η²)
Aggression	Time	158.667	2	27	<.001	.922
	Time * Group	157.708	2	27	<.001	.921
Negotiation	Time	42.978	2	27	<.001	.761
	Time * Group	38.210	2	27	<.001	.739
Psychological Well-being	Time	196.294	2	27	<.001	.936
	Time * Group	131.924	2	27	<.001	.907

Note. df = Degrees of Freedom.

Based on the results in Table 2, the observed F-value for time (pre-test, post-test, and follow-up) and for the interaction of time and group in the multivariate Pillai's trace test for the aggression variable is significant (P<0.05). In other words, the effect of time and the interaction of time and group on the dependent variables is significant, and the necessary condition for conducting mixed ANOVA exists. The assumption of equality of covariances between the aggression variable was assessed with the Mauchly's test of sphericity, which was also confirmed.

Table 3

Between-Group Effects of Variables

Variable	Source	Sum of Squares	df	Mean Square	F	p-value	Eta Squared (η²)
Aggression	Intercept	716,632.900	1	716,632.900	7649.33	<.001	.996
	Group Membership	7,452.900	1	7,452.900	79.552	<.001	.740
	Error	2,623.200	28	93.686			
Negotiation	Intercept	38,151.211	1	38,151.211	7321.128	<.001	.996
	Group Membership	141.878	1	141.878	27.226	<.001	.493
	Error	145.911	28	5.211			
Psychological Well-being	Intercept	290,702.500	1	290,702.500	24161.290	<.001	.999
	Group Membership	1,033.611	1	1,033.611	85.907	<.001	.754
	Error	336.889	28	12.032			

As seen in Table 3, the between-group effect is significant, meaning there is a significant difference between participants in the experimental and control groups in the aggression variable (P<0.05). Also, the eta squared value indicates that 81.1% of the variance in aggression scores, 75.4% of the variance in negotiation scores, and 83.2% of the variance in psychological well-being scores can be explained by the therapeutic groups. Since the sample size in the three studied groups was equal and the homogeneity of variances assumption was confirmed, the Bonferroni post-hoc test was used to compare aggression among the groups, the results of which are shown in Table 4.

Table 4

Bonferroni Post Hoc Test Results for Comparing Mean Aggression Variable Among Study Groups

Variable	Groups	Mean Difference	Standard Deviation	p-value
Aggression	Therapist-assisted Coping vs. Control	-18.200	2.041	<.001
Negotiation	Therapist-assisted Coping vs. Control	2.511	0.481	<.001
Psychological Well-being	Therapist-assisted Coping vs. Control	6.778	0.731	<.001

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Based on the results in Table 4, there is a significant difference between aggression, negotiation, and psychological well-being in the experimental and control groups ($P<0.05$).

4. Discussion and Conclusion

The current research was conducted to determine the effectiveness of therapist-assisted couple therapy on psychological well-being, increased negotiation, and reduced aggression in women victims of partner violence. The findings of this study showed that therapist-assisted coping methods led to a decrease in aggression, an increase in negotiation, and an increase in the psychological well-being of couples. These findings are in line with those of Isanejad and Alizade (2020), who highlighted the effectiveness of couple coping reinforcement training on marital adaptation (Isanejad & Alizade, 2020). They also somewhat align with the findings of Mahapatro and Singh (2020), demonstrating that coping strategies are an effective method in reducing conflicts for women victims of domestic violence with a negligent partner (Mahapatro & Singh, 2020).

The significant impact of therapist-assisted coping methods on marital conflicts can be explained by the variety of tactics used in therapist-assisted coping, including problem-solving with planning, coping with a focus on the issue, as well as tactics such as seeking social, informational, and emotional support, distancing, escape-avoidance, personal control, taking responsibility, and positive reevaluation, which focus on emotion and are directly related to conflict resolution strategies and can lead to a reduction in conflicts among couples. In this therapeutic method, couples actively worked to directly change stress factors, where they first planned to change the problem and then acted accordingly. They resisted or fought to change these stressors and also tried to reduce their stress by performing other actions, using internalization, and not expressing emotions, which ultimately led to a reduction in conflicts and aggression among couples.

The relationship between coping strategies and psychological well-being can be justified by the fact that psychological well-being results from both the outcomes of choosing and using effective coping strategies appropriate for change and stress, and on the other hand, it creates a healthy psychological environment that facilitates accurate recognition and evaluation of stressful situations for choosing effective coping strategies (Sadidi & Yamini, 2018). A meaningful sense of life purpose for individuals dealing with severe health pressures and diseases achieved through emotion-focused coping is significantly positively associated with psychological well-being. Moreover, the more rational strategies are employed to solve life and psychological problems by individuals in a society, the less psychological pressure from that issue is reduced, and individuals consequently deal with the situation with logical strategies without feeling the need for an intense and emotional confrontation with the issue (Raji & Khalatbari, 2017). As Sadidi and Yamini (2018) stated, psychological well-being results from a bidirectional interaction, arising from the results of choosing and using effective coping strategies appropriate for change and stress, and it also creates a healthy psychological environment that facilitates accurate recognition and evaluation of stressful situations for choosing effective coping strategies (Sadidi & Yamini, 2018).

The direct impact of components of therapist-assisted coping in controlling unhappy and crisis situations is notable. Additionally, learning couple coping strengthening methods offers effective solutions at the time of problem occurrence, thereby increasing satisfaction levels and reducing marital conflicts. Mastery over anger control skills makes families more resilient against challenges and adverse situations and enhances abilities to address and resolve stress-inducing events (Landis et al., 2013).

These findings align with those of Saadat Momeni et al. (2020), who reported the impact of therapist-assisted coping and cognitive-behavioral therapy on cognitive safety indices and psychological well-being in their research comparing the effectiveness of therapist-assisted coping with cognitive-behavioral therapy (Saadat Momeni et al., 2020). They also coincide with the prior findings (Donato et al., 2021; Seyedtabaee et al., 2017), which referred to the positive role of coping skills processes in the psychological well-being of couples. Furthermore, they are consistent with the results of Zemp et al. (2017), who found that couple coping reinforcement training is suitable for couples to deal with life issues, encouraging the application of positive behaviors (Zemp et al., 2017). These findings also align with further previous studies (Barkat, 2002; Barth & Jiranek, 2023; Isanejad & Alizade, 2020; Mahapatro & Singh, 2020; Rahimi et al., 2013).

5. Limitations & Suggestions

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One limitation of the current study was the unfavorable physical and psychological condition of many women victims of violence, which posed challenges in filling out questionnaires and implementing therapeutic protocols. Additionally, the results are based on experimental conditions, thus their generalization to non-experimental situations should be done with caution. Future research should explore various mechanisms and mediators based on the relationship between marital conflicts and functional outcomes.

Considering the increase in marital incompatibilities and their significant impact on the physical and mental health of couples and the health of the next generation, the necessity of applying couple therapy with various methods such as therapist-assisted coping is highlighted as a means to ensure mental health in society. It is also suggested that family counselors and couple therapists learn and apply these techniques and methods in counseling centers and clinical environments to resolve marital conflicts.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from the first author's doctoral dissertation at the Tehran Science and Research Branch, Islamic Azad University, Tehran, Iran. The dissertation topic was approved by the Educational Council and Graduate Studies of the Faculty of Humanities, Tehran Science and Research Branch, on December 23, 2020, with the tracking code 162377700.

Transparency of Data

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

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Authors' Contributions

All authors equally contributed in this article.

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