KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 19 March 2023
Accepted 13 June 2023
Published online 20 June 2023

Journal of Assessment and Research in Applied Counseling

Volume 5, Issue 2, pp 166-172

E-ISSN: 3041-8518

Effectiveness of McMaster Model Psychoeducational Training on Family Intimacy in Bipolar Patients

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Bibak, F., & Bahrani, M. (2023). Effectiveness of McMaster Model Psychoeducational Training on Family Intimacy in Bipolar Patients in Bushehr. *Journal of Assessment and Research in Applied Counseling, 5*(2), 166-172.
http://dx.doi.org/10.61838/kman.jarac.5.2.19

A B S T R A C T

Objective: The objective of this study was to evaluate the effectiveness of McMaster Model psychoeducational training on enhancing family intimacy among families of bipolar patients in Bushehr.

Methods and Materials: This study employed a quasi-experimental design with pre-test and post-test measurements, including a control group. The sample consisted of 50 participants (25 in the experimental group and 25 in the control group) selected through convenience sampling from the families of bipolar patients in Bushehr in 2023. The experimental group participated in a 10-session McMaster Model psychoeducational program, while both groups completed the Alexis J. Walker and Linda Thompson Intimacy Questionnaire (1983) before and after the intervention. Data were analyzed using ANCOVA to assess the impact of the training on family intimacy.

Findings: The results indicated a significant difference between the estimated post-test scores of the experimental and control groups, with the McMaster Model psychoeducational training significantly improving family intimacy in the experimental group ($P < .001$). The effect size of the intervention was 0.314, and the statistical power was 0.743, suggesting sufficient sample size for hypothesis confirmation. Additionally, the training significantly enhanced the level of affection within the families, with an effect size of 0.349 and a statistical power of 0.776.

Conclusion: The study concluded that McMaster Model psychoeducational training has a significant positive impact on family intimacy and affection among families of bipolar patients in Bushehr. These findings support the integration of this training into therapeutic practices for families dealing with bipolar disorder to enhance family cohesion and emotional well-being.

Keywords: *Family intimacy, bipolar disorder, McMaster Model, psychoeducational training, family therapy*

1. Introduction

The family is a crucial institution in human society, regarded as the most fundamental and primary social unit, with marriage being the first step in establishing this social institution. In other words, the family is recognized as the most important unit in societies, and marriage is the most fundamental human relationship, as it forms the basic structure for creating familial bonds and nurturing future generations (Mohammadi et al., 2021). Family intimacy is a significant issue because, in today's mechanized life, family members spend less time physically together, with virtual spaces and online communications partially replacing face-to-face interactions. However, technological and communication advancements, if used at the right time, can enhance family intimacy. Family intimacy is vital for maintaining and sustaining relationships among members, and if a family experiences prolonged emotional and cognitive disconnection, the level of intimacy will diminish. Experts today propose various strategies for having a happy and intimate family. Family intimacy can play a highly effective role in individuals' personal and social lives. Unfortunately, most individuals who develop social disorders and experience failures in life did not grow up in a loving and intimate family environment. For this reason, many psychologists today consider family intimacy among members as the most important barrier against social disorders. The essential effects of family intimacy include mutual understanding, sharing in joys and sorrows, creating memories, providing support, increased happiness, and positive thinking (Karimi et al., 2015; Poorseyed, 2023; Sadowski & Eklund, 2021).

One of the factors contributing to family cohesion and stability is the intimacy between individuals. Intimacy is one of the most common variables associated with familial relationships. This multidimensional construct involves a process that occurs over time and is defined by spouses' ability to communicate and resolve conflicts, feel close to each other, and share experiences. Intimate relationships, such as those within a family, are the cornerstone of family success and the quality of relationships (Sadowski & Eklund, 2021). Intimate relationships have distinctive characteristics that include two dimensions: interdependence (one member's behavior affects others in various ways over a long period) and shared identity (individuals in a relationship see themselves as a couple, not as two completely separate individuals) (Hossein Ghorban & Abbaspour, 2019; Karimi et al., 2015).

According to Gottman's theory, creating a calm emotional atmosphere in familial relationships paves the way for more productive conversations. Moreover, relationships characterized by high emotional investment can lead to better physical and mental health for individuals (Zahedi, 2018). Intimate relationships are defined by the ability to communicate and agree on interests and tastes, which are considered essential skills for family cohesion and unity. Research findings indicate that family intimacy is associated with high levels of agreement among individuals and shared experiences, particularly when men value and accept their wives' perspectives, leading to a high sense of agreement and shared experiences. High intimacy is associated with effective communication, sharing opinions with the family, feeling valued by one another, and high levels of agreement and satisfaction (Aboudi & Abedi, 2021).

Another important factor in individual intimacy is psychoeducational training based on the McMaster Model. Family functioning refers to the family's ability to adapt to changes over time, resolve conflicts, maintain cohesion among members, and implement regulations to preserve the family system as a whole. Family functioning encompasses behaviors and activities performed by family members to maintain the family and meet the needs of the family and its members. The McMaster Model of family functioning is primarily based on a theoretical understanding of how the family operates. This model was developed after years of working with various families who experienced multiple family problems. The therapeutic approach derived from this model is problem-focused family therapy, referring to a therapeutic model (Mostofi Sarkari et al., 2019). This model offers a useful framework for examining families and is based on a systematic approach. Family functioning is based on a systemic approach focused on the structure, organization, and patterns of interaction among members. The health of various aspects of this functioning fosters understanding and increases intimacy between spouses, providing a guarantee for the stability and longevity of the family as a system. According to the McMaster Model, the family is considered a functional system that plays a crucial role in the biological, psychological, and social development, as well as the protection and care, of its members (Rezaei et al., 2022). Assessing family functioning reveals how well the family operates as a unit and measures the family's ability to adapt and make judgments in different situations. Evaluating families requires a theoretical model of how they function. One of the most useful models for examining families is the McMaster Model of family

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

functioning, introduced by Epstein, Bishop, and Levin in 1978 in the Department of Psychiatry at McMaster University. Family assessment in this model is based on a problem-focused style and emphasizes the current functioning of the family, not its developmental stage or past growth stages. Although this model does not cover all aspects of family functioning, it addresses important dimensions that often have clinical significance (13). This model considers six aspects of family functioning: 1) problem-solving, 2) communication, 3) roles, 4) emotional responsiveness, 5) emotional involvement, and 6) behavioral control. The McMaster Model deals with the current functioning of the family, not its developmental stage or previous growth. This model divides family tasks into three categories: basic tasks such as providing food, security, and healthcare for its members; developmental tasks such as caring for a newborn and attending to a family adolescent; and critical tasks, which include family skills during crises and unexpected events, such as the severe illness of a family member (Houshmandi, 2022). Given the importance of the family, the present study aims to answer the question of whether McMaster Model psychoeducational training has a significant effect on the family intimacy of bipolar patients in Bushehr.

2. Methods and Materials

2.1. Study Design and Participants

This research utilized a quasi-experimental design with pre-test and post-test with a control group. The participants were selected through convenience sampling and randomly assigned to experimental and control groups, with both groups being tested twice. To conduct this research, the study was introduced during a McMaster Model psychoeducational training session held for the families of bipolar patients in Bushehr. A number of volunteers who met the criteria for inclusion were selected and placed in the experimental and control groups through convenience sampling. The experimental group participated in a 10-session McMaster Model psychoeducational program, with each session lasting 60 minutes and held weekly. In both the experimental and control groups, the research questionnaires were distributed twice (pre-test, post-test).

The statistical population of this study included the families of bipolar patients in Bushehr in 2023, totaling 224 individuals. The sample consisted of 50 participants (25 in the experimental group and 25 in the control group) who were selected through convenience sampling. After selecting the sample and randomly assigning participants to the experimental and control groups, participants (in both groups) completed the Alexis J. Walker and Linda Thompson (1983) Intimacy Questionnaire as a pre-test. Then, the experimental group participated in 10 group sessions of McMaster Model psychoeducational training (including in-session tasks, homework, and group discussions), each lasting 60 minutes, held at a rehabilitation center. In the final session, participants were asked to complete the questionnaires related to the study variables again.

2.2. Measures

2.2.1. Intimacy

The Alexis J. Walker and Linda Thompson Intimacy Questionnaire (IS) was developed in 1983 by Alexis J. Walker and Linda Thompson. The IS questionnaire measures the level of affection and intimacy among individuals, especially within families. The questionnaire consists of 17 questions, with responses provided on a seven-point Likert scale ranging from "never" to "always." The questionnaire is valid and reliable, with its validity confirmed by various researchers (Hossein Ghorban & Abbaspour, 2019; Karimi et al., 2015). The reliability of the Intimacy Questionnaire was found to be 0.867, which is higher than the standard reliability of 0.70 for this test.

2.3. Intervention

2.3.1. McMaster Model Training

The McMaster Model-based training sessions consist of 10 sessions aimed at enhancing individuals' psychological empowerment, structured as follows (Babakhani, 2016; Keitner et al., 2019; Mousavi, 2013; Nabavi et al., 2018; Nabavi & Sanai Zaker, 2019).

Session 1: Introduction and Establishing a Trusting and Safe Environment

The first session aims to introduce participants to one another and create a safe and trusting environment. The objectives of the workshop and the importance of the McMaster family functioning model are explained. Group rules are discussed, and a contract is established to foster commitment among participants. The assignment for this session involves reviewing and studying the group rules to ensure everyone is aligned.

Session 2: Problem-Solving Skills Introduction

JARAC Assessment and Research in Applied Counseling E-ISSN: 3041-8518

In the second session, participants are introduced to the process of problem-solving, including identifying factors that inhibit effective problem-solving and exploring alternative solutions. The session emphasizes considering the consequences of different actions. Participants are asked to practice problem-solving skills by agreeing on how each person can enjoy two different recreational successes, applying the learned techniques in real-life situations.

Session 3: Importance of Effective Marital Communication

This session focuses on the significance of effective communication in marital relationships and the common barriers and mistakes that can occur. Participants learn about the role of effective communication, active listening skills, and the psychological differences between men and women that impact family cohesion and performance. The assignment involves practicing speaking and listening exercises with their partners, maintaining good eye contact, and observing the effects on their communication.

Session 4: Principles and Styles of Communication

In the fourth session, the discussion centers on listening as a key component of problem-solving, understanding, and intimacy. Various communication styles, such as passive, aggressive, and assertive communication, are explored. Participants are encouraged to share examples of their problems using non-blaming language and specific terms. The assignment involves practicing these communication styles in real-life situations, focusing on improving dialogue with their partners.

Session 5: Addressing Gender Roles

This session examines gender roles within the family and how they impact household management and problem-solving. Participants discuss their perspectives on these roles and how they manage conflicts related to them, particularly focusing on personal differentiation and dependency on family origin. The assignment requires participants to reflect on and discuss with their partners any difficulties they face in fulfilling their respective roles.

Session 6: Emotional Responsiveness in Marital Relationships

Participants explore the importance of emotional responsiveness in marital relationships, focusing on how men and women think differently about these relationships. The session includes learning about techniques for expressing emotional and affectional needs. The assignment involves completing a form to express affection scientifically, practicing the skills learned to enhance emotional expression, and observing the impact of both positive and negative feedback.

Session 7: Identifying and Managing Anger-Provoking Situations

The seventh session addresses the main causes of anger within the family and teaches participants how to recognize and manage these situations. Strategies for dealing with anger and managing an aggressive spouse are discussed. Participants are asked to list situations that trigger their anger and reflect on the underlying reasons for their anger as part of their homework.

Session 8: Emotional Engagement and Empathy

This session emphasizes the development of empathetic emotional engagement between parents and explores the different forms of emotional involvement. Participants identify the strengths and weaknesses in their current relationship with their spouses and describe their expectations and desired improvements in their emotional connections. The assignment involves listing these strengths and weaknesses and discussing how to enhance their emotional bonds.

Session 9: Behavioral Control and Acceptable Standards

In the ninth session, the focus is on the necessity of behavioral control and understanding acceptable behavioral standards within the family. Participants learn the importance of using respectful language and maintaining resilience in the face of challenges. The assignment involves practicing respectful communication, avoiding threats, and reinforcing these behaviors during interactions.

Session 10: Review and Evaluation

The final session reviews all the topics covered in the previous sessions and assesses the effectiveness and applicability of the training. Participants discuss any obstacles they encountered in implementing the lessons and complete a post-test questionnaire to evaluate the impact of the training on their family dynamics. The session concludes with a summary and feedback from the participants.

2.4. Data Analysis

Data were analyzed using ANCOVA via SPSS-24 to assess the impact of the training on family intimacy.

3. Findings and Results

The majority of respondents in the experimental group were in the 41-50 age group, accounting for 44% of the participants. In the control group, the majority of respondents were in the 31-40 age group, representing 36%

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

of the control group participants. Women constituted the majority of respondents in both groups, with 76% in the experimental group and 64% in the control group.

Table 1

Descriptive Statistics for Family Intimacy Scores (Pre-test and Post-test)

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Family Intimacy	Control	3.12	0.35	3.14	0.34
Family Intimacy	Experimental	3.16	0.31	3.98	0.27

According to the results obtained from the Kolmogorov-Smirnov test, the p-value for the tests was greater than the significance level ($\propto$=0.05), indicating that the assumption of normality is accepted, and parametric methods can be used to test the hypotheses. In this study, we utilized Pearson's correlation coefficient, multivariate covariance, and one-way ANCOVA. The results of the ANCOVA on the post-test total scores measuring the effect of McMaster Model psychoeducational training on family intimacy among bipolar patients in Bushehr are presented in Table 2.

Table 2

Results of ANCOVA on Post-test Scores for the Effect of McMaster Model Psychoeducational Training on Family Intimacy

Statistical Indicator	df	Mean Square	F	Significance	Effect Size	Power
Pre-test	1	19.417	6.993	.001	.415	.868
Group Membership	1	12.531	5.544	.014	.314	.743

Table 2 shows that, after controlling for the pre-test variable, there was a significant difference between the estimated means of the post-test scores in the effect of McMaster Model psychoeducational training on family intimacy among bipolar patients in Bushehr (P < .001). Thus, it can be concluded that the McMaster Model psychoeducational training had a significant impact on the family intimacy of bipolar patients in the experimental group compared to the control group, with an effect size of 0.314. The statistical power of 0.743 indicates that the sample size was sufficient to confirm this hypothesis.

4. Discussion and Conclusion

The aim of this study was to investigate the effectiveness of McMaster Model psychoeducational training on family intimacy among bipolar patients in Bushehr. The results showed that, after controlling for the pre-test variable, there was a significant difference between the estimated means of post-test scores regarding the effect of McMaster Model psychoeducational training on family intimacy among bipolar patients in Bushehr (P < .001). Therefore, the hypothesis is confirmed. It can be concluded that the McMaster Model psychoeducational training significantly improved family intimacy in the experimental group compared to the control group, with an effect size of 0.314. The statistical power of 0.743 indicates that the sample size was sufficient to confirm this hypothesis. These findings are consistent with similar studies (Babakhani, 2016; Houshmandi, 2022; Karimi et al., 2015; Keitner et al., 2019; Mehrabi et al., 2022; Mostofi Sarkari et al., 2019; Mousavi, 2013; Nabavi et al., 2018; Nabavi & Sanai Zaker, 2019; Rezaei et al., 2022), which examined similar or other aspects of intimacy, cohesion, and empathy within the family, thereby supporting the results of the present study.

To analyze and interpret these findings in line with previous studies and existing theories, it can be said that establishing a relationship or living with someone experiencing bipolar anger is very challenging due to the variable nature of their emotions. If you are in a relationship with someone who experiences bipolar anger, it can be difficult. Remember that being in such a situation is not easy for your loved one either. Sometimes they may recognize that their anger is irrational, but they find it impossible to control, especially during a depressive episode. If left unchecked, bipolar anger can lead to numerous negative side effects. Persistent out-of-control anger and irritability have numerous repercussions for everyone involved. If bipolar anger is not managed, it can cause individuals to lose their most important relationships, including those with spouses, children, and parents. Additionally, if they cannot control

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

themselves at work, it may cost them professionally (Mehrabi et al., 2022; Mousavi, 2013). Most people tolerate uncontrolled anger for a long time until they feel compelled to sever ties with those around them. If you suddenly find yourself isolating from others because of your loved one's bipolar disorder, it is essential to seek help. While taking a little private space from your partner can temporarily be a good idea, especially when they are angry, continuous isolation is not recommended.

Moreover, it can be said that bipolar disorder is a complex psychological condition that affects various aspects of daily life, with one of the most complex aspects being love in bipolar patients. Due to its oscillatory nature, bipolar disorder can significantly impact romantic relationships. The extreme mood swings associated with bipolar disorder can lead to unpredictable behavior and emotional instability. In certain cases, the relationship may involve abusive behavior, which can be verbal, physical, or emotional. Verbal abuse includes behaviors such as name-calling and belittling. Emotional abuse occurs when an individual attempts to control you and blames you for their behavior (justifying mistakes). Physical abuse is when arguments turn physical, such as hitting, kicking, punching, etc (Karimi et al., 2015). If your partner is abusive, you may justify and excuse their behavior because of their illness. However, doing so only harms yourself. A psychological disorder does not give anyone the right to engage in such behavior.

5. Limitations & Suggestions

This study has several limitations that should be considered when interpreting the results. First, the sample size was relatively small, which may limit the generalizability of the findings to the broader population of bipolar patients and their families. Second, the study was conducted in a single geographic location (Bushehr), which may limit the applicability of the results to different cultural or regional contexts. Third, the reliance on self-reported measures for assessing family intimacy and affection may introduce response biases, as participants might have provided socially desirable answers. Finally, the short duration of the intervention and follow-up period may not capture the long-term effects of the McMaster Model psychoeducational training on family dynamics.

Future research should aim to replicate this study with a larger and more diverse sample to enhance the generalizability of the findings. Studies conducted in different cultural or regional settings could provide insights into the cultural adaptability and effectiveness of the McMaster Model psychoeducational training. Additionally, incorporating longitudinal designs with extended follow-up periods would be valuable to assess the long-term impacts of the intervention on family intimacy and affection. Future studies could also explore the use of objective measures, such as observational methods or physiological assessments, to complement self-reported data and reduce potential biases.

The findings of this study have important implications for clinical practice and family therapy. Mental health professionals working with families of bipolar patients could consider integrating the McMaster Model psychoeducational training into their therapeutic approaches to enhance family intimacy and cohesion. The training can be adapted to different cultural contexts to meet the unique needs of diverse families. Additionally, the results suggest that ongoing support and reinforcement of the skills learned during the intervention could be beneficial in maintaining the improvements in family dynamics. Policymakers and healthcare providers should also recognize the importance of family-centered interventions and ensure that resources are allocated to support such programs.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

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.

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.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed in this article.

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JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518