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Comparing the effectiveness of integrative couple therapy and reality therapy on the quality of marital relationships and dysfunctional attitudes in incompatible couples

Seyedeh Razieh. Mousavi Diva[1], Shaban. Heydari*[2] & Hossein Ali. Ghanadzadegan[3]

1. PhD student, Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran
2. ***Corresponding Author:** Assistant Professor, Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran
3. Assistant Professor, Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran

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Corresponding Author's Info
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Shabanheidari1@gmail.com

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ABSTRACT

Background and Aim: Marital relationships are the primary source of support and affection, and spouses are expected to show an exclusive relationship, honesty, interest, affection, as well as intimacy and support. purpose of this research was to compare the effectiveness of integrative couple therapy and reality therapy on the quality of marital relationships and dysfunctional attitudes in incompatible couples. **Methods:** The current research was a semi-experimental type with a pre-test-post-test design with a control group. The statistical population included all the couples who referred to the counseling centers of Amol city during May 2021, who referred due to incompatibility or the psychologists of the center identified the cause of the conflict as incompatibility. The sample size is 30 couples (60 people) (10 couples in the first experimental group, 10 couples in the second experimental group, and another 10 couples for the control group) from the entire statistical population, cluster sampling method was used, and finally with this method, out of five centers were used to select samples. For the first experimental group, integrative couple therapy was implemented using Christensen and Jacobson's integrative couple therapy (2000), for the second experimental group, reality therapy group training sessions were implemented using Glasser's (1965) reality therapy protocol. The questionnaires of the study were Busby et al.'s Marital Relationship Questionnaire (1995) and the questionnaire of dysfunctional attitudes was Weizman and Beck (1978). Findings were analyzed using repeated measures with a mixed design. **Results:** The results of the research showed that integrative couple therapy increased the quality of marital relationships ($P<0.001$, $F=46.30$) and reduced ineffective attitudes ($P<0.001$, $F=62.35$) has been effective. **Conclusion:** Therefore, it can be concluded that integrative couple therapy was effective in improving the quality of marital relations and dysfunctional attitudes of incompatible couples.

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Introduction

The family can be considered as an emotional unit and a network of interwoven relationships that is built from the marital bond of a man and a woman, and a person's satisfaction with married life is considered as his satisfaction with the family, and satisfaction with the family is the meaning of life satisfaction. As a result, it will facilitate the growth and excellence and the material and spiritual progress of the society (Azizpour & Safarzadeh, 2016). In other words, the family is known as the most important unit of societies, and marriage is the most basic human relationship because it forms the primary structure of family relationship and the growth of the next generations. On the other hand, the collapse of this institution, i.e. divorce, is considered a public health problem in the social institution of the family; It is a stressful phenomenon and doubles people's vulnerability to physical and psychological problems, and their suffering from mental disorders is inevitable (Drabani & Parsakia, 2022; Navabinejad, Rostami, & Parsakia, 2023). One of the dimensions of couples' relationships is the quality of marital relationships, which plays an essential role in the overall quality of family relationships. Compatibility in life and the satisfaction resulting from it do not occur by themselves, but require the efforts of both couples (Bahmani, Fallah Chai, and Zarei, 2012). One of the most important components in the married life process of couples is the quality of their marital relations.

The quality of marital relations is a dynamic concept, the nature and quality of marital relations can change over time. The quality of marital relationships does not include a fixed image of continuous classifications, but rather reflects a spectrum that includes salient features of marital interactions and functions, for example, a high quality versus a low marital quality (Azizpour & Safarzadeh, 2016). Marital relationships are the primary source of support and affection, and spouses are expected to show an exclusive relationship, honesty, interest, affection, as well as intimacy and support. In terms of marital characteristics, it has been determined that effective and efficient communication between couples is the most important aspect of well-functioning families (Sadaqt Khah & Behzadipour, 2017).

Researches show that one of the factors influencing the occurrence of conflicts and incompatibilities in the lives of couples is dysfunctional patterns and attitudes between couples (Holly, Claudia, and Irni, 2018). According to Beck's theory, dysfunctional attitudes are inflexible and perfectionistic criteria that a person uses to judge himself and others. Because these attitudes are inflexible, extreme and resistant to change, they are considered ineffective (cited in Liu, Peh, & Mahendran, 2017). Dysfunctional attitudes are the beliefs and directional structures that a person has towards himself, the environment, the world, and the future (Abella & Sketch, 2007). Attitudes are reflected in what a person says and hears and affect his perceptions of the world around him (Kong et al., 2016). Dysfunctional attitudes are a factor for not paying deep attention to the weaknesses and strengths of the individual and personality factors affecting the success of married life and cause the belief in the permanence of problems related to married life and the absence of suitable and constructive solutions (Hoseinzade et al, 2021; Shiri et al., 2016).

Among the integrated approaches that have attracted a lot of attention in recent years to help couples work with communication disturbances, the approach of couple therapy is integrative. The intervention strategies used in integrative behavioral couple therapy emphasize more on the emotional reactions of couples to the differences and conflicts caused by it. Basically, the main goal of this type of therapy is to create emotional acceptance of couples regarding the current differences between them and the differences that can always exist (Christensen et al., 2006). Studies have shown the effectiveness of this approach in increasing marital compatibility (Christensen et al., 2010), emotional and sexual intimacy of couples (Hoyer et al., 2009) and improving communication patterns (Praisotti & Baraka, 2013).

One of the educational methods proposed in this research is reality therapy, the main goal of this approach is to help people to be aware of their needs, monitor their behavior and make appropriate choices. Therapists believe that the main problem of most treatment seekers is the lack of satisfactory or successful relationships when interacting with people who need them in

life (Darbai, 2007). One of the components of reality therapy is responsibility. Glasser (2005) believes that responsibility is the choice and states that everyone can have an understanding of responsibility. No one can honestly say that he is not responsible for what he has chosen when he chooses (Poravori et al., 2017). According to Glaser, in order to treat marital problems, they should be helped to design behavior or behaviors that reduce conflict, incompatibility and strengthen the principle of marriage through judgment, evaluation and planning. To change marital relations, he considers choosing useful and effective behavior instead of ineffective behavior and wants to solve problems related to marital relations by increasing the power of choice, behavior based on reality (Arabpour & Hashemian, 2012). A review of the existing research background shows the effectiveness of reality therapy on various aspects of life; For example, Wiesner and Marshall (2014) believe that in several studies, reality therapy helps couples by increasing their marital knowledge and skills. In another study, Fethullahzadeh et al. (2016) concluded that the intervention of enriching married life based on the theory of choice by improving and increasing interactions between couples improves the quality of their marital relationships. Now, in this research, the researcher is trying to answer this question: Is reality therapy and integrative couple therapy effective on the quality of marital relationships and dysfunctional attitudes in incompatible couples?

Method

The present study was a semi-experimental type with a pre-test-post-test design with a control group. The statistical population included all the couples who referred to the counseling centers of Amel city during May 1400, who referred due to incompatibility or the psychologists of the center identified the cause of the conflict as incompatibility. In this study, the number of 30 couples (10 couples of the first experimental group, 10 couples of the second experimental group, and another 10 couples for the control group) was estimated. This number of people was determined based on the number of statistical population and using Cohen's formula. Cluster sampling method was used for the initial sampling of 30 couples (60 people) from the entire statistical population, and finally, with this method, five centers were used to select the samples. After selecting 20 couples, in order to control some variables in the sample groups, the participants were matched in terms of age, level of education, length of life history, etc. Then, after matching, 30 couples were replaced by simple random sampling in two control and experimental groups. It should be noted that for each group, 5 pairs were selected as a reserve, so that in case of non-cooperation of individuals, they can be used in the groups. Entry criteria include: couples referring due to incompatibility, each couple can participate in consecutive sessions; have at least 1 year of cohabitation history; Their age should be between 25 and 50 years; obtain average and low scores in the marital compatibility questionnaire (cutoff score less than 100) for initial screening; Consent for cooperation is required by having a written consent in hand; The educational qualification is diploma or higher; have not received recent training with psychotherapy approaches. Exclusion criteria include: participants are absent for more than 2 sessions; do not consent to participate in the research; have received psychotherapy approaches in recent times; Whenever they don't want to continue cooperation, they can leave the group without hindrance.

Materials

1. Marital relationship quality questionnaire: Busby et al.'s marital relationship quality scale (revised form) was created by Busby et al. in 1995, which is used to measure the quality of marital relationships. This questionnaire consists of 14 items and 3 subscales of agreement (6 questions), satisfaction (5 questions) and coherence (3 questions), which show the quality score of marital relations and high scores indicate higher quality of marital relations. This 14-question questionnaire is graded on a 6-point Likert scale from 0 to 5, so that a completely agree answer gets a score of 5 and a completely disagree answer gets a score of zero. (5 = we always agree, 4 = we almost always agree, 3 = sometimes we agree, 2 = we often disagree, 1 = we almost always disagree, 0 = we always disagree). The original form of this scale has 32 questions, which was created by Spinner and based on Levis and Spinner's theory about the quality of marital relationships. Bradbury et al. (2000) also introduced a 14-question questionnaire as a suitable tool for evaluating the quality of marital relationships

after presenting their theory about the quality of marital relationships. Confirmatory factor analysis has confirmed the three-factor structure of the questionnaire in America and has shown its validity (Hollist et al., 2005). The reliability of the questionnaire according to Cronbach's alpha in the study of Holist, Cody and Miller (2005) for the three subscales of agreement, satisfaction, cohesion was reported as 79, 0.80 and 0.90, respectively. In order to determine validity as criterion validity, Enrich's Marital Satisfaction Questionnaires (1983), Olson et al.'s (1986) Adaptability and Family Correlation Assessment Questionnaire, and Spiner's Husband and Wife Adaptability Scale (1976) were used. The significant validity coefficients between the questionnaire factors show the quality of marital relations with the criterion questionnaires, in all of which the relationship was at a significant level ($p<0.0001$) and the extracted factors have high and satisfactory reliability.

2. Dysfunctional Attitudes Questionnaire: This questionnaire was prepared by Wiseman and Beck (1978) based on Beck's theory about the content of cognitive structure in depression. This scale consists of 4 subscales of success - perfectionism, need for approval of others, need to please others and vulnerability - performance evaluation. Based on the 7-option Likert scale (completely agree = 7, strongly agree = 6, slightly agree = 5, indifferent = 4, slightly disagree = 3, strongly disagree = 2, and completely disagree = 1). Add the points from 26 statements together. The minimum possible score is 26 and the maximum is 182. A score between 26 and 52 indicates a person's low level of ineffective attitudes. A score between 52 and 130 indicates the level of ineffective attitudes in a person in the average level, and a score higher than 130 indicates the level of ineffective attitudes in a person in a high level. In the research of Ebrahimi and Mousavi (2012), the internal consistency of the questions of the 26-question version of DAS was obtained through Cronbach's alpha equal to 0.92, which is very favorable and stronger than the 40-question version. The reliability coefficient of this scale has been reported as 0.73 using retesting (Fata, 2013).

3. Marital Compatibility Questionnaire: This scale was prepared by Spanier in 1976, which is a 32-question tool to assess the quality of the marital relationship in terms of a husband and wife or both people who live together. This tool is made for two purposes. By obtaining total scores, this tool can be used to measure overall satisfaction in an intimate relationship. Factor analysis shows that this scale measures four dimensions of the relationship. These four dimensions are: mutual satisfaction, mutual solidarity, mutual agreement and affection. The total score of this scale ranges from 0 to 151. Higher scores indicate a better and more compatible relationship. This means that getting scores equal to or more than 100 means compatibility of people and scores less than 100 means there is a problem in marital relations and lack of compatibility and family understanding. The husband and wife rating scale provides three different types of rating scales. Spanier (1976) estimated the validity of this scale in total scores of 0.96, which indicates significant internal consistency. The internal consistency has also estimated the subscales between good and excellent, which include: marital satisfaction scale 0.94, marital solidarity 0.81, marital agreement 0.90 and expression of affection 0.73. Also, Spanier has reported that the construct and content validity of this scale is favorable and approved. Haj Abolzadeh (2002) in his research, in order to determine the reliability coefficient of the questionnaire, performed the retest method with a time interval of 1 week, on a sample of 15 couples. The correlation coefficient between men's and women's scores during two implementations was 0.81 in the total score, 0.68 in marital satisfaction scale, 0.81 in marital harmony, 0.77 in marital agreement, and 0.78 in the expression of affection.

4. Integrative couple therapy protocol: This protocol is based on Christensen and Jacobson's (2000) integrative couple therapy protocol.

Table 1. Integrative couple therapy protocol

Session	Goal	Content
1	Introduction and acquaintance	Getting to know the group, stating the goals and rules of the group (attending the class on time, not being absent, respecting the group members and secrecy...), conducting the pre-test

2	Providing perspective on couple therapy, examining current problems based on criteria and initial interview	Holding individual meetings with couples, overcoming current problems based on metrics, checking the history of communication
3	Original family history	Holding the third meeting individually. Examining issues related to violence and commitment, examining the history of the original family
4	Problem formulation	Providing feedback to couples, providing perspectives and formulating problems, identifying major problematic issues and areas.
5	Therapist formulation	Finding the strengths of the relationship, discussing the therapist's formulation and matching it with the couple's opinion.
6	Interaction patterns	Discuss interaction patterns, provide interventions to prevent, interrupt, redirect, or limit problematic interactions.
7	Emotion-based interventions (empathic attachment)	Listening for details in couples' interactions, case-by-case reformulation of couple's problems.
8	Acceptance techniques	Encouraging couples by using acceptance techniques so that couples can find some degree of emotional distance from their problems.
9	Behavior-based interventions (with the aim of changing behavior)	Re-enacting the interactions in the meeting with the goal of changing behavior
10	Behavior-based interventions (with the aim of changing behavior) 2	Exchange behavior and practice communication skills
11	Behavior-based interventions (with the aim of changing behavior) 3	Rerun the interactions in the meeting
12	Behavior-based interventions (with the aim of changing behavior) 4	Practice problem solving skills.
13	Interventions related to creating tolerance 1	Practice negative behaviors
14	Interventions related to creating tolerance 2	List actions for self-care.
15	Interventions related to creating tolerance 3	Demonstrating negative behaviors in the home environment, increasing tolerance through introspection, helping the couple to cope with stressors.
16	Summary meeting	

5. Reality therapy protocol: For the second experimental group, the protocol developed based on Glasser's (1965) and Louis Shilling's (2008) reality therapy approach was used in eight 90-minute sessions.

Table 2. Reality therapy protocol

Session	Goal	Content
1	getting to know	Introduction, setting group rules with the cooperation of group members, examining the importance and role of communication skills, familiarizing group members with each other and creating a relationship based on trust between members and the consultant and communicating group rules. Conducting the pre-test
2	Reality therapy training	Teaching the concepts of reality therapy theory, introducing why and how people behave, focusing on self-knowledge and awareness of members and how this knowledge affects themselves and others, and identifying their

		strengths and weaknesses; Trying to get a successful identity - helping the members to get to know themselves and the basic needs (knowing the 5 basic human needs, listing the basic needs of the members with their own efforts and the help of a consultant and checking the importance of meeting these needs)
3	Overview, career and family history	Receiving feedback from the previous meeting, and asking for an explanation about the general view of the members about their current employment and common life, and investigating the causes of the group members' attitude about the current life situation. Examining people's goals in life and determining how purposeful they are, introducing general behavior and familiarizing group members with the four components of general behavior (thinking, action, feeling, and physiology); Teaching decision-making skills and examining changes in thoughts, feelings, actions, physiological in the present time
4	Quadruple conflicts and compulsive behaviors	Introducing and explaining the four conflicts and forced behaviors - determining the level of access or failure of the group members in using the current behavior and action for employment and checking how their current behavior can help the members achieve their goals and needs.
5	Knowing the current behavior and feeling	Description of sessions: Helping members to recognize their current behavior and feelings, and downplaying the past in current behavior and emphasizing internal control over employment. Familiarity with emotions, including anxiety and depression, from the point of view of reality therapy and teaching the skill of calmness to control and regulate emotions - determining the importance of planning to do things faster and better; Optimum use of time and proper planning and planning training to achieve other common life goals
6	Familiarity with responsibilities	Acquainting the members with their responsibilities and helping them to accept and increase their responsibility towards the choice of behaviors and solutions that lead to a tendency towards disappointment and a decrease in happiness towards employment. Introducing destructive and constructive behaviors in relationships and learning to live in the present
7	The ten principles of choice theory	Teaching the ten principles of choice theory, accepting responsibility for behavior - getting to know the issues of change and commitment, and providing assignments, however small; On the basis of increasing self-esteem, valuable self-concept until the next meeting and getting a written commitment from the members to definitely implement it and not accepting any excuses.
8	Conclusion	Receiving feedback from previous meetings (reviewing previous meetings and summarizing), reviewing and re-emphasizing the acceptance of responsibility by members, helping members to replace internal control, facing reality, making moral judgments about the rightness and wrongness of behavior; Being in the here and now and ultimately the process of change that leads to a decrease in anxiety and an increase in positive affect. Post-test implementation

Implementation

In order to start the work, preliminary arrangements were made with the managers of counseling centers in Amol city. In order to screen people for the presence of incompatibility, the Marital Compatibility Standard Questionnaire (DAS) was used to detect incompatibility along with additional explanations from their psychologist to select sample people. When the number of selected people met all the criteria for entering the research, during the introduction meeting, the members were discussed about the research, its goals and results, and after declaring their

consent to participate and cooperate in this research, they were invited. The experimental groups were trained by selected approaches (integrative couple therapy and reality therapy); If the control group was not trained with any of the mentioned approaches.

Both experimental and control groups were measured twice (pre-test-post-test) separately. The first measurement before the intervention with approaches, by running a pre-test, the quality of marital relations and ineffective attitudes of the groups was measured, and then the second measurement was done by running a post-test after the intervention. Meanwhile, the witness group followed the normal procedure. However, integrative couple therapy training sessions, in 16 90-minute sessions, reality therapy protocol in 8 60-minute sessions and with a specific duration for the experimental group, once a week in one of the group counseling rooms that had a suitable space. It was held in pairs in counseling clinics and psychological services, and finally, using the data collected from the pre-test and post-test questionnaires and their statistical analysis, the effectiveness and difference of these approaches in dependent variables were discussed and investigated.

In terms of observing ethical considerations, all ethical issues and research ethics were observed while doing the work. Also, from an ethical point of view, the witness group was assured that after the implementation of the research, they would also be taught the training sessions. The findings of the research were analyzed in two descriptive and inferential parts: in the descriptive part, the frequency of subjects based on gender, age and education, mean and standard deviation was done. The assumption of normality of the distribution of variables, the assumption of homogeneity of variance-covariance matrices, Levine's test, sphericity test, group analysis of variance, and lastly, repeated measurement analysis with mixed design were tested.

Results

The mean (standard deviation) age of the participants in the integrative couple therapy group was 39.5 (8.7), the reality therapy group was 40.2 (8.9) and the control group was 38.9 (7.7).

Table 3. Descriptive indices of research variables

Group		N	Pre-test		Post-test		Follow-up	
			Mean	SD	Mean	SD	Mean	SD
Agreement	Control	20	13.70	4.19	12.75	4.45	12.25	3.99
	Integrative	20	12.90	4.51	21.65	4.60	20.45	3.66
	RT	20	14.00	4.01	21.45	4.47	19.30	3.60
Satisfaction	Control	20	11.10	2.05	10.65	1.98	10.65	1.84
	Integrative	20	10.55	2.11	18.30	3.01	18.85	3.12
	RT	20	10.70	1.98	18.95	2.63	19.90	2.67
coherence	Control	20	8.15	1.73	9.20	1.36	9.70	1.38
	Integrative	20	8.55	1.32	13.05	1.76	13.10	1.55
	RT	20	9.20	1.58	12.80	1.15	12.45	1.47
Quality of marital relations	Control	20	32.95	5.79	32.60	5.41	32.60	4.65
	Integrative	20	32.00	6.10	53.00	5.56	52.40	4.47
	RT	20	33.90	5.57	53.20	6.58	51.65	5.71
Dysfunctional Attitude	Control	20	100.95	9.17	101.15	8.72	96.20	8.14
	Integrative	20	99.25	8.96	62.10	8.27	60.70	8.65
	RT	20	99.80	9.32	65.90	5.76	64.00	7.68

The results of Table 3 show the difference in the mean scores of the variables of marital relationship quality and dysfunctional attitude in the post-test and follow-up scores compared to the control group.

Table 4. The results of the normal distribution of scores and homogeneity of variances test

Variable	Group	K-S			Levene's Test			Mauchly		
		Df	Statistics	Sig	Df	Statistics	Sig.	Df	Statistics	Sig
Agreement	Exp.	20	0/912	0/326	28	0/157	0/695	3/18	0/80	0/33
	Control	20	0/731	0/629						
Satisfaction	Exp.	20	0/620	0/845	28	1/070	0/221	2/18	0/89	0/36
	Control	20	0/973	0/304						
coherence	Exp.	20	0/822	0/510	28	2/391	0/133	3/16	0/84	0/47
	Control	20	0/933	0/334						
Quality of marital relations	Exp.	20	0/532	0/924	28	1/754	0/196	2/55	0/77	0/35
	Control	20	0/748	0/516						
Dysfunctional Attitude	Exp.	20	1/07	0/129	28	0/842	0/367	2/67	0/93	0/30
	Control	20	745/0	651/0						

The results of the analysis of variance of the repeated measurement of several variables among the studied groups in the variables of the quality of marital relations and dysfunctional attitude showed that the effect between the subjects (groups) is significant. This effect means that at least one of the groups differs from each other in at least one of the variables of marital relationship quality and dysfunctional attitude. The within-subject effect (time) was also significant for the research variables, which means that there was a change in at least one of the average variables during the time from pre-test to follow-up.

Table 5. Variance analysis with repeated measures to compare pre-test, post-test and follow-up quality of marital relations and dysfunctional attitude in experimental and control groups.

Variable	Source	SS	Df	MS	F	Sig	Eta^2
Agreement	Group*Time	838.544	2	419.272	38.875	0.0001	0.405
	Group	671.289	4	167.822	15.561	0.0001	0.353
Satisfaction	Group*Time	1188.344	2	594.172	178.455	0.0001	0.758
	Group	700.089	4	175.022	52.567	0.0001	0.648
coherence	Group*Time	380.411	2	190.206	136.402	0.0001	0.705
	Group	75.289	4	18.822	13.498	0.0001	0.321
Quality of marital relations	Group*Time	6732.144	2	3366.072	173.855	0.0001	0.753
	Group	3585.989	4	896.497	46.303	0.0001	0.619
Inefficient attitudes	Group*Time	6732.144	2	3366.072	173.855	0.0001	0.753
	Group	3585.989	4	896.497	46.303	0.0001	0.619

The results from Table 5 showed that the F-ratio obtained in the groups factor is significant in terms of marital relationship quality ($p<0.01$) and ineffective attitudes ($p<0.01$). This finding indicates that integrative couple therapy improved the quality of marital relationships and dysfunctional attitudes in couples. In this regard, an analysis of variance with repeated measurements was performed for the experimental group in three stages of therapeutic intervention, where the observed F ratio was in improving the quality of marital relations ($p<0.01$) and ineffective attitudes ($p<0.01$).

Table 6. The results of the Bonferroni post hoc test within the integrative couple therapy group in terms of the quality of marital relationships and dysfunctional attitudes in the experimental group.

Variable	Time		Mean diff.	Std Err.	P-value
Agreement	Pre-test	Post-test	-8/75	1/25	0/001
		Follow-up	-7/55	1/25	0/012
	Post-test	Follow-up	1/20	1/22	0/073
Satisfaction	Pre-test	Post-test	1/96	1/25	0/002
		Follow-up	-0/90	1/31	0/029
	Post-test	Follow-up	-2/96	1/29	0/029
coherence	Pre-test	Post-test	2/86	1/25	0/021
		Follow-up	0/90	1/31	0/49
	Post-test	Follow-up	-2/06	1/33	0/13
Quality of marital relations	Pre-test	Post-test	-1/72	1/15	0/004
		Follow-up	-2/30	1/15	0/05
	Post-test	Follow-up	-3/88	1/12	0/131
Dysfunctional attitudes	Pre-test	Post-test	-1/72	1/15	0/004
Agreement		Follow-up	-2/30	1/15	0/05
	Post-test	Follow-up	-3/88	1/12	0/131

The changes of the experimental group over time in Table 6 showed that the dimensions of marital relationship quality and cognitive regulation in the experimental group were significant in the post-test compared to the pre-test ($P<0.001$). Also, a significant difference was observed in the follow-up phase compared to the pre-test ($P<0.001$). However, no significant difference was observed in the follow-up compared to the post-test ($p<0.01$).

Conclusion

The purpose of this research was to compare the effectiveness of integrative couple therapy on the quality of marital relationships and dysfunctional attitudes in incompatible couples. The results showed that integrative couple therapy training has been effective in increasing the quality of marital relations of incompatible couples. The results of the research are in line with the results of the researches of Bakum et al.

In line with the impact of integrative couple therapy training on marital quality, it can be stated that integrative couple therapy is a context-based behavioral therapy that helps couples to increase their satisfaction and compatibility (Gorman, 2008). This approach used the concepts and techniques of "emotional acceptance" in order to solve some of the limitations of traditional behavioral couple therapy. Acceptance techniques are more aligned with behavioral acceptance than behavior change and attempt to use areas of conflict as a means of creating greater intimacy and closeness in couples. This therapeutic method tries to reconstruct the traditional approach to behavioral couple therapy around the idea that not all aspects of couples' relationships can be changed. Acceptance in these domains means that couples strive to maintain intimacy and closeness despite intractable problems (Christensen et al., 2004). In this regard, Montsi et al. (2013) found that integrative behavioral couple therapy increases their security and safe behaviors by rebuilding couples' relationships and reduces marital conflicts and conflicts, the desire to leave the relationship, and divorce. It improves their physical and psychological health. Due to the emphasis that this approach has on improving and enriching relationships between couples and how to express needs and fulfill needs and the extent to which couples express sexual benefit from each other and its effect on the self-worth of each couple, it makes husband and wife take care of each other. In general, it can significantly affect the intimacy and marital satisfaction of couples.

Integrative couple therapy training has been effective in reducing dysfunctional attitudes of incompatible couples. The results of the research are in line with the results of Al-Said and Elias (2016), Hoskins and Appling (2017), Duras et al. (2020), Dizjani and Khoramin (2016) and Mousavi et al. (2018).

In explaining the effect of integrative couple therapy on couples' dysfunctional attitudes, it can be said that in the early stages of a relationship, accepting and tolerating differences among most couples occurs simply. In many cases, couples refer to each other's differences as the source of their attraction, during the first days when couples are together, these differences are less considered as threatening and problematic factors in relationships. After the passage of time, the tendency of some couples to accept, compromise and compromise with differences decreases. For a long time, they will not look at their behavior styles as a source of attraction and will eventually start making efforts to change each other. Unfortunately, these efforts manifest in negative coercive behaviors such as blaming. Integrative couple therapy aims to combine the opposite techniques of acceptance and change. Change techniques are used to change some behaviors or to remove the lack of behavioral inhibitions. If an attempt is made to reduce the frequency of critical behaviors in the husband or to increase the amount of emotional behaviors in the wife, an attempt has been made to create change (Hoskins & Appling, 2017).

The results showed that reality therapy training has been effective in increasing dysfunctional attitudes of incompatible couples. In line with the research and in the confirmation and effect of reality therapy intervention in couples, it can be mentioned its effect on reducing the negative reaction of couples with marital conflicts (Akbari & Dinarund, 2014). It can also be mentioned that it affects the resilience of couples (Sadat Bari et al., 2013), the quality of life of couples (Nadri et al., 2015), and the reduction of conflicts (Sajadi, 2015; Broumand et al., 2013). Due to the serious orientation of reality therapy to the fundamental and fundamental issues of couples, especially their needs, identifying them, paying attention to the ideal world of couples, their understanding of the surrounding environment, removing external control, paying attention to the general and selected behavior to resolve the conflict. Covering this wide range of difference-making fields, identifying the differences and thus helping people to change their desires can lead to the creation of understanding and as a result reduce conflicts and increase the quality of marital relations.

On the other hand, reality therapy is effective on dysfunctional attitudes. In explaining this issue, it can be said that Glaser's approach emphasizes facing reality, responsibility and evaluation of right and wrong behaviors. According to this approach, a person is responsible not only for his actions, but also for his thoughts and feelings. A person is not a victim of his past and present, unless he wants to be (Perzman & Murphy, 2016). It seems that reality therapy, by strengthening the feeling of acceptance of the current situation, can lead to increasing the responsibility of thoughts, behaviors and improving the psychological state. It helps them regain control of their lives and learn that they have chosen their current situation and therefore they must accept responsibility for it so that they can choose a better situation and make better choices. (Peterson et al., 2015). Its result can be seen in the improvement of ineffective attitudes.

This therapy can create the right way of thinking and people can learn how to recognize their irrational and unreasonable evaluations. Naturally, it gives people the strength to deal with the problems in front of them in a healthy way, overcome difficulties and move with the flow of life. This training can probably be the source of changes, including changes in attitudes and beliefs. Considering the serious orientation of reality therapy to the fundamental and basic issues of life, attention to the ideal world, their understanding of the surrounding environment, attention to the general and selected behavior to solve conflicts in life, on the cognitive scale of people, this effectiveness can be justified. Group reality therapy training makes people identify their ineffective, irrational and unreasonable attitudes and take action to correct them. Enjoy their social relationships, work and recreation, and this will reduce a person's dysfunctional attitudes (Vernon & Carlson, 2015).

The present research, like other researches, was accompanied by limitations in the process of conducting it, some examples of which are mentioned: This research was conducted in the counseling centers of Amel city and with a limited sample, which limits the generalization of the results to other communities. Another limitation of the research is the lack of consideration of demographic variables such as economic, educational, social and cultural

variables that can affect the results of the research. Another limitation of the research is the use of self-report questionnaires, which can also affect the results of the research.

In order to improve couples' relationships, it is suggested to conduct workshops with the topic of integrative couple therapy and reality therapy or a combination of both interventions in pre-divorce counseling centers. As it is known, prevention is better than cure. In this regard, it is suggested to include educational workshops in pre-marriage education from the two research interventions aimed at increasing communication skills and changing attitudes necessary for married life. According to the findings of this research, it is suggested that the training of this therapeutic method should be included in the list of couple therapy and family therapy training programs so that therapists can treat communication problems and enrich intimate relationships of couples and families according to this approach. One of the problems and conflicts of couples' relationships is the emotions of couples. Considering the impact of these two approaches on ineffective attitudes and as a result of increasing the quality of couples' relationships, it is suggested that the training of these two treatment methods be included in the list of counseling programs for couple therapy and family therapy as well as training. It is suggested that in other researches, the present research should be conducted on other societies and wide samples so that the results can be compared with other researches. The use of open-ended questions and interviews after the research and the follow-up period along with questionnaires can gain more confidence in the effectiveness of intervention methods. It is suggested that these cases be considered in future researches. It is suggested that in future researches, the effectiveness of this treatment approach should be investigated according to the variables of marriage duration, gender and age of the subjects.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

Azizpour, P., & Safarzadeh, S. (2016). The modifying role of fairness perception and selfless behaviors in the relationship of intimacy with spouse and marital quality. Family research. 12(47). 411-391

Bahmani, M., Fallah Chai, S. R., & Zarei, E. (2012). Investigation and comparison of justice between satisfied and conflicted couples. Counseling and family psychotherapy. 1(3): 382-395.

Baucom, D.H, & et al, 2010, Cognitive- behavioral couple therapy.In K.S. Dobson, Handbook of cognitive behavioral therapies, 3rdEd. New York: The Guilford press, p. 411-444.

Christensen, A., & Jacobson, N. S. (2000).Reconcilable differences. New York: Guilford Press.

Christensen, A., Atkins, D., Baucom, B., & Yi, J. (2010). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. Journal of Consulting and Clinical Psychology, 78: 225-235.

Christensen, A., Atkins, D., Yi, J., Baucom, D., & George, W. (2006). Couple and individual adjustment for 2 years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. Journal of Consulting and Clinical Psychology, 74:1180-1191.

Darbani, S. A., & Parsakia, K. (2022). The effectiveness of strength-based counseling on the self-esteem of marital conflicted women. Psychology of Woman Journal, 3(1), 46-55.

Durães,R., Khafif,T.C., Lotufo-Neto.F & Serafim,D.P.(2020). Effectiveness of Cognitive Behavioral Couple Therapy on Reducing Depression and Anxiety Symptoms and Increasing Dyadic Adjustment and Marital Social Skills: An Exploratory Study. The Family Journal, 28(4): 344-355.

Elsayed, F. Elyas, E. (2016).The Effectiveness of a Counseling Program Based on Reality Therapy to Improve Marital Adjustment among Emotionally Separated Saudi Wives. Sylwan, 160(4): 343- 362.

Garnefski, N., Van Den Kommer, T., Kraaij, V., Teerds, J., Legerstee, J., & Onstein, E. (2002). The relationship between cognitive emotion regulation strategies and emotional problems: Comparison between a clinical and a non-clinical sample. European Journal of Personality, 16(5), 403–420 .

Haskins, N. H., & Appling, B. (2017). Relational-Cultural Theory and Reality Therapy: A Culturally Responsive Integrative Framework. Journal of Counseling & Development, 95(1): 87-99

Hoseinzade Z, Ghorbanshirodi S, Khalatbari J, Rahmani M. (2021). The comparison of the effectiveness of emotionally focused couples therapy and reality therapy for couples on marital communication beliefs and marital expectations of couples. JARAC; 3 (2) :1-13 [In Persin]

Hoyer, J., Uhmann, S., Rambow, J., & Jacobi, F. (2009). Reduction of sexual dysfunction: byproduct of cognitive- behavioural therapy for psychological disorders? Journal of Sex Relation Ther, 24: 64-73

Mehrabani, M., & Naderi, M. M. (2020). Effectiveness of couple therapy intervention with communication enrichment program on marital conflicts and couples' quality of life, 7th National Conference of Modern Studies and Research in the field of Educational Sciences, Psychology and Counseling in Iran, Tehran.

Mousavi, F. (2017). Marital quality dimensions: investigation of predictors of interaction components and methods of marital conflict resolution. Practical advice. 7(1). 81-100

Navabinejad, Sh., Rostami, M., & Parsakia, K. (2023). The mediating role of emotional intelligence in the relationship between marital conflicts and tendency to marital infidelity in couples. Journal of Assessment and Research in Applied Counseling, 5(1): 1-8.

Perissutti, C., & Barraca, J. (2013). Integrative behavioral couple therapy vs. Traditional behavioral couple therapy: A theoretical review of the differential effectiveness. Journal of Clínica y Salud, 24: 11-18.

Rick, J. L., Falconier, M. K., & Wittenborn, A. K. (2017). Emotion regulation dimensions and relationship satisfaction in clinical couples. Personal Relationships, 24(4), 790–803 .

Snyder DK, Castellani AM, Whisman MA. (2006) Current status and future directions in couple therapy. Annu Rev Psychol; 57:317-344

Sobral MP, Matos PM, Costa ME. (2014) Fear of intimacy among couples: Dyadic and mediating effects of parental inhibition of exploration and individuality and partner attachment. J Fam Sci; 6(1): 380-388

Sobral, M. P., & Costa, M. E. (2015). Development of the Fear of intimacy components questionnaire embracing a dependence component. European Journal of Psychological Assessment, 31: 302-313.

Thompson, R. A. (1994). "Emotional regulation: a theme in search for definition". In N. A. Fox, The Development of Emotion Regulation: Behavioral and Biological Considerations. Monographs of the Society for Research in Child Development, 59, 25-52

Zlomke K.R, Hahn,K.S (2010), Cognitive emotion regulation strategies:Gender differences and associatios to worry .Personaity and Individual Differences, 48: 408-413.