

The Effect of Multidisciplinary Consulting Approach on Marital Satisfaction of Couples Applying for Divorce in the Family Court of Borujerd

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Abstract

Aim: The main objective of this study was to examine the effect of multidisciplinary consulting approach on the marital satisfaction of couples applying for divorce in the Family Court of Borujerd, Iran.

Methods: In this quasi-experimental study, using a pretest-posttest approach, the participants in group 1 were followed up for one month, three months, and six months post-intervention. The target population included couples applying for divorce in the Family Court of Borujerd. The sample included 130 couples, who were divided into two groups (group 1 with 65 couples who participated in multidisciplinary consulting program, and a group 2 with 65 couples who participated in common consulting program) through block size randomization. The data were collected using ENRICH Scale and analyzed using the SPSS21 software.

Findings: The results revealed the positive effect of multidisciplinary consulting approach on the marital satisfaction of couples ($P < 0.05$).

Conclusion: When couples apply for divorce, interventions are considered critical, and the sample loss and low efficacy of this program prove this special situation. Given that some families enter this critical stage because they do not know about or do not have access to consultation and problem-solving skills to satisfy their marital life, effective and constrained intervention through establishing and developing such centers seems necessary.

Keywords: Multidisciplinary consulting approach, Marital satisfaction, Divorce

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Introduction

Marriage is a sacred contract through which a family is formed, which is mostly emphasized by all religions [1]. Marriage is a complex variable, and there are major factors influencing marital satisfaction and durability. Love, economic and emotional security, escaping loneliness, and the desire to become perfect are inclinations leading to marriage [2]. A successful and satisfying marriage can fulfill many physical, mental, and sexual needs of couples in a safe environment, and widely affect people's mental health [2]. Family is the prime factor for the health of both society and family, and vitality is influenced by marital satisfaction [3]. Satisfaction of the sexual, mental, and emotional needs, which are people's basic and intrinsic needs, is defined within the family and marital relations. Marital satisfaction is an objective feeling of happiness and pleasure experienced by couples, and is an attitudinal variable; couples experience positive feelings, loving, and fulfillment of sexual needs in their marriage [4]. Marital dissatisfaction is followed by the feelings of insecurity and failure and risk of family dissolution. Studies have shown that sexual problems are of the major problems in marital relations [5]. Satisfaction or dissatisfaction with marital relations can directly lead to contentment or discontentment of the family members. Besides sexual problems, the

relationship between couples and mutual respect, parenting skills, and problem-solving skills may also affect marital satisfaction [6]. In other words, the expression of feelings and love, agreement on economic affairs, housekeeping, and parenting should be considered, as well. Goldenberg H, Goldenberg I (2012) have examined factors affecting marital satisfaction in two categories [7]:

A) Interactional behaviors, communication skills, conflict resolution skills, the quality of sexual relations, religious agreements, intimacy, commitment, violence, familial stresses, and behavioral and emotional patterns are of interpersonal processes between couples.

B) The couples' family history, psychological stresses, social damage, history of physical, mental, and chronic illnesses, and children's status, which influences their behaviors and beliefs.

Marital satisfaction is one of the most important aspects of a successful and durable marriage. Lit zinger S, Gordon KC (2013) found that sexual intimacy correlates with emotional intimacy and marital satisfaction [8]. Rosen Grandon et al. (2004) showed that marital satisfaction cannot be reached easily. The increasing rate of divorce in the world represents marital dissatisfaction [9].

Failure to have a satisfying sexual relationship is followed by mental and physical consequences that may result in marital

conflicts. Goodrich et al. confirmed the effect of sexual satisfaction on marital satisfaction during marital life [10]. Olson and Olson (2000) also showed that education of interactions and communication skills can well predict the quality of marital relationships in the future [10]. In other words, consultation and marital skill training are more effective if they start during adolescence and before marriage [9].

The marriage enrichment program (ENRICH), generally, contributes to strengthening the couples' relationships in the area of teaching communication to couples, conflict resolution, financial management, marital satisfaction, leisure activities, religious beliefs, parent-child relationship, realistic expectations from each other, and sexual expectations [3].

The multidisciplinary consulting approach is a method for enriching communications and emphasizing the acquisition of effective communication skills, improvement of self-concept, control of behavior and anger, sexual skills, and satisfying sexual relationships with the contribution of qualified individuals in various sexual, mental, and health domains [11]. In this approach, people gain a high capacity for self-perception and expression of feelings and sexual interests to their spouse [12]. It aims to resolve communication problems of conflicting couples such that they can be satisfied and overcome current and future

concerns [11].

This type of consultation focuses on marital satisfaction, and the consultation team teaches the couples how to identify capabilities and effective solutions [12]. It aims to increase the couples' satisfaction with their marital relationships and decrease their conflicts [13].

This study was conducted mainly to examine the effect of multidisciplinary consulting approach on marital satisfaction of couples applying for divorce in the Family Court of Borujerd with three-month and six-month follow-ups post-intervention.

Methods

This quasi-experimental study was conducted in 2014 on 130 couples applying for divorce in the Family Court of Boroujerd. The Ethics Committee of Tarbiat Modares University approved the study. All participants gave informed written consent. Block size randomization was used to select the couples who met the following inclusion criteria: volunteered to participate in the intervention, applicants of divorce, none of the couples should have acute brain or mental problems, and this marriage should be their first experience. The exclusion criteria included: the couples' remarriage, death, migration, or debilitating diseases of spouse, or their disagreement to continue the intervention.

The studied sample consisted of 130 couples

(65 couples in group 1 and 65 couples in group 2).

Both groups took a pre-test at the beginning of the consulting approach and post-test once the

intervention finished. The effectiveness of the approach and durability of the behavior were followed up three months and six months post-Intervention (Table 1).

Table 1: As counseling sessions with a multidisciplinary approach

Session	Session topic	General goals
1	Familiarizing with consultation rules	Familiarizing with consultation rules and objectives, regular participation of couples in sessions, fulfilling the assignments and presenting them in the next session
2	Cognitive restructuring	Raising the awareness of couples of sexual problems and their irrational beliefs
3	Training sexual satisfactory activity	Explaining the cycle of sex, instructing the effective methods of sex and correcting false sexual myths and beliefs
4	Pregnancy and related issues	Explaining the methods of contraception and effective practices, and planned and wanted pregnancy
5	Explaining issues and diseases	Explaining the issues and sexually-transmitted diseases and ways to prevent them
6	Home management	Instruction on effective relationship with children, and how to deal with financial issues

In this counseling technique, the focus is on sexual satisfaction of the couples, capabilities, and positive and satisfactory solutions presented by the consultation team, which is comprised of clinical psychologists, health education experts and sex therapists [14]. Its goal is to increase the couples' satisfaction of marital relations and reducing marital conflicts [15, 16]. Therefore, to reach an effective solution for family stability, the researcher has examined the effect of multi-disciplinary consultation approach on the sexual satisfaction of divorce seeking couples referring to the family court.

In general, the question is whether consultation with multidisciplinary approach has any impact on the couples' marital satisfaction?

The hypothesis of this study is as follows:

- Consultation with multidisciplinary approach is effective on the couples' marital satisfaction.

Data collection tool was ENRICH marital satisfaction scale. Fowers and Olson (1989) used this scale to examine marital satisfaction, and found that the scale is sensitive to changes occurring in the family [17]. In an international study, Howard J. Markman, Galena K et al. (2013) selected 5039 couples randomly to examine the validity and reliability of ENRICH scale. They could differentiate satisfied couples from dissatisfied ones by 85%-95%, and described their potential problems with Pearson's correlation coefficient and test-pretest method; therefore, the scale was proven to be valid [18]. In

addition, in Iran, Sepahvand (2013) and Asoudeh (2010) examined the validity and reliability of ENRICH scale in 365 couples, and showed that it differentiated satisfied couples from dissatisfied ones by 0.68 in marital satisfaction; therefore, the scale was proven to be valid [19, 20].

ENRICH scale is used as a diagnostic instrument for couples seeking marital consultation and improvement of their marital relationship [19]. This scale consists of 4 subscales of 35 items, and is used as a research instrument in domains of sexual satisfaction, communication, and conflict resolution.

ENRICH scale is an general measure of marital relationships, including idealistic distortion, marital satisfaction, personality problems, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles, religious orientation, marital cohesion, and marital changes [13], which are rated on a 5-point Likert scale (0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, and 4 = Always). Accordingly, 46 to 50% shows high satisfactions 42 to 45% shows moderate, and less than 41% shows low satisfaction.

The couples in the two groups completed the marital satisfaction scale before intervention (pre-test). The participants were then selected from those couples who had applied for divorce in the Family Court of Borujerd, and had the

inclusion criteria. Then they were divided into two groups: a group receiving multidisciplinary consultation (group 1) and a group receiving common consultation (group 2).

Group 1 attended the couple-therapy consulting with a multidisciplinary approach for six sessions (twice a week), each session lasted 1.5 hour, and group 2 attended sessions of conventional consultation. Our special consultation program was developed based on the data obtained from a pilot study through structured interviews about the frequency and causes of divorce and determining the training needs of the study population (sexual satisfaction, communication skills and conflict resolution skills). The training and consulting sessions on mental, communication and sexual problems were held with the presence of a clinical psychologist, a health instructor, and a sexologist. The couples requiring more sexual or medical interventions were presented to medical centers. The important points about sexual, communication and conflict resolution skills were presented to the couples in a training booklet and also through SMS. The couples were also provided with a hot line for urgent calls.

Once the sessions ended, the couples' satisfaction was measured using the ENRICH scale. The scores of 5-15, 20-35, and 40-60 showed low, moderate, high satisfaction, respectively. In this study, the effect of factors

influencing divorce was examined using contingency tables, Chi square test, and Fisher’s exact test in the SPSS21 software. The significance level was set as 0.05, and the results were reported as frequency values (percentage). The Stuart-Maxwell test, which is the generalized nonparametric McNemar’s test for paired data, was used to compare the status of the couples in terms of the ENRICH subscales. To examine the maintenance of the effect of consultation and changes in the degree of satisfaction in the 3-month and 6-

month follow-ups of the couples, the results were analyzed using the generalized Mann-Whitney's analysis.

Results

The two groups were evaluated regarding age, number of children, education level and employment status. In both groups there was no significant difference.

The result showed a positive and significant effect of multidisciplinary approach in marital satisfaction (Table 2).

Table 2: Significant difference in terms of family stability

	Group 2	Group 1	Test statistics	P-value
Family stability	2	12	-2.84	0.005
Sample size	65	65		

Evaluating the usefulness of applied method was done by using the statistical test of comparing the two ratios: 12 couples in group 1 and two couples in group 2 changed their mind about divorce. There was a significant difference in terms of family stability between the two groups ($p = 0.005$).

It is to be noted that with respect to ethical limit, no control group was selected.

Of the total of 65 couples participating in the test group, 34 (52%) couples were in a low level in terms of satisfaction. In the follow-up of post-test, 16 couples were excluded from the study due to haste in divorce (3 due to

family interventions, 5 due to lawyer’s intervention, 2 due to mayhem, 1 due to relocating from Borujerd, and 3 due to sexual deviations, weariness and insistence on divorce), in which 38 (78%) couples from group 1 showed an average satisfaction. According to the WilCoxon test results, a significant difference was observed in group 1, between pre-test and post-test ($p < 0.05$), which according to the hypothesis, was effective on the sexual satisfaction of divorce seeking couples for one month after consultation using multidisciplinary consulting approach.

In the three-month follow-up in which 20

couples were excluded from the study due to the mentioned reasons, 23 (52%) couples showed average satisfaction, and in the six-month follow-up in which 17 couples were excluded (for the above-mentioned reasons), 10 (83%) couples showed average to high satisfaction. As for WilCoxon test results, difference can be

observed in pre-test and 3 and 6 months of consultation ($p < 0.05$) in group 1. Then, after one month of consultation and three and six months of follow-up, the results of consultation with multidisciplinary consulting approach had impact on the marital satisfaction of divorce seeking couples (Table 3).

Table 3: Marital satisfaction scores in pre-test, post-test, three and six months follow-up test stages in group 1 (N=65)

	Pre test	Post test	3 month follow up	6 month follow up
less than 22	34(52%)	8(16%)	2(7%)	2(16%)
23-28	27(41%)	18(35%)	7(24%)	2(16%)
29-35	4(6.1%)	20(43%)	9(31%)	3(26%)
36-40	0	3(6%)	7(24%)	3(26%)
41-50	0	0	4(14%)	2(16%)
Total	65	49	29	12
P-value		0.004	0.003	0.0031

Discussion

The results of the posttest and follow-ups (the 3- and 6-month follow-ups) showed that the multidisciplinary consulting approach was effective on the couples' marital satisfaction. These results conform the findings of Markman, Stanley (2012) about the effectiveness of marital satisfaction enrichment in increased marital satisfaction [20, 21].

Knutson L, Olson DH (2003) found that a short 10-hour program could improve the couples' skills for empathy with each other, which lasted for 6 months after termination of the treatment [22, 23]. Rosen Grandon et al. examined the effect of premarital training by religious and university centers within 6

sessions of two hours, and found that the couples achieving more information on interpersonal communication showed higher sensitivity to the changes in behavior [24].

Considering that the hypothesis of this study (the effectiveness of multidisciplinary consulting approach on the couples' marital satisfaction in the posttest and follow-ups) was confirmed, this approach can be used as an effective program to increase the marital satisfaction of couples applying for divorce. However, interventions when couples apply for divorce are considered critical, and the sample loss and low efficacy of this program prove this special situation. Given that some families enter this critical stage because they do not know

about or have no access to consultation and problem-solving programs for marital life, crisis intervention through establishing and developing such centers seems necessary.

Limitations

- Lack of control group to compare with the intervention groups.
- Collapse of group 2 participants because of divorce and lack of data related to ENRICH dimensions on this group.
- The impact of attorneys was a limitation to the intervention performed to reduce the divorce. There were significant barriers to communication with couples applying for divorce and facilitators and accelerators of divorce because of their personal interests.
- Fatigue and reluctance of the couples for continuing the sessions as they thought of themselves being at the end of their marriage and thus no need for consulting.
- Malicious interference of some families who did not allow their children to think and be affected by the consulting program.
- Lack of any strong legal support for continuous participation of the couples in training sessions.

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References

1. Rhoades GK, Stanley SM, Markman HJ, Allen ES. Can marriage education mitigate the risks associated with premarital cohabitation? *J Fam Pshchol* 2015; 29(3): 500.
2. Waite LJ, Luo Y, Lewin, AC. Marital happiness and marital stability: Consequences for psychological well-being. *Social Science Research* 2009; 3(38): 201-12.
3. Markman HJ. Application of a behavioral model of marriage in predicting relationship satisfaction of couples planning marriage. *J Consult Clin Psychol* 1979; 47(4): 743.
4. Barrientos J, Dario P. Psychosocial

- Variables of Sexual Satisfaction in Chile. *J Sex Marital Therapy* 2012; 21(8): 368-78.
5. Zimmer-Gembeck MJ, French J. Associations of sexual subjectivity with global and sexual well-being: A new measure for young males and comparison to females. *Arch Sex Behav* 2016; 45(2): 315-27.
 6. Rosen-Grandon JR, Myers JE, Hattie JA. The relationship between marital characteristics, marital interaction processes and marital satisfaction. *J Couns Dev* 2004; 82(1): 58-68.
 7. Lebow RN. Reason divorced from reality: Thomas Schelling and strategic bargaining. *International Politics* 2006; 43(4): 429-52.
 8. Goldenberg H, Goldenberg I. *Family therapy: An overview*. Cen Gage Learning; 2012.
 9. Lit zinger S, Gordon KC. Exploring relationships among communication, sexual satisfaction, and marital satisfaction. *J Sex Marital Ther* 2013; 31(5): 409-24.
 10. Rehman US1, Janssen E, Newhouse S, Heiman J, Holtzworth-Munroe A, Fallis E, Rafaeli E. Marital satisfaction and communication behaviors during sexual and nonsexual conflict discussions in newlywed couples: A pilot study. *J Sex Marital Ther* 2011; 37(2): 94-103.
 11. Bakhurst MG, Loew B, McGuire AC, Halford WK, Markman HJ. Relationship education for military couples: recommendations for best practice. *Fam Process* 2016; 32(3): 82-102.
 12. Javanmard, G, Mohammadi Garegozlob, R. The Study of Relationship between Marital Satisfaction and Personality Characteristics In Iranian Families. *J Res Med Sci* 2013; 4(12): 396-9.
 13. Stanley SM, Bradbury TN, Markman HJ. Structural flaws in the bridge from basic research on marriage to interventions for couples. *Journal of Marriage and Family* 2000; 62(1): 256-64.
 14. Ramezani S, Keramat A, Motaghi Z, Mohabbat pur Z, Khosravi A. "The Relationship of Sexual Satisfaction and Marital Satisfaction with Domestic Violence against Pregnant Women." *Int J Pediatr* 2015; 3(5.2): 951-8.
 15. Stanley, SM, Allen ES, Markman HJ, Rhoades GK, Prentice DL. "Decreasing divorce in US Army couples: Results from a randomized controlled trial using PREP for Strong Bonds." *J Couple Relatsh Ther* 2010; 9(2): 149-60.
 16. Vaezi, K. "Divorced Womens Attitude toward the Factors Contributing to a Divorce, Case Study: The Divorced Women of Baneh." *Social Work Mag* 2015; 4(1): 52-64.
 17. Jianjun J. Sexual Satisfaction of Married Urban Chinese. *Journal of Developing*

- Society 2004; 20(1-2): 21-38
18. Stallman HM, Sanders MR. A randomized controlled trial of Family Transitions Triple P: A group-administered parenting program to minimize the adverse effects of parental divorce on children. *Journal of Divorce & Remarriage* 2014; 55(1): 33-48.
19. Sepahvand T, Rasoulzade Tabatabaei SK, Besharat MA, Allahyari AA. Comparison of integrated model of self regulation-attachment couple therapy and marital enrichment program in marital satisfaction and psychological wellbeing of couples. *Contemporary Psychology* 2014; 9(1): 70-5.
20. Askari M, Noah SBM, Bt Hassan SA, Bt Baba M. Factors of successful marriage from the perspective of happy couple. Master Degree in Family Counselling, Tehran: Tehran University, 2010.
21. Kennedy S, Ruggles S. Breaking up is hard to count: The rise of divorce in the United States, 1980–2010. *Demography* 2014; 51(2): 587-98.
22. Fowers BJ, Olson DH. Enrich marital inventory: a discriminant validity and cross-validation assessment. *J Marital Fam Ther* 1989; 15(1): 65-79.
23. Howard J, Markman, Galena K, Rhoades, Scott M, Stanley, Kristina M, Peterson University of Denver. A Randomized Clinical Trial of the effectiveness of premarital Intervention: Moderators of Divorce Outcomes. *J Fam Psychol* 2013; 27(1): 165-72.
24. Halford WK, Markma HJ, Stanley SM. Strengthening couples' relationships with education: Social policy and public health perspectives. *J Fam Psychol* 2012; 10(22): 497-505.
25. Mohr W. Psychiatric mental health nursing. 5th Edition, Philadelphia: Lippincott, 2013; p: 235-48.
26. Knutson L, Olson DH. Effectiveness of PREPARE program with premarital couples in community settings. *Marriage & Family*: 2003; 6(4): 529-46.