

# Effectiveness of Solution-Focused Therapy on Married Couples' Burnout

Abdolreza Mirzavand,<sup>1</sup> Mousa Riahi,<sup>1\*</sup> Ali Mirzavand,<sup>2</sup> and Mahmoud Malekitabar<sup>1</sup>

<sup>1</sup>MA Family Counseling in Allameh Tabataba'i University, Tehran, IR Iran

<sup>2</sup>MA Family Counseling in Shahid Chamran University, Ahwaz, IR Iran

\*Corresponding author: Mousa Riahi, MA Family Counseling in Allameh Tabataba'i University, Tehran, IR Iran. E-mail: mousariahi@gmail.com

Received 2015 December 07; Revised 2016 March 21; Accepted 2016 September 23.

## Abstract

**Background:** Couple burnout results from plethora of non-realistic expectations, irrational thoughts, past awareness and understanding of each other's needs and wide difference of couples past expectations and reality.

**Objectives:** The present research was conducted to investigate the effectiveness of solution-focused therapy on couple burnout among couples referred to Shahryar city court for divorce.

**Materials and Methods:** The population included all couples referred to this court during the month of May, 2014. The sample consisted of 20 couples, who were selected via convenience method and then randomly assigned to two groups for this study. The instrument used in this study was Pines' couple burnout scale. The design of this study was pretest-posttest with a control group. All subjects answered the scale, and then the experimental group received intervention of Solution-focused therapy for eight, ninety-minute sessions. At posttest stage, the two groups answered the scale again. Data of this research were analyzed by the method of multiple covariance analysis.

**Results:** The result of this study showed that solution-focused therapy decreased couple burnout of the experimental group compared with the control group.

**Conclusions:** Solution-focused therapy decreased couple burnout among couple referred to Shahriar city court for divorce.

**Keywords:** Solution Focused Therapy, Burnout Married Couple

## 1. Background

In the recent decades, families have undergone many changes due to the developments in global culture. In other words, the family is shrinking its traditional forms and rapidly becoming discarded. In the current century, the main feature of family life is its very diverse patterns (1). Frustration, enmity, silence and lost opportunities profusely appear in many couples' relations. One of the problems that pertains their life is that many couples lead a relatively dissatisfactory life, living like strangers. In fact, when couples get married and merge in sincere relationships, each brings in a plethora of dreams and expectations and ideals in the relationship, but gradually, these dreams and expectations might be substituted with stressful experience, and couples and their marriage becomes exposed to some marital losses and ends with various kinds of burnout (2). Marital burnout in existential perspective and analytical psychology, is a state of physical, emotional, experience and mental fatigue resulting from too much difference between their expectations and realities and lack of awareness and understanding of each other (3). Couple burnout is a gradual process and it rarely occurs unexpectedly, and instead happens over time (4). In fact, love and

intimacy gradually fade over time, followed by general fatigue, leading in the collapse of the marital relationship (5). According to Pines (6), the following are important features of couple burnout: a) physical exhaustion b) psychological exhaustion c) emotional exhaustion.

Physical exhaustion resulting from chronic fatigue is not cured with sleep. People with physical exhaustion experience severe nightmares. To go to sleep, they have to take some sleeping pills or use alcoholic drinks, and after waking up they feel tired, exhausted, and lethargic and they sometimes suffer from severe headaches, abdominal pain and backache. They are prone to a variety of diseases and regularly catch colds, and they may have bulimia or low appetite.

Emotional exhaustion leads to a decrease of self-confidence and usually negative attitudes towards marital relationship. People who get married with love, but later agonizingly scrutinize their spouse's affairs and do not find anything like their past, could experience mental exhaustion. The feeling of despair and frustration is not limited only to their marital relations but they feel terribly frustrated about themselves. When they look in the mirror, they see their wrinkles and hate themselves. This attitude will affect their social life, feelings towards the future, in-

terpersonal relations and marital relations.

Psychological exhaustion makes them feel hurt, demotivated and dispirited. They do not show any interest in explaining themselves and do not take any action. They are hopeless about restoring their relations. Their life seems empty and meaningless. Often depressed and trapped, they feel unable to make any kind of change. In severe cases, a sense of uselessness and despair can lead to emotional turmoil or suicide.

Marital burnout rarely occurs in a sudden manner and it is usually gradual and results from some drastic and painful life events (5). In fact, the accumulated stress and tension of everyday life, causes wearing down and eventually leads to burnout. The above-mentioned issues all entail paying close attention to marital burnout and seeking for strategies for couples searching for help.

One of the effective therapeutic approaches in the field of family problems and conflicts is solution-focused therapy.

Solution-focused therapy stems from social constructive theory. Constructivists believe that language makes up reality and that people's opinions and beliefs about reality are made through their relations with others in daily life. In other words, people in contact with others create meaning, for which language plays an essential role. The process of meaning creation is influenced by many factors such as racial, ethnic, socio-economic and religious contexts (7).

The results of the research conducted by Izadi (4) showed the effectiveness of solution-focused education on the reduction of married couples' burnout.

Milner and Singleton (8) concentrated on solution-focused treatment for individuals, who appeared aggressive. The results of the follow-up research within three years were significant.

Seidel and Hedly (9) studied the use of solution-focused brief therapy with older adults in Mexico. The results showed that solution-focused education improved the psychological well-being of adults.

In our country, because of the vital status and value of the family, the importance of maintenance and improvement of family is of paramount importance. Therefore, it seems necessary to use scientific findings to keep this important institution more rewarding (10).

Many couples assert the point that when tensions remain unresolved, they experience burnout (9, 11). In order to reduce burnout of married individuals, who contribute to the growth and development of the most important institution of the community, we need better use the solution-focused approach (12). Therefore, the present research aimed at investigating the effectiveness of solution-focused therapy on married couple's burnout.

## 2. Objectives

The present research was conducted to investigate the effectiveness of solution-focused therapy on couple burnout among couples referred to the Shahryar city court for divorce.

## 3. Materials and Methods

### 3.1. Research Design

The method used in this study was experimental with pre-posttest design with a control group.

### 3.2. Population and Sampling

The statistical population of the present research included all couples applying for divorce, referring to the family court and dispute resolution city council in May and June, 2014, in Shahriar, Iran. Twenty-four couples were selected through convenience sampling method, taking into consideration the research variables, such as the duration of the marriage, social-economic status, literacy and Pines' Marital Burnout questionnaire. For selecting the group members, after call out invitation, several people referred to the family court and Shahriar dispute resolution council to participate in group counseling. Secondly, 24 people including wives along with their husbands volunteered to take part in group counseling, and those who obtained the lowest score in marital burnout questionnaire were selected as research subjects. Then, they were assigned to two equal groups: 12 couples in the control group, and 12 couples in the experimental group. Due to subjects drop out during the therapy sessions, finally 10 couples remained in each group.

The inclusion criteria for subjects to enter the research group were having experienced marital burnout, not having participated in solution-focused therapy meetings, non-concurrent use of other treatments and having the minimum required education. Exclusion criteria included being absent from treatment sessions more than two times, and to failure to perform group assignments. After subjects were selected, to consider the objective and secrecy of information, a written consent was taken from the subjects in the present study. Due to the observance of moral principles, the subjects were notified that they could discontinue counseling sessions at any stage of the research process if they were not satisfied. Also, at the end of the study, for observance of the ethical considerations, treatment was provided for couples in the control group.

### 3.3. Interventions

The solution-focused method is a family therapy program consisting of eight 90-minute sessions, performed one session per week by family therapists, who were Master of Art (MA) students in family therapy. While the experimental group went through treatment, the control group received no training. One week after the end of the training, posttest was carried out on both groups.

Session one: introduction of members, explaining objectives, process and laws, and performing the technique to bypass the objectives of the members of the group.

Session two: the explanation of fundamental principles of solution-focused therapy. Commenting on how the members of the group should discuss the issues and reach an agreement, decentralization of negative items, and emphasis on positive ones. Session three: using grading scale of evaluation of the level of commitment and hope, and solving their problem, and identifying resistance of the members using questions of how, when, what and where.

Session four: encouraging members to express their problems, taking care of their children, communicating with relatives and talking about their solutions, encouraging group members to talk about useful solutions.

Session five: asking questions and talking about a 'miracle question', encouraging members to solve their problem, and discussing their strengths.

Session six: asking questions and answering a 'miracle question' and using alternative ideas of "instead of" regarding their replies in the group.

Session seven: Using the term 'appropriate behavior and proper feelings' instead of using problematic feelings and thoughts and behavior, and using technique of 180-degree turning, asking the members to mention at least two positive features of their spouses, thanking them.

Session eight: Summarizing the meetings and asking members' comments on previous sessions, performing the posttest and thanking members for cooperation and participation in meetings.

### 3.4. Research Measures

The instrument used in the present study was Pines' couple burnout scale (CBS) (2). Couple burnout measurement is a self-evaluation scale to assess marital burn out among married couples. It was made by Pines (1996) and it includes 21 items, evaluates an individual's physical, (for example, a sense of fatigue and sleep disorder) emotional, (for example feeling of depression, despair and falling in the trap) and mental (like feeling anger and frustration) exhaustion levels. In order to assess individuals' career burnout levels, a seven-point frequency scales (1 never and 7 always) was answered based on self-report. Internal consistency coefficients of the scale were acceptable. It takes

one individual 15 to 20 minutes to fill in the questionnaire (2).

Evaluation of validity coefficient of marital burnout scale showed that it had internal consistency between variables in the 0.84 and 0.90 domain. Its validity conforms negative correlation with positive communicative features such as, having positive comments about the relationship, quality of conversation, sense of security, a sense of prosperity, having goals, emotional attraction towards his spouse and quality of their sexual relationship. Various translated versions of CBM have successfully been used in international and cultural studies in Norway, Hungary, Mexico, Spain, Portugal, Finland and Israel (3). Therefore, the internal consistency of reliability coefficient in CBM was high and satisfactorily used to assess marital burnout.

Test confidence coefficient of test-retest was 0.89 for a period of one month, 0.76 for a period of two months, and 0.61 for a period of four months. The inner constant coefficient was often measured with Alpha coefficient, which was between 0.91 and 0.93 (2). In Iran, Navidi (13) obtained Cronbach alpha of 0.86 for this questionnaire on 120 nurses and 120 teacher.

## 4. Results

As shown in Table 1, the age group of above 30 with frequency of 19, included 47.5% of the subjects, after that, the age group 25-30 with frequency of 13, included 32% of the subjects, and age group of 20 - 25 with frequency of 6, included 15% and the age group 20 - 15 with frequency of 2 included 5%, respectively. Also, there were 17 individuals with diplomas consisting 42.5% of the subjects, with the highest frequency in the first rank. Furthermore, there were 12 individuals with qualifications below diploma consisting of 30% of subjects in the second rank, followed by 11 individuals with Bachelor's degree, consisting of 27.5% of the subjects with the lowest frequency in the third rank.

The total mean and standard deviation of control group for males was respectively 0.64 and 4.77 in pretest, and 4.9 and 0.66 in posttest. The total mean and standard deviation of control group for females was respectively 5.08 and 0.63 in pretest and 5.03 and 0.89 in posttest and other information is reported similarly in Table 2.

The total mean and standard deviation of burnout in the experimental group for males was respectively 6.2 and 0.15 in pretest, and 2.10 and 0.29 in posttest. Furthermore, the average and standard deviation of physical indicator of males in the experimental group was respectively 0.15 and 6.04 in pretest, and 2.35 and 0.29 in posttest, and other information is reported similarly in Table 2.

As shown in Table 3, these findings indicate that the slope of the linear combination of pretests and posttest in-

**Table 1.** Subject's Demographic Information by Age and Education

| Age and Education   | Control Group |           | Experimental Group |           | Control and Experimental Group |           |
|---------------------|---------------|-----------|--------------------|-----------|--------------------------------|-----------|
|                     | Percentage    | Frequency | Percentage         | Frequency | Percentage                     | Frequency |
| 15 - 20             | 5             | 1         | 5                  | 1         | 5                              | 2         |
| 20 - 25             | 20            | 4         | 10                 | 2         | 15                             | 6         |
| 25 - 30             | 30            | 6         | 35                 | 7         | 32                             | 13        |
| Above 30            | 45            | 9         | 50                 | 10        | 47/5                           | 19        |
| Below diploma       | 25            | 5         | 35                 | 7         | 30                             | 12        |
| Diploma             | 45            | 9         | 40                 | 8         | 42/5                           | 17        |
| Bachelor of science | 30            | 6         | 40                 | 5         | 27/5                           | 11        |

**Table 2.** The Mean and Standard Deviation of the Variable of Burnout, and its Indicators in Males and Females in the Experimental and Control Group

|                    | Variables             | Gender  | Pretest |      | Posttest |      |
|--------------------|-----------------------|---------|---------|------|----------|------|
|                    |                       |         | Mean    | SD   | Mean     | SD   |
| Control group      | Marital Burnout       | Males   | 4.77    | 0.64 | 4.9      | 0.66 |
|                    |                       | Females | 5.08    | 0.63 | 5.03     | 0.89 |
|                    | Physical Wearing      | Males   | 5       | 0.68 | 5.05     | 0.65 |
|                    |                       | Females | 5.22    | 0.59 | 5.15     | 0.93 |
|                    | Emotional Wearing     | Males   | 4.82    | 0.63 | 9.98     | 0.69 |
|                    |                       | Females | 5.2     | 0.69 | 5.11     | 0.86 |
|                    | Psychological Wearing | Males   | 4.48    | 0.9  | 4.65     | 0.81 |
|                    |                       | Females | 4.81    | 0.7  | 4.84     | 0.94 |
|                    | Marital Burnout       | Males   | 6.2     | 0.15 | 2.10     | 0.29 |
|                    |                       | Females | 6.04    | 0.21 | 2.05     | 0.23 |
| Experimental group | Physical Wearing      | Males   | 6.04    | 0.15 | 2.35     | 0.29 |
|                    |                       | Females | 5.71    | 0.32 | 2.15     | 0.41 |
|                    | Emotional Wearing     | Males   | 6.42    | 0.30 | 2.11     | 0.55 |
|                    |                       | Females | 6.15    | 0.45 | 1.91     | 0.34 |
|                    | Psychological Wearing | Males   | 6.15    | 0.33 | 1.84     | 0.38 |
|                    |                       | Females | 6.25    | 0.35 | 2.1      | 0.20 |

dicators of marital burnout did not show any differences, so the assumption of covariance analysis is provided.

As shown in Table 4, the difference between the means of marital burnout of the two experimental and control groups appears significant ( $P = 0.001$  and  $F = 210.42$ ). As indicated, the difference between the means of physical exhaustion of two experimental and control groups appear significant ( $P < 0.001$   $F = 148.62$ ). Also, the difference between the means of emotional exhaustion of the two experimental and control groups is significant ( $P < 0.001$   $F = 98.15$ ). Furthermore, the difference between the means of psychological exhaustion of the two experimental and

control groups appears significant ( $P < 0.001$   $F = 149.29$ ).

## 5. Discussion

As shown in Table 4, the difference between the means of marital burnout of the two experimental and control groups appears significant ( $P = 0.001$  and  $F = 210.42$ ). Therefore, it can be concluded that a solution-focused therapy reduces marital couples' burnout in the experimental group. The results are consistent with the research findings of Izadi (4), Bai (14), Ghomri (15), Greenberg et al. (16), Nazari and Beirami (17). Davarniya et al. (18), Ban-

**Table 3.** Homogeneity Between the Slope of the Linear Combination of Pretests in Burnout Indicators and Their Posttests

| Sources                  | Dep. Variable         | SS    | DF | MS    | F    | P Value |
|--------------------------|-----------------------|-------|----|-------|------|---------|
| Group burnout indicators | Physical wearing      | 0.678 | 2  | 0.338 | 2.02 | 0.17    |
|                          | Emotional wearing     | 0.893 | 2  | 0.446 | 1.72 | 0.22    |
|                          | Psychological wearing | 0.147 | 2  | 0.074 | 0.25 | 0.77    |

**Table 4.** Multiple Analysis of Covariance of the Variables of Marital Burnout and its Indicators in Experimental and Control Groups

| Variable              | Total | DF | MS    | F      | P Value | $\eta^2$ | Test Power |
|-----------------------|-------|----|-------|--------|---------|----------|------------|
| Marital burnout       | 51.04 | 1  | 51.04 | 210.42 | 0.001   | 0.92     | 1          |
| Physical wearing      | 37.13 | 1  | 37.13 | 148.62 | 0.001   | 0.908    | 1          |
| Emotional wearing     | 36.98 | 1  | 36.98 | 98.15  | 0.001   | 0.867    | 1          |
| Psychological wearing | 41.51 | 1  | 41.51 | 149.29 | 0.001   | 0.909    | 1          |
| Marital burnout       | 51.04 | 1  | 51.04 | 210.42 | 0.001   | 0.92     | 1          |

nink (19), Pines and Nunes (3). The effectiveness of the solution-focused therapy in reducing marital burnout is consistent with the findings of the present study. Furthermore, Davarniya et al. (18), showed that treatment based on solution-focused approach can reduce different dimensions of marital burnout. These results are consistent with the findings of Izadi (4). As indicated in Table 4, the difference between the means of physical exhaustion of the two experimental and control groups appear significant ( $P < 0.001$ ,  $F = 148.62$ ). Therefore, it can be concluded that a solution-focused therapy reduces physical exhaustion in the experimental group. The results are consistent with the research findings of Izadi (4), Navidi et al. (13), Bannink (19), and Pines (6). According to Table 4, the difference between the means of emotional exhaustion of the two experimental and control groups is also significant ( $P < 0.001$ ,  $F = 98.15$ ). Therefore, it can be concluded that a solution-focused therapy reduces emotional exhaustion in the experimental group. The results are consistent with the research findings of Mosavizadeh et al. (20), Izadi (4), Bai (14), Adibrad (21), Greenberg et al. (16), Bannink (19), Nazari and Beirami (17), and Davarniya et al. (18).

According to Table 4, the difference between the means of psychological exhaustion of the two experimental and control groups appear significant ( $P < 0.001$ ,  $F = 149.29$ ). Therefore, it can be concluded that a solution-focused therapy reduces psychological exhaustion in the experimental group. The results are consistent with the research findings of Mosavizadeh (20), Izadi (4), Bai (14), Adibrad (21), and Bannink (19).

It can be said that solution-focused therapy considers

clients as experts having the ability to solve their own problems and refers to treatment as a therapy process to provide optimal reconstruction of reality. During the treatment process for solution-focused therapy, it is important for the therapist to keep participatory relationships with clients, using proper language, opinions and performance (22). Brief solution-focused therapy believes that clients are able to detect their objectives and empowers them to discover the previous exceptions and solutions for issues and encourages them to repeat useful behaviors that are the basis of effective solutions (23).

One of the main interventions in solution-focused therapy to reduce marital burnout is searching for exceptions. Finding some periods in which the clients were not facing marital burnout in their life and restoring them can be very useful (12). It is asserted that searching for exceptions provides clients with new ways not in alliance with their current life story. By highlighting these different events, they can have the opportunity to write their own story for new situations. If clients are able to detect exceptions, or develop them in life, they can obtain the right solutions. Another intervention in solution-focused therapy is in marital burnout is miracle question. Miracle question is a method to find out information about plain future or some ways to resolve problems. The therapist asks couples, if a miracle happens and your problems be solved what do you do differently? How can you recognize your problem has been solved? These questions help the clients find different solutions for their problems and can be an important step in the process of change (24). The scale questions not only help them make progress but also help the cou-



ples assess their improvements outside and inside of the treatment (25). Therefore, as results indicate, it is notable that an overview of the literature reveals that solution-focused treatment proved effective in different situations and for clients with various problems. This therapeutic approach states that the formulation of a direct and linear method for resolving a problem is not sufficient. In this approach, formulation of therapeutic goals holds a positive method. Solution-focused treatments have a non-judging, non-confronting, comprehensive, and cooperative position to help clients. Emphasizing on the present and future, this approach makes an attempt to use inner resources of clients, by respecting the clients' objectives, identifying the exceptions in the past experience of couples and flourishes hope in their relations, all of which can contribute to the usefulness of this approach. Solution-focused therapy decreased couple's burnout among couples referred to Shahriar city court for divorce.

### 5.1. Suggestions

1. According to the existing restrictions for conducting research, particularly in the field of training and effectiveness, the 'industry office' as the coordinator between Universities and other organizations should play a more active role to help an affective coordination between students and other organizations. 2. In effectiveness research on divorce of couples, it is better to use treatment or training only for couples in quest of divorce, because the invited couples do not have the motivation and interest to participate in the training meetings and their responses mostly involve bias.

### 5.2. Limitations

1. The findings of this study should be interpreted with caution because the geographic area from which the sample was drawn may make the results not generalizable. Samples drawn at different levels from other geographic areas would provide more statistical data with broad results.

2. Since it is difficult to pursue the results of the study, either in short term and long term and follow up, as mentioned before, some results may also have been affected by the size and position of the sample, thus a larger pool of participants in other places and organizations may find more precise findings.

3. The couples searching for divorce, experience frustration, enmity, silence and lost opportunities in their relations and this generally leads to a relatively dissatisfactory life, so it is difficult to make them regularly participate in treatment sessions especially together.

## Acknowledgments

We appreciate all those who helped us in this research.

## Footnotes

**Authors' Contribution:** Mousa Riahi, Abdolreza Mirzavand, Mahmoud Malekitabar and Ali Mirzavand conceived and designed the study; Abdolreza Mirzavand and Ali Mirzavand collected the data and performed the analysis; Mousa Riahi and Mahmoud Malekitabar drafted the manuscript. All authors read and approved the final manuscript.

**Declaration of Interest:** The authors declare that they had no competing interests.

**Funding/Support:** Allameh Tabatabai University.

## References

1. Nefer N. Family and its various types. *Educ Analyt Sch Consult Q*. 2012;**8**(20):42-3.
2. Pines A. Couple burnout: Causes and cures. New York: Routledge; 2013.
3. Pines AM, Nunes R. The relationship between career and couple burnout: Implications for career and couple counseling. *J Employ Couns*. 2003;**40**(2):50-64.
4. Izadi M. Effectiveness of group training based on solution-oriented approach on reducing marital fed up [in Persian]. Olume Tahghighat University in Khuzestan; 2011.
5. Bornstein PH, Bornstein MT. Marital therapy: A behavioral-communications approach. Pergamon; 1986.
6. Pines AM. Adult attachment styles and their relationship to burnout: A preliminary, cross-cultural investigation. *Work & Stress*. 2004;**18**(1):66-80.
7. Bannink FP. Solution-focused brief therapy. *J Contemp Psychother*. 2007;**37**(2):87-94.
8. Milner J, Singleton T. Domestic violence: solution-focused practice with men and women who are violent. *J Fam Ther*. 2008;**30**(1):29-53.
9. Seidel A, Hedley D. The use of solution-focused brief therapy with older adults in Mexico: A preliminary study. *Am J Fam Ther*. 2008;**36**(3):242-52.
10. Ahmadi A. The psychology of adolescents and young adults [in Persian]. Isfahan: Mashaal; 2010.
11. Anderson K. Challenges for the empathy nest marriage. *Faith & Therapy*. 2008;**2**(1):3-5.
12. De Shazer S, Berg IK, Lipchik E, Nunnally E, Molnar A, Gingerich W, et al. Brief therapy: focused solution development. *Fam Process*. 1986;**25**(2):207-21. [PubMed: 3732502].
13. Navidi F, Adibrad N, Sabaghian Z. Comparison of relationship the marital fed up with agents of organizational climate in male and female Nurses [in Persian]. *J Psychol*. 2007;**43**:287-9.
14. Bai F. Effectiveness of group therapy based on feminism on sexual desire and restoration among married women [in Persian]. Tehran, Iran: Tarbiat Moallem University; 2008.
15. Ghomri M. Effectiveness of counseling based on Solution-Oriented Approach on reducing different dimensions of marital conflicts in couples both employed [in Persian]. *J Fam Res*. 2009;**5**(19).
16. Greenberg G, Ganshorn K, Danilkewich A. Solution-focused therapy. Counseling model for busy family physicians. *Can Fam Physician*. 2001;**47**:2289-95. [PubMed: 11768927].

17. Nazari AM, Beyrami M. The Study of Effects of Solution-focused Counseling on Subscales of Aggression, Togetherness, Financial Issues, and Sex of Marital Satisfaction of Dual-career Couples. Tabriz University [in Persian]. *Psychol Q*. 2008;**12**(9):93-117.
18. Davarniya R, Zahra Kar K, Nazari AM. The effect of brief solution-focused couple therapy (bsfct) approach on reducing couple burnout dimensions in women [in Persian]. *J Urm Nurs & Midwifery Fac*. 2015;**13**(1).
19. Bannink FP. Solution-focused mediation: The future with a difference. *Conflict Resolution Quarterly*. 2007;**25**(2):163-83.
20. Mousavizadeh A, Sohrabi F, Ahadi H. Comparison of the effectiveness of assertiveness training and problem solving skills on marital satisfaction of university female students studying in Allame Tabataba, I university [in Persian]. *J Soc Stud, Wom Psychol*. 2012;**10**(2):85-102.
21. Adibrad N. The study of the relationship between marital fed up with communicative beliefs in women seeking for divorce and women demanding the continuation of the common life [in Persian]. *Nov And Consult Res Q*. 2005;**4**(13).
22. Kim H. Client growth and alliance development in solution-focused brief family therapy. Ann Arbor, MI: ProQuest; 2006.
23. McKeeli AJ. Solution focused therapy: A selected review of research of solution focused brief therapy. *J Psychol*. 2004;**12**:463-9.
24. de Castro S, Guterman JT. Solution-focused therapy for families coping with suicide. *J Marital Fam Ther*. 2008;**34**(1):93-106. doi: [10.1111/j.1752-0606.2008.00055.x](https://doi.org/10.1111/j.1752-0606.2008.00055.x). [PubMed: [18199183](https://pubmed.ncbi.nlm.nih.gov/18199183/)].
25. Lethem. J. . Brief solution focused therapy. *J Child Adolesc Ment Health*. 2002;**7**(4):189-92.