Research Paper:
Effects of Marriage Preparation Per Satir’s Communication Model and Narrative Therapy on Empathy and Emotional Expression in Single Young Adults

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ABSTRACT

Background: Empathy and emotional expression, as important psychological elements, significantly impact couples’ marital satisfaction. Premarital counseling models are designed to increase positive couples’ communication behaviors and emotional style. Accordingly, this study compared the effects of marriage preparation based on Satir’s communication model and narrative therapy on empathy and emotional expression in single young adults.

Methods: This quasi-experimental study employed a pre-test, post-test and a control group design. The research population included all girls and boys on the age of marriage who were referred to Vesta Counseling Clinic in Kashan City, Iran, from March 20th, to September 22nd, 2019. The study participants were 45 individuals who were selected by convenience sampling method. Then, they were randomly assigned to three groups (narrative therapy intervention, Satir intervention, and controls) of 15 clients. The research participants in the two intervention groups attended 11 sessions of narrative therapy and Satir communication therapy; however, the controls received no intervention. The data collection instruments were the Emotion Expression Scale (EES), and the Questionnaire Measure of Emotional Empathy (QMEE). The research hypotheses were tested using the Multivariate Analysis of Covariance (MANCOVA) by SPSS.

Results: The present study results suggested that narrative therapy (F=53.97, P=0.0001) was more effective than Satir’s communication model (F=33.82, P=0.0001) in terms of emotional expression. Both intervention groups obtained higher mean scores on emotional expression, compared to the controls (F=29.005, P=0.0001). Besides, the narrative therapy group gained a higher Post-test mean score for empathy (F=101.12, P=0.0001), compared to the Satir group (F=84.93, P=0.0001). Besides, both interventions were more effective in the test groups, compared to the controls (F=68.27, P=0.0001).

Conclusion: Narrative therapy was more effective for improving emotional expression and empathy, compared to Satir’s communication model. Family and marriage counselors are recommended to apply these premarital models for young single adults in counseling centers.

Keywords:
Narrative therapy, Satir’s communication model, Emotional expression, Empathy, Marriage

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Family refers to a social institution, i.e. the result of a marital bond between a man and a woman. A manifestation of social life is the existence of healthy and constructive interactions between individuals; the establishment of love for them, and the expression of intimacy and empathy to each other (Nuttal et al., 2019; Konishi et al., 2018). Family is a framework to satisfy various physical, intellectual, and emotional needs. Besides, being aware of biopsychological needs and how to satisfy them as well as equipping oneself with techniques for recognizing biopsychological tendencies are necessary (Mahmmodvandi-Baher 2018; Edalati & Redzuan 2010; Buehler 2013).

All individuals who get married hope for a successful and lasting conjugal life before they start their married life. Besides, the levels of family emotional expression, as the main model of the verbal and non-verbal expression of feelings within the family, affect marital relationships. The quality of marital relationships, in particular, is consistently related to emotional expression in the family; thus, a high negative emotional expression is associated with decreased marital satisfaction (Buehler 2013; Memarzadeh et al., 2017) and increased marital conflict (Halberstadt et al., 2009; Pedro et al., 2015).

Furthermore, a factor contributing to a stable life and proper mate selection is intimacy and empathy between the marriage parties. Empathy indicates understanding and accepting the viewpoints, conditions, and feelings of individuals (Pedro et al., 2015; Khodaverdian et al., 2020). Long stated that empathy helps couples maintain and promote intimate and satisfying relationships over time. However, the lack of empathy causes a spouse to feel like being misunderstood and neglected by their partner; accordingly, such feelings affect their relationship and level of marital satisfaction (Long 2013). Therefore, training and creating empathy by increasing understanding or raising awareness of self and others lead to improved empathic responses (Riess 2015).

1. Introduction

Preparing young people for marriage and starting a new life requires the acquisition of new emotional and cognitive skills. Some psychological traits, such as empathy and emotional expression lead to positive emotions in couples. As a result, Satir’s Communication Model (SCM) and Narrative Therapy (NT) are therapeutic interventions applicable to increasing healthy emotions as well as self-confidence and empathy among young adults. The collected study results indicated that NT was more effective than SCM on increasing empathy and emotional expression among these young adults.

Highlights

● In this study, Satir’s Communication Model (SCM) and Narrative Therapy (NT) were used as therapeutic interventions to increase empathy and emotional expression in single young adults.

● The present research findings indicated that the two models of SCM and NT enhanced positive emotions and thoughts, including empathy and emotional expression among the study participants.

● However, NT had a greater effect on dependent variables, compared to the SCM.

Plain Language Summary

Preventing young people for marriage and starting a new life requires the acquisition of new emotional and cognitive skills. Some psychological traits, such as empathy and emotional expression lead to positive emotions in couples. As a result, Satir’s Communication Model (SCM) and Narrative Therapy (NT) are therapeutic interventions applicable to increasing healthy emotions as well as self-confidence and empathy among young adults. The collected study results indicated that NT was more effective than SCM on increasing empathy and emotional expression among these young adults.
Narrative Therapy (NT) is another approach that has recently been developed for use as a family therapy technique to solve marital problems. NT focuses on the change in individuals (Josselson et al., 2007) and their life stories concerning relationships between couples (Ullmann 2016; Froyen et al., 2013). NT’s basic assumption is that individuals give identity and meaning to their lives and experiences through narratives. According to this assumption, psychopathology is not the result of an underlying biopsychological mechanism; it can be considered as the result of narratives full of problems in human life. Therefore, the change of traumatic and problematic narratives is the core of treatment in NT (Ullmann 2016). The therapeutic process emphasizes the externalization of problems from the individual and considers them as separate parts of the individual (Mahmmoudvandi-Baher 2018; Barzegar Khezri & Khodabakhshi-Koolaee 2017). It also equips individuals with powerful tools that can increase self-management in their mental health (Hutto & Gallagher 2017).

The literature indicates that couples in modern society encounter several complex problems to establish and maintain intimate relationships and understand their spouse’s feelings. The emotional inadequacy of spouses provides adverse effects on their marital life (Mohammad Yari & Khodabakhshi-Koolaee 2017). Adolescence is the optimal time for developing positive emotions and learning skills (Elias et al., 2010). Applying necessary skills requires time and practice; thus, single individuals must learn such skills to avoid facing problems in their marital life. Premarital counseling allows couples to learn and gain insights about themselves and others; how they work together; how to adapt to new circumstances, and the characteristics and skills required for a successful and healthy marriage (Olson et al., 2012). Therefore, to have a successful marriage, a person needs to make the necessary preparations before starting marital life. Accordingly, the present study aimed to compare the effects of marriage preparation based on SCM and NT on empathy and emotional expression in single young adults.

2. Materials and Methods

This quasi-experimental study was conducted using a Pre-test-Post-test and a control group design. The research population included all girls and boys on the age of marriage who were referred to Vesta Psychology Private Clinic in Kashan City, Iran, from March 20th, 2019 to September 22nd, 2019. The study participants were 45 individuals selected by convenience sampling method who were randomly assigned to three groups by random blocking approach (NT, SCM, and control groups). The sample size calculated for each group was 15 individuals based on the effect size of 0.25, alpha of 0.05, and test power of 0.80.

The study inclusion criteria were being ≥18 years old, having at least a high school diploma, being single, and not having a severe physical and mental illness. Besides, the study exclusion criterion was absence from >3 treatment sessions.

The below instruments were employed for data collection in this study:

Emotion Expression Scale (EES): This scale was developed by King and Emmons in 1990 to assess the importance of the role of emotional expression in health. The scale contains 16 items and 3 subscales; the expression of positive emotion (7 items), the expression of intimacy (5 items), and the expression of negative emotion (4 items). Each item is responded to and scored on a seven-point Likert-type scale, ranging from strongly agree to strongly disagree. However, a five-point Likert-type scale is used to facilitate responding to each item. Accordingly, each strongly agree and strongly disagree response is scored as 5 and 1, respectively. A respondent’s total score ranges from 16 to 80. Higher scores reflect greater emotional expression.

The Cronbach’s alpha coefficients for the whole scale and subscales of positive emotion expression, intimacy expression, and negative emotion expression were 0.70, 0.74, 0.63, and 0.67, respectively. By assessing the convergent validity of the scale, the EES scores presented positive correlations with the scores of the NEO Personality Inventory (NEO-PI-R) and the Bradburn Scale of Psychological Well-Being (King & Emmons 1990). The reliability of the Persian version of this scale was calculated using the internal consistency method; the Cronbach’s alpha coefficients for the whole scale and its three sub-scales were 0.68, 0.65, 0.59, and 0.68, respectively (Rafieinia et al. 2006). In this study, Cronbach’s alpha coefficient was estimated and the corresponding value was 0.72 for the whole scale.

Questionnaire Measure of Emotional Empathy (QMEE): The QMEE was developed by Mehrabian and Epstein (1972) and revised in 1993 (Mehrabian & Epstein 1972). This questionnaire has 7 subscales and 33 items. To calculate each subscale’s score, each item’s score on that subscale are add up. To calculate the questionnaire’s score, the sum of the scores of all the items in the questionnaire is added up. The range of obtainable scores varies between 33 and 165. A higher score indicates a higher level of empathy and vice versa. The reliability coefficient of the questionnaire through the
The test-retest method was reported as 0.599. The reliability of the questionnaire was assessed by measuring the internal consistency coefficient; the related values for its subscales were 0.653, 0.502, 0.497, 0.479, 0.391, 0.506, and 0.403, respectively (Mehrabian & Epstein 1972). In this study, the Cronbach’s alpha coefficient for the whole questionnaire was recalculated and the related value equaled 0.69.

Demographic Questionnaire: This questionnaire was developed to collect the study participants’ demographic data, including age, educational level, and childbirth order.

| Table 1. The summary of the content of Satir’s communication therapy intervention sessions |
|---|---|---|
| **Session** | **Subject & Objectives** | **Content** |
| 1 | Introducing the group members, Assessing and understanding the nature and significance of marriage, and exploring the group members’ family background | Introducing the group members, Drawing the family plans (patriarchal, matriarchal, & modern families), Presenting the family tree for three generations |
| 2 | Exploring each member’s existential dimensions | Spiritual and general layer, Interpersonal layer, Intra-psychological layer |
| 3 | Further accessing to oneself, Recognizing emotions and interactions, Developing further skills in recognizing emotions | Engaging individuals vigorously with themselves, Eight aspects of self-knowledge: physical, mental, emotional, sensory, interactive, contextual, judicial, & spiritual |
| 4 | Introducing emotions, perceptions, expectations, & needs, dysfunctional & irrational inner experiences, Paying attention to one’s and other’s emotions and perceptions | Introducing the iceberg example, Self-expression techniques |
| 5 | Defining communication, Introducing communication skills | The features and characteristics of consistent patterns, Four dysfunctional patterns (compromising, blaming, calculating, & confusing), Types of communication, Communication features, Content vs. Emotions, Verbal vs. nonverbal communication |
| 6-7 | Introducing the role of communication patterns | Using role-playing techniques, family sculpting, & relationship anatomy, Assessing one’s rules about respect, love, expressing emotions, economic issues related to basic family, & friends |
| 8-9 | Recognizing family rules; changing & correcting dysfunctional rules | Examining the reciprocal duties of couples and their rationality and irrationality, Developing new logical rules, Using the nominal dependency technique |
| 10 | Introducing the effects of the basic family and the effect of past experiences on the individual’s current behavior | Evaluating three skills (communication, emotional expression, & empathy), Performing reconstruction techniques, drawing family plans, playing a role |
| 11 | Assessing one’s readiness for marriage, Promoting self-actualization | Assessing communication skills (active listening, using verbal and non-verbal messages, empathetic affection, & sympathetic responses) |
Table 2. The summary of the content of narrative therapy sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>Subject &amp; Objectives</th>
<th>Content</th>
</tr>
</thead>
</table>
| 1       | Introducing the group members | Introducing the group members  
Describing the objectives and rules of therapy sessions  
Assessing and understanding the nature of marriage  
Explaining the therapy model  
Encouraging the members to express their narratives |
| 2       | Life story (empathy) | Listening with an open mind (without judgment, blame, confirmation, or valuation)  
Paying attention to the way the members expressed their feeling and the perception of the principles of storytelling and focusing on the language used by them  
Assessing dominant narratives |
| 3       | Important life events  
Deconstruction | Finding the climax of the experience  
Exploring the story from another perspective  
Disempowering the dominant story  
Using reinterpretation technique |
| 4       | Calling for unique views, facilities, & experiences  
Recognizing & examining different aspects of an individual's life | Asking questions (unique revolving & communication conversation)  
Assessing unproductive conflict between individuals  
Listening to the feeling of failure caused by the individual’s unresolved problems  
Manners to increase cooperation between family members for the individual |
| 5       | Externalization | Focusing on the strengths of the group members  
Analyzing the relationship between the new narrative and one’s life  
Recognizing new feelings, perceptions, and emotions resulting from new descriptions and experiences with a new language  
The final revision of the new narrative of one’s life  
Implementing the desired programs |
| 6       | Reconstructing and retelling the narrative of the life  
Rewriting the story of life | Exploring & expressing emotions, focusing on events, thoughts, & exceptional actions that contrast with an individual’s common story  
Examining the priorities, aspirations, goals, & important others in life  
Changing the framework of an individual’s life |
| 7       | Unique outcomes | Challenging the members  
Determining the positive and negative factors affecting stories  
Exploring the major challenges of life  
Accessing shadow stories of the members |
| 8       | Initiatives | Availability of memories, communication, & connection backgrounds for the individual  
Generating the ability to connect with the important others in their lives based on their shared values, commitments, & priorities  
Experiencing the presence of important and prominent others in their lives more clearly in everyday interactions |
| 9       | Open membership dialog | Sending an invitation letter to build a relationship  
Describing the characteristics of emotion and taking actions against an emotion |
| 10      | Letter therapy  
Documentation | Celebrating one’s efforts to confront the dominant narrative and move on to new stories  
Appreciating the individual’s important and significant relationships |

To conduct the study, a Pre-test was initially administered in the three research groups before the intervention. The questionnaires were completed by the study participants. Then, 11 two-hour weekly NT sessions were held for one of the intervention groups. Similarly, 11 two-hour weekly sessions were provided based on SCM for the participants in another intervention group. The content of the sessions is demonstrated in Tables 1 and 2. However, the control group received no intervention during this period. In this study, no study participant left the study and all of them completed the training sessions and attended the Post-test. The questionnaires were re-administered to the three groups after the end of the interventions and the necessary data were collected.

To implement the intervention, a researcher-made marriage preparation protocol was developed based on the SCM and NT techniques. The SCM protocol was developed based on previous studies (Brubacher 2006; Bannen 2002). Furthermore, the NT protocol was designed based on Ryan et al. (2015) and Freedman’s (2014) investigations. The therapies were implemented by the researcher as detailed in Tables 1 and 2. The sessions were held on Tuesdays for two months (one session/week) in the counseling center of Vesta. Sample attrition was not reported. The chart of the study process is shown in Figure 1.

The achieved data were analyzed using descriptive statistics, including frequency, mean, and standard deviation.
tion, as well as inferential statistics, including Multivariate Analysis of Covariance (MANCOVA) in SPSS.

3. Results

The study participants’ Mean±SD age in the SCM group was 23.53±2.85 years and their age ranged from 19 to 30 years. The study participants’ Mean±SD age in the NT group was 25.80±2.80 years, ranging from 22 to 32 years. The Mean±SD age of the control group participants was 23.86±2.87 years and fell within the range of 20 to 30 years. The one-way ANOVA data indicated no significant difference between the three study groups in terms of age (F=2.77, df=44, P=0.074). The demographic characteristics of the samples are listed in Table 3.

The study participants’ Mean±SD age in the SCM group was 23.53±2.85 years and their age ranged from 19 to 30 years. The study participants’ Mean±SD age in the NT group was 25.80±2.80 years, ranging from 22 to 32 years. The Mean±SD age of the control group participants was 23.86±2.87 years and fell within the range of 20 to 30 years. The one-way ANOVA data indicated no significant difference between the three study groups in terms of age (F=2.77, df=44, P=0.074). The demographic characteristics of the samples are listed in Table 3.

Table 4 presents the Pre-test-Post-test descriptive statistics for empathy and emotional expression in the three research groups. Besides, Levene’s test data indicated that the values of empathy (F=10.86, df1=2, & df2=42) and emotional expression (F=6.68, df1=2, & df2=42) (P>0.05) were not significant. Therefore, the assumption of the homogeneity of variance was established. The values of the Box’s M test for the research variables (F=8.62, df1=6, & df2=4.4396) were not significant

<table>
<thead>
<tr>
<th>Variable</th>
<th>Categories</th>
<th>Control</th>
<th>NT</th>
<th>SCM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>8 (53.3)</td>
<td>8 (53.3)</td>
<td>7 (53.3)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>7 (46.7)</td>
<td>7 (46.7)</td>
<td>8 (46.7)</td>
</tr>
<tr>
<td>Educational level</td>
<td>Diploma</td>
<td>0</td>
<td>0</td>
<td>2 (13.3)</td>
</tr>
<tr>
<td></td>
<td>Associate degree</td>
<td>4 (26.7)</td>
<td>1 (6.7)</td>
<td>3 (20)</td>
</tr>
<tr>
<td></td>
<td>Bachelor’s</td>
<td>8 (53.3)</td>
<td>8 (53.3)</td>
<td>6 (40)</td>
</tr>
<tr>
<td></td>
<td>Master’s</td>
<td>3 (20)</td>
<td>5 (33.3)</td>
<td>3 (20)</td>
</tr>
<tr>
<td></td>
<td>PhD.</td>
<td>0</td>
<td>1 (6.7)</td>
<td>1 (6.7)</td>
</tr>
<tr>
<td>Childbirth order</td>
<td>First</td>
<td>3 (20)</td>
<td>2 (13.3)</td>
<td>7 (46.7)</td>
</tr>
<tr>
<td></td>
<td>Second</td>
<td>8 (53.3)</td>
<td>9 (60)</td>
<td>6 (40)</td>
</tr>
<tr>
<td></td>
<td>Third</td>
<td>2 (13.3)</td>
<td>4 (26.7)</td>
<td>1 (6.7)</td>
</tr>
<tr>
<td></td>
<td>Fourth</td>
<td>2 (13.3)</td>
<td>0</td>
<td>1 (6.7)</td>
</tr>
</tbody>
</table>

Table 4. The Mean±SD scores of empathy and emotional expression of the study participants in the three groups

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean±SD</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group</td>
<td>Pre-test</td>
</tr>
<tr>
<td>Empathy</td>
<td>SCM</td>
<td>66.13 (21.13)</td>
</tr>
<tr>
<td></td>
<td>NT</td>
<td>70.53 (20.21)</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>68.20 (18.38)</td>
</tr>
<tr>
<td>Emotional expression</td>
<td>SCM</td>
<td>27.60 (32.80)</td>
</tr>
<tr>
<td></td>
<td>NT</td>
<td>27.93 (56.13)</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>27.40 (27.86)</td>
</tr>
</tbody>
</table>
Table 5. The results of MANCOVA

<table>
<thead>
<tr>
<th>Test</th>
<th>Value</th>
<th>F</th>
<th>df (hypothesis)</th>
<th>df (error)</th>
<th>Sig.</th>
<th>Eta (η)</th>
<th>Statistical Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hotelling effect</td>
<td>0.096</td>
<td>43.35</td>
<td>4</td>
<td>78</td>
<td>0.0001</td>
<td>0.69</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 6. Summary of one-way ANOVA in MANCOVA

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Source of Changes</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean of Squares</th>
<th>F</th>
<th>Sig.</th>
<th>Eta (η)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>Intergroup</td>
<td>8077.07</td>
<td>2</td>
<td>4038.53</td>
<td>15.57</td>
<td>0.0001</td>
<td>0.43</td>
</tr>
<tr>
<td></td>
<td>Intragroup</td>
<td>10629.98</td>
<td>41</td>
<td>259.26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional expression</td>
<td>Intergroup</td>
<td>4215.78</td>
<td>2</td>
<td>2107.89</td>
<td>135.68</td>
<td>0.0001</td>
<td>0.86</td>
</tr>
<tr>
<td></td>
<td>Intragroup</td>
<td>636.93</td>
<td>41</td>
<td>15.53</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7. A pairwise comparison of the post-test scores

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Mean</th>
<th>Group-group</th>
<th>Mean Difference</th>
<th>Standard Error</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathy</td>
<td>SCM</td>
<td>84.93</td>
<td>SCM-NT</td>
<td>-16.19</td>
<td>5.90</td>
<td>0.009</td>
</tr>
<tr>
<td></td>
<td>NT</td>
<td>101.12</td>
<td>SC-M-Control</td>
<td>16.65</td>
<td>5.88</td>
<td>0.007</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>68.27</td>
<td>NT-Control</td>
<td>16.19</td>
<td>5.90</td>
<td>0.009</td>
</tr>
<tr>
<td>Emotional expression</td>
<td>SCM</td>
<td>33.82</td>
<td>SCM-NT</td>
<td>-20.14</td>
<td>1.56</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>NT</td>
<td>53.97</td>
<td>SC-M-Control</td>
<td>4.81</td>
<td>1.43</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>29.005</td>
<td>NT-Control</td>
<td>20.14</td>
<td>1.56</td>
<td>0.001</td>
</tr>
</tbody>
</table>

(P>0.05); thus, the assumption of homogeneity of all variances in the covariance matrix was confirmed.

Table 5 demonstrates that the F-value was significant. Therefore, training through the SCM and was effective on at least one of the explored dependent variables. The value of the Eta coefficient indicated that the effectiveness intensity was equal to 69%. The value of statistical power reflected that the sample size was sufficient and if the study was repeated 100 times, the same results would have been obtained.

As per Table 6, the F-value was significant for the two dependent variables. Besides, the value of the eta coefficient suggests that the intervention was 86% and 43% effective on emotional expression and empathy, respectively.

As per Table 7, NT (53.97) was more effective than the SCM (33.82) in terms of emotional expression. Besides, both interventions were more effective than the training received by the participants in the control group (29.005). The mean Post-test scores of empathy for the NT group (101.12) was higher than that of the SCM group (84.93). However, both interventions were more effective in the study participants, compared to the controls (68.27).

4. Discussion

The present study results indicated a difference between the effectiveness of the SCM and NT on emotional expression in young adults at the marriage age; the average level of emotional expression was higher in the NT group, compared to the SCM one. Furthermore, SCM and NT approached impacted emotional expression among the study participants. However, the NT approach was more effective than the SCM in improving emotional expression. Accordingly, most emotional problems between family members could be due to defects in communication skills and emotional expression (Kaslow 2000; Olson et al., 2012). The underlying assumption of Satir’s approach is that individuals in families are unaware of their emotions, or if they are, they suppress these emotions and do not express them; in turn, such conditions lead to emotional death. In such an environment, family members avoid each other, and such behaviors reflect and perpetuate family inefficiency. Satir considers the solution to such a situation to be
the emphasis on expressing emotions and repairing the defective structures of the family (Bermudez 2008).

Furthermore, individuals’ unsuccessful attempts to express their feelings lead to the reporting of long lists of complaints and attaching importance to trivial details (events that usually do not cause excitement). Therefore, helping to express emotions plays a critical role in reducing negative emotions (Brubacher 2006; Thomas & Krum 2014).

The present study findings suggested that the NT was more effective than Satir’s approach in improving emotional expression. The NT focuses on modifying the person’s attitude and giving new meaning to experiences, controlling negative emotions, and reducing rumination. In other words, group NT training enabled individuals to overcome stressful emotions that disrupt the relationship.

The present study also identified a difference between the effectiveness of the marriage preparation package based on SCM and NT on empathy among the study subjects; NT was more effective in increasing empathy. It has been indicated that NT improves intimacy and empathy in couples (Mohammadi et al., 2013).

Empathy is the reinterpretation of a special stressful situation and the acceptance of the reality of the situation; discussing each of these factors improves the adjustment of individuals. Besides, all of which are considered in the therapeutic intervention provided by Satir’s approach. In this approach, the initial focus is on understanding the special needs of each couple; then, attempting to establish a lasting relationship with mutual understanding (Kaslow 2000; Thomas & Krum 2014). Subsequently, these changes, along with mutual understanding, lead to empathy for each other.

According to Satir, if the relationship between couples generates something new and interesting, they will feel alive, which leads to the development of a better and deeper relationship between them. Moreover, each party feels better about himself/herself and the other (Bermudez 2008; Bannen 2002); accordingly, it makes the couples empathize in married life.

In NT sessions, the spouses redefine the events. Such measures increase their mindfulness (psychological awareness), i.e. considered as a means to keep relationships alive and dynamic and prevent the lack of intimacy, ultimately increasing family cohesion. Such a mindful relationship creates lasting effects on couples to solve problems with respect, intimacy, and empathy (Freedman 2014). Subsequently, they learn to consider problems and issues from the perspective of each other according to the definition of events, which leads to improved family cohesion (Mohammadi et al., 2013).

In NT, couples can increase the level of empathy between themselves by defining the events of their lives; thus, increase personal commitment among themselves by revealing their positive and negative feelings, as well as paying attention to the definition of events from each other’s perspective. Besides, NT significantly affects working with groups with different issues, such as marital conflicts, the tendency to forgiveness, and family functioning. Accordingly, the effect of NT on improving empathy in individuals at the marriage age can be justified (Brosi & Rolling 2010; Stokes & Poulsem 2014).

Concerning the effects of SCM and NT on individuals, it should be noted that the principles and components of these interventions attempt to positively affect the efficiency and performance of individuals. NT facilitates solving individuals’ problems by enabling therapeutic communication, increasing individuals’ awareness of their abilities, strengths, and weaknesses, and by focusing on clients, increases their locus of control, positive self-concept, and sense of worth; eventually, it leads to their socioemotional and cognitive integration. In other words, NT, by focusing individuals’ attention on dysfunctional beliefs and modifying them; solving problems and creating an external view of the problems from different perspectives, creates a different interpretation and rewrites their life stories (Freedman 2014).

Therefore, with the help of NT, individuals can develop a new perspective on reality and improve interpersonal relationships. Such goals can be achieved by reducing harmful thoughts and attitudes toward themselves and the environment. Therefore, group training using NT helps individuals to change their attitudes and choose healthy and useful behaviors; it contributes to improving their mental and emotional peace that can enable them to share their needs, desires, and interests with another person. However, Satir’s approach considers communication as the strongest characteristic that determines how a person manages others and the events that occur in the world around them. Satir considers the conflicts experienced by individuals to result from disturbed communication between them. The interventions developed based on SCM emphasize the role of emotions, feelings, and body movements in interpersonal relationships. Furthermore, in these sessions, individuals learn to reconcile their words, movements, and emotional states; what they have learned enables them to use a balanced and effective
coping style. Besides, it helps them to be aware of feelings and release and express their repressed emotions.

The present study was conducted with some limitations. For instance, the required data were collected through self-report questionnaires. Besides, the research sample was limited to girls and boys who were at the marital age and referred to Vešta Counseling Center in Kashan City, Iran. The collected data suggested that Satir’s approach and NT could increase emotional expression in individuals at the marriage age; thus, it is suggested that family and marriage counselors use these approaches in educational and counseling centers to improve couples’ emotional expression and treat their emotional problems. They can also use these approaches in family and premarital education training courses to enhance effective dialogue and the expression of emotions to create peaceful and lasting marital life for couples and increase their quality of life. Furthermore, as the results of the study emphasized the effectiveness of training based on SCM and NT on improving empathy, it is suggested to use these interventions in divorce counseling centers and family courts to increase the couples’ empathy and maintain the family structure. These approaches could also be used by counselors to help clients achieve their therapeutic goals in a shorter time.

5. Conclusion

The current study results indicated that SCM and NT were effective in improving emotional expression and empathy among boys and girls at the marriage age. However, NT was more effective than SCM. Besides, there was a significant difference between the study participants in both training interventions and the control group.

Ethical Considerations

Compliance with ethical guidelines

The present study was approved by the Ethics Committee of Khatam University (Code: IR.KHATAMU.REC.1397.12). Written consent was obtained from all the study participants and they were assured of the confidentiality of their information. After the completion of the study, 5 intervention sessions were held for the subjects in the control group.

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Authors’ contributions

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Conflict of interest

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