Original Article

Efficacy of Gottman method of couples therapy on psychological well-being and marital satisfaction

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ABSTRACT

The present research explores the efficacy of the Gottman Method of Couple Therapy (GMCT) on psychological well-being and marital satisfaction. This study was an applied research based on a pretest-posttest quasi-experimental study design with experimental and control groups. Thirty couples who were referred to the ARAMA Psychological and Counseling Center were selected through the convenience sampling method and allocated to experimental (n: 15) and control (n:15) groups. First, all the participants received pre-test instructions. Next, participants in the experimental group attended GMCT training, whereas those in the control group received no intervention. Data were first collected using the 47-item ENRICH Marital Satisfaction Scale (EMSS) and the standard Ryff Scales of Psychological Well-Being (RSPWB) (Ryff, 1989) and then analyzed in IBM SPSS Statistics 23 for descriptive and inferential (ANCOVA) indices. Based on ANCOVA results, GMCT training can significantly improve the psychological well-being and marital satisfaction of couples in the experimental group ($p<0.001$).

Keywords: Marital satisfaction, Gottman Method of Couple Therapy, Psychological well-being

Introduction

The concept of family satisfaction arises when the family is formed as a primary social unit by the marriage of couples. All spouses marry with the hope of living with each other in a marital life full of love, happiness, and empathy. However, it will not take long for some couples to find themselves struggling with tensions and conflicts, although they once started the adventure with love-making and cordial understanding (Asghari Ganji and Navvabinejad, 2014). According to the American Psychological Association (APA), approximately 40-50% of marriages end in divorce each year (APA, 2017). As reported by the National Organization for Civil Registration of Iran (NOCRI), of all marriages registered during the first 9 months of 2015, one of four marriages ended in divorce (NOCRI, 2015; reported by Hatami Varzaneh, Ismaili, Farah Bakhsh, and Borjali, 2016).

Ryff defines psychological well-being as "the striving for perfection that represents the realization of one's true potential". In Ryff's opinion, well-being is endeavoring for progress and greatness which is represented in the realization of one's true potential (Ryff, 1998). Well-being covers cognitive and emotional dimensions, where the former involves "cognitive assessment of one's satisfaction with multiple issues, such as marital satisfaction", and the latter involves "having experienced maximal positive emotions while developing minimal negative ones". The cognitive well-being emphasizes incremental-decremental (external-situational) or decremental-incremental (internal traits-incremental) perspectives. In decremental-incremental perspectives, satisfaction with events in life (e.g., satisfaction with the spouse and marital satisfaction) is assumed to lead to overall satisfaction with life. Conversely, incremental-decremental perspectives believe that a person can realize life satisfaction without having satisfaction in distinct events in life such as choosing a spouse (Eid & Larsen, 2008). Psychological well-being can also be defined based on the universal and broader definition of healthiness. Within the past century, our perception of healthiness has broadly transformed. Currently, the concept of healthiness is based on aspects such as prolonged life (more than average) and the ability to withstand fatal diseases with the discovery of antibiotics and scientific and technical progress in diagnosis and therapy. Thus, this concept not only refers to avoiding infection but also the ability to achieve a high level of well-being, thereby requiring to physically, intellectually, socially, occupationally, and spiritually balance all dimensions of

one's life. These dimensions are interrelated and each person is influenced by (and simultaneously affects) others and the environment. Therefore, psychological well-being not only refers to the existence of no psychological illness but also a level of easy functioning where a person is happy with himself and their lifestyle. Indeed, the person needs to control their life and this is the only scenario that can help him/her to get all the problematic issues in life addressed (Diener, Lucas, and Smith; 2000).

Marital satisfaction is the objective sense of happiness, satisfaction, and pleasure experienced by couples when they consider all shared aspects of their life (Ellis, 1986; translated by Firoozi, 2022). When taking into account dimensions of marital satisfaction, one can expect psychological, emotional, and social problems to be mitigated by enhancing satisfaction and mental health. Enhancing marital and life satisfaction allows people to grow with calmness and deliver social, cultural, and economic services to others, thereby bringing many benefits to families (Sanaei, 2018)). Marital satisfaction has a significant effect on the mental and physical health of people (Hawkins, 1968; Kallig and Mahler, 1993; Schwarzer and Lepin, 1989; quoted by Khayi, 2017). A body of research (e.g., Jin, 2007) has explored factors contributing to irreconcilable differences and improper feelings between couples. Research further has explored factors contributing to marital satisfaction, such as contextual, socio-cultural, and personal factors and characteristics. Among the interpersonal features, personality and emotional variables potentially affect marital relationships (Schroeder and Dole, 2001). Lemmens et al. (2020) compared marital satisfaction, attachment styles, and communication problems between depressed and healthy couples. In their study, depressed couples had higher problems with attachment and communication and lower marital satisfaction, whereas healthy couples had higher marital satisfaction, secure attachment styles, and lower communication problems. Simonelli et al. (2019) studied the relationship between the burden of responsibility and intimacy and marital satisfaction.

Gottman Method of Couple Therapy (GMCT) is a couple therapy approach that focuses on both family communication and emotion. The rationale for GMCT is that marital conflicts are provoked after couples feel destructive and negative emotions during communication, including criticism, defensive reactions, and humiliating behaviors. Thus, the goal of GMCT is to rebuild the marital connection and strengthen marital intimacy, thereby allowing couples to manage their emotions, conflicts, and negative feelings (Gottman and Claire, 2015). Primarily, GMCT helps couples in rebuilding and strengthening their close and intimate connections. Second, it teaches partners how to manage conflicts by readjusting the balance between positive and negative feelings and interactions before, during, and after marital conflicts. In addition, GMCT helps couples to specifically address negative outcomes of critical, defensive, and humiliating interactions and evasive responses. This method teaches couples to correctly understand there are some permanent differences between them. Therefore, the couples need to accept these differences and then adapt to these everlasting problems (Madani and Hojjati, 2015). According to Doss et al. (2022), GMCT is an effective approach that can help fix couples' misperceptions and distress in marital relationships. Ryan et al. (2019) reported that GMCT can mitigate marital conflicts and enhance intimacy and marital satisfaction. According to Sprecher (2019), marital satisfaction in life can correlate to overall life satisfaction. Garanzini et al. (2017) introduced GMCT as an effective approach for achieving satisfaction with the relationships of couples. Schertz and Carney (2016) reported that GMCT can effectively promote marital satisfaction, adaptation, and marital intimacy, and mitigate numerous marital problems. Shapiro, Gottman, and Fink (2015) have also researched the efficacy of GMCT in solving problems of couples while emphasizing depression and marital satisfaction. Johnson and Levenson (2002) conducted research based on Gottman's theory and found that couples who focus more on the positive aspects of their spouse and less on the negative aspects are more satisfied and have stable and happier relationships. There are similar results conducted in Iran. Ali Panah (2020) studied the effectiveness of Gottman cognitive-systemic couple therapy on relationship irrational beliefs. Eslahi et al. (2020) studied the effectiveness of Gottman cognitive-systemic couple therapy on marital coordination where balanced emotions and feelings are strongly in play. Furthermore, Mohammadi and Boroomand (2020) reported that GMCT has increased intimacy between couples and has been effective in enhancing marital intimacy and satisfaction while reducing marital conflicts. Zahrakar et al. (2019) found that the GMCT-based educational intervention has significantly improved the post-test marital intimacy of women in the experimental group, and this intervention has effectively promoted marital intimacy. Likewise, Goodarzi and Boostanipour (2018) found that GMCT is effective in diminishing marital conflicts and promoting marital adaptation and its components including marital satisfaction, mutual solidarity, couple agreement, and love-making. Ultimately, Moharrami (2017) reported that GMCT merges therapeutic measures with couples' exercises to help couples identify and specify the natural obstacles that prevent them from creating an effective relationship. According to the literature, this research explores whether or not GMCT is effective on psychological well-being and marital satisfaction.

Materials and Methods

This study was an applied research based on a pretest-posttest quasi-experimental study design with experimental and control groups. The statistical population included couples who were referred to the ARAMA Psychological and Counseling Center to receive couple therapy services. The inclusion criteria were not being divorced, having at least two years of marital life, falling in the age range of 21 to 62 years, having a diploma and higher degree, and first wedding.

Of all couples referring to ARAMA Psychological and Counseling Center to receive couple therapy services, 30 who met the inclusion criteria were selected through the convenience

sampling method. The participants were randomly allocated to control (n: 15) and intervention (n: 15) groups, where those in the intervention group were instructed to complete the 47-item ENRICH Marital Satisfaction Scale (EMSS) and the standard Ryff Scales of Psychological Well-Being (RSPWB) (Ryff, 1989). Participants in the intervention group received GMCT training during 10 sessions, while those controls received no intervention.

Research tools

Ryff Scales of Psychological Well-Being (RSPWB) (Ryff, 1989)

RSPWB was designed and compiled by Ryff in 1988 to measure one's psychological well-being. It covers 28 items and reflects 6 components of well-being, including self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Reshvand et al. (2018) confirmed the content, face, and criterion validity of this scale, and reported a Cronbach's alpha coefficient (α) for this questionnaire to be above 0.7. In this research, the Cronbach's alpha (α) value for this scale was 0.85.

ENRICH Marital Satisfaction Scale (EMSS) (1989)

EMSS was designed and compiled by Enrich (1989) as a tool to measure job satisfaction. It covers 47 items and 12 components, and the scoring system is based on the Likert scale with items such as "my partner and I understand each other perfectly". Ramezani (2015) confirmed the content, face, and criterion validity of this scale. Sharifnia (2011) reported that the validity of EMSS with the Compatibility questions for couples of the Family Assessment Device (FAD) is 92%. Moreover, it was found that EMSS is correlated with family satisfaction scale (from 0.41 to 0.60) and psychological well-being scale (from 0.32 to 0.41), indicating its acceptable construct validity (Mahdavian, 1989). Ramezani (2015) reported a Cronbach's alpha coefficient (α) for this scale to be above 0.7. In this research, the Cronbach's alpha (α) value for this scale was 0.93.

Table 1 summarizes GMCT courses based on the Sound Relationship House theory (Gottman and Gottman, 2017).

Table 1. A summary of GMCT therapy sessions

Session	Description
1	Pre-test and introducing to the couples, setting of goals and describing the rationale for sessions, establishing a good and emotional relationship, understanding the general scheme of the sessions, emphasizing the importance of marital relationship and the concepts of compatibility and intimacy, defining what is expected from the participants and their commitment to attend courses, instructing couples to learn topics and apply them in real life, and ultimately emphasizing the importance of doing homework
2	Goal: The first principle (correct and strengthen your love roadmap) Task: Practicing your love road map to better understanding of your partner
3	Goal: The second principle (to strengthen the sense of attachment and praise, concepts of attachment and praise, signs of attachment, and tips to build attachment in the relationship). Task: Couples are given a seven-week training course regarding praise and attachment
4	Goal: The third principle (getting closed to each other, instead of staying away from; how couples can make love and emotional feelings, and shielding marital bond against unfriendliness and monotony. Task: What to do when your partner shows lack of enthusiasm.
5	Goal: The fourth principle (let your partner to influence you; how to deal with a domineering partner) Task: Surrender to win and fight in Gottman Island Survival Game
6	Goal: The fifth principle (addressing resolvable problems) Task: Find an example of your conflicts, but avoid arguing about it
7	Proceeding with resolving conflicts and fixing obstacles and problems
8	Goal: The sixth principle (to overcome the obstacles which make marital relations to reach an impasse; identifying the causes of impasse) Task: Practice these exercises in a real space and prepare a report.
9	Goal: The seventh principle (realizing the concept shared life, creating a new culture in the family) Task: Applying the rules at home, studying and reviewing the tips provided in sessions, and list ambiguities that have arisen.
10	Final negotiations about sessions and implementing post-test steps

In this study, data were analyzed using descriptive indices (frequency, mean, and SD), ANCOVA, and normality tests, and homogeneity of variances.

Results and Discussion

In both groups, couples mostly were in the age range of 25 and 30 years old, and most of them had a bachelor's degree. In the intervention group, most couples had no children, while most couples in the control group had no (or only one) child.

Table 2. Descriptive statistics for pre-test and post-test variables in control and intervention groups

Variable	Measurement step	Study groups			
		Intervention		Control	
		Mean	SD	Mean	SD
Psychological well-being	Pre-test	55.10	8.83	73.63	9.21
	Post-test	71.50	9.13	72.43	8.63
Marital satisfaction	Pre-test	111.80	15.68	103.67	18.79
	Post-test	123.67	16.35	105.17	18.74

According to **Table 2**, the pre-test "mean ± SD" values for the psychological well-being of couples in the intervention and control groups are 55.10±8.83 and 73.63±9.21, respectively, while the corresponding post-test values are 71.50±9.13 and 72.43±8.63. The same trend is also observed for marital

satisfaction, where the pre-test "mean ± SD" values for marital satisfaction in the intervention and control groups are 111.80±15.68 and 103.67±18.79, respectively, while the corresponding post-test values are 123.67±16.35 and 105.17±18.74.

As can be seen in **Table 2**, the "mean ± SD" values for both psychological well-being and marital satisfaction have been significantly increased after implementing the GMCT-based training course in the intervention group, compared to the control group. Although this conclusion is an inference with no statistical testing, the presence of significant differences in the pre-test and post-test values between both groups will be shown with detailed investigations.

Table 3. The Kolmogorov-Smirnov test results to assess the normal distribution of scores

Variable	Measurement step	Study groups				Distribution
		Intervention		Control		
		K-S statistics	p-value	K-S statistics	p-value	
Psychological well-being	Pre-test	0.15	0.200 c.d	0.11	0.200 c.d	Normal
	Post-test	0.18	0.177 c	0.19	0.076 c	Normal
Marital satisfaction	Pre-test	0.18	0.199 c	0.21	0.055 c	Normal
	Post-test	0.12	0.200 c.d	0.13	0.200 c.d	Normal

According to **Table 3**, the scores for psychological well-being and marital satisfaction are normally distributed in the study groups. This confirms the hypothesis that "the pre-test and post-test scores for psychological well-being and marital satisfaction are normally distributed".

Table 4. The Box's M test results to assess the assumption of the homogeneity of covariance in the study groups

Box's M statistics	1.61
F	0.52
Df1	3
Df2	605520.00
p	0.671

According to **Table 4**, the Box's M test indicates the homogeneity of covariances in the study groups (p=0.671, F=0.52, Box=1.61).

Table 5. The Levene's test results to assess the homogeneity of the variances of the research variables in the study groups

Variable	F	Df1	Df2	p-value
Psychological well-being	1.73	2	57	0.186
Marital satisfaction	1.24	2	57	0.295

As given in **Table 5**, Levene's test results are not significant for psychological well-being variables and marital satisfaction. Thus, the variance of both groups is not significant for these two variables. This confirms the assumption of homogeneity of the variances of scores for the study variables in both groups.

Table 6. One-way ANCOVA for dependent variables to test the linear correlation of covariate and dependent variable

Source of variation	SOS	Df	MOS	F	p-value
Psychological well-being	385.38	1	385.38	6.34	0.014
Marital satisfaction	857.97	1	857.97	10.02	0.003

According to **Table 6**, the F-value is significant for psychological well-being and marital satisfaction ($p<0.05$). Thus, the covariate variables (pre-tests) linearly correlate with dependent variables (post-tests), thereby confirming the seventh assumption of ANCOVA.

Table 7. Multivariate tests on the post-test mean of research variables in the study groups with pre-test control

Test	Value	Df	Df	F	p-value	Effect size	Statistical power
Pillai's Trace	0.20	2	55	6.94	0.002	0.20	0.91
Wilks' lambda (Λ)	0.80	2	55	6.94	0.002	0.20	0.91
Hotelling's T2	0.25	2	55	6.94	0.002	0.20	0.91
Roy's Largest Root	0.25	2	55	6.94	0.002	0.20	0.91

According to **Table 7**, adjusted to the pre-test control, the significance levels in all the tests imply a significant difference for one of the dependent variables (psychological well-being and marital satisfaction) between the control and intervention groups ($p>0.01$). That is, adjusted to the pre-test control, the post-test values differ between intervention and control groups, suggesting the effectiveness of GMCT intervention at least in one of the dependent variables. The effect size (effect size or difference) is small for all tests based on Cohen's criterion where the effect sizes of 0.20, 0.50, and 0.80 are defined as small, moderate, and large, respectively. The statistical power of 0.91 means a low chance of type II error. Furthermore, ANCOVA was performed separately for psychological well-being and marital satisfaction to find which variable or variables are the source of difference between the study groups **(Table 8)**.

Table 8. ANCOVA results for post-test variables in control and intervention groups adjusted with pre-test control

Variable		SOS	Df	MOS	F	p-value	Eta (effect size)	Statistical power
Psychological well-being	Group	385.38	1	385.38	6.34	0.014	0.10	0.70
	Error	3377.74	56	60.32				
	Total	315346.00						
Marital satisfaction	Group	857.97	1	857.97	10.02	0.003	0.15	0.88
	Error	4795.73	56	85.64				
	Total	808539.00						

According to **Table 8**, adjusted to pre-test control, there is a significant difference between psychological well-being and marital satisfaction between the study groups ($p<0.01$). In other words, GMCT intervention has improved psychological well-being and marital satisfaction in the intervention group than in the control group. The effect size for psychological well-being and marital satisfaction is 0.10 and 0.15, respectively, indicating that 10% of personal differences in the post-test scores of psychological well-being and 15% of personal differences in the post-test scores of marital satisfaction are due to GMCT. Thus, the GMCT approach is effective in improving the psychological well-being and marital satisfaction of couples.

The results obtained in this research concerning the efficacy of GMCT in improving the psychological well-being of couples agree with those reported elsewhere (see, e.g., Poorebrahim and Rasooli, 2018; Doss et al., 2022; Kang, 2013; Khaledin et al., 2013; Arno et al., 2010; Kang et al., 2009; Kim et al., 2005; Johnson et al., 2002).

When explaining these results, we can conclude that since GMCT's primary goal is to improve couples' relationships by mitigating negative emotions and multiplying positive emotions during conflict, creating positive emotions when there is no conflict, and balancing feelings and emotions (Gorman, 2008), therapy sessions positively affect emotional regulation and psychological well-being of couples. This is because GMCT emphasizes mitigating negative behaviors and thinks that marital disputes are due to inappropriate behaviors such as ignoring, humiliating, blaming, avoiding, and silence. Incompatible couples quickly react to negative behaviors, thereby worsening conflict and creating a vicious cycle in creating negative emotions. GMCT sessions make couples feel more relaxed in their conflicts by enhancing acceptance, empathy, and emotional awareness, and reducing destructive behaviors. These sessions further teach couples to manage their emotions with greater control and experience higher psychological well-being. In Gottman's approach to controlling marital relationships, the first step is to manage arguments and sustain the relationship. Therefore, GMCT critically considers the connection between couples and the quality of their relationship and yet facilitates relationship formation, strengthens intimacy, creates common sense, prevents chattering, forms new bonds, enhances satisfaction, supports marital relationships, and shields the couples against conflicts. It further prevents conflicts, stresses, and the formation of crises that can weaken the mental health and well-being of couples (Gottman, 2017). Accordingly, GMCT aims to strengthen the relationship, thereby improving the quality of life of couples.

Poorebrahimi and Rassoli (2018) reported that intervention reduces post-therapy depression of participants in the intervention group, but such a reduction is not significant when comparing the two intervention and control groups. However, they reported that the difference between the two groups is significant in terms of the meaning of life. Kang (2013) studied the efficacy of meaning therapy in promoting the meaning of life and depression of teenagers in South Korea and found a significant increase in the meaning of life and respect for life and a significant reduction in depression in the intervention group. Doss et al. (2022) introduced GMCT as an effective approach to improve the distress of couples in marital relationships. Khaledin et al. (2013) reported that meaning therapy can effectively enhance life expectancy in empty nest syndrome. Arno et al. (2010) found a significant relationship between the meaning of life, level of psychological development, and hope. Kang et al. (2009) evaluated the efficacy of a meaning therapy training program on pain and suffering, finding meaning, and spiritual health of children with cancer and found that this therapy is effective in reducing pain and suffering and improving meaning in life. Also, Kim et al. (2005) reported a relationship between resilience and meaningfulness of life. They found that an increase in the meaningfulness of life helps couples in overcoming inconsistencies and further improves their satisfaction with life. Thus, this characteristic of meaning seems to play a pivotal role in helping couples to overcome incompatible situations. Ultimately, Johnson et al. (2002) found that couples who more focus on the positive aspects of their partner and less on their negative aspects have happier lives, are more satisfied, and their relationships will be markedly sustained.

In this research, it was found that GMCT can significantly promote marital satisfaction of couples. This finding well agrees with results reported in other studies advocating this therapy as an effective approach to moderating marital conflicts and improving marital adjustment and satisfaction (see, e.g., Alipanah, 2020; Eslahi et al., 2020; Mohammadi and Broomand, 2020; Tavakkoli and Poorhaghighi, 2016; Karimi and Kakabaraei, 2016; Zahrakar et al., 2016; Garanzini et al., 2017; Shapiro et al., 2015; Ryan et al., 2019; Scherts and Carney, 2016).

To clarify the efficacy of Gottman's approach in increasing marital satisfaction in couples, it needs to be declared that according to GMCT, what makes a marital life fail is not the presence of conflicts, but the contribution of many negative

emotions and the paucity of positive feelings. Importantly, in all marriages, conflicts are inevitable regardless of whether the marriage will fail or be sustained until the end. One goal of GMCT regarding adjustments in interactions and relationships between couples is to alter the frequency of positive and negative emotions during therapy, where this rationale is the basis for most of the techniques and tasks used. Emphasizing this goal in the GMCT sessions and practicing it in training sessions have probably enabled couples to meaningfully show more positive emotions, better communication, and more appropriate problem-solving behaviors while reducing conflict-free periods, replacing negative emotions with positive emotions, thereby promoting marital intimacy. Therefore, it can be concluded that GMCT more focuses on commitment, the way to resolve problems, increasing positive emotional interactions, and deepening emotional behaviors in couples. All these ultimately replaced the atmosphere full of conflict with an atmosphere based on more positive interactions. Thus, couples can interact more efficiently and sincerely, talk and negotiate about their views to manage conflicts, and successfully implement the ideas they have agreed upon.

Conclusion

These findings can only be generalized to couples who met the inclusion criteria in this research and are not applied to those with different demographics and those outside these inclusion criteria. Since GMCT is effective in improving the psychological well-being and marital satisfaction of couples, this therapy is suggested to be used in medical-educational centers marriage counseling, and divorce clinics, particularly for partners with low marital satisfaction and more psychological well-being disorders to provide them a better marital compatibility. Family and marriage counselors are also recommended to use this new therapeutic approach to prevent marital problems, strengthen the relationships of couples, and consolidate the family. This is because GMCT aims to strengthen couples' communication and its therapy protocol has a clear, operational, and task-oriented framework, all qualifying this approach to be used in group counseling. It is suggested to prepare high-quality video and audio files and CDs containing educational therapy sessions managed by researchers and therapists with the financial support of relevant organizations and then give them to experts and couples in the form of educational therapeutic packages. This will allow counselors, psychotherapists, couples suffering marital disorders and low psychological well-being, and those who have failed to adapt to married life to make optimal use of this research.

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