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Effectiveness of Paradoxical Couple Therapy on Marital Disaffection and Satisfaction Among Couples

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Abstract

Background: *This quasi-experimental study aimed to evaluate the effectiveness of paradoxical couple therapy (PCT) on marital disaffection and satisfaction.*
Methods: *The research employed a pre-test, post-test, control group design with a one-month follow-up. The population consisted of all couples referred to the Narvan Counseling Center in Tehran in 2024. Fourteen couples were selected via convenience sampling and randomly assigned to experimental and control groups (7 couples each). Data were collected using Kayser's (1993) Marital Disaffection Questionnaire and Tatan et al.'s (1973) Marital Satisfaction Questionnaire.*
Results: *Repeated measures ANOVA and Bonferroni post-hoc tests, conducted using SPSS, revealed that PCT significantly reduced marital disaffection and increased satisfaction (P-value<0.05), with effects sustained at follow-up. Based on these findings, it is recommended that counselors and family psychologists utilize PCT to reduce marital disaffection and enhance satisfaction.*
Conclusions: *This approach can be applied in individual and group counseling to strengthen couple relationships, reduce conflicts, and improve emotional regulation, ultimately preventing family dissolution.*

Keywords: Paradoxical couple therapy, Marital disaffection, Marital satisfaction, Couples.
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Introduction

Marriage is a commitment rooted in love and responsibility, fostering peace, happiness, and transformation in family relationships. Selecting a life partner and embarking on marital life is considered a critical milestone and a marker of individual success[1]. Marriage yields numerous benefits for both men and women, including reduced stress and increased happiness[2, 3, 4]. However, unsuccessful marriages can lead to adverse outcomes, such as heightened marital disaffection, reduced satisfaction, and divorce[5, 6].

Marital disaffection is characterized by a gradual decline in emotional attachment between spouses, marked by reduced attention to the partner, emotional alienation, feelings of disinterest, and indifference, where negative emotions replace positive ones[7]. According to increased negative interactions between couples heighten feelings of disaffection, acting as an emotional barrier to future positive interactions[8]. Key factors contributing to marital disaffection include marital expectations, often rooted in idealized notions of romantic love and embedded in personal beliefs. These expectations may be conscious or unconscious, explicit or implicit, individual or mutual. Other factors, such as gender, duration of marriage, number of children, and education level, also influence disaffection[9].

Marital satisfaction refers to feelings of contentment, joy, and comfort in the sexual and emotional relationship between partners. It is a critical factor supporting couple relationships. Research indicates that marital satisfaction enhances overall happiness and life satisfaction, directly correlating with relationship quality[10, 11]. Couples experiencing high marital satisfaction tend to have stronger relationships. The stability and strength of a family depend on a sustainable marital relationship. Any instability or dissatisfaction disrupts psychological well-being and threatens family cohesion. Marriage is a multidimensional phenomenon, representing a significant life decision, with marital satisfaction being a primary determinant of quality of life and mental health[12, 13].

Factors contributing to marital satisfaction include effective communication, where discussing needs, desires, and sexual preferences fosters satisfaction[14]. Mutual respect, equality, and acknowledgment of each partner's needs, alongside self-respect and confidence, enhance satisfaction. Understanding and respecting boundaries, addressing sexual needs, and striving to fulfill both sexual and non-sexual needs of the partner further contribute to satisfaction. Efforts to improve relationship quality, introduce variety in sexual activities, and utilize tools to meet partners' needs also play a significant role[15, 16, 17].

Various couple therapy models have been employed to enrich marital relationships and reduce conflicts, including emotion-focused therapy, Gottman method therapy, psychodynamic therapy, Wachtel's integrative approach, cognitive-behavioral therapy, and systemic therapy[18]. Couple therapy is recognized as the preferred treatment for relational distress[19]. Relationships may shift toward dysfunction or well-being due to intrapersonal, interpersonal, and external factors. In dysfunctional cases, interventions like couple therapy are essential. Comparisons of therapy models show success rates of 20% to 70% and relapse rates up to 45%[18]. Thus, efficient, short-term approaches with lower failure rates are needed. Paradoxical couple therapy (PCT) was developed to address this, applied to couples with diverse issues[18].

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PCT has been successfully applied to various couple issues[20]. The PCT model is rooted in psychodynamic, behavioral, cognitive, and systemic theories but primarily uses behavioral techniques[18]. It comprises two core components: the paradox, prescribing symptomatic behavior, and the timetable, assigning clients to experience these behaviors at specific times[18]. Key mechanisms include "scheduled turn-taking management" and "paradoxical bilateral dialogue." As a short-term, simple, effective, and cost-efficient approach, PCT is recommended for treating couple distress[20, 21]. Studies by Saeidi Nejad et al.[22], Chitgarzadeh et al.[23], and Mohammadpour and Eslami[24] confirm PCT's effectiveness on anxiety, marital conflicts, emotional regulation, and psychological well-being.

The literature indicates a research gap regarding the effectiveness of PCT on marital disaffection and satisfaction. Given the psychological, relational, and emotional challenges faced by couples, such as dysfunctional interactions and conflicts contributing to relationship breakdown and divorce, appropriate interventions like PCT are crucial[25]. Although prior studies have demonstrated the efficacy of various couple therapy models (e.g., emotion-focused, cognitive-behavioral, and systemic approaches) in reducing marital conflicts and enhancing psychological well-being, no research has specifically examined the impact of PCT—a short-term, behavioral paradox-based intervention—on marital disaffection (emotional alienation and loss of attachment) and marital satisfaction in Iranian couples seeking counseling. Existing interventions often require extended sessions and focus broadly on conflict resolution, leaving a critical gap in accessible, time-efficient protocols that directly target the progressive emotional detachment underlying disaffection, a key precursor to divorce in clinical populations. This study addresses this gap by evaluating PCT's structured use of behavioral prescription and scheduled dialogue to disrupt maladaptive interaction cycles, offering a novel, culturally adaptable framework for Iranian counseling centers where high caseloads demand brief, effective treatments. This study aims to investigate whether PCT is effective in reducing marital disaffection and enhancing marital satisfaction among couples in Tehran?

Materials and Methods

The present study was a semi-experimental design with a pretest-posttest approach, including a control group and a one-month follow-up. The statistical population consisted of all couples referred to counseling centers in Tehran during the years 2023-2024, from which 21 couples were purposively selected. The sample size was determined based on the sample size calculation formulas for experimental studies by Broms-Fransen and Lemmens[26] and Cohen[27], with a confidence level of 0.50 and a test power of 0.60, resulting in 14 individuals (7 couples) per group. Randomization was performed using the random allocation function in SPSS version 25 (IBM Corp., Armonk, NY, USA), with a simple random sampling method without stratification or blocking.

Inclusion criteria for the study were as follows: 1) a minimum marriage duration of one year, 2) having at least one child, 3) literacy (ability to read and write), 4) not participating in concurrent psychotherapy workshops or sessions during the study, 5) not using psychiatric medications during the study, 6) no substance abuse, 7) being within the age range of 20 to 40 years, and 8) low marital satisfaction scores and high marital disaffection scores based on the relevant questionnaires. Exclusion criteria included: 1) participants' unwillingness to continue cooperation at any stage of the study, 2) absence from treatment sessions for more than two weeks, 3) failure to complete assignments or consistent delays of over 30 minutes in three sessions, 4) incomplete questionnaire responses, 5) occurrence of unforeseen life events, and 6) participation in other counseling or psychotherapy sessions concurrently.

Marital Disaffection Questionnaire: This questionnaire, developed by Kayser, consists of 21 items scored on a Likert scale ranging from "not true"=1, "somewhat true"=2, "moderately true"=3, to "very true"=4[28]. The score range is 21 to 84, calculated by summing the item scores. The scale includes three subscales: attachment (items 1, 3, 5, 6, 7, 8, 9, 16, 21), emotional alienation (items 10, 12, 13, 15, 18, 19, 20), and emotional support (items 2, 4, 11, 14, 17). Scores above the mean indicate high disaffection. Items 1, 3, 5, 6, 7, 8, 9, 11, 14, 16, and 21 are reverse-scored[29]. In this study, the total score was calculated and used. Kayser reported a positive significant correlation with Pines' Marital Boredom Scale, negative correlations with Lorenz's Marital Happiness Scale and Bagarozzi's Marital Intimacy Scale, and an internal consistency (Cronbach's alpha) of 0.97[28]. In a study by Kouhi et al. the Cronbach's alpha for the total scale was 0.88, and its content validity was confirmed by five counseling experts from the University of Isfahan[30]. Additionally, Goldberg and Hillier (1979, cited in Kouhi et al., 2009) reported a significant correlation of 0.56 with the General Health Questionnaire, indicating concurrent validity[30]. In Iran, Seyed Ali Tabar et alstandardized the questionnaire on a sample of 188 teachers selected via convenience sampling in Karaj[31]. Convergent and divergent validity were assessed using scales for attitudes toward extramarital relationships, Kansas Marital Satisfaction Scale, attachment styles, and marital forgiveness. The Cronbach's alpha for the total scale was 0.92, with a test-retest reliability of 0.85. Correlation analyses showed significant positive correlations with attitudes toward extramarital relationships and avoidant/ambivalent attachment subscales (indicating convergent validity) and significant negative correlations with the Kansas Marital Satisfaction Scale and forgiveness subscale (indicating divergent validity). In the present study, the Cronbach's alpha was 0.83.

Marital Satisfaction Questionnaire: This 10-item instrument was initially designed by Tatan et al. to assess the effects of confrontational counseling, a behavioral approach in marital counseling[32]. It measures overall marital satisfaction across nine distinct domains of couple interaction using single-item indicators. Each item serves as an independent measure of satisfaction in specific areas of marital interaction, with scores ranging from 1 to 10. The total score, obtained by summing all items, ranges from 10 to 100. In the present study, the Cronbach's alpha was 0.79.

The study was conducted as follows: after the proposal was approved and an ethics code (IR.IAU.ABHRR.REC.1403.002) was obtained from the Ethics Committee of the Islamic Azad University, Abhar Branch, the statistical population was identified. Couples referred to the Narvan Counseling Center in Tehran's District 2 were selected via convenience sampling

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and randomly assigned to two groups. After obtaining informed consent, the Marital Satisfaction and Marital Disaffection questionnaires were distributed by the researcher and completed by the groups in three stages: pretest, posttest, and follow-up. The experimental group received PCT (based on the protocol in Table 1), while the control group received no training or treatment. PCT sessions, adapted from Besharat's book *Paradox+Timetable=Cure*[18], were delivered over seven sessions to the participants (Table 1). The interval between sessions was one week. Each counseling session lasted 90 minutes (1.5 hours), and the counseling topic was marital disaffection and satisfaction.

Table 1. Paradoxical couple therapy protocol

Session	Treatment guide summary
First	Social interview stage: Includes welcoming, assessing marriage duration, number of children, employment status, and addressing specific family or social issues if needed. Problem stage: Couples describe the reasons for referral, detailing problems or disorders, focusing on behaviors, interactions, and their impact on the couple and family system. The therapist outlines the treatment plan, sets goals, and assigns tasks for couples to complete between sessions (e.g., "scheduled turn-taking management" in the reported couple).
Second	Behavioral analysis: Detailed review of the implementation of tasks assigned in the previous session, discussing potential issues or limitations, outcomes from each partner's perspective, estimating the percentage of therapeutic change, and determining the need to continue prior tasks (e.g., reviewing and refining the first session's task execution and continuing it for the reported couple).
Third	Behavioral analysis: Detailed review of task implementation, issues, outcomes, and estimated therapeutic change. Continuation of prior tasks if needed (e.g., continuing prior tasks for the reported couple) and assigning new tasks (e.g., "paradoxical bilateral dialogue" for the reported couple).
Fourth	Behavioral analysis: Review of task implementation, outcomes, and estimated therapeutic change. Continuation of prior tasks and assignment of new tasks if needed. Announcement of treatment conclusion if goals are met (e.g., for the reported couple).
Fifth and sixth	Behavioral analysis: Review of task implementation, outcomes, and estimated therapeutic change. Continuation of prior tasks, assignment of new tasks if needed, and use of complementary couple therapy techniques.
Seventh	Discussion of the couples' self-treatment plan for the future, if needed, in the final session.

Ethical considerations included adherence to scientific integrity, obtaining informed consent for participation, ensuring anonymity of scales, maintaining participant confidentiality, and safeguarding their data. For descriptive analysis, descriptive statistics such as frequency, percentage, mean, and standard deviation were used. For inferential analysis, research hypotheses were tested using mixed analysis of variance with repeated measures and Bonferroni post-hoc tests[33, 34]. Prior to the mixed ANOVA, assumptions including normality, homogeneity of variances, and non-significant pretest mean differences between groups were checked. All analyses were conducted using SPSS-25[35].

Results

Demographic characteristics of participants, including age and education level, categorized by study groups, are presented in Table 2.

Table 2. Frequency distribution of participants by study groups

Group	Mean age	F	P-value	Education			χ^2	P-value
				Diploma	Bachelor's	Master's		
Paradoxical couple therapy	33.7	0.52	0.41	5	3	2	0.61	0.68
Control	36.7			5	2	2		

Table 2 shows no significant differences in age (F=0.52, P-value=0.41) or education (χ^2=0.61, P-value=0.68) between groups. The distribution of participants by study groups indicates no significant differences in age (F=0.52, P-value=0.41) or education level (χ^2=0.61, P-value=0.68) between groups.

The means and standard deviations of the variables marital disaffection and marital satisfaction are reported in Table 3.

Table 3. Means and standard deviations for marital disaffection and satisfaction

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)
Marital disaffection	Paradoxical couple therapy	56 (7.40)	42.40 (5.27)	42.10 (6.31)
	Control	57.40 (4.52)	58.10 (5.82)	58.50 (5.99)
Marital satisfaction	Paradoxical couple therapy	40.18 (4.56)	49.80 (4.83)	51 (5.18)
	Control	40.70 (3.16)	41.20 (3.70)	41.11 (3.47)

Results indicate differences in mean marital satisfaction scores across the three testing phases, with the paradoxical couple therapy group showing reduced disaffection and increased satisfaction compared to the control group.

Normality was confirmed via Kolmogorov-Smirnov tests (disaffection: pre-test z=0.83, P-value=0.12; post-test z=0.81, P-value=0.12; follow-up z=0.49, P-value=0.15; satisfaction: pre-test z=0.64, P-value=0.13; post-test z=0.81, P-value=0.14; follow-up z=0.66, P-value=0.14). Homogeneity of variances was verified via Levene's tests (disaffection: pre-test F=0.21, P-value=0.80; post-test F=0.82, P-value=0.44; follow-up F=2.29, P-value=0.12; satisfaction: pre-test F=0.93, P-value=0.39; post-test F=2.50, P-value=0.09; follow-up F=1.61, P-value=0.21). Mauchly's test indicated a violation of sphericity (disaffection: W=0.13, P-value=0.001; satisfaction: W=35.34, P-value=0.001), so Greenhouse-Geisser correction was applied. Box's M test was significant (disaffection: F=21.73, P-value=0.11; satisfaction: F=0.14, P-value=0.0001), indicating that independent variables influenced at least one dependent variable.

Repeated measures ANOVA (Table 4) revealed significant within-group effects for disaffection (F=64.35, P-value=0.005, η^2=0.70) and satisfaction (F=102.82, P-value=0.005, η^2=0.79), with significant group × time interactions (disaffection: F=19.14, P-value=0.005, η^2=0.59; satisfaction: F=25.02, P-value=0.005, η^2=0.65). Between-group effects were also significant (disaffection: F=1908.93, P-value=0.005, η^2=0.98; satisfaction: F=4722.40, P-value=0.001, η^2=0.99).

The results of the repeated measures analysis of variance (within-subjects and between-group effects) for the variables marital disaffection and marital satisfaction are reported in Table 4.

Table 4. Repeated measures ANOVA results for disaffection and satisfaction

Source	Sum of squares	df	Mean square	F	P-value	η^2
Within-group disaffection						
Time	1462.06	1.07	1365.08	64.35	0.005	0.70
Time × group	869.86	2.14	406.08	19.14	0.005	0.59
Error	609.40	28.66	21.25			
Within-group satisfaction						
Time	1604.86	1.07	1491.49	102.82	0.005	0.79
Time × group	781.06	21.52	362.94	25.02	0.005	0.65
Error	421.40	29.05	14.50			
Between-group disaffection						
Time	227708.10	1	227708.10	1908.93	0.005	0.98
Time × group	2676.86	2	13384.43	11.22	0.005	0.45
Error	3220.70	27	119.28			
Between-group satisfaction						
Time	192376.90	1	192376.90	4722.40	0.001	0.99
Time × group	1208.86	2	604.43	14.83	0.001	0.52
Error	1099.90	27	1099.90			

Bonferroni post-hoc tests (Table 4-5) confirmed significant differences favoring the PCT group in post-test and follow-up for disaffection (P-value<0.001) and satisfaction (P-value<0.001).

The results of the comparison of variable means across the study groups are reported in Table 5.

Table 5. The results of the comparison of variable means across the study groups

Variable	Group (I)	Group (J)	Mean difference	P-value
Post-test disaffection	Control	PCT	-15.70	0.000
Follow-up disaffection	Control	PCT	-16.40	0.000
Post-test satisfaction	Control	PCT	-9.30	0.000
Follow-up satisfaction	Control	PCT	-9.10	0.000

Table 5 demonstrates that the PCT group exhibited significantly greater reductions in marital disaffection scores compared to the control group (mean difference=-15.70 at post-test and -16.40 at follow-up, P-value<0.001). Concurrently, the PCT group showed substantial increases in marital satisfaction (mean difference=-9.30 at post-test and -9.10 at follow-up, P-value<0.001) relative to controls. These findings confirm that the beneficial effects of PCT on reducing disaffection and enhancing satisfaction were sustained through the one-month follow-up.

Discussion

The present study aimed to investigate the effectiveness of PCT on marital disaffection and marital satisfaction among couples. The findings indicated that PCT had a significant effect on reducing marital disaffection and increasing marital satisfaction. The significant effectiveness of PCT on marital disaffection and satisfaction aligns with the results of studies by Saeidi Nejad et al., Chitgarzadeh et al., and Mohammadpour and Eslami[22, 23, 24].

To explain the significant effectiveness of PCT on marital disaffection and satisfaction, it can be noted that the PCT model is introduced as a short-term, simple, effective, and cost-efficient approach for treating couple distress[20]. The primary mechanisms of effectiveness are the "scheduled turn-taking management" and "paradoxical bilateral dialogue" techniques, which are the two main components of PCT couple[22]. The paradoxical bilateral dialogue technique consists of four components: paradox, timetable, dialogue, and bilaterality. The paradox involves prescribing the symptomatic behavior or issue, requiring clients to intentionally recreate the behaviors or symptoms they seek to eliminate, as prescribed by the therapist. The timetable is a task that obliges the client to experience the prescribed behavior or symptom at specific times for a set duration. The third component, dialogue, refers to the usual verbal communication and interaction between couples. The bilaterality of dialogue is highlighted as an independent component to emphasize the importance of active participation by both partners in the conversation. The paradoxical bilateral dialogue timetable is formed by combining these four components as therapeutic techniques. In the complete PCT model, couples are asked to recreate and experience their typical arguments, critical discussions, and conflicts exactly as they occur, at specific times and for a set duration[18]. In the scheduled turn-taking management technique, each partner is assigned specific days of the week to take full responsibility for managing all routine daily tasks of their shared life, which often cause disputes, conflicts, dissatisfaction, and disagreements. The other partner is required to accept and comply with this arrangement. Differences, inconsistencies, and disorganization in couple, family, social, and occupational interactions often lead to marital conflicts[18].

The PCT model, with its simplicity and speed, alleviates negative emotions from couples and their interactions without imposing any pressure—the very emotions that form the core of their problems and conflicts. The principle governing the PCT model is to facilitate the elimination of negative emotions in the simplest and fastest way possible. Through the role-playing assigned by the therapist to the two actors in the theater of life—the couple—partners gain a new experience. By recreating negative emotions, the pressure of the relationship is reduced, and by disrupting the connection between typical conflict-related behaviors and arguments, the associated anxiety, stress, and negative emotions are altered. Consequently, PCT reduces anxiety and stress in couple relationships, eliminates negative emotions, and enables couples to experience less emotional suppression while perceiving higher emotional regulation through the evaluation of their emotions[23]. Therefore, the effectiveness of paradoxical therapy in reducing marital disaffection and increasing marital satisfaction is not unexpected.

This study was limited to couples referred to the Narvan Counseling Center in Tehran, which may not represent a broader population of married individuals. This limits the generalizability of the findings to other demographic groups or regions. Reliance on self-report questionnaires may introduce biases, as participants might respond in socially desirable ways or fail to accurately reflect their experiences. Additionally, the study did not collect or control for potentially confounding variables such as participants' education level, household income, history of mental health disorders, or precise duration of marriage, all of which may influence marital disaffection and satisfaction. For instance, higher socioeconomic status or longer marital tenure could moderate treatment responsiveness, while untreated psychiatric conditions might attenuate PCT effects. Future research should incorporate these covariates in regression models or stratified analyses to enhance result robustness and generalizability. The findings may be influenced by the cultural norms and values specific to Iranian society, which may not be applicable in other cultural contexts. The cultural context of the study may affect the results, as marital satisfaction and disaffection can vary significantly across cultures, potentially impacting the applicability of the findings in other settings. Given that the results demonstrated the significant effectiveness of PCT on marital disaffection and satisfaction, developing supportive and counseling programs based on PCT could help enhance marital satisfaction and reduce disaffection, thereby preventing or reducing marital conflicts and strengthening couple cohesion. These programs could include individual and group counseling sessions. Counselors can apply this short-term, cost-effective approach in individual and group settings to reduce marital conflicts. Training programs for therapists could focus on techniques such as the "scheduled paradoxical bilateral dialogue" to improve emotional regulation and reduce negative interactions. Community-based workshops utilizing the principles of PCT could help prevent marital dissatisfaction, foster healthy relationships, and reduce divorce rates.

Ethical Considerations

This study, derived from a doctoral dissertation at Islamic Azad University, Abhar Branch, was approved by the Ethics Committee (IR.IAU.ABHRR.REC.1403.002). Ethical principles included obtaining informed consent, ensuring participant anonymity, maintaining confidentiality, and upholding scientific integrity.

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Conflict of Interest

The authors declare no conflicts of interest.

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