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An Analysis on Sociodemographic and Clinical Characteristics and Therapy Outcomes of Couples Receiving Systemic Family Therapy

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Abstract

Marriage is a structure consisting of interconnected systems, which enable individuals to establish a family and maintain the species. The aim of this study was to examine the demographic and clinical characteristics and marital adjustment and therapy motivation of 21 couples who received systemic family therapy because of adjustment problems. "Marital Adjustment Test (MAT)" and "Client Motivation for Therapy Scale (CMOTS)" was used to assess marital adjustment and therapy motivations. Mean duration of psychotherapy was 16.5±6.3 sessions. The mean marriage age was 24.95±5.38 for females and 30.57±5.85 for males. The rate of psychiatric disorder was higher in women (n=19, 90.5%). When the mean overall and total MAT scores of the couples before and after psychotherapy were compared, it was seen that the mean overall and total MAT scores were increased at the end of therapy. Before the therapy, the mean CMOTS-amotivation score was higher in men compared to women (p=0.045), whereas the CMOTS-intrinsic motivation score was higher in women compared to men (p=0.002). In addition, there was a negative correlation between CMOTS-amotivation score and the total MAT score at the end of therapy in men (r= -0.519, p=0.023). Systemic couple therapy is known to be effective on couples with marital problems. In accordance with the literature, systemic family therapy increased the marital adjustment of couples in our study. It is important to evaluate characteristics associated with marital adjustment and motivation for therapy in couples to be treated with family therapy and to consider these factors when planning their treatment.

Keywords: Family, family therapy, couple therapy, marriage, adjustment, motivation

Öz

Sistemik Aile Terapisi Alan Çiftlerin Sosyodemografik, Klinik Özellikleri ve Terapi Sonuçlarının İncelenmesi

Evlilik; aile kurmayı ve türün devamını sağlayan birbirine bağlı sistemlerden oluşan bir yapıdır. Bu araştırmada uyum sorunları nedeniyle sistemik aile terapisi uygulanan 21 çiftin evliliğe ilişkin demografik ve klinik özelliklerinin, evlilik uyumunun ve terapi motivasyonunun incelenmesi amaçlanmıştır. Evlilik uyumlarını ve terapi motivasyonlarını değerlendirmek için "Evlilikte Uyum Ölçeği (EUÖ)" ve Danışanlar İçin Terapi Motivasyonu Ölçeği (DİTMÖ)" kullanılmıştır. Ortalama psikoterapi süresi 16.5±6.3 seanstı. Kadınların ortalama evlenme yaşı 24.95±5.38, erkeklerin ise 30.57±5.85 yıldı. Kadınlarda ruhsal hastalık oranı daha yüksekti (n=19, %90.5). Çiftlerin, psikoterapi öncesi ve sonrasındaki ortalama EUÖ genel ve toplam puanları karşılaştırıldığında, terapi bitiminde ortalama EUÖ genel ve toplam puanları artmıştı. Terapi öncesinde DİTMÖ-motivasyonsuzluk puan ortalaması erkeklerde kadınlara göre daha yüksek olup (p=0.045), kadınlarda ise DİTMÖ-içsel motivasyon puanı erkeklerden daha yüksekti (p=0.002). Ayrıca erkeklerde DİTMO- motivasyonsuzluk puanı ile terapi sonundaki EUÖ toplam puanı arasında negatif yönde ilişki mevcuttu (r= -0.519; p=0.023). Evlilik sorunları olan çiftlerde sistemik çift terapisinin etkili olduğu bilinmektedir. Araştırmamızda da yazınla uyumlu olarak, uygulanan sistemik aile terapisi çiftlerin evlilik uyumlarını arttırmıştır. Evlilik uyumuna ilişkin özelliklerin ve terapiye yönelik motivasyonun aile terapisi uygulanacak çiftlerde değerlendirilmesi ve bu etkenlerin tedavilerinin planlanmasında dikkate alınması önemlidir.

Anahtar Kelimeler: Aile, aile terapisi, çift terapisi, evlilik, uyum, motivasyon

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INTRODUCTION

The smallest and most basic unit of society, the family consists of individuals with biological, psychological and social ties. The spouses subsystem formed by marriage is one of the most significant interpersonal relationships (Saxton, 1982; Kılıç, 2009; Tutarel Kışlak, 1997). Since the concept of adjustment reflects the quality of marriage, factors related to adjustment are frequently included in marital research (Erbek, Beştepe, Akar, Eradamlar and Alpkan, 2005; Erdoğan, 2007). It has been reported that, sociodemographic, attachment characteristics, personality traits of the spouses, quality of sexual life, physical and mental conditions of the spouses determine marital adjustment in general (Çağ & Yıldırım, 2013; Demiray, 2006; Erbek, et al. 2005; Gülsün, Ak & Bozkurt, 2009). For couples to adjust, it has been suggested that effective communication and harmony between the spouses should be established, the spouses should have common values and goals, be able to make decisions jointly (Kalkan & Ersanli 2009; Kocadere, 1995; Mert & İskender, 2015; Şener & Terzioglu, 2002).

One of the important approaches in family and marital therapy is systemic family therapy (Bailey, 1994; Barker 1992; Bateson, 1970; Whitchurch, 1993). In system theory, healthy and functional families have clear boundaries, appropriate hierarchical order and alliances, they are flexible enough to adapt to change, and encourage individual differentiation. All families undergo transitional periods that require new regulations in their structures, roles, and changes in the rules (Munichin, Lee & Simon, 1996). System theory focuses on the interrelationship between family members and introduces an integrative approach to family therapy. Review and meta-analysis studies since 1990 have shown that systemic family and couples therapies are more effective than individual treatments for different problem areas (Heatherington, Friedlander, Diamond & Escudero, 2014). When the literature is examined, it is reported that marital adjustment, values, adaptation to work and social support increase between couples when systemic approaches are applied, and relational stress, psychiatric disease rates and domestic violence decrease in individuals (Aguilar-Raab et al., 2017; Carr, 2014; Leff 2000; Mert, 2015; Snyder & Halford, 2012; Stratton, Silver, Nascimenton, McDonell, Powell & Nowotny, 2014).

Studies have reported that the client's continuity and effective participation in therapy is directly related to the positive change in the family (Drieschner, Lammers, & van der Staak, 2004; Heatherington, 2014; Robbins et al., 2006). Many studies (Drieschner, 2004; Hiller, Knight, Leukefeld, & Simpson, 2002; Ilagan, Vinson, & Oberman, 2015) examined the effects of motivation in the treatment process. In other words, motivation and participation in the process are seen as important treatment components that provide continuity of treatment and determine treatment outcomes (Bachelor, Olivier, Dominick & Vincent, 2007; Drieschner, 2004; Rosenbluth & Cameron, 1981).

The aim of this study was to investigate demographic and individual clinical characteristics and marital adjustment of couples receiving systemic family therapy, and to investigate the relationship between therapy response and therapy motivation.

METHODS

Participants

The sample of this study consisted of 21 couples receiving systemic family therapy. Patients who were illiterate, mentally retarded, had physical or mental illness requiring long-term care (cancer, disability-induced diabetes, schizophrenia, etc.), who had major organ loss were excluded. The couples included in the study were evaluated before the therapy with the structured clinical interview scale according to DSM-IV, "Personal Information Form" was applied to determine the sociodemographic data and the characteristics of the marriage. At the beginning and at the end of the therapy, "Marital Adjustment Test (MAT)" was used to measure marital adjustment and "Client Motivation for Therapy Scale (CMOTS)" was used to assess therapy motivations. In order to ensure that the spouses were not affected by each other's assessments, care was taken to apply the same scales in the same interview and to keep them in separate rooms for the scales they filled. The study was approved by the local ethics committee of the hospital in accordance with the Helsinki Declaration. Informed consent form was obtained from all participants.

Data Collection Tools

Personal Information Form

This information form was prepared by the researchers in light of the studies in the literature, including questions on demographic and marriage information.

Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Axis I Disorders (SCID)

This form, which was used to diagnose mental disorders in the studies, has been developed by First, Spitzer, Gibbon, & Williams (2009). Turkish validity and reliability studies have been carried out by Özkürkçügil, Aydemir, Yıldız, Esen Danacı & Köroğlu (1999).

Marital Adjustment Test (MAT)

MAT, aims to measure the satisfaction obtained from the marital relationship and marital adjustment (Locke & Wallace, 1959; Tutarel Kışlak, 1999). The scale consists of 15 items. The total score obtained from the scale ranges between 0–60. Those who score above 43 are considered to be compatible in terms of marital relations.

Client Motivation for Therapy Scale (CMOTS)

The original version of the scale consists of 24 items and three sub-dimensions (Pelletier, Tuson & Haddad, 1997). In the Turkish version of the scale, the number of items was reduced to 20 (Özer, Altınok, Yöntem & Bayoğlu, 2017). In the five-factor structure, the sub-dimensions of amotivation, identified regulation, integrated regulation, introjected regulation, and intrinsic motivation were defined. As in other studies, amotivation and intrinsic motivation subscale scores were evaluated in order to determine the motivation levels of the couples for therapy in our study (Harmon, Hawkins, Lambert, Slade, & Whipple, 2005)

Procedure

Systemic Couples Therapy Application

This research was carried out by a couple's therapy expert once a week with married couples with a mean session duration of 1 hour. At the initial interview, the expected goals and duration of treatment were determined in a therapeutic contract. Diagnosis, therapy plan and formulation were made. In the initial sessions, the couples were approached to identify their problems and define the dimensions. The strategic approach specific to systemic therapy, cyclic-socratic questioning, re-framing, solution-oriented techniques, homework, use of metaphors, genogram studies were used to provide active participation of couples in the therapy process and increase family functionality. Extended family interviews were also conducted under the conditions required by the problem. Therapy was terminated after the goals determined in therapy were achieved. The total number of sessions of couples ranged from 5 to 30.

Statistical Analysis

The data obtained from the study were evaluated with "SPSS 21 Windows package program". Shapiro Wilk test was used to determine whether the continuous variables were normally distributed. In order to compare the continuous variables of independent groups, continuous variables meeting the parametric test assumption were evaluated with Student's t test, and continuous variables not meeting the parametric test assumption were evaluated with Mann-Whitney U test or Kruskal Wallis test. Categorical variables were compared by Chi-square test. Spearman correlation analysis was used to determine the relationships between the variables. In the study, p values less than 0.05 were considered significant.

RESULTS

A total of 21 couples were treated with an average of 16.5±6.3 sessions of systemic family treatment (n = 42). The mean age of women was 39.47±8.76, while the mean age of men was 45.2±10.3 years. The mean duration of education of the study sample was 12.64±2.7 years. The mean age at marriage was 24.95±5.38 for women and 30.57±5.85 for men. While 42.9% of the women were working, 100% of the men were working (Table 1).

It was the first marriage of the majority of the sample (n=16, 76.2%). The mean duration of marriage was 15.05±11.18 years. Eleven couples were married by arranged marriage (52.4%). 81% (n=17) were of nuclear family type. Except for five couples (23.8%), the other couples had children.

Table 1: Sociodemographic characteristics of couples and whole sample

Mean±SD or n (%)	*Total (n=42)*	*Female (n=21)*	*Male (n=21)*
Age (year)	42.3±9.73	39.47±8.76	45.2±10.3
Education (year)	12.64±2.7	12.64±2.7	13.3±2.3
Age of marriage (year)	27.76±6.24	24.95±5.38	30.57±5.85
Job			
Unemployed	12 (%28.6)	12 (%57.1)	-
Employed	30 (%71.4)	9 (%42.9)	21 (%100)

SD, standard deviation.

More than half (52.4%) of the sample had a history of verbal and/or physical violence between couples. In the face of problems, one third of the couples preferred to remain silent (n=7, 33%). Details of the marital characteristics of couples are given in Table 2.

Table 2: Marital characteristics of study sample

	Mean±SD or n (%)
Duration of marriage (year)	15.05±11.18
Age diffrence between couples (year)	5.62±2.53
Socioeconomic status	
Low	2 (%9.5)
Middle	17 (%81)
High	2 (%9.5)
Family type	
Nuclear family	17 (%81)
Extended family	4 (%19)
Marriage decision	
Flirting	7 (%33.3)
Blind	11 (%52.4)
Runaway match	3 (%14.3)
Number of children	
No	5 (%23.8)
Single child	7 (%33.3)
More than one	9 (%42.9)
Violence in marriage	
No	10 (%47.6)
Yes	11 (%52.4)
Number of marriages	
First marriage	16 (%76.2)
More than one	5 (%23.8)
How to come couple therapy	
Voluntarily	13 (%61.9)
Expert advice	9 (%38.1)

SD, standard deviation.

During the therapy, extended family interviews (parent-child and/or grandparent participation) were made with 13 couples (61.9%). When the reason for terminating the therapy was examined, it was found that the majority (n=14, 66.7%) terminated the therapy because of effective benefit, and when the couples were asked the most significant achievement they gained from the therapy, 47.6% (n=10) of the women responded "Increased activities with the family", whereas 76.2% (n=16) of the men responded "Reduction of fights-mutual agreement".

The most common diagnosis was depressive disorder in women (n=15, 74.1%) and anxiety disorder in men (n=4, 19%). The distribution of psychiatric diagnoses of the subjects is given in Table 3.

Table 3: Distribution of psychiatric disorder in couples and whole sample

	Total (n=42)	*Female (n=21)*	*Male (n=21)*
Psychiatric Disorder			
No	12 (%28.6)	2 (%9.5)	10 (%47.6)
Yes	30 (%71.4)	19 (%90.5)	11 (%52.4)
Depression	15 (%35.7)	15 (%74.1)	-
Anxiety Disorder	5 (%11.9)	1 (%4.8)	4 (%19)
Bipolar Disorder	3 (%7.1)	2 (%9.5)	1 (%4.8)
Alcohol-drug dependence	2 (%4.8)	-	2 (%9.5)
Gambling	2 (%4.8)	-	2 (%9.5)
Obsessive compulsive disorder	2 (%4.8)	-	2 (%9.5)
Sexual Disfunction	1 (%2.4)	1 (%4.8)	-

Table 4: Comparison of MAT scores and CMOTS scores of male and female before therapy

	Male Mean±SD	*Female Mean±SD*	*Z*	*P*
MAT-total	33±6.61	22.6±7.67	-3.968	.000
MAT-overall	3.52±0.92	1.71±1.10	-4.389	.000
CMOTS-amotivation	16.09±6.09	12.2±4.82	-2.005	0.045
CMOTS-intrinsic motivation	14.95±6.2	20.95±3.48	-3.063	0.002

SD, standard deviation; MAT, marital adjustment test; CMOTS, clients motivation for therapy scale; p<0.05 was considered as statistically significant.

Pre-therapy mean MAT-overall score (p=.000), mean MAT-total scores (p=.000), and CMOTS-amotivation scores (p=0.045) were higher in males compared to females, whereas the mean CMOTS-intrinsic motivation score was higher in females (p=0.002) (Table 4). When mean MAT-overall and mean MAT-total scores of couples before and after therapy were compared, it was seen that mean MAT-overall and total scores increased at the end of therapy (p=.000). At the end of the therapy, there were 12 couples (57.1%) who obtained 43 points or more from MAT, while there were 11 couples (52.4%) in which both men and women thought that their marriage was compatible (Table 5).

The relationship between the pre-therapy CMOTS-intrinsic motivation and CMOTS-amotivation scores of the couples and the MAT-total scores at the end of the therapy were investigated. There was a negative correlation between mean CMOTS-amotivation score and mean MAT-total score in males (r:-0.519, p=0.023) (Table 6).

Table 5: Comparison of MAT scores before and after couple therapy

	Before Therapy *Mean±SD*	**After Therapy** *Mean±SD*	*z*	*p**
MAT-total				
Male	33±6.61	43.04±8.36	-3.547	.000
Female	22.6±7.67	39.42±9.63	-3.785	.000
MAT-overall				
Male	3.52±0.92	4.38±1.02	-3.080	.002
Female	1.71±1.10	3.42±1.6	-3.604	.000

SD, standard deviation; MAT-total, marital adjustment test - total score; MAT-overall, marital adjustment test - overall score.
*Wilcoxon signed ranks test; p<0.05 was considered as statistically significant.

Table 6: Correlation between pre-therapy CMOTS scores and MAT scores after therapy of couples

	After Therapy MAT-total score Male		*After Therapy MAT-total score Female*	
	r	*p*	*r*	*p*
CMOTS-amotivation Male (before therapy)	-0.519*	0.023	-0.134	0.585
CMOTS-amotivation Female (before therapy)	0.146	0.550	0.086	0.728
CMOTS-intrinsic motivation Male (before therapy)	0.060	0.808	0.53	0.829
CMOTS-intrinsic motivation Female (before therapy)	0.181	0.458	0.089	0.717

r, correlation coefficient; p<0.05 was considered as statistically significant

DISCUSSION

In our study, sociodemographic and marital characteristics, marital adjustment, psychiatric diagnoses, motivation towards therapy, and the relationship between motivation and marital adjustment at the end of therapy were examined in twenty-one couples receiving systemic family therapy due to relationship problems.

Sociodemographic characteristics of couples are among the most important factors affecting marriage (Anderson, Russel & Schumm, 1983). In our study, the mean age of women who received therapy was 39.47 years and it is consistent with the results of other studies in which families were evaluated in Turkey (Eskin, 2012; Uçan, 2007). In our study, the mean duration of education of men and women were similar (F=12.64; M=13.3). While the mean duration of education of whole sample was consistent with the data of one study (Uçan, 2007), our result was higher compared to another study (Eskin, 2012). Duration of education is a variable that appears to be related to marital adjustment. If the educational level of the couple is the same, family roles and responsibilities are more likely to be shared and as a result, the satisfaction of both members of the couple increases (Tynes, 1990).

In our study, the mean age of marriage of the couples (n=42) was 27.76 years, and this was reported as 27.2-29.0 years in other studies in Turkey (Eskin, 2012; Erdoğan Taycan & Çepik Kuruoğlu, 2013). The duration of marriage also affects marital adjustment. Researches indicate that marital adjustment is low in the first years of marriage, but increases as the marriage progresses and children leave home (Anderson, 1983; Turan, 1997). The mean duration of marriage in our study was 15 years. In their study, Erdoğan Taycan and Çepik Kuruoğlu (2014) reported a mean duration of marriage of 9 years in couples with relationship problems (Erdoğan Taycan & Çepik Kuruoğlu, 2014). Similar to our study, Eskin (2012) reported that it was 14 years in couples receiving therapy (Eskin, 2012). In Turkey, there is a transition from extended family households to nuclear family households (Yavuz & Yüceşahin, 2012). Consistent with this finding, 81% (n = 17) of the couples were of nuclear family type in our study. Again, the most important problem related to the type of marriage in Turkey is related to the freedom granted to people who will marry for selecting their spouse. In traditional life, it is not for individuals but for families to decide who their children should marry (Sezen, 2005). In our study, 52.4% of couples were married by arranged marriage and 33.3% were married by flirting.

Violence behavior is likely to be common among couples who have relationship problems (Erbek, Eradamlar, Beştepe, Akar & Alpkan, 2004). It is a known fact that domestic violence is widespread in Turkish society (Yalçın, 2014). Despite the limited sample size, the data of this study confirm this fact. In line with the findings of many scientific studies conducted with married couples in Turkey (Celbiş & Gökdoğan, 2005; Delibaş & Erdoğan, 2018; Erbek, et al. 2004; KSGM, 2009; Cengiz Özyurt & Deveci 2011; Uçan, 2007), 52.4% of the participants reported verbal and/or physical violence in their marriage. The most common types of violence reported were insults, disregard/non-responsiveness, physical violence, and limitation of freedom.

In our study, 74.1% of the women were diagnosed with depression, and 19% of men were diagnosed with anxiety disorder. It can be thought that psychiatric disorders

experienced by women, especially depression, are also effective in seeking help. Erdoğan Taycan and Çepik Kuruoğlu (2014) reported depression in all men and 48% of women who presented with marital problems (Erdoğan Taycan & Çepik Kuruoğlu, 2014). In addition, a psychiatric evaluation of 110 women who applied to the crisis center found that 74.5% had depression and 53.6% had anxiety disorder (Uçan, 2007). In a study, it was emphasized that it was not possible to determine whether the problems in marital relationship caused psychiatric disorders or vice versa and that no generalization could be made (Birtchnell & Kennard, 1983). However, it is obvious that in the presence of psychiatric illness it will be difficult to maintain the marriage (Pehlivan, 2006). Kim (2012) reported a negative relationship between marital adjustment and depressive symptoms in married couples (Kim, 2012). In a prospective study, it was stated that the initial depression levels of both spouses predicted the distress in marital relationship and that there was a two-way relationship between depression and marital adjustment (Whisman & Uebelacker, 2009). Furthermore, in the study of Tutarel Kışlak (2012), it was reported that depression scores were higher in couples with low marital adjustment (Tutarel Kışlak & Göztepe, 2012). Therefore, high rates of depression in couples included in our study may be related to the literature data mentioned above. We obtained 19% of men with addiction-related disorder in our study. Alcohol and substance use disorders (AUDs, SUDs) are best thought of as family disorders and many families are affected by them (Asan, Tıkır, Tuncer, & Göka, 2015; McCrady, 2009). Although the probability of getting married is about the same for those with and without addictive disorders, rates of separation and divorce are about four times that of the general population. Physical violence is common in couples where one partner has an addiction, occurring in about two thirds of couples where either the woman or the man has an AUD (McCrady, 2009). The presence of AUDs and/or SUDs in the family members also affect the physical and psychological health of the spouses and children, with spouses being more likely to be depressed or anxious or to have psychophysiological symptoms, and children being at higher risk for school problems, conduct disorder, and internalizing disorders (McCrady, 2012; Öngel-Atar, Yalçın, Uygun, Çiftçi-Demirci, & Erdoğan, 2016). In parallel with the widespread use of virtual gambling websites, online sport games, and social media, gambling is another problematic condition for families. Pathological gambling behavior can devastate the family system, adversely affecting the marriage, parent-child relationships, and the psychological development of children. In our study, gambling was seen in 9.5% of men. The consequences of compulsive gambling can have devastating effects on the gambler's family (Abbott, Cramer & Sherrets, 1995; Franklin & Thoms, 1989). Economically, there is the loss of money required to pay for essentials. Socially, family members may see themselves as outcast because of their shame; they expect criticism and thus withdraw from family contacts and friends. Medically, the constant stress may lead to health problems, and when lack of money prevents purchasing proper food or medical attention, additional physical troubles may ensue (Shaw, 2007). In our country, more researches are needed to evaluate the effects of this situation on family functions and couples coping skills in marrital life.

In psychotherapy applications, the client's positive expectations about the treatment increases the chances of treatment (Prochaska & Norcross, 2003; Rosenbluth & Cameron,1981). Sungur (1994) states that clients who are motivated for treatment behave harmoniously in fulfilling their homework assignments during therapy, which facilitates recovery (Sungur, 1994). Therefore, in this study, the motivation of couples towards therapy was evaluated separately. At the beginning of the therapy, "amotivation" scores of men (16.09±6.09) were higher than women (12.2±4.82), and "intrinsic motivation" scores of women (20.95±3.48) were higher than men (14.95±6.2). The positive motivation of the participants regarding the treatment may indicate that they may be more willing to participate in the therapy process and that the therapy is effective on couples. In our study, higher marital adjustment of men compared to wifes may decrease their need for therapy. Women who attribute the emergence of marital problems to their spouses may be making an effort in line with their beliefs that their husbands will be educated and corrected. Men's minimization of marital problems and behaving according to traditional gender roles (not taking on roles such as housework, child care) may have led to higher marital adjustment scale scores. This finding is consistent with the data of other studies in the literature (Akgül, 2013; James & Wilson 2002; Stuckert, 1973). In summary, men underestimate problems and women want change. Men's amotivation may be an important negative indicator for the course of therapy. In our study, a negative correlation was found between the amotivation score and the MAT-total score in men. At the time of writing this article, there was no research in the literature suggesting that couples therapy would be more successful if men were more motivated.

In our study, it was seen that marital adjustment increased significantly in both men and women at the end of therapy. This result is consistent with the research showing that systemic couple therapy increases marital adjustment in women and men and provides improvement for the problem areas in the relationship (Dunn & Schwebel, 1995; Lebow, Chambers, Christensen & Johnson, 2012; Sardoğan & Karahan, 2005; Snyder, 2012; Stith, Rosen & McCollum, 2003). Couples were supported to realize the things that go better in their lives, focus on small but achievable goals instead of big changes in line with their goals in the therapy process. In our study, the most important achievement that women gained from therapy was "increased activities with family", while that of men was "reduction of fights-mutual agreement". It can be argued that in the therapy environment, men gain the ability to value and care more about their spouse's demands and women gain the ability to be more understanding in the face of problems.

In western societies, approximately one-third to half of the couples are separated or divorced. About half of the divorces take place in the first 7 years of marriage (Carr, 2014). Review studies show that evidence-based couple therapy, which lasts approximately twenty sessions for 6 months, is effective on many couples (Lebow, 2012; Snyder, 2012). Metaanalysis studies examining couple therapies reported that couples receiving therapy on average duration showed better family functioning than controls (Shadish & Baldwin, 2003). Similarly, in our study, systemic couple therapy was applied on average seventeen sessions.

In the marriage relationships, family members continue their life according to a system they create. Family members' behavior is determined by the values they receive during marriage time (Krause, 2018). Values are closely related to culture in sociological sense, identity in social psychological sense, and personality in psychological sense (Crippen & Brew, 2007), and they are of versatile fundamental importance in interpersonal relationships. Our country is located in a geography that blends Western and Eastern culture. Therefore, it is unthinkable that traditional values do not manifest themselves in the roles of spouses and parenting as well as their expectations on marriage in couples with modernist marital life. In eastern societies, the family rather than the individual is highly prized and honored. The individual is accepted as a product of all the generations of his or her family (Chadda, 2013). There is strong emphasis on harmonious relationships, independence, loyalty, and respect to achieve a peaceful coexistence within the family and community at large. This point should be taken into consideration in the evaluation of cultural characteristics that affect marital adjustment and family integrity. When the literature is examined, it is seen that family therapies applied in societies with cultural differences have many positive contributions on family functionality and adjustment (Bermudez, 2010; Daneshpour, 1998; Hsu, 2001; Sanderson 2009, Stratton 2015; Thomas, 1998; Hsu, 2001).

This research was conducted on an urban sample with a relatively high educational level in a city with higher living standards than other cities in the country. Limitations of the study include small sample size, lack of a control group, lack of evaluation of personality traits and sexual life with scales. The absence of a scale specific to our culture evaluating the adjustment between spouses should be taken into consideration in the interpretation of the data. We think that the study will contribute to future studies in terms of the distribution of psychiatric diagnoses in couples who apply to family therapy and the results related to marriage and therapy. In conclusion, systemic family therapy has solved marital problems of the couples in this study to a great extent and increased family adjustment especially in motivated couples. The present study is important in terms of its contribution to the literature of family therapy in Turkey, but it is recommended to conduct controlled, longitudinal follow-up studies and to analyze the effects of motivation on couples therapy.

Ethics Committee Approval: The study was approved by the local ethics committee of the hospital in accordance with the Helsinki Declaration.

Informed Consent: Informed consent was obtained from all individual participants included in the study.

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Conflict of Interest: The authors declare no conflict of interest.

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