



Effects of psychodrama and cognitive behavioral therapy on assertiveness skills of women with marital conflicts

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Abstract

Background and aims: A lack of assertiveness can worsen marital conflicts and cause psychological symptoms. The present study aimed to investigate the effects of psychodrama and cognitive behavioral therapy (CBT) on the assertiveness skills of women with marital conflicts.

Methods: This quasi-experimental study was conducted on all married women with marital conflicts visiting the counseling departments of cultural centers at the Municipality of Isfahan (Iran) in 2021. Cluster sampling was employed to select 60 women, who were then assigned to three 20-member groups called CBT, psychodrama, and control using a simple random method. The participants completed the Assertion Inventory before and after the intervention and 60 days after the post-test. The repeated measures ANOVA via SPSS-22 was then used for data analysis.

Results: The mean (\pm SD) of the post-test score of assertiveness skills in the psychodrama and CBT groups was 123.40 (\pm 23.83) and 111.25 (\pm 22.77), respectively, which was different from the control group (83.20 (\pm 21.24)). According to the results, CBT and psychodrama affected the assertiveness components of women with marital conflicts instead of control cases ($P < 0.001$). Furthermore, there were no significant differences between CBT and psychodrama regarding effects on women's assertiveness components.

Conclusion: Considering the positive effects of CBT and psychodrama on improving assertiveness, it is recommended that counseling and psychotherapy centers help women with marital conflict improve their assertiveness skills by providing suitable conditions for conducting CBT and psychodrama sessions.

Keywords: Cognitive behavioral therapy, Psychodrama, Assertiveness, Family conflict

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Introduction

Family plays a key role in society and should be protected and maintained. Hence, therapists have become interested in marital conflicts and women's reactions to these prevalent problems (1). Marital conflict is a sign of the diversity of the needs and values of the couple, which is manifested by the expression of negative feelings. From therapists' perspective, marital conflicts are arguments over dominating positions and sources of power and eliminating the other party's perks (2). These arguments constitute the most unpleasant conflicts that exacerbate incongruity and dissatisfaction between spouses, leading to divorce and separation (3,4). While in Iran in 2004, only one divorce was recorded for every ten marriages, this ratio has increased to one divorce in every three marriages in 2018 (5). Marital conflict is the most common and unavoidable phenomenon in marital relationships, even in successful marriages.

Jahani Dolat Abad and Hoseini (6) reported that more than 95% of Iranian couples are more or less struggling with marital conflicts. It is essential to consider the role of assertiveness in having a healthy relationship and resolving familial conflicts (7). Assertiveness gives an individual a feeling of self-efficacy and intrinsic control, which can enhance self-confidence and self-esteem in mutual

relationships with others and lead to pleasant interpersonal relationships (8). Assertiveness denotes respecting your desires, needs, and values and finding certain methods to properly express desires without violating your rights or those of others (9,10). Nevertheless, lack of assertiveness is a problem that has involved many people in society, especially women.

Furthermore, a lack of assertiveness can worsen marital conflicts and cause psychological symptoms (11,12). Thus, psychologists seek to adopt different therapeutic and educational techniques to enhance assertiveness skills. Akbari et al concluded that cognitive strategies and assertiveness techniques could improve self-efficacy and assertiveness skills (13). According to the cognitive-behavioral model, a distorted or inefficient mindset that can affect a patient's mood and behavior is the common symptom of all psychological disorders. Hence, the realistic evaluation and modification of mindset can improve mood and behavior (14,15).

In cognitive behavioral therapy (CBT), therapists employ "pragmatism" to help patients adopt specific strategies to cope with problems. Known as a "cognitive revolution," this therapeutic approach is based on the conversation between a therapist and a patient to perceive the patient's views and mindsets regarding different problems and

events (16). Hence, this therapeutic method is considered an eclectic approach that integrates cognitive techniques and behavioral theories (17). CBT helps a patient better perceive the problems that cause psychological imbalance, for thinking about a particular problem will change physical and emotional states (18,19). Zamani and Isanejad (20) reported that CBT can successfully mitigate marital conflicts. Sodikin et al (21) reported that CBT effectively improved self-esteem in chronic low self-esteem clients.

Psychodrama allows patients to assume different roles along their psychodrama experiences, which they can use in real-life situations by analyzing their skills and internalizing those experiences (22). In this method, training focuses more on correcting and treating relationships with others. Patients are also helped to reconsider a problem to find a solution by visualizing a specific situation and playing a role instead of speaking about that problem (23,24). Therefore, not only do patients act in psychodrama, but they also try to play their real roles. As a result, they take a deep stance from which they consider a self-image (25). Since much information is kept in memory through speech and action, training in psychodrama sessions is more durable (26). Boroomandian et al (27) concluded that psychodrama could boost cognitive awareness, preventive skills, and assertiveness in girls with psychological distress. Makarem and Yousefi (28) also confirmed the positive effects of group psychodrama on courage, unconditional self-acceptance, and appreciation in people with physical and motor impairments.

Therefore, given the devastating outcomes of marital conflicts, it is essential to highlight the importance of assertiveness in mitigating the problems caused by those conflicts and the key roles of CBT and psychodrama in enhancing assertiveness. Furthermore, few studies have analyzed the effects of CBT and psychodrama on assertiveness in individuals with marital conflict. However, studies have yet to compare these two interventions on the assertiveness of conflict-affected women. Therefore, based on the abovementioned issues, the present study aimed to investigate psychodrama and CBT's effects on women's assertiveness skills with marital conflicts.

Materials and Methods

This quasi-experimental research adopted a pretest-posttest control group design with follow-up. The statistical population included all married women with marital conflicts visiting the counseling departments of cultural centers at the Municipality of Isfahan (Iran) from April to August 2022. The cluster sampling method randomly selected 60 women as the research sample. Two cultural centers were randomly selected from each district from the 15 municipal districts of Isfahan and 38 cultural centers. They were then equally assigned to CBT, psychodrama, and control groups (i.e., 20 participants per group). The sample size in this study was calculated based on G*Power software with effect

size (0.80), alpha (0.05), and test power (0.90) (29). This research divided the participants into groups using the random number table. Inclusion criteria: giving informed consent for participation in sessions; having marital conflicts diagnosed by counselors; having no severe psychological disorders such as personality disorders and mental disorders based on the opinions of experts and counselors; taking no drugs during the research period; having at least junior high school education to understand the items of the research questionnaire. Exclusion criteria: concurrent participation in other training courses; being absent for more than two sessions; filing a divorce suit during the therapy.

Interventions

Based on the contents of CBT sessions (30), a CBT program was implemented for twelve 90-minute sessions. Moreover, a psychodrama program was implemented for twelve 90-minute sessions (23). Table 1 indicates the contents of CBT and psychodrama sessions. The first author conducted the intervention programs in the experimental groups. She had already completed specialized courses and workshops. Also, the control group received no intervention and remained on the waiting list.

Instruments

The Assertion Inventory: The Assertion Inventory: Gambrill and Richey's Assertion Inventory (31) was employed to evaluate assertiveness. This Questionnaire consists of 40 six-choice items and nine components: rejecting a request (5 items), expressing self-constraints (4 items), making a request (5 items), taking initiative in a social encounter (5 items), expressing positive feelings (4 items), admitting criticism (3 items), accepting differences from others (4 items), showing assertiveness in needful situations (5 items), and giving negative feedback (5 items). This Questionnaire is scored on a five-point Likert scale from 1 to 5. In the Persian version of the Assertion Inventory, the content validity ratio (CVR) and content validity index (CVI) were reported to be 0.82 and 0.83, respectively (32). The reliability of the Persian version of the Questionnaire was obtained as 0.82 using Cronbach's alpha (32).

Procedure

This study was conducted in coordination with the counseling departments of cultural centers in Isfahan. After explaining the research objectives to the participants, the assertiveness inventory was completed by all three groups as a pre-test in the first session. After the pre-test, the experimental groups independently underwent 12 psychodrama and 12 sessions of CBT (90 minutes for each session). The post-test was conducted after therapeutic sessions were over in all groups. Finally, the assertiveness inventory was implemented in all groups in the follow-up stage after 60 days (33).

Furthermore, before the intervention started, participants were provided with information regarding the type of therapy, principles of participation in training sessions, the number of sessions, and their durations. The ethical standards included confidentiality of information and compliance with the willingness (completion and signing of the consent form) to participate in the research and answer the questionnaires, as well as having the right to choose to continue or withdraw from participating in therapeutic sessions. In addition, confidentiality was regarded as a major principle in therapy.

Data analysis

Finally, repeated measures ANOVA was used to analyze the effect of time and intervention group on changes in the mean score of assertiveness skills in women with marital conflicts. The normality of the variables was checked by the Shapiro-Wilk test. Data analysis was then performed in SPSS-22. The significance level of the study was considered to be $\alpha = 0.05$.

Results

The participants in this research included 60 women with marital conflict. Regarding demographic variables,

there was no significant difference between the participants (Table 2).

Table 3 reports the mean and standard deviation of the assertiveness skills in different groups. Accordingly, the scores of assertiveness dimensions in the post-test and follow-up changed significantly in the psychodrama and CBT groups compared to those of the control group ($P < 0.01$).

Before the repeated measures ANOVA was conducted, the relevant hypotheses were analyzed. The Shapiro-Wilk test was conducted to analyze the hypothesis regarding the normal distribution of the dependent variable in all groups. The results showed that the distribution of all considered variables was normal according to different groups and times. The variance consistency hypothesis was analyzed through Levene's test, the results of which indicated that there were no significant differences in variances of research variables. Hence, the variance consistency hypothesis was confirmed. According to Mauchly's test, the variance equality hypothesis of dependent variables was confirmed in three measurement stages.

Table 4 reports the results of the repeated measures ANOVA of assertiveness for different groups. According to the results, the time factor significantly affected

Table 1. An overview of cognitive behavioral therapy and psychodrama sessions

Sessions	Content of cognitive behavioral therapy sessions	Content of psychodrama sessions
1	Making women acquainted with the roles of meaning and thinking in creating bothersome feelings	Making introductions and practicing trust exercises; creating an appropriate atmosphere; trying to create an amicable atmosphere; providing some information on psychodrama
2	Training participants in automatic thoughts and guided discovery by using visualization	Storytelling; assertiveness and expression of feelings
3	Training participants in finding approving and disapproving evidence; presenting alternative explanations	Attention – concentration; implementation techniques: additional technique
4	Training participants in identifying norms and detecting the themes of automatic thoughts	Reverse role technique
5	Training participants in behavioral tests concerning a spouse	Sensitivity elimination technique
6	Training participants in creating major alternative beliefs and methods and assuming rational-emotional roles	In-situ exercises; empty chair technique
7	Cognitive error of negative filter, exaggerative generalization, inattention to positive aspects, and hasty conclusions in relationships	Strolling with emotions; psychological projection in the future
8	Cognitive error of overestimation and underestimation, emotional reasoning, normative thinking, labeling, and customization in relationships	Sounds exercise; picture description technique and eye contact technique
9	Training participants in skills of listening, empathizing, and giving feedback	Simple life, difficult life; mirror technique
10	Reviewing correct and false methods of coping with marital conflicts and their separate outcomes	Commercial break; role-playing and behavioral training
11	Training participants in analyzing the occurrence of marital conflicts and correct ways of dealing with recurrences	Blindfolded strolling; magic shop technique
12	Evaluating participants, holding post-tests, and finalizing the therapy	Harmonious motions and physical exercise; evaluation, post-test, and finalization

Table 2. Demographic characteristics of the participants

Groups	Age (y)	Marital duration (y)	Education		
			Middle school n (%)	High school n (%)	College education n (%)
CBT	35.29 ± 8.17	8.58 ± 2.09	5 (25%)	8 (40%)	7 (35%)
Psychodrama	37.43 ± 9.62	9.75 ± 2.45	6 (30%)	8 (40%)	6 (30%)
Control	36.66 ± 8.37	8.86 ± 2.98	7 (35%)	9 (45%)	4 (20%)
<i>P</i>	0.788	0.308		0.872	

CBT: Cognitive behavioral therapy

assertiveness variables ($P < 0.001$). In other words, the estimated means of assertiveness scores changed significantly from the pre-test to the post-test and the follow-up. The group factor significantly affected assertiveness variables ($P < 0.001$). In other words, there were significant differences between the research groups regarding scores for assertiveness dimensions. There was also a significant interaction between the time and group factors for all variables of assertiveness dimensions ($P < 0.001$). There was a significant difference between the change trends in the pre-test and post-test scores of assertiveness dimensions ($P < 0.001$). This finding indicates that the mean scores of assertiveness dimensions changed between the experimental and control groups from the pre-test to the post-test and follow-up stages.

Table 5 reports the results of the post hoc LSD test employed to determine between-group differences. According to the results, there were insignificant

differences between the psychodrama and CBT groups regarding means scores of assertiveness dimensions. However, the mean scores of assertiveness dimensions in the control group differed significantly from those in the psychodrama and CBT groups ($P < 0.001$). In addition, there were no significant differences between the psychodrama and CBT groups, which means that the two experimental groups had equal effects on assertiveness dimensions.

Discussion

The present study aimed to investigate the effects of psychodrama and CBT on the assertiveness skills of women with marital conflicts. The results indicated that psychodrama and CBT affected women's assertiveness. Their effects remained until the follow-up stage. However, the two methods had no significant differences regarding their effects on assertiveness dimensions.

Table 3. Mean and standard deviation (SD) of components of assertiveness skills in experimental and control groups

Variables	Phases	Psychodrama	CBT	Control
		Mean \pm SD	Mean \pm SD	Mean \pm SD
Rejecting a request	Pre-test	11.90 \pm 2.60	11.50 \pm 2.19	10.80 \pm 1.99
	Post-test	15.90 \pm 2.20	14.50 \pm 2.46	11.05 \pm 2.09
	Follow-up	15.75 \pm 2.53	14.50 \pm 2.37	10.45 \pm 1.88
Expressing self-constraints	Pre-test	9.55 \pm 2.33	9.25 \pm 1.62	8.90 \pm 1.83
	Post-test	13.20 \pm 2.19	11.60 \pm 2.70	8.15 \pm 1.84
	Follow-up	13.00 \pm 2.34	11.30 \pm 2.92	8.10 \pm 1.59
Making a request	Pre-test	11.30 \pm 2.05	11.15 \pm 2.06	10.55 \pm 2.87
	Post-test	15.70 \pm 3.20	13.85 \pm 2.52	10.45 \pm 2.46
	Follow-up	15.40 \pm 2.98	13.75 \pm 2.34	9.85 \pm 2.30
Taking the initiative in a social encounter	Pre-test	10.65 \pm 2.68	10.00 \pm 1.89	8.60 \pm 2.52
	Post-test	12.10 \pm 2.57	11.30 \pm 2.03	9.25 \pm 2.49
	Follow-up	12.00 \pm 2.53	11.10 \pm 1.94	8.40 \pm 1.96
Expressing positive feelings	Pre-test	9.45 \pm 1.99	8.80 \pm 2.21	8.75 \pm 2.94
	Post-test	12.55 \pm 1.96	11.25 \pm 2.49	9.05 \pm 2.93
	Follow-up	12.25 \pm 1.86	10.95 \pm 2.14	8.55 \pm 2.72
Admitting criticism	Pre-test	6.15 \pm 1.90	6.15 \pm 1.80	5.70 \pm 1.75
	Post-test	9.25 \pm 2.22	8.75 \pm 1.71	6.10 \pm 2.10
	Follow-up	9.35 \pm 1.93	8.45 \pm 1.76	5.40 \pm 1.88
Accepting differences from others	Pre-test	8.30 \pm 2.68	8.45 \pm 2.21	7.90 \pm 1.83
	Post-test	12.85 \pm 2.54	11.60 \pm 2.48	8.05 \pm 2.09
	Follow-up	12.35 \pm 2.32	11.05 \pm 2.11	7.75 \pm 2.02
Showing assertiveness in needful situations	Pre-test	10.75 \pm 3.06	10.35 \pm 2.21	10.20 \pm 3.24
	Post-test	15.15 \pm 3.12	13.75 \pm 3.37	10.45 \pm 2.56
	Follow-up	15.05 \pm 3.20	13.45 \pm 2.95	9.80 \pm 2.50
Giving negative feedback	Pre-test	10.70 \pm 2.85	10.60 \pm 2.58	10.10 \pm 2.31
	Post-test	16.70 \pm 3.83	14.65 \pm 3.01	10.65 \pm 2.68
	Follow-up	16.30 \pm 4.16	14.05 \pm 3.27	9.60 \pm 2.54
Assertiveness skills (total)	Pre-test	88.75 \pm 22.14	86.25 \pm 18.77	81.50 \pm 21.28
	Post-test	123.40 \pm 23.83	111.25 \pm 22.77	83.20 \pm 21.24
	Follow-up	121.45 \pm 23.85	108.60 \pm 21.80	77.90 \pm 19.39

CBT: Cognitive behavioral therapy; SD: Standard deviation.

Table 4. Repeated measurement results for the effects of time and interaction time and group

Variables	SS	df	MS	F	P	η^2
Rejecting a request	211.94	2	105.97	71.60	0.001	0.56
Expressing self-constraints	111.01	2	55.51	40.89	0.001	0.42
Making a request	191.11	2	95.56	50.25	0.001	0.47
Taking the initiative in a social encounter	39.88	2	19.94	18.10	0.001	0.24
Expressing positive feelings	128.87	2	64.44	39.98	0.001	0.41
Admitting criticism	144.58	2	72.29	45.02	0.001	0.44
Accepting differences from others	234.88	2	117.44	61.18	0.001	0.52
Showing assertiveness in needful situations	255.34	2	127.67	51.21	0.001	0.47
Giving negative feedback	241.48	2	210.74	51.66	0.001	0.48

SS: Sum of Squares; MS: Mean Square; df: Degrees of Freedom; F: F-statistic; P: P-value; η^2 : Eta-squared.

Table 5. Results of pairwise comparison of psychological well-being across time series

Variables	Groups comparison	MD	SE	P	Lower limit	Upper limit
Rejecting a request	Psychodrama - CBT	1.02	0.65	0.121	-0.28	2.31
	Psychodrama - Control	3.75	0.65	0.001	2.46	5.04
	CBT - Control	2.73	0.65	0.001	1.44	4.03
Expressing self-constraints	Psychodrama - CBT	1.20	0.63	0.060	-0.05	2.45
	Psychodrama - Control	3.53	0.63	0.001	2.28	4.79
	CBT - Control	2.33	0.63	0.001	1.08	3.59
Making a request	Psychodrama - CBT	1.22	0.73	0.100	-0.24	2.67
	Psychodrama - Control	3.85	0.73	0.001	2.39	5.31
	CBT - Control	2.63	0.73	0.001	1.18	4.09
Taking the initiative in a social encounter	Psychodrama - CBT	0.78	0.68	0.253	-0.58	2.14
	Psychodrama - Control	2.83	0.68	0.001	1.47	4.19
	CBT - Control	2.05	0.68	0.004	0.69	.341
Expressing positive feelings	Psychodrama - CBT	1.83	0.68	0.118	-0.28	2.45
	Psychodrama - Control	2.63	0.68	0.001	1.27	4.00
	CBT - Control	1.55	0.68	0.027	0.18	2.92
Admitting criticism	Psychodrama - CBT	0.68	0.51	0.359	-0.54	1.48
	Psychodrama - Control	2.52	0.51	0.001	1.51	3.53
	CBT - Control	2.05	0.51	0.001	1.04	3.06
Accepting differences from others	Psychodrama - CBT	0.80	0.62	0.204	-0.45	2.05
	Psychodrama - Control	3.27	0.62	0.001	2.02	4.51
	CBT - Control	2.47	0.62	0.001	1.22	3.71
Showing assertiveness in needful situations	Psychodrama - CBT	1.13	0.73	0.180	-0.54	2.80
	Psychodrama - Control	3.50	0.73	0.001	1.83	5.17
	CBT - Control	2.37	0.73	0.006	0.70	4.04
Giving negative feedback	Psychodrama - CBT	1.57	0.82	0.08	-0.18	3.12
	Psychodrama - Control	4.45	0.82	0.001	2.80	6.10
	CBT - Control	2.98	0.82	0.001	1.34	4.63

CBT: Cognitive behavioral therapy; MD: Means different; SE: Standard error

Regarding the effects of CBT on assertiveness, the results of this study were consistent with the findings reported by the previous studies addressing the effects of CBT on assertiveness improvement (28). For instance, Azb Ahmed et al (34) confirmed the effect of training on some cognitive-behavioral skills, such as conflict resolution, on assertiveness improvement, which is consistent with this study's results. It is also consistent with the finding

reported by Zamani et al (20), who analyzed the effect of cognitive-behavioral couples therapy on alleviating marital problems. Regarding the effect of psychodrama on assertiveness, the results of this study are consistent with the findings reported by previous studies addressing the effect of psychodrama on assertiveness improvement (34). Moreover, similar studies confirmed the effects of psychodrama on cognitive abilities, empowerment,

courage, unconditional self-acceptance, appreciation, and interpersonal growth (28,35).

To explain the effects of CBT, it would be fair to state that CBT is an eclectic approach based on a combination of cognitive techniques and behavioral modification theories. It usually includes cognitive reconstruction, confrontation with stressful situations, and homework assignments. This therapeutic method regards the important roles of cognition and thinking in behavior; therefore, it can be efficient in improving assertiveness. In other words, CBT is a structural and cooperative method of psychotherapy that emphasizes the links of thoughts, emotions, and behavior in psychological disorders (15). Furthermore, cognitive-behavioral techniques can modify cognitions, thereby improving behaviors and emotions and leading to self-acceptance, appropriate relationships with others, optimal self-autonomy, sufficient dominance of the environment, purposive life, and personal growth (16). For instance, these techniques include becoming acquainted with accurately detecting problems, identifying illogical and logical thoughts, setting attainable goals, knowing cognitive distortions, identifying autonomous thoughts, challenging negative thoughts, evaluating thoughts based on their usefulness, and improving awareness of feelings and moods. All of these techniques can enhance assertiveness.

Assertiveness can lead to satisfactory interpersonal relationships to explain psychodrama's effect (12). In psychodrama, training is more focused on correcting and treating interpersonal relationships. In the process of psychodrama, which is a group activity, participants can partake in the main creation process. They should share their activities with others to discuss their results in both the production process and the following stages. They see themselves in a scene, and this automatic thought will finally lead to self-discovery (22). Hence, they become aware of their defects and understand that their inability to establish friendly relationships would be because they did not know anything about communication. Thus, they were left alone. Psychodrama enhances the ability to adapt to conditions and better perceive the feelings of others and interpersonal relationships (36).

This study was conducted on women with marital conflicts in Isfahan city; hence, caution should be considered to generalize the results. A limitation of this study was time restriction, which led to the intensive implementation of treatment courses. In this study, both interventions were conducted by a psychotherapist, which may lead to bias. In order to generalize the results, it is suggested to conduct studies in other societies with different cultural structures for future research. It is also recommended to use two therapists separately to provide intervention programs.

Conclusion

According to the research results, psychodrama and CBT affected assertiveness in women with marital conflicts.

Therefore, similar to CBT, psychodrama can bring about positive outcomes such as assertiveness improvement in couples therapy and marital conflicts. In conclusion, psychotherapy can be used as an appropriate method for dealing with the negative outcomes of marital conflicts.

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Authors' Contribution

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Competing Interests

The authors declare that there is no conflict of interest.

Ethical Approval

The study was approved by the Ethical Committee of the Islamic Azad University-Isfahan (Khorasgan) Branch (Code: IR.IAU.KHUIF.REC.1400.083).

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