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The Effectiveness of Group Therapy in Improving Wives' Communication Satisfaction with Their Husbands
(A Group Therapy Intervention Study on Early Adult Wives)

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Abstract

The high divorce rate in Indonesia has often been associated with marital conflicts stemming from ineffective communication between spouses. This study aimed to evaluate the effectiveness of group therapy in improving wives' communication satisfaction with their husbands. A one-group pretest-posttest design was employed involving six wives aged 30–40 years who reported dissatisfaction with marital communication. Communication satisfaction was measured using the Couple Communication Satisfaction Scale (CCSS) before and after the intervention. The intervention consisted of six weekly group therapy sessions focusing on effective communication skills, emotional openness, and conflict resolution. Descriptive statistics and the Wilcoxon Signed-Rank Test were used to analyze changes in communication satisfaction scores. The results showed that the mean CCSS score increased from 32.50 at pretest to 43.83 at posttest, representing a 34.86% improvement. The Wilcoxon Signed-Rank Test indicated a statistically significant increase in communication satisfaction following the intervention ($Z = -2.207$, $p = .031$, exact two-tailed). Qualitative findings further revealed improvements in emotional openness, communication assertiveness, awareness of maladaptive communication patterns, and willingness to express needs directly to spouses. These findings suggest that group therapy may be a promising intervention for enhancing communication satisfaction among wives experiencing marital communication difficulties.

Keywords: Communication Satisfaction, Group Therapy, Marital Communication, Wives, Psychological Intervention

1 INTRODUCTION

Marriage is considered one of the important developmental stages in early adulthood [1]. During this phase, individuals are expected to establish healthy intimate relationships characterized by commitment, emotional closeness, and the ability to cooperate in facing life challenges [2]. The purpose of marriage is to create a harmonious and happy family. However, maintaining marital harmony is not always easy for every couple. Data from the Religious Courts Agency (Badilag) of the Supreme Court of Indonesia reported that throughout 2024 there were 446,359 divorce cases in Indonesia, with unresolved marital conflicts, particularly continuous disputes and recurring arguments, identified as the leading causes of divorce. These findings indicate that conflict within marital relationships remains a significant issue affecting marital stability and relationship quality. Previous studies have shown that marital conflict is often triggered by ineffective communication patterns, including the inability to express needs, difficulties in listening to partners, and failure to resolve disagreements constructively [3], [4]. Conflict in marriage generally develops from differences in perspectives, expectations, emotional needs, habits, and communication styles between partners [5]. Although conflict is considered a normal and unavoidable aspect of marriage, unresolved conflicts may gradually reduce intimacy, emotional closeness, and relationship satisfaction. Couples who are unable to communicate effectively are more likely to experience recurring misunderstandings, emotional distance, and prolonged interpersonal tension [6].

Communication plays an essential role in maintaining marital quality and relationship satisfaction [2]. Misunderstandings in communication may trigger recurring conflicts, worsen interpersonal relationships, and decrease marital satisfaction [6]. Srisusanti and Zulkaida [7] identified communication as one of the

dominant factors influencing marital satisfaction. Research has shown that couples who are able to communicate openly, honestly, and empathetically tend to report higher levels of relationship satisfaction [8], [9]. In contrast, negative communication patterns such as avoidance, emotional suppression, and defensiveness may intensify conflicts and make problems more difficult to resolve [10].

Effective communication involves not only the ability to deliver messages clearly, but also emotional involvement, active listening, empathy, and willingness to understand a partner's perspective [11]. Emotional experiences during conversations and partner responses contribute significantly to communication satisfaction, both directly and over time. Individuals with low communication satisfaction often demonstrate limited openness, low emotional involvement, and difficulties expressing feelings and personal needs honestly. Such conditions may inhibit constructive communication and negatively affect relationship quality. Furthermore, the inability to communicate openly may lead couples to avoid discussing important issues, resulting in unresolved conflicts and emotional dissatisfaction within the marriage.

Based on observations and interviews conducted in this study, a group of wives aged 30–40 years, categorized as early adults, reported dissatisfaction in communication with their husbands. The participants demonstrated several indicators of low communication satisfaction, including limited openness, low emotional involvement, and a lack of meaningful conversations with their partners. Most participants also tended to avoid confrontation and suppress their feelings during conflicts, resulting in unresolved misunderstandings and recurring marital problems. Participants expressed difficulties in communicating their emotional needs and concerns due to fear of receiving negative responses from their husbands. Consequently, communication within the marital relationship became less honest, less open, and less effective.

Communication dissatisfaction during early adulthood may significantly affect psychological well-being and developmental adjustment [12]. Santrock [12] also stated that early adulthood is characterized by developmental tasks related to intimacy, marriage, and family life. Failure to establish satisfying marital relationships during this stage may increase the risk of emotional distress, marital instability, and future relational difficulties. In addition, unresolved marital dissatisfaction may continue into middle adulthood and potentially contribute to long-term marital conflict or divorce.

Considering the importance of communication in marital relationships, psychological intervention is needed to improve communication satisfaction among married couples. Group therapy was selected as the intervention approach because it provides opportunities for participants to share experiences, obtain emotional support, and practice new communication behaviors in a safe and supportive environment [13]. Through group interactions, participants may learn adaptive coping strategies, improve interpersonal understanding, and develop healthier communication patterns. Social support within group therapy may also enhance openness, self-esteem, emotional awareness, and conflict resolution abilities, which are expected to positively influence communication satisfaction with partners [13], [14].

Based on the explanation above, this study aims to evaluate the effectiveness of group therapy in improving communication satisfaction with husbands among early adult wives. The intervention focuses on developing effective communication skills, increasing openness and emotional involvement, and improving conflict management within marital relationships.

2 LITERATURE REVIEW

2.1 Communication Satisfaction in Marriage

Communication is considered one of the fundamental aspects in maintaining healthy marital relationships. In marital relationships, communication is closely related to individual satisfaction and partners' attitudes toward interpersonal interactions [2]. Effective communication enables couples to share emotional experiences, express cognitive information, and develop emotional intimacy within the relationship. Through communication, couples are able to understand each other's needs, negotiate differences, and strengthen emotional attachment.

Jones, Jones, and Morris [11] explained that communication satisfaction within marital relationships involves individuals' perceptions of both their own communication behaviors and their partner's communication behaviors. Evaluating how individuals perceive their communication experiences provides insight into how communication behaviors influence relational outcomes. Communication satisfaction is not only determined by the ability to express thoughts clearly, but also by emotional involvement, openness, active listening, and responsiveness during interactions.

Previous studies have shown that individuals tend to feel more satisfied in their relationships when they are able to express themselves openly, engage emotionally in conversations, and communicate their needs effectively [3], [4]. Communication satisfaction is also influenced by how partners respond to one another during conversations. Enthusiasm, empathy, understanding, and non-defensive responses from partners are considered important predictors of positive relational outcomes [15].

Jones, Jones, and Morris [11] identified several important aspects of communication satisfaction within marital relationships, including self-communication presence, self-emotional experience, partner responsiveness, partner contribution, and communication characteristics.

Self-communication presence refers to an individual's ability to remain psychologically present during conversations through active and empathetic listening. Self-emotional experience involves emotional engagement and the ability to express and respond to emotions effectively. Partner responsiveness reflects the degree to which partners demonstrate openness, honesty, and understanding during communication. Partner contribution refers to the ability of both partners to support each other and collaboratively manage conflicts in constructive ways. Meanwhile, communication characteristics include verbal and nonverbal communication styles, emotional expression, and communication behaviors that influence relationship dynamics.

Several factors may influence communication within marital relationships. External stressors such as work demands, financial problems, and family responsibilities may increase tension and negatively affect communication quality [11]. Differences in expectations, gender roles, and cultural backgrounds may also contribute to communication difficulties and marital dissatisfaction. In addition, interpersonal factors such as trust, openness, and positive attitudes are essential for establishing effective interpersonal communication [16], [17].

Ineffective communication may significantly affect marital quality and emotional well-being. Communication dissatisfaction may decrease relationship quality, increase interpersonal conflict, reduce emotional intimacy, and increase the risk of separation or divorce [2], [9]. Communication dissatisfaction may also negatively affect psychological well-being by increasing stress, anxiety, and emotional tension within marital relationships. Therefore, improving communication satisfaction is considered essential in maintaining healthy and stable marriages.

2.2 Group Therapy

Group therapy is a therapeutic process that emphasizes interpersonal interaction among individuals who experience similar problems and difficulties [18]. Through group interactions, participants are encouraged to share experiences, exchange feedback, and develop adaptive coping strategies in a safe and supportive environment. Group therapy allows individuals to gain insight into their behaviors, emotions, and interpersonal relationships through interactions with other group members.

According to Yalom, several therapeutic factors contribute to the effectiveness of group therapy [18]. These factors include universality, altruism, catharsis, interpersonal learning, group cohesiveness, development of socializing techniques, and instillation of hope. Universality helps participants realize that they are not alone in facing their problems, thereby reducing feelings of isolation. Altruism enables participants to experience positive emotions through helping and supporting others within the group. Catharsis allows individuals to express suppressed emotions, reducing psychological tension and emotional burden.

Interpersonal learning is considered one of the most important therapeutic factors in group therapy because participants are able to improve communication skills, gain insight into interpersonal behaviors, and learn healthier interaction patterns through feedback and observation. In addition, group cohesiveness creates feelings of acceptance, emotional safety, and social support that encourage participants to engage actively in the therapeutic process.

Previous studies have demonstrated that group therapy is effective in improving interpersonal communication, emotional openness, and conflict resolution abilities [13]. Cognitive-behavioral group therapy has been found to improve empathy, self-control, openness to experience, and relationship quality among individuals experiencing marital conflicts [14]. Through supportive group dynamics, participants may develop healthier communication patterns and more adaptive emotional responses in marital relationships.

Based on these theoretical perspectives, group therapy is considered an appropriate intervention for improving communication in marital relationships. Through interpersonal learning, emotional support, and communication skills practice, participants are expected to develop more effective, open, and emotionally engaged communication patterns within their marital relationships. Furthermore, the group setting allows participants to reflect on interpersonal experiences and gain new perspectives from other group members facing similar marital difficulties. As a result, group therapy may help participants develop healthier coping strategies and improve overall communication quality within marital relationships.

3 RESEARCH METHODS

3.1 Research Design

This study employed a one-group pretest-posttest design to evaluate the effectiveness of group therapy in improving communication satisfaction among wives. Quantitative data were obtained through pretest and posttest measurements using the Couple Communication Satisfaction Scale (CCSS). Qualitative data in the form of therapy process notes and participant reflections were

analyzed descriptively to support the interpretation of quantitative findings.

3.2 Participants

The participants in this study consisted of six wives aged 30–40 years who were categorized as early adults and reported dissatisfaction in communication with their husbands. Participants were recruited from a mothers' community group affiliated with SD Istiqamah Bandung. Based on preliminary interviews and assessments, all participants demonstrated similar communication difficulties related to openness, emotional involvement, and conflict management within marital relationships. Participants voluntarily agreed to participate in the intervention and signed informed consent forms prior to the implementation of group therapy.

The inclusion criteria for participants were based on the communication satisfaction characteristics proposed by Jones, Jones, and Morris [11]. Participants were selected if they demonstrated low involvement in communication with their husbands, limited openness in expressing emotional needs, difficulties resolving conflicts constructively, low frequency of meaningful conversations, and a need to improve interpersonal communication skills within marital relationships.

3.3 Instrument

The instrument used in this study was the Couple Communication Satisfaction Scale (CCSS) developed by Jones, Jones, and Morris [11]. The scale consists of 12 items measuring five dimensions: self-communication presence, self-emotional experience, partner responsiveness, partner contribution, and communication characteristics. Total scores range from 12–60, categorized as low (12–28), moderate (29–44), and high (45–60).

The Indonesian version of the instrument was adapted according to the guidelines proposed by Azaria [16]. Construct validity testing using Confirmatory Factor Analysis (CFA) showed acceptable model fit indices (Chi-Square = 41.83; df = 31; p = 0.09279; RMSEA = 0.037 for first-order CFA; Chi-Square = 47.83; df = 34; p = 0.05813; RMSEA = 0.040 for second-order CFA). Reliability analysis demonstrated excellent internal consistency, with Cronbach's alpha values ranging from 0.80–0.89 across dimensions and 0.92 for the total scale [11], [16].

3.4 Intervention Procedure

The intervention was conducted through group therapy sessions consisting of one pre-session, six intervention sessions, and one termination session. Each session lasted approximately 120 minutes and was conducted in a private discussion room.

The pre-session included anamnesis, explanation of therapy objectives, establishment of group norms, and administration of the CCSS pretest. Each therapy session focused on one participant while other members provided feedback, support, and alternative perspectives. The intervention activities included:

1. Psychoeducation regarding communication satisfaction dimensions.
2. Sharing personal experiences to facilitate universality and catharsis.
3. Group discussions to identify alternative communication strategies.
4. Development of action plans to be implemented at home.

The termination session focused on evaluating the therapy process, providing feedback, and administering the CCSS posttest.

3.5 Data Analysis

Data were analyzed descriptively by comparing pretest and posttest CCSS scores to identify changes in communication satisfaction categories. Qualitative data were analyzed narratively to describe group dynamics and therapeutic processes occurring during the intervention. The analysis focused on changes in communication satisfaction scores as well as therapeutic factors that emerged throughout the group therapy process.

Descriptive statistics were used to summarize participants' pretest and posttest scores, including mean scores, score differences, and percentage changes. To examine changes in communication satisfaction following the intervention, the Wilcoxon Signed-Rank Test was employed. This non-parametric test was selected because the study used paired measurements (pretest-posttest) with a small sample size (n = 6), making it appropriate when assumptions required for parametric procedures cannot be adequately established. [19].

4 RESULTS AND DISCUSSION

4.1 Participant Description

Table 1. Participant Characteristics

Initial	Age	Length of Marriage	Expectations
MR	32	11 years	Improving openness and involvement in communication with husband
AGS	34	10 years	Understanding husband's perspective to develop effective communication

MA	32	6 years	Improving openness and emotional involvement in communication
T	35	12 years	Increasing openness and involvement in communication
MM	37	15 years	Sharing experiences and strategies for effective communication
IA	38	14 years	Reducing negative thoughts toward husband and improving openness

Table 1 shows that all participants were wives in early adulthood with marriage durations ranging from 6 to 15 years. The participants demonstrated communication difficulties related to emotional openness, communication involvement, conflict management, and expression of personal needs within marital relationships. Each participant joined the intervention voluntarily with the expectation of improving communication quality and relationship satisfaction with their husbands.

4.1 Results

4.1.1 Descriptive Statistics of Communication Satisfaction

To evaluate the changes in communication satisfaction before and after the group therapy intervention, descriptive statistical analysis was conducted on the pretest and posttest scores of the Couple Communication Satisfaction Scale (CCSS). The scale scores range from 12 to 60, categorized into three levels: Low (12–28), Moderate (29–44), and High (45–60).

Table 2. Changes in CCSS Pretest–Posttest Scores

Participant	Pretest Score	Category	Posttest Score	Category
MR	34	Moderate	55	High
AGS	27	Low	31	Moderate
MA	27	Low	45	High
T	40	Moderate	53	High
MM	43	Moderate	47	High
IA	24	Low	32	Moderate
Mean	32.50	-	43.83	-

Table 3. Gain Scores and Percentage of Change in CCSS Pretest–Posttest Scores

Participant	Gain Score	Percentage of Change (%)
MR	+21	61.76%
AGS	+4	14.81%
MA	+18	66.67%
T	+13	32.50%
MM	+4	9.30%
IA	+8	33.33%
Mean	**+11.33**	**34.86%**

The results indicate that all participants experienced an increase in communication satisfaction scores following the intervention. The mean CCSS score increased from 32.50 at pretest to 43.83 at posttest, representing an average increase of 11.33 points or 34.86%.

The highest absolute score improvement (gain score) was achieved by participant MR with a substantial increase of 21 points, shifting her from the moderate to the high satisfaction category. This is followed by participant MA, who achieved a gain score of 18 points, while the highest growth rate relative to the baseline (*percentage of change*) was achieved by participant MA with a 66.67% increase.

Overall, the group's mean score increased by 11.33 points, which represents a total positive change rate of 34.86% for the entire group, successfully moving the collective average from a pretest mean of 32.50 to a posttest mean of 43.83.

These findings suggest that participation in Group Therapy was associated with improvements in participants' perceived communication satisfaction with their spouses.

To provide additional descriptive information, Table 4 summarizes the overall score distribution.

Table 4. Descriptive Statistics of Pretest and Posttest CCSS Scores

Participant	Pretest Score	Posttest
Mean	32.50	43.83
Minimum	24	31
Maximum	43	55
Mean Difference	-	11.33
Percentage Increase	-	34.86%

Improvements were observed across all dimensions of the Couple Communication Satisfaction Scale (CCSS) following the intervention. The most noticeable improvements appeared in self-communication presence and self-emotional experience, indicating increased openness, emotional involvement, and willingness among participants to communicate their feelings and needs more directly to their husbands. Improvements were also observed in partner contribution, partner responsiveness, and communication characteristics, suggesting more constructive interpersonal communication patterns after group therapy.

These findings suggest that group therapy contributed positively to participants' communication satisfaction by facilitating emotional expression, interpersonal learning, cognitive restructuring, and supportive group interactions throughout the intervention process. The following section further

describes the group dynamics and therapeutic factors that emerged during the intervention sessions.

4.1.2 Non-Parametric Analysis

Given the small sample size of this study ($N = 6$), a non-parametric statistical procedure was conducted to further examine changes in communication satisfaction scores. The Wilcoxon Signed-Rank Test was selected because it is commonly used to analyze paired pretest-posttest data when sample sizes are limited and assumptions required for parametric tests may be difficult to establish [19], [20]. This approach has frequently been applied in psychological and clinical intervention research involving small samples, where the focus is on evaluating changes within the same participants across time [21]. The test compares paired observations by considering both the direction and relative magnitude of score differences, thereby providing additional evidence regarding changes following the intervention [20]. The results of the Wilcoxon Signed-Rank Test are presented in Table 5.

Table 5. Wilcoxon Signed-Rank Test Results

Variable	*N*	*Z-value*	*Exact Sig. (2-tailed)*	*Significance*
CCSS Score (Pretest–Posttest)	6	-2.207	0.031	Significant ($p < 0.05$)

A Wilcoxon Signed-Rank Test revealed a significant increase in communication satisfaction scores following the intervention (Z = -2.207, p = .031, exact two-tailed), providing additional support for the observed improvements. These findings provide additional quantitative support for the observed improvements in communication satisfaction scores.

4.1.3 Qualitative Evidence of Behavioral Change

The quantitative improvements observed in CCSS scores were also reflected in participants' reported experiences and behavioral changes throughout the intervention. Across sessions, participants demonstrated increased awareness of their communication patterns, greater willingness to express emotional needs, and more adaptive responses toward communication difficulties within their marital relationships.

Participant MR demonstrated the greatest improvement in communication satisfaction, with an increase of 21 points between pretest and posttest. At the beginning of the intervention, MR reported difficulties communicating her needs directly to her husband and often relied on assumptions regarding how her husband would respond. She frequently interpreted situations negatively and tended to avoid open discussion to prevent potential conflict. Throughout the group process, MR became increasingly aware of these assumptions and gradually practiced communicating her thoughts and needs more directly. During the evaluation stage, she reported feeling more comfortable expressing her concerns and noted receiving more positive responses from her husband, which contributed to greater satisfaction in their communication.

Substantial improvement was also observed in participant MA, whose score increased by 18 points. Prior to the intervention, MA reported a tendency to suppress emotions and avoid discussing unmet expectations with her spouse. Through participation in group discussions and reflective exercises, she became more aware of how her thoughts and interpretations influenced her emotional reactions and communication behaviors. By the end of the intervention, MA reported feeling more capable of expressing her emotions and needs in a constructive manner and demonstrated greater openness in communicating with her husband.

Participant T also showed meaningful changes in communication behavior. Initially, she frequently interpreted her husband's responses as criticism or rejection, resulting in defensive reactions and communication difficulties. Through interactions with other group members and opportunities for self-reflection, she learned to consider alternative interpretations and evaluate situations more objectively. As a result, she reported being more willing to communicate openly and less likely to react based solely on negative assumptions.

Although the magnitude of change varied across participants, qualitative observations indicated positive developments in all members of the group. Participants reported increased confidence in expressing thoughts and emotions, improved understanding of communication barriers within their relationships, and greater willingness to engage in direct and constructive communication with their spouses. These findings suggest that the observed increases in communication satisfaction were accompanied by meaningful behavioral and cognitive changes that emerged throughout the group therapy process.

4.1.4 Group Dynamics

In order to provide a more comprehensive understanding of the intervention process, the findings of this study not only describe changes in communication satisfaction scores based on the CCSS instrument but also explain the therapeutic group dynamics observed throughout the sessions. These dynamics included member participation, interactions among participants, and the emergence of therapeutic factors during each therapy session. Such therapeutic factors played an important role in supporting communication behavior changes among participants.

Table 6. Dominant Therapeutic Factors During Group Therapy Sessions

Session	Dominant Therapeutic Factors	Description
1	Instillation of Hope, Universality, Imparting Information, Imitative Behavior, Catharsis	Members began sharing their experiences, MR expressed suppressed emotions, MA gained new hope, while MM and T provided coping models.
2	Instillation of Hope, Universality, Imparting Information, Development of Socializing Techniques, Interpersonal Learning	MR showed initial progress, AGS gained new insight, and perspective exchange occurred, expanding participants' understanding of communication patterns.
3	Instillation of Hope, Universality, Imparting Information, Imitative Behavior, Group Cohesiveness	MA experienced catharsis, members provided emotional support, and group cohesiveness began to develop.
4	Imparting Information, Group Cohesiveness, Interpersonal Learning	MA showed progress in rational thinking, while T found new strategies to manage negative perceptions.
5	Imparting Information, Instillation of Hope, Universality, Altruism, Group Cohesiveness	MM served as a role model and shared successful experiences, which generated hope among other members.
6	Universality, Catharsis, Imparting Information, Group Cohesiveness, Interpersonal Learning	IA expressed past trauma, members provided strong emotional support, and IA became motivated to change her thought patterns.

The group therapy process demonstrated positive therapeutic dynamics throughout the intervention sessions. Participants gradually showed increased openness, emotional expression, interpersonal trust, and mutual support during group interactions. Several therapeutic factors consistently emerged during the sessions, including universality, instillation of hope, imparting information, catharsis, interpersonal learning, altruism, imitative behavior, and group cohesiveness [18].

During the initial sessions, participants began sharing personal experiences related to communication difficulties with their husbands. The emergence of universality helped participants realize that they were not alone in facing marital communication problems, reducing feelings of isolation and increasing emotional openness. Participants also developed hope after observing positive progress experienced by other group members.

As the sessions progressed, group cohesiveness became increasingly visible through emotional support, empathy, and active participation among members. Participants exchanged communication strategies, provided constructive feedback, and learned alternative perspectives from one another. Emotional catharsis also emerged during several sessions when participants openly expressed sadness, fear, disappointment, and frustration regarding marital experiences. These interactions created a safe and supportive environment that facilitated interpersonal learning and emotional growth throughout the intervention process.

4.2 Discussion

The findings of this study indicate that group therapy contributed positively to improving communication satisfaction among early adult wives experiencing communication difficulties with their husbands. Overall, participants demonstrated improvements in emotional openness, communication involvement, conflict management, and interpersonal responsiveness following the intervention process. These findings support previous studies suggesting that group therapy may improve interpersonal communication skills, emotional awareness, and relationship satisfaction through supportive interpersonal interactions and cognitive restructuring processes [13], [14].

The positive outcomes observed in this study may be explained through the therapeutic factors proposed by Yalom [18], including universality, catharsis, interpersonal learning, altruism, imparting information, instillation of hope, imitative behavior, and group cohesiveness. These factors consistently emerged throughout the intervention process and appeared to facilitate emotional growth and communication development among participants.

4.2.1 Participant MR

MR demonstrated the most significant improvement in communication satisfaction following the intervention process. Initially, MR tended to suppress emotions, avoid direct communication, and express needs indirectly through implicit cues or "codes," which frequently caused misunderstandings with her husband. Such patterns of emotional suppression and indirectness are typical of dysfunctional interaction in close relationships and are linked with higher conflict and lower relationship quality [22].

MR also demonstrated cognitive distortions in the form of negative predictions regarding her husband's responses whenever she attempted to communicate openly. These maladaptive thoughts contributed to communication avoidance and reduced emotional involvement during interactions [23].

During group therapy sessions, MR gradually became more emotionally expressive and used the sessions as opportunities for catharsis. Emotional release occurred when MR openly discussed feelings of sadness, disappointment, fear of rejection, and emotional

loneliness that had previously been suppressed. According to Yalom [18], catharsis may reduce emotional tension and increase emotional awareness through safe emotional expression within group settings. Empirical work on group psychotherapy also shows that catharsis, ventilation, and expression of painful emotions are perceived by clients as one of the most helpful therapeutic factors and are closely associated with successful group processes [24].

The universality factor also played an important role in MR's development. Through listening to other participants' experiences, MR realized that communication difficulties and emotional insecurities were not unique to herself. This realization reduced feelings of isolation and encouraged greater openness during therapy sessions. Interpersonal learning further contributed to MR's progress when she observed alternative communication strategies demonstrated by other group members. This finding parallels studies showing that interpersonal learning, guidance, and vicarious learning are strongly associated with therapeutic change in group interventions [25].

Through socratic questioning and downward arrow techniques, MR gradually identified a core belief involving fear of abandonment and fear of being unloved if she expressed emotions honestly. The use of Socratic dialogue to examine and challenge maladaptive beliefs is considered an important component of cognitive restructuring. Previous studies indicate that Socratic questioning promotes cognitive change and supports symptom reduction in cognitive-behavioral interventions [26]. More broadly, the Socratic method supports self-awareness, critical examination of cognitive distortions, and development of more balanced appraisals, thereby improving emotional regulation [27].

As MR gradually implemented communication strategies discussed during therapy sessions, she reported more positive interactions with her husband. Greater openness and direct communication increased emotional involvement and partner responsiveness, reflecting improvements in self-emotional experience and partner responsiveness dimensions proposed by Jones, Jones, and Morris [11]. In addition, MR's positive development contributed to the emergence of instillation of hope among other participants, motivating them to believe that positive communication changes were possible.

4.2.2 Participant AGS

AGS demonstrated slower therapeutic progress compared to other participants, although slight improvements in communication satisfaction were still observed following the intervention. This finding is consistent with evidence suggesting that communication change and marital satisfaction often demonstrate gradual and modest relationships over time [9].

Initially, AGS experienced considerable difficulty identifying emotional needs and core interpersonal problems, limiting the formulation of clear therapeutic goals and the effective use of communication strategies. According to Yalom [18], self-awareness and insight are important elements supporting therapeutic change within group interventions.

During therapy sessions, AGS often demonstrated resistance toward feedback and alternative perspectives from other group members. Although group therapy emphasizes collaborative learning and interpersonal feedback, AGS tended to maintain existing beliefs and perceived herself as having already made maximal efforts within her marital relationship. Defensive attitudes and limited openness toward self-reflection appeared to inhibit the interpersonal learning process that typically supports behavioral change within group interventions [18]. This finding is also supported by studies suggesting that defensive mechanisms may interfere with treatment responsiveness and emotional openness during psychotherapy processes [28].

Nevertheless, universality appeared to support AGS's therapeutic process. Recognizing that other participants experienced similar marital communication difficulties reduced feelings of isolation and gradually increased emotional awareness. According to Yalom [18], universality is an important curative factor, particularly during the early stages of group therapy, because it helps participants realize that their struggles are shared by others.

Cognitive restructuring exercises using downward arrow techniques appeared particularly beneficial for AGS. Through these exercises, AGS gradually learned to identify automatic negative thoughts and evaluate their accuracy more objectively. For example, thoughts such as "my husband does not care about me" were gradually replaced with more realistic interpretations. This cognitive modification process reduced emotional reactivity and improved AGS's ability to communicate more calmly and adaptively with her husband. These findings are consistent with Mulyana's perspective that openness and positive attitudes contribute significantly to reducing communication barriers in interpersonal relationships [17].

Although AGS demonstrated relatively limited improvement, the participant began developing greater awareness regarding the importance of identifying both personal emotional needs and her husband's expectations during communication interactions. This finding suggests that therapeutic progress may occur gradually and may require longer intervention processes for individuals demonstrating high defensiveness and limited emotional insight.

4.2.3 Participant MA

MA demonstrated substantial improvement following the intervention process and showed considerable emotional development throughout group therapy sessions. From the beginning, MA demonstrated willingness to participate actively and gradually developed emotional openness during group interactions. MA frequently used therapy sessions as opportunities for catharsis by expressing emotions that had previously been suppressed, including sadness, disappointment, feelings of inadequacy, and fear of rejection. This process is consistent with Yalom's perspective that catharsis allows individuals to release suppressed emotions and develop greater emotional awareness within supportive group environments [18].

These emotional experiences were closely associated with MA's previous family experiences and feelings of being negatively evaluated within the family environment. Such experiences are consistent with research on early maladaptive schemas arising from unmet emotional needs during childhood [29]. These experiences contributed to maladaptive beliefs involving fears of abandonment and feelings of being unloved, which influenced communication avoidance behaviors with her husband. MA frequently chose to suppress emotions rather than communicate needs openly because she expected negative responses or criticism from her husband.

The universality factor played an important role in reducing MA's emotional isolation. Listening to other participants' experiences helped MA realize that emotional insecurities and communication difficulties were shared by others within similar marital situations. Group cohesiveness also contributed significantly to MA's progress because the supportive therapeutic environment increased feelings of acceptance and emotional safety. This finding is consistent with evidence suggesting that communication quality and relational satisfaction are closely interconnected within marital relationships [9].

Interpersonal learning and instillation of hope emerged strongly during MA's therapeutic process. Observing the communication improvements demonstrated by participant MR increased MA's confidence and motivation to attempt similar strategies within her own relationship, consistent with imitative behavior and interpersonal learning processes in group settings [18].

Through socratic questioning, group discussions, and cognitive restructuring exercises, MA gradually became more aware of how maladaptive thoughts and emotional avoidance behaviors contributed to communication dissatisfaction.

As MA implemented communication strategies discussed during therapy sessions, she reported greater willingness to communicate emotional needs directly and honestly with her husband. Increased emotional openness appeared to improve partner responsiveness and emotional closeness within the marital relationship. These findings reflect positive changes in self-emotional experience, partner responsiveness, and partner contribution dimensions of communication satisfaction [11].

4.2.4 Participant T

T demonstrated positive improvement in communication satisfaction following group therapy intervention. Initially, T frequently interpreted her husband's responses negatively and demonstrated emotional reactivity during communication interactions. Ambiguous or neutral behaviors from her husband were often perceived as rejection or criticism, contributing to communication tension and emotional defensiveness. This finding aligns with studies suggesting that negative interpretations and criticism undermine intimacy and marital satisfaction [30].

During group sessions, T benefited significantly from imitative behavior and interpersonal learning. Observing communication strategies demonstrated by other participants encouraged T to reconsider maladaptive assumptions and experiment with more adaptive communication approaches. According to Yalom [18], imitative behavior may facilitate behavioral change when participants observe adaptive coping strategies successfully implemented by others within the group.

Group discussions and cognitive reframing exercises helped T identify negative interpretations and replace them with more balanced perspectives. This process parallels research showing that cognitive reappraisal and reframing reduce emotional reactivity and communication conflict within couples [30].

T gradually learned to confirm assumptions directly with her husband rather than relying on negative emotional interpretations. The participant also began using humor and emotionally lighter communication approaches to reduce interpersonal tension during difficult conversations.

The altruism factor also emerged during T's therapeutic process because T actively supported other group members by sharing experiences and offering encouragement. Providing emotional support to others appeared to strengthen T's interpersonal confidence and increase feelings of group connectedness. These therapeutic experiences contributed positively to improvements in self-emotional experience and communication characteristics dimensions, supporting previous findings that emotional openness and

constructive communication patterns contribute to marital communication satisfaction [4], [9].

4.2.5 Participant MM

MM demonstrated relatively smaller quantitative improvement because the participant had already achieved relatively high communication satisfaction during the pretest assessment. Nevertheless, MM showed important qualitative changes throughout the intervention process, particularly in emotional involvement, assertive communication, and interpersonal awareness during communication with her husband. These aspects are considered central components of effective marital communication associated with higher marital satisfaction and relational well-being [2], [31].

During group sessions, MM appeared consistently active, supportive, and reflective. MM frequently shared personal experiences, communication strategies, and adaptive coping approaches that had previously been effective in managing marital conflicts. Through these interactions, MM contributed significantly to the emergence of altruism and imparting information within the group process. Consistent with Yalom's conceptualization of therapeutic factors, such behaviors function as important mechanisms of change within group therapy interventions [18]. Other participants often responded positively to MM's experiences because they perceived MM as someone capable of implementing open and constructive communication patterns within marriage.

In addition to functioning as a source of support for other members, MM also benefited from the interpersonal learning process occurring within the group. Listening to other participants' emotional struggles and communication difficulties increased MM's self-reflection regarding her own communication patterns with her husband. MM gradually became more aware that effective communication not only involves problem solving, but also emotional presence, empathy, and responsiveness toward partners' emotional needs. This development reflects improvements in self-communication presence and partner contribution dimensions proposed by Jones, Jones, and Morris [11].

Group cohesiveness also appeared to influence MM positively. The supportive and emotionally safe group environment encouraged MM to communicate more assertively and openly regarding sensitive relational issues that were previously avoided. Through active participation and emotional engagement within the group, MM strengthened her confidence in maintaining healthier communication patterns with her husband.

Furthermore, MM's role within the therapy process contributed significantly to the emergence of instillation of hope among other participants. Observing MM's communication experiences and emotional maturity encouraged other participants to believe that positive communication changes within marital relationships were achievable. This finding supports Yalom's perspective that mutual support and interpersonal interactions among group members may facilitate emotional growth and behavioral change during group therapy interventions [18].

4.2.6 Participant IA

IA demonstrated improvement from low to moderate communication satisfaction following the intervention process. IA's communication difficulties were strongly associated with previous traumatic family experiences involving infidelity, distrust, and unstable marital relationships. Such histories are often linked with maladaptive cognitions, emotional insecurity, and heightened interpersonal sensitivity that interfere with healthy communication [32].

These experiences contributed to excessive suspicion, emotional defensiveness, and maladaptive assumptions toward her husband, resulting in difficulties communicating calmly and openly during interpersonal interactions.

At the beginning of therapy, IA frequently demonstrated fear, distrust, and emotional sensitivity when discussing marital experiences. Group therapy sessions became important opportunities for catharsis, allowing IA to express emotions that had long been suppressed. According to Yalom [18], emotional catharsis may facilitate psychological relief and increase emotional awareness within supportive group environments.

The universality factor also contributed positively to IA's development. Through listening to other participants' experiences, IA realized that emotional insecurities and communication difficulties were shared by others experiencing similar marital problems. This realization reduced feelings of isolation and self-blame while increasing willingness to engage emotionally during therapy sessions.

Through socratic questioning and downward arrow techniques, IA gradually identified relationships between previous traumatic experiences, negative automatic thoughts, and maladaptive communication behaviors. Cognitive restructuring exercises encouraged IA to challenge suspicious thoughts and replace them with more realistic interpretations regarding her husband's behavior. Although IA continued to experience difficulties fully modifying maladaptive assumptions, the participant demonstrated increased emotional awareness and willingness to communicate more calmly with her husband.

These improvements contributed positively to self-communication presence and self-emotional experience dimensions of communication satisfaction. The findings support Olson, DeFrain, and Skogrand's perspective that open communication and emotional involvement contribute significantly to emotional closeness and marital relationship quality [2].

Overall, the findings suggest that group therapy may be a promising intervention for improving communication satisfaction among wives experiencing marital communication difficulties. The supportive therapeutic environment, emotional support from peers, opportunities for interpersonal learning, and cognitive restructuring techniques contributed positively to participants' emotional openness, communication skills, and relationship functioning. Therapeutic factors such as universality, catharsis, interpersonal learning, altruism, and group cohesiveness facilitated meaningful psychological changes and strengthened participants' ability to develop healthier communication patterns within marital relationships.

5 CONCLUSION

This study showed improvements in communication satisfaction among wives experiencing dissatisfaction in marital communication following group therapy intervention. Improvements were reflected in CCSS scores, which shifted from low or moderate categories to higher categories for most participants. In addition to quantitative improvements, therapeutic group dynamics played an important role in facilitating behavioral changes.

Participants became more emotionally open, more capable of identifying and expressing emotional needs, and less likely to avoid conflicts. Therapeutic factors such as universality, catharsis, interpersonal learning, and group cohesiveness contributed substantially to these improvements.

These findings suggest that group therapy may serve as a relevant psychological intervention for wives experiencing communication dissatisfaction with their husbands. However, this study involved a limited number of participants and did not include a control group, which may limit the generalizability of the findings. In addition, the study relied on self-report measurements that may be influenced by subjective bias. Future studies are recommended to involve larger participant groups, control groups, and longer follow-up periods to evaluate the long-term effectiveness of the intervention.

REFERENCES

[1] E. B. Hurlock, Developmental Psychology: A Life-Span Approach, 5th ed. New York, NY, USA: McGraw-Hill, 1990.

[2] D. H. Olson, J. DeFrain, and L. Skogrand, Marriages and Families: Intimacy, Diversity, and Strengths, 7th ed. New York, NY, USA: McGraw-Hill, 2011.

[3] J. M. Gottman, The Marriage Clinic: A Scientifically Based Marital Therapy. New York, NY, USA: W. W. Norton & Company, 1999.

[4] P. Schrodt, A. L. Witt, and C. L. Shimkowski, "A meta-analytical review of the demand/withdraw pattern of interaction and its associations with individual, relational, and communicative outcomes," Communication Monographs, vol. 81, no. 1, pp. 28–58, 2014.

[5] S. Murdiana, "Penyelesaian konflik perkawinan ditinjau dari usia perkawinan," IJAS, vol. 5, no. 3, pp. 136–142, 2015.

[6] S. Lestari, Psikologi Keluarga: Penanaman Nilai dan Penanganan Konflik dalam Keluarga. Jakarta, Indonesia: Kencana, 2016.

[7] S. Srisusanti and A. Zulkaida, "Studi deskriptif mengenai faktor-faktor yang mempengaruhi kepuasan perkawinan pada istri," UG Journal, vol. 7, no. 6, 2013.

[8] A. H. Sari, "Pengaruh kemampuan berkomunikasi dan kemampuan memecahkan masalah terhadap kepuasan pernikahan wanita yang melakukan pernikahan dini," Bachelor's thesis, Fakultas Psikologi, Universitas Islam Negeri Syarif Hidayatullah Jakarta, Jakarta, Indonesia, 2011.

[9] J. A. Lavner, B. R. Karney, and T. N. Bradbury, "Does couples' communication predict marital satisfaction, or does marital satisfaction predict communication?," Journal of Marriage and Family, vol. 78, no. 3, pp. 680–694, 2016.

[10] A. Caselli, S. Watt, L. Machia, and E. Beauparlant, "The effects of conflict resolution styles on perceived relational self-concept change," Self and Identity, vol. 23, 2024.

[11] A. C. Jones, R. L. Jones, and N. Morris, "Development and validation of the Couples Communication Satisfaction Scale," The American Journal of Family Therapy, vol. 46, no. 5, 2019.

[12] J. W. Santrock, Life-Span Development, 13th ed. New York, NY, USA: McGraw-Hill, 2011.

[13] V. F. Berejestanaki, H. Saberi, and A. S. Oskooei, "A comparative study of the effect of group reality therapy training and group cognitive-behavioral training on empathy and self-control and marital satisfaction of women with marital conflict," Journal of Counseling Research, vol. 20, no. 79, 2021.

[14] R. Latifian, M. Sardaripour, and F. Moini-Kochaksaraii, "Effectiveness of cognitive-behavioral group therapy on openness to experience and improving the quality of interpersonal relationships," International Journal of Body, Mind and Culture, vol. 5, no. 4, 2018.

[15] J. L. Driver and J. M. Gottman, "Daily marital interactions and positive affect during marital conflict among newlywed couples," Family Process, vol. 43, no. 3, pp. 301–314, 2004.

[16] M. E. Azaria, "Pengaruh adult attachment dan kepuasan komunikasi pasangan terhadap kesiapan menikah pada calon pengantin," Bachelor thesis, Fakultas Psikologi, Universitas Islam Negeri Syarif Hidayatullah Jakarta, Jakarta, Indonesia, 2025.

[17] D. Mulyana, Ilmu Komunikasi: Suatu Pengantar. Bandung, Indonesia: PT Remaja Rosdakarya, 2007.

[18] I. D. Yalom and M. Leszcz, The Theory and Practice of Group Psychotherapy, 5th ed. New York, NY, USA: Basic Books, 2005.

[19] J. Pallant, SPSS Survival Manual: A Step by Step Guide to Data Analysis Using IBM SPSS, 7th ed. London: Routledge, 2020.

[20] A. Field, Discovering Statistics Using IBM SPSS Statistics, 5th ed. London: SAGE Publications, 2017.

[21] Sugiyono, Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta, 2019.

[22] B. Yildiz, "Attachment, growth fear and conflict resolution in close relationships," International Journal of Psychology and Educational Studies, vol. 10, no. 2, 2023.

[23] C. Civilotti, J. Dennis, D. Maran, and D. Margola, "When love just ends: An investigation of the relationship between dysfunctional behaviors, attachment styles, gender, and education shortly after a relationship dissolution," Frontiers in Psychology, vol. 12, 2021.

[24] K. Hauber, A. Boon, and R. Vermeiren, "Therapeutic factors that promote recovery in high-risk adolescents intensive group psychotherapeutic MBT programme," Child and Adolescent Psychiatry and Mental Health, vol. 13, 2019.

[25] A. Brouzos, S. Vassilopoulos, V. Stavrou, V. Baourda, C. Tassi, and K. Brouzou, "Therapeutic factors and member satisfaction in an online group intervention during the COVID-19 pandemic," Journal of Technology in Behavioral Science, vol. 6, pp. 609–619, 2021.

[26] M. Froján-Parga, A. Calero-Elvira, and M. Montaño-Fidalgo, "Study of the Socratic method during cognitive restructuring," Clinical Psychology & Psychotherapy, vol. 18, no. 2, pp. 110–123, 2011.

[27] G. I. Clark and S. J. Egan, "The Socratic method in cognitive behavioural therapy: A narrative review," Cognitive Therapy and Research, vol. 39, pp. 863–879, 2015.

[28] Y. De Roten, S. Djillali, C. Von Roten, J. Despland, and G. Ambresin, "Defense mechanisms and treatment response in depressed inpatients," Frontiers in Psychology, vol. 12, 2021.

[29] A. Grabowski, "Early maladaptive schemas and the quality of marital bond and communication," Kwartalnik Naukowy Fides et Ratio, vol. 53, no. 1, 2023.

[30] E. Poole, H. Broos, K. Timpano, and B. Doss, "The interplay of negative urgency and cognitive reappraisal in couples' communication conflict," Journal of Marital and Family Therapy, 2024.

[31] S. Rusnac and M. Dragneva, "Communication and marital satisfaction in the context of the modern family," The Contemporary Issues of the Socio-Humanistic Sciences, 2025.

[32] M. Fischer, D. H. Baucom, and M. Cohen, "Cognitive-behavioral couple therapies: Review of the evidence for the treatment of relationship distress, psychopathology, and chronic health conditions," Family Process, vol. 55, no. 3, pp. 423–442, 2016.