



**THE IMPACT OF COGNITIVE- BEHAVIORAL FAMILY THERAPY TRAINING ON
REDUCTION OF MARITAL CONFLICTS**

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ABSTRACT

Background and objectives: Marital conflicts are one of the main reasons affecting the family problems and also divorce and separation. The present study intends to investigate the efficacy of training cognitive-behavioral family therapy in reduction of marital conflicts.

Methods: This is an experimental study including a sample of 24 couples who attended the family court in Bagh-Malek and they willingly cooperated with the researcher. The experimental group received an eight-session family-therapy training. After two weeks, both groups, i.e. experimental and control took part in a post-test.

Results: Findings of the study showed a meaningful difference, even in a following test after a month, between the experimental and control group.

Limitations: This study has been conducted in a small town and more investigation is needed to be done in future in order to generalize the findings. Also, due to time limits the following test was administered within a short period of time and the investigators had better to lengthen this period.

Conclusions: It can be concluded that cognitive-behavioral family therapy training results in reduction of marital conflicts and the other factors of marital conflicts. As a result, quality of life and marital satisfaction improved.

Keywords: Cognitive- behavioral therapy, marital conflicts

1. INTRODUCTION

Family, though appearing to be minor, is one of the major and key institutions in each community. In fact, the family can be preserved as the underpinning brick of the society and its core values of tradition and customs, respected and stable foundation of strong social ties and relationships among people, ethics, and exalted the cradle of the human spirit. The mind and the ideas develop if the family is a healthy and productive environment for its members, and their psychological and physical needs are met, medical institutions outside the family are not needed any more. Contemporary Iranian families have been subjected to structural changes, hence changing the relationships among family members. As a result of this transformation, the widely accepted rules and norms of behavior have not appeared in the social scene. That is why the family has scattered. As a result, the strongest human bonds in its strongest system, i.e. the family, are exposed to a serious threat (Ameri, 1381). Family cognitive-behavioral therapy is one of the most comprehensive approaches, which is based on the principles of cognitive learning in the family environment. In this type of therapy, enough attention is paid to the way family members behave and the way the

think. Petterson's (1978) idea is that negative self-speech results in conflicts and incompatible interaction. In cognitive-behavioral methodology, the emphasis is on the way an individual organizes, stores, and processes the information (Kendall, 2003, **quoted** Gldenberg and Goldeberg). A unique advantage of family therapy is that cognitive-behavioral approaches use learning theory, which is well documented and checked for working with families.

Learning theory tries to find and treat behavioral and cognitive problems by using techniques such as conditional contract, reinforcement, punishment and extinction. (Samuel Gladyn, 2003). Conflict between husband and wife is something natural. Due to the nature of the interaction between the couples, they sometimes experience disagreements, anger, frustration and resentment. So the couples need to know that conflict is part of the marital relationship in order to lead a happy life, they have to find ways to resolve the conflicts (Alice, 1996).

A healthy society depends on stable, vibrant and joyful families. Family environment should be a safe, sturdy and sincere one in which the spouses and family members are provided with comfort (Gross, 2004). Most of

human's suffering, sorrow, and pain stems from their relationships. Parents who suffer from their bitter conflicts, transfer such an experience to their children and they are undoubtedly grief stricken and face a kind of psychological problem either in childhood or adolescence (Askari, 2003).

According to sociologists and psychologists, the bases of safety, comfort and sincere of men and women turned into lethargy in recent years and families are increasingly faced with devastating force (Sotoude, 2000). Findings of research at the University of Denver also support the idea that the greatest predictor of marital satisfaction and divorce is not financial problems, lack or shortage of sex appeal or love, but the method by which couples manage their conflicts and the way they communicate with each other.

The experts have found that successful couples in solving their marital problems are those who have learned their resolution. In fact, learning the conflict management could be one of the best skills that can be used to prevent depression, divorce or marital violence among the couples (Jones, quoted by Beshkar, 2008).

A short look at couples' conflicts, especially young couples and reference to cases involving divorce in courts will demonstrate

the truth that in many cases failure of the couple's marriage is due to their inability to deal realistically with the issues (Taghi-nia, 2005).

Burns, Sanders & Kim (2006) investigated the effect of cognitive-behavioral therapy program on lowering the marital turmoil in four groups.

All four groups have received couple therapy. They received behavioral marital therapy in the first phase and cognitive - behavioral therapy in the second phase. The results showed that cognitive - behavioral therapy was useful in changing negative thoughts of the couples.

A study was conducted by Ahmadi, Karimi, gholampour and Rahimi (2009) on the effectiveness of cognitive-behavioral marital therapy on traumatic stress disorder, adjustment of the militants and they have come to the conclusion that cognitive - behavioral compatibility of the couples on the warriors and their partners have been effective. Varderman and colleagues (2010) examined the effectiveness of cognitive behavioral therapy and problem solving therapy in reducing depressive symptoms and found that both treatment approaches were effective. No difference was found between

the effectiveness of these two types of treatment.

Mychalak, Hydynrch, Mybrt and Schulte (2008) studied the effect of Mindfulness-based cognitive therapy in 25 patients with depression during a two-year period and the results of the study showed that not only does mindfulness-based cognitive therapy reduce depression, but it is also effective in hindering its recurrence. In another research, Qutaiba (2011) confirmed the efficacy of cognitive behavioral therapy on the Israeli's aggression and findings were in line with those of the preceding investigations. Joaning (2009) has studied the long-term effects of training in couples with marital conflict, and the results indicate an increase in marital satisfaction after 5 months of training subjects in the follow-up period.

Shahroui (2007) studied the impact of family therapy on marital satisfaction with an emphasis on cognitive-behavioral approaches. The subjects of this study were families referred to the counseling center of Imam Khomeini Relief Committee (RC) in Shadegan. Findings of this study showed that cognitive - behavioral family therapy resulted in marital satisfaction.

Muhammad (2006) conducted another study in Isfahan to investigate the impact of

training parenting skills using cognitive patterns on reducing behavioral marital conflicts and findings showed that parenting skills training using cognitive-behavioral model was effective in reducing marital conflict. Khaje et al. (2010) examined the efficacy of cognitive-behavioral psychological well-being on Fordyce university began, the results showed that cognitive behavioral training increased the psychological well-being on Fordyce and its components (autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance).

2. METHODOLOGY

This research is an experimental one in which there is an experimental group and a control group. Both groups have taken part in a pre-test and then the experimental group received the training (experimental variables) were performed. After two weeks of training, both groups took part in a post-test.

To select a sample from the population of interest, the researcher referred to family court and studied the cases involving disputes between the couples and the couples were asked to complete the questionnaires. All completed questionnaires were collected and the couples were contacted and invited to

the core center. Those couples interested to receive training, registered and their appointment date was determined by the researcher. On the first meeting, the researcher explained to them how they are supposed to be trained during the following sessions. After random assignment of subjects to experimental and control groups, weekly meetings were held; the experimental group received intervention (teaching cognitive-behavioral skills) but the control group received no interventions.

The experimental group received the training in 8 sessions of one and half an hour. In each session the allotted time was budgeted in a way that 5 minutes to set the schedule, 10 minutes to check the training progress, 15 minutes to report the task, and 45 minutes for skills' training and 15 minutes was spent to set assignments to be done at home.

Subjects and instruments

The subjects of the present study were 24 couples (24 men and 24 women) randomly selected from among couples who, because of marital conflicts, attended the family court in Baghmalek from the beginning of March to the end of May in 2011. All the participants answered the questionnaire normalized by Barati and Sanaei (1996) and were also willing to participate in family

therapy sessions. In this study, the following instruments were used to measure the variables of interest:

Marital Conflict' questionnaire:

Marital conflict questionnaire (Sanaei and Barati, 1996) was used in this study. "Marital Conflict questionnaire" is a 42-question tool that has been developed to measure conflicts between the couples. This questionnaire measures seven dimensions of marital conflict which are: 1. failing to cooperate 2. decreasing love affairs and sex 3. increasing emotional reactions, 4. Increase in attracting the children's support, 5. enhancing the individual relationship with one's own family 6. reducing the relationship between relatives, spouses, friends, and 7. separating their incomes. The answer sheets of the subjects, i.e. their Marital conflict has been scored in a 5-point Likert scale from 1 (never) to 5 (always). The Maximum and minimum score are 210 and 42 respectively (Sanaei, 1996). High scores on each subscale indicate the high conflict between the couple and marital disruption and low scores indicate the appropriate marital status and the low conflict. Norm scores were calculated according to standardized questionnaires for groups of women and men separately. Content elements of the questionnaire were

prepared in such a way that they have direct and close relationship with the desired variable, i.e. marital conflict (Sanaei, 1999).

Sessions, training programs, cognitive - behavioral family therapy

Session One: Warming up

Objective: receiving the client, early communication, presenting a summary of cognitive-behavioral model of training and treatment to clients and - reviewing the client's tendencies and their motivation to participate in such classes.

Session II: Behavioral Transaction

Objective: To establish a short-term positive changes in the interaction pattern at the beginning of treatment, to create an immediate impact in the lives of the couple out of the thereby meeting which can pave the way for discussion in other major issues.

Session III: Teaching Communication

Objective: To learn social skills and speech skills and perception. Learning good techniques of expressive listening and understanding the others and familiarity with sentence level comprehension.

Session IV: cognitive biases

Aim: To overcome cognitive distortions, bipolar thinking - training to overcome the observed choice, to overcome arbitrary deduction of training, overcome learning

mind reading, learning to overcome the magnifying and belittling.

Session V: problem solving

Purpose: To assist clients to use resources at hand to deal with the problems they may encounter with, helping the clients to recognize their systematic approach to overcome the current problems, and helping them increase their self-control over their problems. To equip clients with a way to deal with future problems, foster creative thinking techniques to increase confidence through the successful resolution of issues.

Session VI: Dealing with negative and fragile thoughts

Objective: To identify and training to overcome negative thoughts.

Session VII: Controlling Anger

Objective: To train the clients how to overcome their anger and avoid the adverse consequences, training them to reduce conflicts that can help families understand their thoughts and feelings during the discussion of the treatment options, and helping the clients to be aware of behavioral options and preventing them from involving too much in the discussion.

Session VIII: helping the client to generalize therapeutic gains throughout the course of treatment and preventing them from relapse.

Objective: To generalize learned skills to the home environment and prevent the return of the old negative patterns.

In this section descriptive statistics i.e. mean and standard deviation of both control and experimental groups are included. These results are shown in Table 1.

4. RESULTS

Table 1 - Mean and standard deviation of the couples in the experimental and control groups on the variables of marital conflict and its components

	variables	experimental		Control	
		Mean	SD	Mean	SD
Pre test	marital conflicts total	118/62	7/10	132/25	13/36
	cooperation of reduction	13/12	1/52	15/29	2/59
	sexual relations reduction of	11/95	0/86	13/91	2/62
	Increase in emotional reaction	23/04	1/69	25/41	2/81
	Increase in absorption of child support	13/7	0/96	16/16	1/80
	Decrease in relationship with spouse relatives and friends	17/29	1/28	18/20	2/11
	Increase in relationship with one's relatives and friends	18/29	1/05	19/37	1/74
	separating financial affairs	21/2	1/65	23/87	2/22
Post test	marital conflicts total	88	6	122/04	7/49
	cooperation of reduction	9/7	1/17	14/29	1/52
	sexual relations reduction of	7/58	0/70	12/41	1/68
	Increase in emotional reaction	18/7	1/42	23/62	1/47
	Increase in absorption of child support	9/7	1/07	14/54	1/32
	Decrease in relationship with spouse relatives and friends	13/62	1/2	16/50	1/08
	increase in relationship with one's relatives and friends	12/95	1/3	18/12	1/11
	separating financial affairs	15/7	1/36	22/54	1/37
Control	marital conflicts tota	91/54	5/3	121/12	6/73
	cooperation of reduction	10/16	1	14/16	1/41
	relations reduction of sexual	8/04	0/58	12/5	1/44
	Increase in emotional reaction	19/2	1/42	23/12	1/36
	Increase in absorption of child support	10/2	1/28	14/5	1/14
	Decrease in relationship with spouse relatives and friends	14/33	1/09	16/12	1/17
	Increase in relationship with one's relatives and friends	13/45	1/15	18/37	1/04
	separating financial affairs	16/12	1/35	23/33	1/4

As Table 1 see , the mean and standard deviation of both control and experimental groups are the couples in pre-test and post-test are respectively 118/62 and 7/10 and 132/25 and 13/36. The mean and standard deviation of total marital conflict of the couples in the experimental group and the

control group are 88 and 6 and 122/04 and 7/49. And this numbers are 54/91 and 3/5 and 12/121 and 73/6 in the following test.

Findings related to the research hypothesis

Table 2 - Univariate analysis of variance within MANCOVA on the marital conflict post-test of experimental and control groups

Source	Variable	Sum of squares	df	Mean square	F	p
Group	marital conflicts total	1962/74	1	1962/74	47/87	0/001
	cooperation of reduction	22/82	1	22/82	15/99	0/001
	sexual relations reduction of	31/79	1	31/79	32/18	0/001
	Increase in emotional reaction	36/07	1	36/07	17	0/001
	Increase in absorption of child support	48/78	1	48/78	36/88	0/001
	Decrease in relationship with spouse relatives and friends	16/90	1	16/90	19/57	0/001
	Increase in relationship with one's relatives and friends	64/93	1	64/93	36	0/001
	separating financial affairs	76/14	1	76/14	36/01	0/001

As shown in Table 2, there is a significant difference between the experimental group who received cognitive - behavioral training and the control group who were not trained. We can conclude that cognitive behavioral

family therapy was effective in decreasing the marital conflicts among the couples who were referred to counseling center. The findings of the research hypotheses on the track:

Table 3 – Uni-variate analysis of variance components in the context of MANCOVA on the marital conflict groups - experimental and control groups at follow up

Source	Variable	Sum of squares	df	Mean square	F	p
Group	marital conflicts tota	1425/79	1	1425/79	41/42	0/001
	cooperation of reduction	21/25	1	21/25	16/23	0/001
	sexual relations reduction of	28/84	1	28/84	44/26	0/001
	Increase in emotional reaction	17/76	1	17/76	10/45	0/006
	Increase in absorption of child support	38/88	1	38/88	24/74	0/001
	Decrease in relationship with spouse relatives and friends	1/36	1	1/36	1/65	0/21
	Increase in relationship with one's relatives and friends	62/35	1	62/35	41/94	0/001
	separating financial affairs	68/27	1	68/27	31/51	0/001

Table 3 shows that also in the follow up test the experimental group outperformed the

control group. In other words the findings in this part are in line with those appeared in the the two preceding tables.

5. DISCUSSION AND CONCLUDING REMARKS

According to the results of the study, the overall conclusion from this study is that cognitive-behavioral family therapy, reduces marital conflict and affects other components such as decreased coordination, decreased sexual relationship, increasing emotional reactions, increased support of children, and increasing the relationship between the person and relatives. Furthermore, results of follow-up tests after a month also reflect the effectiveness of cognitive-behavioral family therapy in decreasing the marital conflict.

Therefore, we may hope for the long-term effectiveness of family therapy. Several possible reasons for the success of cognitive-behavioral training could be: a) the couple thought that the problem is complex and insolvable. After attending training sessions, i.e. cognitive-behavioral family therapy, they will realize that they have the ability to solve their own problems; b) during the sessions, couples are encouraged to talk about their conflicts and this helps them with solving their problems, too; c) a healthy marital relationship is shaped away from the

humiliation and criticism. d) by learning a positive story about marital life, couples go back to their past happy times. Findings of the present study are in line with results of previous studies such as Ahmadi and colleagues (2009), Sanford (2006), Schermerhorn et al (2005), Burns et al (2006), Hanson and Lindblnd (2006), Varmrdam and colleagues (2010), Shahrooi (1386), Khodayari and birds (1384), Ruknabadi (2007) who believe that cognitive-behavioral family therapy training program affects attitudinal and behavioral aspects of couples to resolve marital conflict. The findings of this investigation are also in line with Hosseinian and colleagues (2009) who investigated the efficacy of group counseling, with the cognitive - behavioral Fordice happiness model in reducing burnout among social workers, psychiatric centers, and the results of the Qutaibe (2011) and Maybert and Scholeman (2008) and Yasin al-Sadat (2011). Thus, by taking various factors into account cognitive-behavioral family therapy can teach couples constructive method and provide good resolution to their conflicts and hence increase the mental health of spouses.

One limitation of this study was the couples' concerns about revelation of their identities

by others. That was the reason why some couples did not cooperate with the consultant. In order to generalize findings of this study, cultural similarities should be taken into account. As discussed in the previous section, counseling process of cognitive - behavioral therapy was effective in reduction of marital conflict. It is proposed that mass media, radio and television programs devote part of their programs to the charming and informative sessions; families with conflict must be encouraged to go to counseling centers before their conflicts become severe and unbearable.

According to findings of the present study it is recommended that specialists in the field of family therapy provide couples with cognitive-behavioral training to improve their marital relations, hence helping them jettison from their conflicts. For a more emphatic statement about the results of this study, it is recommended that more research be conducted in other environments to empower the generalizability of the results.

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