

## The effectiveness of Cognitive Behavioral Couple Therapy on Psychological Well Being, Marital Intimacy, and Life Quality of Chaotic Couples

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### Article history:

Received date: 30 April , 2017

Review date: 26 may 2017

Accepted date: 26 June 2017

Printed on line: 2 August 2017

### Keywords:

Cognitive-Behavioral Couples Therapy, Psychological Well-being, Marital Intimacy, Quality of Life

### Abstract

**Purpose:** The aim of this study was to compare the efficacy of cognitive behavior couple therapy (CBCT) and the approach of Acceptance and commitment therapy (ACT) on psychological well-being, marriage intimacy and quality of life of chaotic couples. **Method:** In order to achieve this goal, the quasi-experimental design including pre-test and post-test with control group as the main method was used. **Findings:** The population of this study included 14 couples who referred to counselling centers in Tehran in 1394 due to chaotic problems in their marriage relationships. The purposive sampling was also used in this study. The instruments of this study included marital adjustment test, psychological well-being questionnaire by Reef, intimacy scale by Walker and Thompson (1983) and quality of life. **Conclusion:** The results showed that cognitive-behavioral couple therapy has been effective ( $p < 0.000$ ) psychological well-being, marital intimacy, and couples quality of life.

**Please cite this article as:** Maleki, N. , Madahi, M. , Mohammadkhani, J. , Khala'tbari, S. , The effectiveness of Cognitive Behavioral Couple Therapy on Psychological Well Being, Marital Intimacy, and Life Quality of Chaotic Couples. **Iranian journal of educational sociology**, 1(4), 23-33

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## 1. Introduction

Many of couples often experience considerable distress. When there is lack of agreement and incompatibility between the wife and husband, distress is happened (Markman & Halford, 2005). The distress of relationship might be taken as dissatisfaction of at least one of the sides. Additionally, related literature has shown that all marital relationships that have ended to divorce have experienced this feeling of distress in a period of their life. They, in fact, first experience distress and after a while decide to divorce (Gottman, 1993).

Chaotic couples, compared to non-chaotic ones, show more negative behaviors from themselves, have less agreement in their differences, show more negative non-verbal behaviors, have more tendency to be involved in their problems and express their complaints that, in turn, indicate their listening weakness and also their weakness to give validity to their spouses (Bernstein & Bernstein, Translated by Sohrabi, 2003).

In a study on chaotic couples, Mead (2002) reported that there are more negativism, animosity, and distrust in interactions of these couples. Sanaie Zaker and Bagherian Nejad (2003) also found out that chaotic couples are dissatisfied in most of their marital life dimensions. These dimensions are: Personality issues, relationship, conflict solving, common activities, sexual relation, family and friends, religion, issues related to roles and duties, and economic issues. Incidence of marital distress has been highlighted in both social and clinical trial studies (Nazari, Mohammad Khani, & Dolatshahi, 2011). Divorce statistics, as the most valid marital distress index (Halford, 2001).

marital satisfactions is not easily achieved (Rosen Grandon, Myers & Hattie 2, 2004) and most of the couples who have divorced first experienced distress and then decided to separate (Gottman, 1993). However, in addition to this, regardless of all marital relationships that end to divorce, pertinent studies have indicated that many of marriages usually experience distress during their life putting one of the sides at risk of suffering from psychological disorders (such as depression and anxiety) (Levinger & Huston, 1990).

Improvement of psychological well-being level is one of the purposes of psychology science in the present century (Esmkhani Akbarinejad, Etemadi, & Nasirnejad, 2014). Psychological well-being is part of life quality psychology defined as individuals' comprehension of life in emotional behaviors, mental performances, and mental health aspects (Sola-Carmona et al., 2013). To put it another way, Psychological well-being might be taken as emotional and cognitive reactions to comprehension of personal characteristics and capabilities, sufficient progress, efficient interaction with the world, desirable and appropriate relationship with society and positive progress during time. This might also include factors such as satisfaction from life, and positive energy (Karademas, 2007).

Although satisfying marriage is one of important factors of society mental hygiene, in case it does not lead to appropriate conditions to meet couples' mental needs, not only such hygiene is not achieved, but also, causes many negative and harmful effects such as depression, suicide, etc. Most of psychological disorders including physical, cognitive, behavioral, and stress disorders happen as a result of marital distress (Burrell, Allen, Gayle, & Preiss, 2014).

On the other hand, couples expected marital intimacy leads to strengthening of kind relationships and reduction of conflicts among them. It might even be stated that the main factor for a successful marriage is intimacy between them (Bagarozzi, Translated by Atashpour & Etemadi, 2006). Intimacy is typically regarded as an important process in developing friendly relationships and is often under attention of counsellors. In fact, need to intimacy is an advanced global and biological need among all humans and refers to similarity and closeness of a love or emotional relationship that requires deep understanding of another person to express feelings and thoughts as the source and basis of this similarity and closeness and its lack might cause a set of marital differences (the same).

What seems to be of great importance in life is couples' intimacy to make a life with full of satisfaction feeling. The term "intimacy" emphasizes terms such as "tendency", "engagement", "emotion", and "sexual

tendencies" (Dandeno & Johnson; as cited in Grief & Malhorb, 2001). Most of the definitions offered for intimacy include terms such as "dependence behaviors", "needs meeting", and "emotional dependence" (Keshavarz, 2012). Sternberg (1986) contends that: intimacy is, in essence, feeling of closeness, creating interaction, and dependence in relationships. Among factors that are likely to affect life quality is intimacy degree in marriage that plays a determining role in marital and family interactions. Intimacy should be regarded as the product of a growth trend in relationships; a process that starts before marriage and continues and even become eternal. Several factors are influential in couples' intimacy that in turn implies the importance of the topic. The foundation and basis of sexual and non-sexual hygiene in marital intimacy lies in intimate relationship with mutual trust indices, kindness, open relationship, acceptability, apology, forgiveness, and care. Therefore, a happy, romantic, and emotional marriage is one in which the two sides grow in both sexual and non-sexual facets (Stehmen, et. al. 2004; as cited in Keshvarz, 2012).

Furthermore, it has been stated that the most important dimension of general life quality is marital life quality (Gottman, 1994) and by increasing the marital life quality the general life quality is also likely to increase. As an example, the effects of some problems such as mental-physical abuse, beyond marital relations, ignorance, and growing up discriminations might not reduce merely by improving the beliefs and perspectives of the suffered person. Thus, some experts have tried to offer precepts and therapies from which CBCT, as combination of cognitive and behavioral approaches, and also counselling on the basis of acceptance and commitment, as a forerunner third wave therapy, might be named (Izadi & Abedi, 2012).

The relationship between communicative distresses and damaging physical and mental health of individuals emphasize the importance of developing tentative strategies to treat marital distress (Goldenberg & Goldenberg, Translated by Shah Barvati, Naghshbandi, & Arjmand, 2006). Studies have indicated that different types of couple therapy have middle or remarkable impacts statistically and often remarkable effects clinically (Snyder et al. 2006).

To prevent and treat marital conflict and increase intimacy and marital quality, a set of training or therapy interventions are usually predicted for couples. In most of these, a combination of different approaches is used. However, the nature of marital conflict is sometimes so complicated that using common counselling and individual approaches might not work. Here, two of CBCT approaches are pointed out.

CBCT was offered in the previous decade as a powerful and effective approach to deal with communicative problems (Dattilio & Epstein, 2005). The probable logic of CBCT effectiveness on reduction of couples' conflicts is the point that each person's marital relationship quality is a result of his/her own beliefs, thoughts, behaviors, and actions and is related to his/her previous decisions and performance. Lack of happy and positive relations among couples might lead to tiredness and physical weakness. CBCT helps them to have and feel more happiness and positive points in their relations and try more to rebuild their past relations that, in turn, leads to an increase in their physical and mental health, reduction of marital disappointment, and physical tiredness (Pirfalak, Soudani, & Shafie Abadi, 2014).

CBCT stemmed from gradual development of BCT and its therapy strategies, and adding concentration and emphasizing cognitive factors in therapy of marital distress (Baucom & Epstein, 1999). In this approach, the emphasis is on how couples should interpret and construe, how cognitive behaviors, as a filter, might evaluate the spouse's behavior by sense giving and cause finding, and lastly, how to predict their future behaviors (Epstein, Baucom, & Rankin, 2007; as cited in Abbasi, Kimiaiee & Ghanbari Hashem Abadi, 2013).

Generally, it might be maintained that precepts of CBCT highlights the mutual understanding of couples from each other and considers understanding and comprehension an inseparable part of couple change process. Lastly, the philosophical basis is that behavior change is not sufficient on its own to improve and correct inefficient interactions. Rather, persons' thinking method might be emphasized (Dattillio, 2005). CBCT might be considerably beneficial for a set of couple therapy problems and also for those who have problems about culture, current problems, sexual orientations, age, inability, and other related issues. The future is likely to give right to CBCT (Harvey, Translated by Ahmadi, 2009).

In a similar way, in our society, given the common problems of chaotic couples, it is beneficial and necessary to know about this approach and its role in marital counselling and family more so that it might be used to prevent distress and increase marital intimacy and quality. Accordingly, the current study tried to examine the effect of CBCT on psychological well-being, marital intimacy, and life quality of chaotic couples.

### 3. Method

The present study is a quasi-experimental plan from control group pre-test post-test type. In this design, T1 represents pre-test and X2 and X1 are independent variables. Experimental groups are exposed to the independent variable. The first one take part in cognitive behavioral couple therapy sessions (X1), the second one participates in acceptance and commitment-based therapy sessions (X2), and control group merely respond to pre-test and post-test.

T2 represents post-test and the three groups should respond to it after the sessions and they also respond to follow up period after three months. Before beginning of therapy, each of the couples fill out pre-test and screening questionnaires. Then, they are assigned into two groups randomly and the experimental groups receive their therapy and training interventions. After that, the research instruments are responded once more by the participants. The framework of the research study is as follows:

Table.1. framework of the research study

Follow up	Post-test	Post-test	Pre-test	Random Replacement	Groups
T <sub>3</sub>	T <sub>2</sub>	X <sub>1</sub>	T <sub>1</sub>	R	Ex. Group X
T <sub>3</sub>	T <sub>2</sub>	-	T <sub>1</sub>	R	Cont. Group)C(

To gather data, Double compatibility scale (DAS) (1976), Rehab's psychological well-being questionnaire (1989), Walker and Thompson intimacy scale (1983), and life quality questionnaire were used.

**DAS:** This scale was developed by Spainer (1976) and includes 32 items to evaluate the marital quality of wife and husband. It might be used for several purposes. It measures four dimensions of relationship: double satisfaction, double correlation, double agreement, and kindness expression. In this scale, the total score is between 0 and 151 and cut off score to determine marital distress is 101. Higher scores reflect more marital compatibility (Nazari et al. 2011). The scale total reliability was measured by Kargar, Kimiaiee, and Mashhadi (2014) via Cronbach alpha (96%) and its validity was checked by content analysis method and it has proved its validity by being able to make a distinction between married and divorced couples. It also has Concurrent validity and is correlated with Lack and Loss of marital satisfaction scale (Sanaiee, 2000). It was translated by Amoozegar and Hosseinnejad in 1994 (Nazari, et al. 2011).

**Rehab's psychological well-being questionnaire:** This questionnaire examines couples' mental well-being. It was developed by Rehab in 1989 and was reconsidered and revised in 2002. In Iran, Niknam first translated and used it (Yahyazadeh, 2005; as cited in Mikaili, 2008). Participants should answer to it based on a six-choice format from completely agree to completely disagree (Madahi, 2004). It measures six different facets: self-acceptance, positive relation with others, self-autonomy, dominance on environment, being purposeful in life, and personal growth. The higher the obtained score, the better his/her psychological well-being (Madahi, Samadzadeh, & Keikhay Farzaneh, 2011). The scale was first tested on a 123-person sample and its internal consistency was between 0/86 and 0/93; and its test re-test reliability after six weeks was between 0/81 and 0/86. Furthermore, the correlation of sub-scales was reported to be up to 0/32. In the study by Shokri, Shahr Aray, and Dastjerd (2007), the obtained Cronbach alpha for each of the components of self-acceptance, dominance, positive relation with others, purpose in life, personal growth, and independence was 0/77, 0/77, 0/74, 0/75, 0/72, and 0/60.

**Walker and Thompson's Intimacy Scale (1983):** It consists of 17 items developed by Walker and Thompson (1983) to measure kindness and intimacy. This scale is part of a bigger one that includes different dimensions of intimacy. However, it has been reported by its developers as an independent scale. The final score is calculated by adding up the score of the items and dividing it into 17. The final score ranges from 1 to 7 and higher score implies higher intimacy. Walker and Thompson (1983) reported its Cronbach alpha reliability to be 0/91 to 0/97. Moreover, Etemadi et al. (2005) reported the same reliability index to be 0/96. Additionally, convergent validity of the scale was reported to be 0/82 through simultaneous administration with Bagavarzi's intimacy questionnaire. In the present study, the scale Cronbach alpha reliability was calculated to be 0/75 by running it on 100 women of the population.

**Life Quality Questionnaire:** this questionnaire measures four facets of physical health, mental health, social relationships, and environment health by 14 items. The first two items do not belong to any of the facets and evaluate the general health and life quality. Thus, it has, in fact, 26 items and the points are between 0 and 100 (4). In the studies by Nejat et. al., the internal consistency of the questionnaire reported to be more than 0/7 in all the facets (physical health 0/77, mental health 0/77, social health 0/75, and environmental health 0/84) and in the study by Ramezankhani et. al., (2014), its Cronbach alpha turned out to be 0/79.

**Population:** the study population was all persons who attended counselling centers in Tehran in 2015 for having distress in marital relations. **Sample:** The sampling method used in the study was the voluntary one. The couples were informed about the study and its purpose and those who were willing to take part in CBCT and acceptance and commitment-base sessions were enrolled. The couples were double checked in terms of different conditions and the qualified ones were selected for the interview stage. The sample of study was then picked out from the qualified couples. The criteria for selection in the sample were: couples who had not referred to court for divorce, those who had not serious mental-personality disorders, those who had at least one-year experience of marital life, those who had at least diploma educational degree, and those who could take part in twelve consecutive sessions. Additionally, the criteria for excluding the them were: absence more than three sessions, lack of serious doing of homework, unpredicted events such as illness and death, and announcement of lack of tendency to continue the sessions. During the time period, one couple from the control group and one couple from the experimental one was excluded and accordingly, the final analysis was done on 14 couples (28 persons). The framework of therapy for the experimental group was done in line with the book titled "*Cognitive Behavioral Therapy with Couples and Families*" by the researcher in 12 sessions. A summary of the sessions is presented in the following table (Dattilio, translated by Khajeh et al. (2012).

Table 2. A summary of the sessions

Examining the relationship and communicative status of couples, Examining the problem from couples' view	Session 1
Conceptualization of problem from counsellor's view	Session 2
Introducing control as problem, introducing common strategies to control thoughts and feelings	Session 3
Familiarity with main nature of thoughts and mental stories	Session 4
Introducing psychological layers, familiarity with how to get separated from unpleasant thoughts and feelings	Session 5
Accepting unpleasant feelings and thoughts, explaining the importance of attention to feelings and thoughts efficiency	Session 6
Familiarity with different factors of life values, identifying couples' values	Session 7
Familiarity with mental devils (obstacles in stepping in values path)	Session 8
Conceptualization of purpose and specifying its distinction with value, familiarity with different purposes	Session 9

Making an operational plan	Session 10
Familiarity with main obstacles to change, introducing tendency as a solution to any change obstacles	Session 11
Final plan of enthusiasm and action, conclusion and summarization	Session 12

The gathered data was then analyzed by descriptive statistics (graph, Mean, and SD) and inferential statistics (Multi-dimensional Co-variance and Bonferroni Follow up test). All the tests were done by SPSS 21 for reducing errors.

#### 4. Results

To examine the effect of CBCT on well-being, intimacy, and life quality of chaotic couples, multi-variable covariance method was used. Before it, all needed premises were examined/ First, the results of Box test are presented.

**Table 3.** Box Results for examination of variance-covariance convergent premise

P	df2	df1	F	Box
0.135	2486.327	21	1.28	35.774

Table 3 reveals that Box M is not statistically significant and multi variable variance convergence premise is confirmed ( $P \geq 0/135$ ,  $F_{21,2486} = 1/28$ ). Next hypothesis is correlation among all variables and it was tested by Bartlett test. The related results are presented in Table 4.

**Table 2.** Results of Bartlett test to examine correlation hypothesis among variables

P	df	X value	Likelihood Ratio
0.000	20.000	200.835	0.000

The results of Bartlett for examining the correlation among the variables confirms the hypothesis ( $P \leq 0/001$ ,  $X_{220} = 1.33$ ). After examining and confirming hypotheses, multi variable covariance was done. Table 3 presents the values of Lambda Wilks.

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**Table 3.** Multi-variable Covariance results of CBCT effect on well-being, intimacy, and life quality

$\eta^2$	p	df2	df1	F	Pulse Effect	Change Sources
0.589	0.007	18	6	4.305	0.589	Well-Being
0.501	0.032	18	6	3.009	0.501	Intimacy
0.458	0.059	18	6	2.538	0.458	Quality
0.978	0.000	18	6	135.07	0.978	Group

As Table 3 shows, the difference among the groups was significant ( $P \leq 0/001$ ,  $F_{6,18} = 135/07$ ). The effect size was 0/978 that is very powerful and indicates that the independent variable (CBCT) significantly affected the well-being, intimacy, and life quality of chaotic couples. To examine the groups scores in more detail, uni-variable covariance was reported in multi-variable analysis.

**Table 4.** Covariance results of CBCT effect on well-being, intimacy, and quality

Eta Square	Sig.	F Value	Square Mean	df	Sum	Variables	Change Sources
0.946	0.000	402.82	3506.27	1	3506.3	Post-test Well-being	Group
0.882	0.000	171.94	1785.97	1	1786.0	Post-test Intimacy	
0.786	0.000	84.42	6.50	1	6.5	Post-test Quality	
0.306	0.004	10.14	0.96	1	1.0	Follow up Well-being	Error
0.856	0.000	137.25	2078.36	1	2078.4	Follow up Intimacy	
0.892	0.000	189.20	1179.58	1	1179.6	Follow up quality	
			8.70	23	200.2	Post-test Well-being	
			10.39	23	238.9	Post-test Intimacy	
			0.08	23	1.8	Post-test Quality	
			0.10	23	2.2	Follow up Well-being	
			15.14	23	348.3	Follow up Intimacy	
			6.24	23	143.4	Follow up quality	

The results of Table 4 show that there was a significant difference among the post-test groups ( $P \leq 0/001$ ,  $F_{1,23} = 1296$ ). There was a significant difference among marital intimacy of groups in post-test ( $P \leq 0/001$ ,  $F_{1,23} = 161.95$ ). There was a significant difference among scores of life quality in the post-test ( $P \leq 0/001$ ,  $F_{1,23} = 157.6$ ). There was a significance among the scores of well-being in the follow up study ( $P \leq 0/001$ ,  $F_{1,23} = 161$ ). There was a significant difference among scores of marital intimacy ( $P \leq 0/001$ ,  $F_{1,23} = 161.9$ ). Finally, there was a significant difference among the scores of life quality ( $P \leq 0/001$ ,  $F_{1,23} = 331.9$ ).

In the last stage of analysis, to examine the differences in more detail, the groups moderated means were examined and compared by Bonferroni test.

**Table 5.** Follow-up test results of Bonferroni for Means Comparison

Sig.	SD	Groups Mean Difference	Ex. Group	Cont. Group	Dependent Variable
0.000	1.28	-25.695*	116.954	91.26	Post-test Well-being
0.000	1.399	-18.338*	110.383	92.045	Follow up Well-being
0.000	0.12	-1.106*	4.211	3.105	Post-test Intimacy
0.004	0.134	-.426*	3.498	3.072	Follow up Intimacy
0.000	1.689	-19.782*	73.177	53.395	Post-test Quality
0.000	1.083	-14.903*	67.487	52.584	Follow up quality

Results in post-test and follow up were significant for all three well-being, intimacy, and life quality. The follow up results revealed that the effect of CBCT was significant.

## 5. Discussion

The main objective of the current research study was to examine the impact of CBCT on well-being, marital intimacy, and life quality of chaotic couples. The study findings revealed that such an approach significantly affected the above-mentioned variables of the study meaning that after the cognitive-behavioral training sessions, the couples' well-being, marital intimacy, and life quality improved considerably. Additionally, the follow up studies uncovered that the obtained significant results remained unchanged after passing time. There are a set of previously conducted studies whose results are in line with the present one's findings. The study by Jakobson, Schmaling, & Holtzworth-Munroe (1987) showed that marital intimacy increases when a combination of problem solving skills, communication skills, and information exchange skills are performed on couples compared to when only one skill is done. Hunt et al. (2009) also reported that as with cognitive pattern of Beck, in IBS patients it is tried to inefficient thoughts and beliefs that are along with excessive emotional and psychological behaviors are known and improved. Christian, Etkins, Bernis, Velir, and Simon (2011) also concluded that the incompatible couples who had received CBCT based on acceptance and commitment had shown higher mental health and marital satisfaction compared to those in control group.

The present study investigated the impact of CBCT. This approach is one of the most common and newest methods to help couples. Furthermore, due to its being short time and its efficiency, it has been regarded as one of the most effective methods. It mainly emphasizes processing the negative feelings of couples (Markman, 2006). One of its important hypotheses is that emotional and behavioral reactions of couples stem from information processing errors that in turn results from detrimental cognitive evaluations. Hence, one of the CBCT officials and counsellors is to help couples to change these negative behaviors and emotions (Boukam & Epstein, 2002). Thus, the effectiveness of CBCT might be highly hoped in terms of increasing marital intimacy (Babapour, Nazari, & Rashidzadeh, 2011; Etemadi et. al. 2006; Esbati, 2009; Nasr, 2011; Shaker Dolagh et al. 2013; Ghanbari, Habibi, & Shamsodini, 2013; Abbasi Bournadreg, Kimiaiee, & Ghanbari Hashem Abad, 2013; Babapour Garmkhani, Madani, & Lavasani, 2014; Fereydonimehr, 2015; Stanley, 2001; Shiling, Bernt, Allen, & Ragland, 2003), marital life quality (Javaheri et. al. 2010; Khayam Nekouie, Yousefi, & Manshaie, 2010; Javaheri, et. al. 2010; Asgari, Hasheminasab, & Fardin, 2011; Karimian, 2012; Rostami, Abolghasemi, & Narimani, 2013; Jamilian, Khansari, & Safari, 2013; Zomorodi & Rasoulizadeh Tabatabaie, 2013; Hemati, 2014, Davazdah Emami, et. al. 2015, Winger et. al. 2002; Pando et. al. 2007; Nalibaft, 2008; Hunt and et. al. 2009), and psychological well-being (Rostami, Abolghasemi, & Narimani, 2013; Ghanbari, Habibi, & Shamsodini, 2013; Esmkhani Akbarinejad, Etemadi, & Nasirnejad, 2014; Karimi et. al. 2014; Esmailie et. al. 2014; Ataie Moghanloo & Ataie Moghanloo, 2015; Bavadi, Poursharifi, & Lotfi Kashani, 2015; Ghamari Kivi, Sheikholeslami, & Adel, 2015; Sadeghi, Sadeghi, & Forouzandeh, 2015; Snok et. al. 2001; Labro Drick, 2009). In essence, all studies with purpose of helping to strengthen the relationship among family members and couples have emphasized the importance of these types of therapy in improving the marital intimacy, mental health, life quality, and psychological well-being. To sum it up, it might be contended that CBCT significantly affects the well-being, marital intimacy, and life quality of chaotic couples.

Here it should be pointed out that the present research study was conducted in relation with well-being, and marital intimacy of chaotic couples. Thus, care should be taken while generalizing its findings. Furthermore, these findings were related to CBCT method and this point should also be taken into consideration while generalizing them. Given the very suitable effect of CBCT method, it is then recommended to use the method in psychological sessions and interventions more.



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