

Effects of Cognitive Behavioural Therapy on Marital Conflict among Married Persons in Bonny Island, Rivers State Nigeria

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ABSTRACT

The purpose of this study was to investigate the Effects of Cognitive Behavioural Therapy in managing Marital Conflict among Married persons in Bonny Island. It was also aimed at finding out whether length of marriage of married persons will interact with the effectiveness of the treatment therapy (CBT). Two research questions and two null hypotheses were formulated for the study. A review of related literature was carried out, and it revealed that not much work had been done in Nigeria and particularly in Bonny Island on the use of behavioural modification therapies, particularly Cognitive Behavioural Therapy in managing marital conflicts among married persons. The non-equivalent Group Pre-test/post-test Quasi Experimental Design was adopted for the study. The population consists of over 300 married persons with reported cases of marital conflict in Bonny Island from which the researcher selected 120 responded as sample for the study using purposive Sampling technique among which 40 of them who tested high on marital conflict indicator scale were divided into the two groups for treatment and control. The instrument (questionnaire) was validated, and its reliability established using Cronbach's alpha method. The data was analysed using ANCOVA statistical method. The findings showed that there was a significant difference in managing marital conflict using Cognitive Behavioural Therapy. The findings also revealed that there was a significant interaction effect of length of marriage on the management of marital conflict among married persons. Based on the findings of the study, the following recommendations were made: CBT should be applied in managing marital conflicts among married persons; while resolving conflict in marriage using CBT, the length of marriage of the married couples should be taking into consideration.

KEYWORDS: *Cognitive, Behavioural, Therapy, Therapists, Rational, Logical, Irrational, Marriage, Marital, Conflict.*

Background to the study

Marriage is the socially acceptable union between a man and a woman. It means the coming together of two totally different individuals as husband and wife who agree to plan and set up their own family. It is a union between two unrelated male and female who seek to live together and to derive mutual benefits from the relationship. Osarenren (2012) viewed marriage as a union between an adult male and an adult female. Marriage is defined by the Webster advance Learners English Dictionary (2020) as “formal union of two individuals of opposite sexes, to create an enduring relationship with each other as husband and wife”. Going by this definition, certain assumptions are inferable. These include the presumptions of mutual commitment to permanent cohabitation and cooperation; it also engenders the assumption of specific responsibilities and obligations towards each other (Okobia & Okorodudu, 2017). In this later aspect of uncompromised value is the duty of chastity and fidelity towards each other. This probably explains why the success or failure of any marriage always has the degree of conformity to these dual ideals. Biblical account of creation shows that God is the originator of marriage. The first couple was Adam and Eve. God ordained marriage for three basic purposes: for companionship, procreation and pleasure (Adeboye 2020). Right from the time of creation, marriage has been in existence and it is regarded as the oldest institution on earth (Okobia & Okorodudu, 2017). God expressly ordained marriage. It is the union of a man and woman who have agreed to come together to build a family. Okobia and Okorodudu (2017) pointed out that marriage serves three pronged utility of addressing the psychological, physiological and social needs of man. These three aspects of marriage are geared towards the sexual survival and emotional instincts which form integral part of nature and indeed their organism. Maciona (as cited in Okobia and Okrodudu (2017) define marriage as a relationship between two adults of opposite sex who makes a personal and legal commitment to live together as husband and wife. By this definition some assumptions are inferable. This includes presumption of physical maturity, financial/material maturity, psychological maturity backed up by personal decision and legal commitment. It therefore implies that every physical, financial and psychological instability may hinder effective adjustment in marriage. Nwoye, as quoted by Okobia and Okorodudu (2017) expressly described marriage as a sacred and permanent contract which is assumed to be enacted when two people decide on their own according to and in the presence of at least two witnesses to exchange the formal consent to live a life of vocation of love and caring for each other. According to Gove as cited by Oyebade (2016), marriage is describe as the state of being united with a person of the opposite sex as husband or wife; the institution whereby men and women are joined in a special kind of social and legal dependence for the purpose of founding and maintaining a family, an act of marrying or rite by which the married status is affected. Therefore, marriage is the building block of human society, and when the foundation of society is weakened, considerable damage results. Therefore, the growth of any society depends largely on the ability of the family institution to perform its role effectively. Ayodele (2014) defines marriage as the union of a man and his wife in body and soul. It is the institution in society in which a man and woman are joined in a special kind of social and legal dependence to form and maintain a family. In every known human society some form of marriage exist. This could be traditional, customary, religious and or legally solemnized marriages. Marriage exists as a public act and not merely a private romantic declaration of religious rite (Dabone, 2014).

Furthermore, marriage is the cell of the family, the heart and engine room of the family and also the building block of the larger society. Agbakwuru (2012) opined that marriage is a sub-system of the family; it is a social institution, and like other social institution, married

couples always engage in constant interactions. The nature these interactions assume can be a source of joy and consequently, promote the physical and psychological wellbeing of the married couples. It can also be a major source of stress, frustration, sorrows and woes to them. This is so because marriage provides couples with lasting, intense and influential relationship that have life-long effects on their lives. Marriage as viewed by Adeboye (2020) as a union that brings people of different sexes, from different families, different ethnic groups, different believe system, values, socioeconomic background and sometimes different race and interest to form and start a new family; these makes marital conflict inevitable. These conflicts come in different forms like spouse battering, spousal abuse, sexual abuse, marital irresponsibility, rape, subtle struggle for control between the couple and other abusive behaviours.

Therefore, marital conflict can be described as the ‘impasses’ and ‘dispenses’ between married partners over values, beliefs, goals, norms and behaviours which brings about dissatisfactions, disagreements and struggle. According to Igbogbo (2016), marital conflict denotes incompatible views or clash of interest, disagreement, arguments, tension and crisis between married couples. However, Brown, Brown and Brennen (as cited in Onah, 2016) have said that conflicts are not only inevitable in the natural course of family life, but they are necessary for growth.

Furthermore, marital conflict can also be defined as the state of tension or stress between married couples as they try to carry out their marital roles. The fact that two people agreed or planned to live together as husband and wife calls for different expectations and hopes, some of which may be fulfilled and some not fulfilled thereby resulting in conflicts (okorodud, 2009). Conflicts in marriage are severally caused by various factors. Okobia and Okorodudu (2017) describe marriage as a three-legged stool involving the spiritual, sexual and financial. If one of these is not there or not adequately in order, the marriage may collapse. Therefore, conflicts in marriage are caused by sexually related problems, financially related problems, emotionally related problems, spiritually related problems etc. in the society (Ayodele, 2014). Marital conflicts are often caused by childlessness, forced marriage, incompatibility, communication gap, interference by in-laws, finances, infidelity, sex of children, lack of appreciation, differential values, interest, vision, ambitions, and other psychosocial issues (Ayodele, 2014). Therefore, when marital conflicts occur regularly, it may have adverse effects on the psycho-social adjustment of adolescents who are the products of such marriages and members of the larger society. Perhaps, it is in the light of the foregoing that Makinde (2004) noted that marriage is an adventure because the two individuals that have agreed to cohabit willingly, to take risks, test new ideas and experience new situations, and that no matter how long the courtship will be, neither can boast of having studied and known all about the partner's idiosyncrasies. Hence, marriage provides an adventure playground for couples and their ability to adjust and pave the way to a successful marriage. It is against this background that Onah (2016) opines that differences and difficulties are inevitable in marriages. He contends that spouses usually work hard towards handling these differences and difficulties but when some are not able to resolve the differences and difficulties, their marriage fails. When marriages fail divorce is the resultant effect. This obviously impacts greatly on the children of the marriage, the couples themselves and the society at large.

Adeboye and Adeboye (2012), stated that marital conflict between married persons (couples), has an adverse effect on the running of the church and thereby the society at large. In their review of studies related to religious harmony, they found out that family quality, harmony, or climates have a stronger relationship with miss understanding in the church than any other variables. The reason being that no matter how spiritually sound a church leader may be, if the home front (that is, his/her marriage) is not settled, the concentration to run the affairs of the church may not be there. This also is applicable to other institutions in the larger society.

In Nigeria, there are specific and peculiar factors which are regarded as background to crisis in marriages. These factors according to Okobia and Okorodudu (2017) are: communication gap, polygamy, extended family influence, cultural conflict, infidelity, role performance, barrenness, particular sex of children etc. these factors are regarded as cankerworms in the foundation of most marriages in Nigeria (Rivers State and Bonny Island inclusive).

Consequently, the noble idea of God almighty for instituting marriage is been hampered by marital conflict in our societies today. According to Tolorunleke (2013) marriage should be an exciting and beautiful adventure and the relationship between husband and wife is intended to get better with every passing day or year. However, little things can slip into the relationship and as Okafor (2012) puts it, when these little things are not properly handled, they can cause friction and eventual separation between the marriage partners that may widen over the years. The above assertions are found to be true judging from information from electronic media, magazines, newspapers, court proceedings and environmental observations in our dear Nation Nigeria. These information sources revealed that marital instability which is now a global phenomenon abounds in our society today and this is due largely to marital conflicts that couples experience in the process of trying to perform their marital roles as demanded by their society, coupled with the effect of the global pandemic Covid-19 (Denga, Denga & Undiyaundeye, 2020).

In Rivers State and indeed Bonny Island, the Local Government Area where this study was carried out, there are ample evidence of marital conflicts among married persons that have resulted in single parenting, separation and divorce which have caused a lot of maladaptive behaviours, social vices, cultism, drug/substance abuse leading to psychotic and neurotic conditions all of which have negative impact on the peaceful coexistent in our society. This rapid increase in marital breakdown raises a number of important sociological and psychological issues. Social unrest, delinquency, crime and sickness are frequently associated with marital discord and family fragmentation. This then makes it imperative to search for solution to this phenomenon in order to enrich the marriage institution. Investigation into marriage enrichment approaches is in keeping with the goals of counselling psychology in promoting normal development and preventing psychological difficulties. Marriage enrichment programme also known as marital therapy can help couples enhance their relationship by developing their ability to initiate changes in their relationship (Egnule, 2009).

Furthermore, 'Marital therapy' which is commonly used by marriage and family counsellors is defined as any therapeutic intervention technique aimed at assisting troubled marriages and couples to better understand their reciprocal marital interaction and attempt to find ways in which their needs can be mutually satisfied so that the growth and development of each partner can be maximized in the relationship (Okorodudu, 2016). Marital therapy is probably the

best single thing that people in troubled marriages can do to help heal their marriages. A skilled marriage therapist offers support and intervention that can help distrustful and disengaged partners to safely address their difficulties and begin the process of problem solving and healing. Marital therapy generally takes place outpatient-style in a therapist's office and is offered once per week with each session lasting between 60 and 90 minutes. One or two therapists may be present in the session. When two therapists are present the process is called 'conjoint' therapy. The number of therapy sessions will vary according to the severity of the presented problems, the therapist's training and technique, and (unfortunately) the couple's ability to pay for services. Many insurance plans will provide partial coverage for marital therapy. Although some therapists will suggest that significant change can be made in one or two sessions, it is more likely that between 4 to 8 sessions will be required before significant and lasting change might realistically occur. On the other end of the spectrum, therapies that last for more than a year or so without producing results are not likely to produce results. In such cases, troubled couples might consider working with a different therapist with a different approach, or to rethink the viability of their marriage. During sessions of marital therapy, therapists help couples to work through their difficulties which may include estrangement and loss of loving feelings, communication problems, affairs, mismatched expectations, and competitive struggles to determine whose vision and goals will dominate. Couples that have the best chance for recovery are those who are both motivated to keep their marriage alive. Couples who arrive at marital therapy with one or more partners ambivalent with regard to whether to remain committed to the marriage, whose problems are more severe or are characterized by more disengagement, or who are unwilling or unable to compromise are less likely to successfully work things out. Couples who arrive at therapy with one of the partners already emotionally disengaged from the other may be beyond help.

Marital therapy grew out of a social need for practitioners to deal with marital problems. Probably the most rapid evolution in any of the helping relationship specialties has occurred in the marriage and family counselling field. From its early beginnings as a recognizable subspecialty in the 1930's and 1940's, the field grew rapidly in the 1960's and 1970's, expansion has taken place in the numbers of practitioners and in the realm of theory and technique. A major stimulus to the explosive growth experienced in this professional field of course, has been the rather radical and continuing social changes that affect marriage and family structure and relationships. Click and Kessler (as cited in Egbule, 2009) define marital and family treatment as a professionally organized attempt to produce beneficial changes in a disturbed marital or family unit by essentially interactional and non-physical methods. Its aim is the establishment of more satisfying ways of living for the entire family. Marriage counselling (therapy) is based on the ultraistic philosophy that wherever people live, they at one time or the other have problems which require the assistance of other people in resolving; it is also based on the premise that in as much as the family is a therapeutic institution, it can also serve as a major source of stress, frustration and sorrow (Agbakwuru 2012). The need for marriage counselling and therapy has become very necessary in Nigeria and indeed Bonny Island because the high rate of urbanization and human mobility has led to the disintegration of most of our traditional institutions and cultural values which hitherto, promoted and sustained marital peace and harmony. Before the advent of western socialization, the Bonny Kingdom had their traditional ways of managing and resolving marital conflicts among their married persons. The responsibility of doing this was on the family heads/elders, compound and community chiefs (the warisenibos and Apusenibos) and

the king (the ‘natural ruler’). Where this fails the religious leaders, the chief priest for the traditional worshippers and the Pastors, reverend, bishops and Fathers for the Christian handle these conflicts and resolve them. But due to rapid and continuous changes, migration, urbanization and industrialization all these configurations perhaps partly explain the reasons why our society is today witnessing an ever increasing incidence of marital violence, conflicts, separations, and divorce; thereby necessitating a more dynamic, systematic, scientific, procedural and most importantly effective approach to managing marital conflict in the area under study. Consequently, this study is focused on the effects of Cognitive Behavioural Therapy (CBT) in managing marital conflicts among married persons.

Cognitive behavioural therapy (CBT) is a ‘talking therapy’ that can help individuals manage their problems by changing the way they think and behave. It is based on the work of psychologists Albert Ellis and Aaron Beck (1958), who emphasized the need for attitude change in order to promote and maintain behavioral modification. CBT is essentially a hybrid of Cognitive Therapy and Behaviour Therapy. Oelze (2021) noted that CBT is commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems; personal social problems, inter-personal and relationship issue like marital conflicts etc. Cognitive behavioral therapy (CBT) is a type of talk therapy, or psychotherapy that can help with many emotional and mental conditions or issues. In fact, CBT is more than just one type of therapy; it is a group of different techniques that psychologists, therapists, and counsellors use to modify thoughts, behaviours, feelings, and emotions (Nicholars & Schwarts, 2007). CBT is a short-term psychotherapy treatment that uses a practical and intensive approach to solving issues such as depression, anxiety, addiction, and other behavioural or emotional concerns. It is based on the cognitive model of emotional responses and is more of a brief type of treatment in which the patient learns to challenge and change their unhealthy or unhelpful attitudes, beliefs, thoughts, and emotions to improve the patient's behaviours and emotional regulation. There have been numerous studies and research that showed CBT could lead to significant improvement in daily functioning and the patient's quality of life (Oelze, 2021). Although it was originally designed for treating depression, it has been found that CBT is helpful in many situations such as anxiety, eating disorders, addictions, post-traumatic stress disorder (PTSD), borderline personality disorder (BPD), obsessive-compulsive disorder (OCD), psychotic disorders, and conduct disorders like aggression. Most CBT therapists use CBT as a way to change the clients’ cognitive disorder_giving them a better way of thinking to replace the negative thoughts they are having (Huntley, 2014). For example, some patients may stress themselves unnecessarily over things that the rest of us naturally do not even think about. They will magnify a small incident and make it into a full-blown disaster that they cannot stop thinking about. One example is the patient who goes over conversations in their head that they had with someone (or everyone) and keep going over it for days or weeks, trying to think of some way that they could have done things differently. A slight disagreement over a movie or book that they had with their spouse that the spouse has completely forgotten five minutes later can continue in the patient's head for days, weeks, or months. These and many more cognitive disorder can be treated using Cognitive behavioural therapy.

Schwartz, 2019, stated that “CBT is based on the concept that humans’ thoughts, feelings, physical sensations and actions are interconnected, and that negative thoughts and feelings can trap the ‘individual’ in a vicious cycle”. Consequently, CBT aims at helping the clients’ deal

with overwhelming problems in a more positive way by breaking them down into smaller parts. The clients are shown how to change these negative patterns to improve the way they feel. Unlike some other 'talk therapies', CBT deals with the clients' current problems, rather than focusing on issues from their past. It looks for practical ways to improve the clients' state of mind on a daily basis thereby fostering better interpersonal relationship which is one of the objectives of this study. If CBT is recommended, the clients usually have a session with the therapist once a week or once every 2 weeks. The course of treatment usually lasts for between 5 and 20 sessions, with each session lasting 30 to 60 minutes. During the sessions, the clients work with the therapist to break down their problems into their separate parts, such as their thoughts, physical feelings and actions. The clients and the therapist will analyze these areas to work out if they're unrealistic or unhelpful, and to determine the effect they have on each other and on the clients. The therapist will then be able to help the clients work out how to change unhelpful thoughts and behaviours. After working out what they can change, the therapist will ask the clients to practice these changes in their daily life. The eventual aim of therapy is to teach the clients to apply the skills they have learnt during treatment to their daily life.

This should help them manage their problems and stop them from having negative impact on their lives, even after their course of treatment finishes.

In this study an attempt was made at examining the effects of Cognitive Behavioural Therapy (CBT) in the management of marital conflict among married persons in Bonny Island. The therapy is based on the doctrine of behaviourism; which major assumption is that since behaviours are learned, they can be unlearned using appropriate behaviour modification techniques (Egbule 2009). The therapy is derived from Cognitive Theories of Albert Ellis and Aaron Beck with the main objective of helping individuals to knock out irrational, illogical and unrealistic thinking and replacing them with more realistic ones for better adjustment. In this study, the objective is to help married persons in the area under study to better understand the dynamics in their marriage and foster proper adjustment pattern that will lead to harmony in their marital relationship.

Statement of the Problem

Marital conflict, which implies impasse or dispute between married persons as a result of variations in values and interest have been seen by the researcher with his many years as practicing counsellor and a pastor as the major cause of divorce, desertion, single-parenthood and generally failed marriages. This is because a family characterized with crisis, disharmony, disunity, turbulence and chaos would provide the children with frustration in life which may lead to unhappiness and lose of self-concept which can make the children develop personality patterns that interfere with good adjustment and development of poor adjustment which may adversely affect them in adulthood. Moreover, despite the fact that marital therapy has gained a lot of momentum in Nigeria, most therapist, particularly in the area under study do counsel without the use of appropriate therapies in handling marital conflict issues of their client which either yield no result or even counter results in most cases; either because they thought their approaches were appropriate or do not know which approach is appropriate.

Again, most of the research works on this problem in Nigeria focused more on marital conflict as it affects marriage stability and its direct or indirect effects on the psychosocial adjustment of adolescents but not much has been done on marital conflicts in relation to the most appropriate therapeutic approach in handling these conflicts. This has resulted in so many unresolved psychosocial problems such as depression, frustration, aggression, fixation, divorce and sometimes avoidable death among married couples in the area under study. Consequently, the study seeks to apply a psychological behavioural technique (CBT) to find out how effective it will be in the treatment of marital conflicts among married persons. The problem of the study therefore is to investigate whether Rational Emotive Behavioural Therapy can reduce marital conflicts being experienced by married persons in Bonny Island.

Aim and Objectives the Study

The aim of this study is to examine the effects of cognitive behavioural therapy on marital conflict among married persons. Specifically, the study is designed to achieve the following:

1. Determine the effect of Rational Emotive Behavioural Therapy (CBT) on managing marital conflict among married persons based on pre-test and post-test assessment.
2. Verify if length of marriage of the married person is a factor on the effect of Rational Emotive Behavioural Therapy (CBT) on the management of marital conflict among married person.

Research Questions

The following research questions were answered in this study:

1. What is the effect of CBT on managing marital conflict among married persons based on pre-test and post-test assessment?
2. What is the impact of length of marriage of married persons on the effect of CBT on managing marital conflict among married persons based on pre-test and post-test assessment?

Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

1. The effect of CBT on managing marital conflict among married persons based on pre-test and post-test assessment is not significant.
2. The impact of the length of marriage of couples on the effect of CBT on managing marital conflict among married persons based on post-test assessment is not significant.

Theoretical Framework

The theoretical framework on which this work is based is the Stimulus Organismic Response theory propounded by Clerk Leonard Hull in 1943. Hull believed that human behavior is a result of the constant interaction between the organism and its environment. The environment provides the stimuli and the organism responds, all of which is observable. Yet there is a component that is not observable, the change or adaptation that the organism needs to make in order to survive within its environment. Hull explains, "When survival is in jeopardy, the organism is in a state of need (when the biological requirements for survival are not being met) so the organism behaves in a fashion to reduce that need" (Egbule 2009, p 238). Simply, the organism behaves in such a way that reinforces the optimal biological conditions that are required for survival. **Stimulus Organism Response (S-O-R) Model** is applicable in marital conflict reduction and introduces the idea that the organism may choose to respond to the same stimulus in different ways depending upon its state of mind. For example a child who loves playing video games generally responds by playing (response 1) when is presented by the stimulus of a video game in front of him. If when the child plays the game, the mother gets mad at him then this response of the mother becomes a feedback for the child. The child now associates fear with playing video game in front of her. In future, whenever the mother is present due to the mental state of fear the same child will respond to video games by avoiding (response 2) them. These models help us understand, if not completely to a large extent, the reasons behind a person's behaviour and hence are very relevant when it comes to behaviour related issues. Most of our behaviours are driven by our mental states which at most times are affected by how we associate with a particular stimulus. In other words, if we wish to address behaviour one needs to understand how the stimulus affects the client's mental state and then change this association; and this is what this study seeks to achieve. From the foregoing the S-O-R model was designed for this study because the pattern of behaviour by couples during marital counseling is a function of the constant interaction between the factors within the couple (organism) and their environment. That is, the interactions between the internal and the external factors. In this model, the dependent variables (marital conflict Reduction MCR) can be achieved or otherwise depending on the independent variable (CBT). Furthermore, the rate of achievement in this paradigm could possibly be moderated by the length of marriage (Moderator Variable) of the married persons.

Methodology

The study is quasi-experimental with specific design of pretest-posttest control group. A major feature of a quasi-experimental design is that it is interested in the cause-effect of the variables in the research (Okorodudu, 2006). More importantly, a quasi-experimental study is a study in which some threats to validity cannot be properly controlled because of unavoidable situations associated with the study when human beings are used for the study (Nwankwo, 2016, p. 73). Furthermore, Ali (as cited in Nwankwo, 2016) observes that, among other conditions, when subjects for a study are selected and randomization of the subject is not feasible, rather in-tact classes are used, such is quasi-experimental. The present study on the Effects of Rational Emotive Behavioural Therapy on marital conflict among married persons; used married persons (human beings) as subjects. The married persons were not randomized. Marital Conflict Indicator Scale (MCIS) was administered to them in their respective counselling class settings, that is in-tact classes was used. To allow for comparison, control and manipulation of variable, the non-equivalent control group pre-test/post-test design was utilized for this study (Egbule and

Okobia, 2009). Atraoye (2003) asserts that for this type of design, selection of subject is not accomplished randomly. Rather, groups are selected in relation to characteristics that are considered to be important antecedents of the outcomes sought for by the programme. The characteristics in this study include number of year's couples had spent in marriage. Also the reason for using quasi-experimental design is because humans are the subjects where behaviour can be influenced by other variables. The quasi-experimental design used for this study is non-equivalent pretest-posttest control group design. This is because in this study a pretest and posttest for the treatment (experimental) and comparison (control) group is required. Consequently, two groups were established: one experimental and one control. The experimental group received treatment while the control group did not. The two groups were exposed to pre-test using marital conflict indicator scale (MCIS) developed by the researcher. This enabled the researcher to have a baseline measurement for comparison with the pre-test and the post-test after the treatment. After the pre-test, the treatment was carried out for the experimental group using CBT. The control group did not receive any treatment; rather the researcher gave them orientation on general marital tips as placebo. Thereafter, Marital Conflict Indicator Scale (MCIS) was administered to all members of the two groups as post-test to enable the researcher measure the post-intervention outcome indicators. According to Ogbebor (2003), the effect is measured as the difference between changes in outcome indicators for both treatment groups and the control group. In other words, baseline measurement for the experimental group before the treatment is subtracted from their baseline after treatment. This difference obtained was subtracted from the difference between the measurement for the control group for the pre-test and the post-test scores. The difference obtained was used to determine whether there are effects or not. This helped the researcher in testing the hypotheses for rejection or acceptance.

The population for the study comprised of all married persons with reported cases of marital conflicts in Bonny Island, Rivers state and they are 300 in number. This includes all married persons with marital conflicts, irrespective of the type of marriage they had, be it traditional, religious, customary, registry or court marriage. Though the Statistics Office Marriage Registry of the Local Government under study provided data which numbered 500 marriages between 2005 and 2020, for the purpose of this study, the population is defined and limited to married persons with reported cases of marital conflict in the area under study. Statistics from customary court, magistrate courts, and social welfare center; and self-reported cases in religious centers put the population at about 300 married persons. The population includes all married persons from all religion, indigenes and non-indigenes, people of all educational qualifications. Married persons were chosen for this study among other population (such as teenagers, youths, young adults and other older people in romantic relationship, cohabiters whose relationships do not qualified as either traditionally, religiously or legally married couples) for certain reasons. Traditionally, religiously and legally recognized married couples have enormous responsibilities to themselves, the children and the society at large. They are the first social institutions for the training and socialization of the family members and the building block for the entire society therefore they need to be in harmony for harmonious living in the larger society to be possible. Therefore, the expectations from them are higher compared to the other categories of persons mentioned earlier who are in one form of romantic relationship or the other or cohabiting without any real commitment. Consequently the researcher investigated the effects of CBT in the management of marital conflict among these married

persons. Furthermore, the researcher investigated the interaction of length of marriage of couples with the effectiveness of the marital therapies under investigation.

The samples for this research were purposively selected from the 300 married persons with reported cases of marital conflict as stated earlier. The participants used in the study consist of 40 married persons who measure very high on marital conflict indicator scale. This was achieved after 120 purposively selected participants were administered the MCSI and this 40 participants scored above the benchmark mean score. This sampling technique was adopted because, the researcher was careful to select only those that satisfied certain requirements of measuring very high on Marital Conflict Indicator Scale (MCIS) which are critical for the purpose of the research.

As earlier stated for this type of design adopted, selection of groups is not accomplished randomly. Rather, groups are selected in relation to characteristics deemed important to the outcome sought; therefore, the researcher grouped the 40 participants for the study into 2 groups in such a way that each group had fairly even representation of all the age groups and sexes. The samples were divided into two groups of 20 participants each, consisting of one treatment group and a control group.

The instrument used in eliciting response from the respondents in this study is a Marital Conflict indicator Scale (MCIS) developed by the researcher. It is a 25 item questionnaire with two sections (A and B). Section A seeks relevant demographic information on gender and length (duration) of marriage, while section B contains 25-item questions. The questionnaire was administered prior to the experiment to select couples who score very high on marital conflict indicator scale and were used in the experiment. All variables were measured using a 4 point scale that ranges from 4 points for Strongly Agree (SA); 3 points for Agree (A); 2 points for Disagree (D) and 1 point for Strongly Disagree (SD). However, the highest attributes 4 and 3 of the scale indicate positive reactions while the lowest attributes 2 and 1 indicate negative reactions in the statements.

The face and content validies of the instrument were established by contributions of three lecturers who are specialists in Guidance and Counselling, Educational Research, Measurement and Evaluation, and test construction. They studied the instrument and made all necessary corrections, deleting and adding where necessary. Thus based on the judgment and contributions of these experts, the face and content validies of the instrument were established. The construct validity of the instrument was also determined with the Cronbach's alpha. In order to establish the reliability of the instrument, it was administered to 60 respondents who are not part of the sample for the study. This was subsequently retrieved and given to experts for factor analysis, which was interpreted by the researcher. Consequently Cronbach alpha was used to ascertain the reliability of the instrument. To arrive at this, the instrument was subjected to item analysis which initial items 30, was reduced to 25.

The two research questions were answered using mean rating. The paired T-test or correlated T-test was used to test hypotheses 1. The analysis of Co-variance (ANCOVA) was used to test hypotheses 2.

Results and discussion

Research Question one: What is the effect of CBT on managing marital conflict among married persons based on pre-test and post-test assessment?

Table 1: Descriptive statistics of Pre-test and Post-test Mean Scores of the participants using CBT

Therapy	Test	<i>n</i>	\bar{X}	<i>Sd</i>	\bar{X}_D	Effect Size (<i>d</i>)
CBT	Pre test	20	75.85	4.55	39.60	7.40
	Post test		36.25	6.16		

Table 1 shows a pre-test mean score of 75.85 and standard deviation of 4.55, and a post-test mean score of 36.25 and standard deviation of 6.16 after treatment with CBT. The mean difference (\bar{X}_D) is 39.60. This implies a reduction in marital conflict among married persons. Cognitive Behavioural Therapy (CBT) therefore has positive effect in management of marital conflict among the participants.

The effect side (*d*) of the therapy used in the treatment is 7.40. This implies that the strength of CBT in management of marital conflict among married persons is very large (strong) according to Cohen's (1998) classification of effect size.

Hypothesis one: The effect of CBT on managing marital conflict among married persons based on pre-test and post-test assessment is not significant.

To test hypothesis two, a paired sample T-test was used to test the effect of CBT on managing marital conflict among married persons and the result is presented in table 4.4.

Table 2: Paired sample T-test to evaluate the effect of CBT on managing marital conflict among married persons.

Therapy	Test	95% Confidence Interval of the Difference		N	T	Df	Sig. (2-tailed)	D
		Lower	Upper					
CBT	Pre Test Post Test	35.38	43.82	20	19.640	19	.000	7.40

Table 2 shows that the t-value of 19.64 for the degree of freedom of (1, 19) is significant at p-value of 0.00. This implies that the effect of CBT on reducing marital conflict among married persons is significant with a 95% confidence interval ranging from 35.38 to 43.82. The effect size 7.40 indicates that CBT has a large effect on the management of marital conflict among the married persons.

Research Question two: What is the impact of length of marriage of married persons on the effect of CBT on managing marital conflict among married persons based on pre-test and post-test assessment?

Table 3: Pre-test and Post-Test Mean Score of impact of Length of Marriage of married person on CBT

Test	Group	Pre Test			Post Test			\bar{X}_D	Effect Size
		<i>n</i>	\bar{X}	<i>Sd</i>	<i>n</i>	\bar{X}	<i>Sd</i>		
CBT	0 - 10 years	9	74.22	5.50	9	39.56	5.01	34.66	6.60
	11 - 30 years	7	77.71	2.81	7	33.43	6.24	44.28	9.79
	Above 30 years	4	76.25	4.27	4	33.75	5.85	42.50	8.47

Table 4.10 above shows the pre-test and post-test statistic for participant's length of marriage using the treatments (CBT) Participants who are above 30 years in marriage that underwent the CBT therapy had the highest mean difference at 45.50 which implies a reduction in marital conflict among the married persons and has the highest effect size of 8.47; followed by participants who are between 11 and 30 years in marriage with mean difference of 44.28 and effect size of 9.79; and participants who have spent below 11 years in marriage with the lowest mean difference of 34.66 and effect size of 6.60. This implies that there is little impact of length of marriage of the married persons on the effect of CBT on managing marital conflict among married persons.

Hypothesis two: The impact of the length of marriage of couples on the effect of CBT on managing marital conflict among married persons based on post-test assessment is not significant.

Table 4: ANCOVA RESULT for impact of Length of Marriage of married person on REBT and CBT

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	213.425 ^a	3	71.142	.905	.448	.070
Intercept	71.883	1	71.883	.914	.345	.025

Pre	87.907	1	87.907	1.118	.297	.030
Group	182.961	2	91.480	1.163	.324	.061
Error	2830.550	36	78.626			
Total	55679.000	40				
Corrected Total	3043.975	39				

Table 4.11 shows the ANCOVA result, which revealed that after controlling for pre-test, the post-test shows that there is no significant difference in length of marriage of couples in managing marital conflict among married persons given a p-value of 0.05.

A one-way analysis of covariance (ANCOVA) was conducted for this study. The independent variable, group, included three levels: 0 - 10 years, 11 -30 years, and above 30 years. The dependent variable was the post-test scores and the covariate was the pre-test score. A preliminary analysis evaluating the homogeneity-of-regression (slopes) assumption indicated that the relationship between the covariate and the dependent variable did not differ significantly as a function of the independent variable, $F(2, 39) = 0.714$, $p = 0.497$, $\eta^2 < 0.025$. The ANCOVA in Table 4.11 shows that result is not significant at $F(2, 36) = 1.163$, $p = 0.324$, $\eta^2 < 0.061$. However, 7% of the total variance in post-test scores was accounted for by the three levels of the group controlling for the effect of the pre-test scores.

Discussion of Findings

The effect of Cognitive Behavioural Therapy (CBT) on managing marital conflict among married persons

The summary of testing research question one and hypothesis one was to ascertain the effect of CBT on the management of marital conflict among married persons based on pre-test and post-test assessment and to also find out whether or not the effect is significant. From Table 1 and Table 2 above, the result indicates that CBT has strong effect in management of marital conflict among married persons. The result showed a significant effect in the ability of CBT to manage conflict among married persons as pre-test ($M = 75.8500$, $SD = 4.54539$) to post-test ($M = 36.2500$, $SD = 6.16335$), $t = 19.640$, $p < 0.001$ (two tailed). The effect size 7.40 with a 95% confidence interval ranging from 35.3799 to 43.8301; the eta square statistic (0.95) indicates a large effect size. It also shows from the interpretation of the result that CBT is an essential means of managing conflict among married persons.

Interaction of length of marriage of the married persons on the effect of Rational Emotive Behavioural Therapy (REBT) on the management of marital conflict among married person.

The summary of testing research question two and hypothesis two was to check for the impact of length of marriage of married persons on the effect of CBT on managing marital conflict among

married persons based on pre-test and post-test assessment. With the finding on table 4 above, it indicates that the result was significant at $F(2, 36) = 1.163$, $p = 0.324$, $\eta^2 < 0.061$. However, 7% of the total variance in post-test scores was accounted for by the three levels of the group controlling for the effect of the pre-test scores. This means, that the length of marriage has a significant impact on CBT in managing marital conflict among married persons.

Conclusion

Based on the above findings pertaining to the objectives of the study the following conclusions were drawn.

Evidence from studies in marital stability suggest that marriage institution is threatened not only in Nigeria but the world over (Esere, 2000), but the most disturbing threat to marital harmony among married persons includes but not limited to counselling distressed couples with inappropriate therapeutic techniques, inadequate knowledge of some counsellors about variables such as gender and length of marriage of couples as moderator variables (Amato, 2010). These notwithstanding, marriage has so many positive effects on the life of individuals such as living healthier lifestyle in terms of eating, exercise and avoiding harmful behaviours; having satisfying sexual relationship, and having more wealth and economic assets (Akinade, 2017). One therapeutic approaches (CBT) was discussed in regards to its effect on the management of marital conflict among married persons. Evidence from the findings shows that effective use of CBT in managing marital conflict among married persons have strong positive effects in terms of marital conflict reduction among married person.

Therefore, the study concludes by suggesting that marriage counsellors should go for further training on the use of CBT in managing marital conflicts among married persons since the therapy proved to be very effective in marital conflict reduction among the married persons used for this study.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. Marriage counsellors and therapies should go for further training on the effective use of CBT in managing marital conflict among married persons.
2. Irrespective of the length of marriage of married persons, CBT should be effectively used in managing marital conflict among married persons.

Suggestion for further Study

Further studies should involve other marital counseling theories or therapies such as: transactional Analysis, Modeling, Psychoanalytic Therapies etc, as well as, if and how other moderating variables such as gender, educational level, religion and occupation affect the effectiveness of these therapies in marital conflict resolution. Also, these other therapies should be compared with CBT, since CBT had proved to be effective in managing marital conflict among married persons.

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