

Efficacy of Behavioural Couple Therapy and Emotionally Focused Couple Therapy on Marital Adjustment of Spouses in Baptist Churches in Benin Metropolis, Nigeria

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Abstract

This study investigated the efficacy of Behavioural Couple Therapy and Emotionally Focused Couple Therapy in managing marital adjustment among Baptist spouses in Benin Metropolis of Edo State. A research question was raised for this study and a hypothesis formulated and tested at 0.05 level of significance. The study adopted the true experimental research design, using a non-equivalent pre-test post-test control group. The target population of the study consisted of all the 3290 Baptist spouses in Benin metropolis. A sample size of 97 spouses participated in the study. A multistage sampling method was used in selecting the sample for this study. The marital Adjustment Scale was administered to the spouses. The validity of the instrument was established by three test experts from the Department of Educational Evaluation and Counseling Psychology (EECP). An internal consistency reliability of the instrument was done using cronbach alpha statistics and a reliability coefficient of 0.90 was obtained. The data collected were analyzed using Analysis of covariance (ANCOVA), and Least Significant Difference (LSD) Post-hoc Multiple. The findings of the study revealed that both treatments (BCT and EFCT) were effective in managing the marital adjustment of spouses but EFCT shows to be more effective. The study also showed that there was a significant difference in the marital adjustment of spouses exposed to BCT, EFCT, and control at post-test. Based on the findings, it was recommended that counselling psychologists should take advantage of the proven efficacy of Behavioural Couple Therapy and Emotionally Focused Couple Therapy in helping spouses to improve the quality of their marital relationship.

Keywords: Comparison, Emotionally Focused Couple Therapy, Behavioural Couple Therapy, Marital Adjustments, Spouses

Introduction

Marriage is an ordinance instituted by God for the Perpetuity and happiness of the human race. It is a responsible, accountable and trusting relationship or union of hearts, minds, and bodies of a man and a woman that is established for companionship, procreation, and legitimate and healthy outlet of sexual passion (Omoniyi-Oyafunke, 2014). It is created as a solution to the problem of loneliness and boredom as well as for companionship, procreation, and for the avoidance of fornication. It is a relationship in which two adults of the opposite sex make emotional and legal commitments to live together till death part the spouses (Anibuze 2000, as cited in Okorie,2009). In the Christian setting, marriage is viewed as an agreement between a man and a woman who takes certain vows to love and cherish each other, stay together through sickness health, for better and for worse. Osarenren (2013) (as cited in Dungurawa, 2016) states that marriage is expected to flourish till one partner dies. According to her, it is a presumption that both couples will live together forever, accommodate and tolerate each other till death. The divine intention of marriage is for the man and his wife to be so united in their marital relationship to, become one in thoughts and deeds that results in a harmonious, stable, satisfying, peaceful, and loving relationship. However, in marriage, each partner comes into the relationship with his or her unique and individual needs. Okorodudu (2010) opined that these needs may be emotional, physical, and/or spiritual. Oimage (2013) asserted that, each spouse's needs are considered in the marriage relationship because, without a variety of individual and different needs, a marriage relationship would be non-stimulating, tedious, and thereby lack flavour. The failure to properly identify and meet the needs of one's spouse could result in conflicts and matrimonial distress in marriage. Considering the fact that men and women are imperfect in nature, it is logical to think that marriages will become strained at some points because it involves fallible humans. McNulty & Kamey (2001), asserted that, even the happiest, intimate relationships may encounter fluctuation in day to day interactions. Individuals in a marriage may experience primarily many positive, supportive and affectionate interactions with each other, but on other days, their interactions may be characterized by conflicts and negativities.

In other for spouses to cope with their uniqueness and harmonize the various issues in marriage, it becomes imperative for couples marital adjustment to be enhanced. Marital adjustment is a lifelong process whereby both spouses are committed to the success of the marriage relationship. Adjustment is achieved when spouses get along with each other to achieve harmonious working relationships in different areas of marital life. Sinha and Mukerjee (1990) (as cited in Goel; Narang and Koradia, 2013), define marital adjustment as the state in which there is an overall feeling between husband and wife, of happiness and satisfaction with their marriage and in each other. Therefore, marital adjustment involves spouses in a relationship characterized by mutual concern, care, understanding, and acceptance. In a well-adjusted marriage, both spouses try to make sure that their marriage will be successful. Spouses in well-adjusted marriages share affection, and this is demonstrated in affectionate behaviour. The degree of tension in a well-adjusted marriage is minimal and when tension arises, it is resolved amicably, probably in discussion and mutual agreement. In a home where the spouses are not well adjusted with each other, the couple is likely to suffer from many psychological disorders including mood disorders, anxiety disorders, alcohol abuse, school dropout, and

hooliganism. In such a home, consensus and expression of affection are undermined and this could cause stress on the physiological make-up of the spouses. When this happens, love, which is the bedrock of marriage will likely collapse, and the effects are that communication breaks down, sex-life becomes unsatisfactory, nothing holds together any longer, and mistrust sets in (Byrne, Carr, & Clark, 2004). As a result of problems associated with marital adjustment, many homes seem to be a source of irritation, discomfort, and misgiving.

Christian homes are not immune to the effects of marital maladjustment. Even some Christians that are of the Baptist faith, who believe in the sanctity of the marriage institution, are battling with adjustment problems in their marriages (Nigerian Baptist Convention Sunday School, 2019). The researcher's pastoral experience indicated that some spouses are going through difficulties that border on marital adjustment problems. Marital maladjustment and incessant conflicts have become common phenomena within the population of Baptist Christians. Some couples become estranged and embittered spouses sometimes initiate court proceedings that lead to separation or divorce. Thus, many maladjusted spouses are not able to manage marital challenges such as marital conflicts, differences in opinions, sexual problems, aversive communication, lack of mutual understanding and commitment as well as inability to accommodate weaknesses of each other.

Behavioural Couple Therapy (BCT) and Emotionally Focused Couple Therapy (EFCT) were employed as treatment therapies to manage marital adjustment among married spouses in this study because both of them have reported high levels of relationship satisfaction and more improvements in various areas of dyadic relationship and family functioning, including intimate partner and children's psychosocial adjustment (William, Timothy & Gary, 2004). BCT was propounded by Jacobson and Margolin (1979), and it is based on a social theory and the observation that distressed and mal-adjusted couples engaged in interactions patterns, characterized by mutual punishment rather than mutual positive reinforcement of relationship-enhancing behaviour. Behavioural exchange training, communication, and problems solving skills training are the two central components of BCT. In behavioural exchange training, individuals learn to identify events that are reinforcing for their partners and to make mutual contracts to facilitate the occurrence of such events. In communication and problem-solving skills training, spouses learn how to communicate clearly and engage in joint systematic problem-solving. These skills are required to facilitate more productive behavioural exchanges outside therapeutic sessions. More ever, evidence in literature has statically proved BCT to be efficacious in helping to improve adjustment and satisfaction in marital relationship. The studies carried out by Shadish and Baldwin (2005) and Sevier, Eldridge, Jones, Doss and Christensen (2008) have shown that BCT is effective in enhancing adjustment among distressed couples. Studies by Bornstein and Hickey (2002) and Animasahun and Oladeni (2012) have equally demonstrated the effectiveness of communication skills and problem-solving skills in enhancing marital satisfaction among married couples and these are important components of Behavioural Couple Therapy. The second therapy is Emotionally Focused Couple Therapy (EFCT).

Emotionally Focused Couple Therapy (EFCT) propounded by Johnson (1996) is one of the few therapies that help distressed couples create connections, safety, and loving feelings in their relationship despite years of conflicts, distance, betrayals, and

hopelessness. EFCT is based on attachment theory and the observation that maladjusted couples experience disruption of attachment within their relationships (Dessaulles, Johnson & Denton, 2003; Johnson, 1996). Such disruption initially evokes primary emotions such as fear of abandonment, which later give rise to secondary emotions such as anger. Negative interaction patterns occur within couples when secondary emotions are repeatedly expressed by attacking or withdrawing from one's partner and primary emotions such as fear of abandonment and the need for security are not expressed. In EFCT, spouses are helped to recognize negative, rigid interaction patterns and absorbing negative effects that typify distress in couple relationships in terms of emotional disconnection and insecure attachment. Through this process attachment bonds within the spouses are established and dysfunctional reciprocities are replaced with more adaptive interaction patterns for better marital adjustment. Several studies have showed the efficacy of EFCT in improving successes in marital relationships. The studies of Makinen & Johnson (2006); Rezaie, Younesi, Ahmadi, Asgari & Mirzaie (2008); Ziyaolhagh (2010); Soltani, Molazedeh, Mamoodi & Hosseini (2013), Rostami, Taheri, Abdi & Karmani (2014); Najafi, Soleimani, Ahmadi & Kamke (2015) and Vazhappily & Reyes (2017) have found that EFCT is efficacious in enhancing marital adjustment and dyadic satisfaction. Some other researchers have also investigated the efficacy of EFCT in comparison with other therapies. Dandeneau and Johnson (1994) (as cited in Soltani et al. 2013) that studied intimacy and marital adjustment after performing two approaches of emotion focused couple therapy (EFCT) and cognitive marital therapy (CMT). In this study, both groups EFCT and CMT presented higher posttest scores significantly on the subscales of intimacy and marital adjustment compare to control group. However, the results showed significant difference in favor of EFCT in scale of intimacy. In the study carried out by Jaleli, Heydari, Devoudi & Al-el-Yasin (2018) on comparison on effectiveness of emotion-Focused therapy and Gottman's Relationship enrichment programme of intimacy, the result showed that the effectiveness of EFCT is higher than that of Gottman's Relationship Enrichment approach. Havaasi, Kaar & Zadeh (2018) investigated a study that compare EFCT and Gottman Couple Therapy in marital burnout and conflict resolution styles. The result showed that EFCT is more effective than Gottman's Couple Therapy. Johnson and Greenberg (1998) Byrne, Carr and Clark (2004), Mclean, Walton, Rodin, Esplen, and Jones (2013), found out that EFCT is more efficacious than Couple Therapy with a problem solving approach. However, there is a dearth in the literature of studies using Behavioural Couple Therapy and Emotionally Focused Couple Therapy in enhancing marital adjustment of spouses in Baptist churches. It is in the context of the unique tenets of BCT and EFCT that, this study is comparing their efficacy on marital adjustment among Baptist spouses in Benin Metropolis, Edo state of Nigeria.

Rationale for the Study

News of marital breakdown, divorce, and the effects on families, particularly the children are rife in the electronic and print media in our society. Faulty communication, domestic violence, aggressiveness, incessant quarrels, extramarital affairs and loneliness are among the experiences of maladjusted spouses. These factors will likely affect the stability of the home and the failure to meet the expectations of the partners as to what a satisfactory relationship should be. Spouses' maladjustment could increase the risk of problems in children including attachment and behavioural difficulties, the

development of poor coping responses, lower social competence with peers, and academic difficulties (Fincham, Grych & Osborne, 2016). Children from maladjusted couples are likely to be maladjusted persons. For example, a marriage that is experiencing maladjustment could create hostile environment and uncomfortable home for the children to efficiently and successfully develop emotionally, socially and psychologically. A child brought up by a not well-adjusted couple is likely to end up as a social misfit. Professional counselling offers objective help to individuals having trouble in their marital relationship by the use of therapeutic intervention. BCT and EFCT were employed as treatment therapies to manage marital adjustment among married spouses in this study because both of them have reported high levels of relationship satisfaction and more improvements in various areas of dyadic relationship and family functioning. Studies within the reach of the researcher showed that there is dearth of literature on the effectiveness of BCT and EFCT in improving marital adjustment and solving conflicts in marriage in Edo State. The Counselling psychologists and Marriage counsellors in the churches will find the results of this study useful in managing marital adjustment and help spouses handle future difficulties in order to prevent marital distress and bring about a well-adjusted marital relationship.

Purpose of the Study

- The purpose of this study is to investigate the efficacy of Behavioural Couple Therapy and Emotionally Focused Couple Therapy as treatments for marital adjustment among Baptist Spouses in Benin metropolis of Edo state. Specifically, this study is designed to investigate the difference in the pre-test and post-test in marital adjustment scores of Baptist spouses exposed to BCT and EFCT and Control at post-test

Research Question

1. What is the difference in the marital adjustment scores of Baptist spouses exposed to BCT, EFCT, and those not exposed to any treatment

Hypothesis

1. There is no significant difference in the pre-test and post-test marital adjustment scores of Baptist spouses exposed to BCT, EFCT, and those not exposed to any treatment.

Methodology

The true experimental research design, using the pre-test post-test, non-equivalent control group was adopted for this study. The design was chosen because the study investigated the cause-effect relationship by exposing the experimental groups to treatment conditions. The design involved one independent variable with three levels which are the treatment groups, consisting of Behavioural Couple Therapy (BCT), Emotionally Focused Couple Therapy (EFCT), and the Control Group

Participants

The population of this study consists of all 3290 spouses in Baptist churches in Benin metropolis of which 1244 were males while 2046 were females. Benin metropolis

is made up of three Local Government Areas, which are Oredo, Egor and Ikpoba Okha. The distribution of the Baptist spouses by Local Government Areas is shown in table 1

Table 1: Population of Baptist spouses by Local Government Areas (LGA) in Benin metropolis

S/No	LGA	Population of spouses
1	Oredo	1,909
2	Ikpoba Okha	649
3	Egor	732
Total		3,290

Source: Nigerian Baptist Convention Churches in Benin Metropolis (2018)

The sample for this study was 97 spouses from Baptist churches in Oredo, Ikpoba Okha and Egor Local Government Areas of Edo State. A multistage sampling method was used in selecting the samples for this study: In stage one; a church was randomly selected from each of the three Local Government Areas in Benin Metropolis, using the simple random sampling technique through balloting without replacement. The names of the churches were written in separate sheets of paper, folded and put into a blind bag from which the researcher picked. From the three churches selected, two of the churches were randomly assigned as experimental groups A and B while church C served as control. In stage 2, the Marital Adjustment Scale was administered to the spouses from the selected churches, to identify those with certain level of maladjustment. A benchmark was set: any spouse that obtained a score below 80% was found to have marital adjustment problems after pre-test. 121 spouses were found to be maladjusted. But 97 spouses went through the treatment programme. Those identified in each church made up the sample. Church A was exposed to Behavioural Couple Therapy; Church B was exposed to Emotionally Focused Couple Therapy while church C was exposed to no treatment. Church A, B and C had 36, 39 and 22 spouses respectively as shown in Table 3.

Table 2: Sample Distribution

S/N	Local Government Area Sampled	Sampled Church	Treatment Goups	No of Spouses		Total
				Male	Female	
1	Oredo	Church A	BCT	14	22	36
2	Ikpoba Okha	Church B	EFCT	17	22	39
3	Egor	Church C	Control	10	12	22
Total				41	56	97

Instrument

The research instrument for this study is questionnaire titled “Marital Adjustment Scale” (MAS) which was originally developed by Spanier (1976) but adapted by the researcher. It is the most widely used measure for assessing the quality of marital relationships (Whisman, Uebelacker & Weinstock, 2004, Bogat, Dejonghe, Davison & Von, 2006). It is designed to evaluate couples’ adjustment and the relationship quality in married couples. It is made up of two sections. Section A contains questions on the

respondents' biodata. Section B was composed of 32 items that identify four factors and their relative subscales, made up of Dyadic consensus (DC), Dyadic Satisfaction (DS), Dyadic Cohesion (DH) and Dyadic Affection (DA). The modifications made by the researcher were in the form of changing the tenses from questions to statements and introducing 4 point Likert scale with items under the options of response (Never=1, sometimes=2, Often=3, Always=4).

Reliability of the Instrument

The internal consistency reliability of the instrument was established using a sample of 20 spouses outside the study sample. The data collected was analyzed using the Cronbach alpha Statistics and it yielded a reliability coefficient of 0.90 which is considered high for the measure of internal consistency of the instrument.

Treatment Procedure

The participants were pre-tested with the instrument to collect baseline scores. Thereafter, identified maladjusted spouses were assigned to the three treatment groups. The researcher met each group twice for six weeks (two sessions per week). The groups were tagged A, B and C. Group A received the BCT treatment where the participants were exposed to specific tenets of BCT, which involved the skill of behavioural exchange in marriage, problem-solving skills, and effective communication skills. Group B received EFCT treatment where respondents were taught important concepts in the therapy such as negative interaction patterns, dysfunctional reciprocities, adaptive interaction patterns, attachment theory, Emotions among others. Confidentiality among members regarding group procedures was emphasized and members were encouraged to practice what they have learnt in their everyday relationship with their spouses. Group C received non-attention treatment. At the end of the treatment period, the three groups were post-tested by administering the same instrument used for the pre-test, after which data collected were analysed using Analysis of covariance (ANCOVA) and Least Significant Difference (LSD) Post-hoc Multiple Comparison.

Results

Hypothesis 1:

There is no significant difference in the post-test scores in marital adjustment of spouses exposed to BCT, EFCT and those not exposed to any treatment.

Table 3: Mean and Standard Deviation of Pre-test and Post-test scores in Marital Adjustment of Spouses exposed to BCT, EFCT and Control

Group	Pre-test			N	Post-test	
	N	mean	SD		Mean	SD
BCT	36	52.06	4.52	36	87.25	4.48
EFCT	39	54.18	3.87	39	89.10	7.85
Control	22	51.27	6.10	22	67.07	9.40

Table 3 shows the mean and standard deviation of pre-test and post-test scores in marital adjustment of spouses exposed to BCT, EFCT and Control as 52.06 and 4.52; 54.18 and 3.87; 51.27 and 6.10; 87.25 and 4.48; 89.10 and 7.85; and 67.09 and 9.40 respectively.

Table 4: One Way ANCOVA of Post-test Scores in Marital Adjustment of Spouses Exposed to BCT, EFCT and Control

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected model	7953.013 ^a	3	2651.004	53.565	.000
Intercept	2776.865	1	2776.865	56.109	.000
Pre	299.501	1	299.501	6.052	.016
Group	6882.221	2	3441.110	69.530	.000
Error	4602.657	93	49.491		
Total	687612.000	97			
Corrected total	12555.670	96			

Adjusted R Squared = .622, $\alpha = 0.05$

Table 4 shows an f value of 69.530 and a p-value of .000, testing at an alpha level of .05. The p-value is less than the alpha level so, the null hypothesis which states that 'there is no significant difference in the post-test scores in marital adjustment of spouses exposed to BCT, EFCT and those not exposed to any treatment' is rejected. Consequently, there is a significant difference in the post-test scores in marital adjustment of spouses exposed to BCT, EFCT and those not exposed to any treatment. The Post-hoc Pairwise Comparisons is needed to determine where the difference lies.

Table 5: Least Significant Difference Post-hoc Pairwise Comparisons of Post-test Scores in Marital Adjustment of Spouses Exposed to BCT, EFCT and those not exposed to any Treatment.

(I)Group	(J) Group	Mean Difference (I - J)	Sig
BCT	Control	19.861	.000
EFCT	Control	20.904	.000
EFCT	BCT	.043	.531

$\alpha = 0.05$

Table 7 shows a mean difference and p-value between BCT and Control as 19.861 and .000 in favour of BCT; EFCT and Control as 20.904 and .000 in favour of EFCT respectively. It means that BCT and EFCT are more effective in enhancing marital adjustment of spouses than those not exposed to treatment. The mean difference and p-value between EFCT and BCT of 1.043 and p value of .531, implied that there is no difference in EFCT and BCT in enhancing marital adjustment. The

comparisons show that both were equally effective at $\alpha = 0.05$. But considering the mean score only, EFCT had 89.10 which was higher than BCT with 87.25.

Discussion

The findings of the study revealed that there was significant difference between BCT and control in favour of BCT, and there was significant difference between EFCT and control in favour of EFCT. This means that both treatments (BCT and EFCT) were effective in managing spouses experiencing marital distress and maladjustment. The reason for the significant effect of treatment groups could be the spouses' exposure to six (6) weeks of treatment with BCT and EFCT programmes while the control group was not. This study agrees with the results of similar studies carried out by Shadish & Baldwin (2005), Sevier, Eldridge, Jones, Doss and Christensen (2008), Bornstein and Hickey (2002), Animasahun & Oladeni (2012), Makinen & Johnson (2006); Rezaie, Younesi, Ahmadi, Asgari & Mirzaie (2008); Ziyaolhagh (2010); Soltani, Molazedeh, Mamoodi & Hosseni (2013), Rostami, Taheri, Abdi & Karmani (2014); Najafi, Soleimani, Ahmadi & Kamke (2015), Vazhappily & Reyes (2017) However, since the mean score of EFCT (89.10) is slightly higher than that of BCT (87.25), it means that EFCT perform better than BCT in enhancing marital adjustment. The research finding is in consistence and similar to studies carried out by Dandeneau and Johnson (1994) (as cited in Soltani et al. 2013), Jaleli, Heydari, Devoudi & Al-elYasin (2018), Havaasi, ,Kaar & Zadeh (2018), Johnson and Greenberg (1998), Denton, Burluson, Clark, Rodriguez & Hobbs (2002), Byrne, Carr and Clark (2004), Greenman & Johnson, 2013, Mclean, Walton, Rodin, Esplen, & Jones, J. M. (2013), Honarparvaran (2011). The outcome of this finding should not be surprising as marital adjustment is one of the spousal relationship enhancer EFCT is designed for. Recent researches revealed it is not the conflicts and tensions that lead to problematic marriages, but the reduction in expressing sentimental feelings, the reduction in positive emotional relationships, and the couples insensitivity to each other, which anticipate the failure in a relationship .Emotionally-focused therapy aims to build the fundamental attachment emotions so that interaction cycles are changed and rebuilt. Unlike BCT, emotionally focused couple therapy does not teach problem-solving, family histories, or set skilled interactions to improve communication and reduce conflict. The ultimate goal in EFT is to help couples create the attuned synchrony of emotional responsiveness that builds and maintains secure emotional bonds (Schore, 2003). Emotional –focused treatment (EFT) is a kind of rehabilitating approach in which the attempt is to recognize the emotions and transfer them into comprehensible messages and constructive behaviour. The inability to interpret the emotional conditions can cause problems in interpersonal relationships. The emotional skills embedded in EFCT are defined as the ability to distinguish and express emotions and to have sympathy with others, increases the intimacy and sense of security. It also heightens the sense of tolerance in individuals, and is essential for continuation and preservation of a successful marriage (Rostami et al 2014). EFCT helps spouses to form new cycles of bonding interactions and replace negative cycles such as pursue-withdraw or criticize-defend. These positive cycles then become self-reinforcing and create permanent change. Therapy fosters the creation of a secure bond between partners, so that the relationship becomes a safe haven and a healing environment for both partners (Johnson 2009).

Conclusion

The findings in this study reveal that Behavioural Couple Therapy and Emotionally Focused Couple Therapy are efficacious in the enhancement of marital adjustment among Baptist spouses. Spouses that are adequately adjusted commit themselves to desirable behaviours, attachment as well as mutual understanding and caring. They stand a better chance of enjoying harmony and satisfaction in their marital life. BCT and EFCT played the role of helping spouses enhance marital adjustment and consistently maintain bliss and intimacy in marriages.

Recommendations

The findings of this study revealed that BCT and EFCT are effective in managing spouses experiencing marital adjustment problems. Therefore, deliberate attempt should be made by Counselling Psychologists to embrace the use of BCT and EFCT as effective counselling therapies to assist spouses experiencing marital adjustment challenges. Government, Education Planners and Administrators should train counsellors and encourage them to use the Behavioural Couple Therapy and Emotional Focussed Couple Therapy as treatment packages for spouses experiencing marital conflict and adjustment problems.

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