

# Effect Of Cognitive Behaviour Therapy In Enhancing Marital Happiness Among Working And Nonworking Women

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## Abstract

The word “*marital*” is derived from Latin word, “*maritalis*”, which means *maritus*, married, a husband, *mas* (*gen. maris*), male. Marital happiness is defined as a global evaluation of the state of one’s marriage or current long-term romantic relationship. The ultimate measurement of marriage is the degree of adjustment achieved by the individuals in their marriage roles and in interaction with one another. A well-adjusted marriage may be defined as a union, in which, the husband and wife are in agreement and promote marital harmony. Marital adjustment is a process and it is determined by a degree of troublesome marital differences, interpersonal tension and personal anxiety, marital satisfaction, dyadic cohesion consensus on matters of importance of marital functioning. A working woman is the one, who is regularly employed. Nonworking women is a housewife, not going out of the home for any employment. Job and family satisfaction relations are specific in different social and cultural circumstances. Fulltime working women are overloaded with their family and job duties. Stress and differences in working conditions in some jobs have significant negative effects on the physical and mental efficiency of the worker and it will also affect his/her family and social relationships greatly. The aim of the present study is to find out the effect of cognitive behavior therapy on enhancing marital happiness among working and nonworking women. The main objective of the study is that marital disharmony impairs family and workplace life. Once it is identified at an early stage, working and nonworking women can be helped to overcome marital adjustment problems, leading a happy marital life. Another objective is to find out gender differences, if any, among, males and females, in promoting marital happiness. 240 couples, 120 males and 120 females, working and nonworking couples, are given the Marital Adjustment Questionnaire to find out the level of marital happiness. The experimental group of working couples are exposed to cognitive behavior therapy. The results show that there is a significant difference ( $p > .0001$ ) in the performance. Working women are able to enhance marital happiness through cognitive behavior therapy. Working couples are more happy ( $p > .0001$ ) than nonworking couples in marital happiness after intervention. Working couples are higher ( $p > 0.001$ ) on sexual, social and emotional adjustment areas of marital happiness than nonworking women. Cognitive behavior therapy is less time- consuming, more economical and one of the best methods of enhancing marital happiness among couples.

**Keywords:** Cognitive behaviour therapy, marital adjustment questionnaire, success in family and occupational life, married couples males and females, marital happiness

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## I. Introduction

The ability to communicate is shown to be one of the main skills for problem-solving. Several kinds of conflict may be solved through constructive communication, development of interaction skills, behavioral and thought modification (Bacom and Epstein, 1990; Baucom, et al., 2011; Sayan, et al., 2018). Each spouse brings different patterns of behavior thoughts to their conjugal relationship such as self-conflict, patterns of right and wrong and rigid beliefs (Baucom, et al., 2011; Dattilio, 2009). Intervention promotes positive interactions between partners (Ammari, et al., 2016; Dugal, et al., 2006; Halford & Doss, 2016).

Women report less marital satisfaction than men. Wives are less satisfied with their marriages than their husbands (Jackson, et al., 2018). Sarokowski, et al., (2017); Lamps et al, (2017) study the relationship between number of children and marital satisfaction. They have brought out the fact that marital satisfaction decreases with the number of children.

The quality of the relationship may be indicated by the effectiveness of how couples solve their conflicts. Satisfying marital relationship may lead to happiness, social support and suffering several stressors (Karney & Bradbury, 1995; Robles, 2014).

Ruch (1970) rightly says that being the right person is more a matter of becoming the right person. This implies a considerable change in their personalities that brings with them at the time of marriage. In short,

a good marriage does not simply happens; it has to be worked out (Stone, 1967; Beck, 1980; Ammon, et al., 2009; Arroyo, et al., 2015).

Cognitive behavior therapy helps to replace negative reactions with improved self-image, new stress coping mechanisms, problem-solving skills and more of self-control. Cognitive behavior therapy helps to stamp-in desirable behavior and stamp-out undesirable behavior.

Review of Worldwide literature reveals that cognitive behavior therapy is useful in the management of marital adjustment problems among couples (Kaniomeni, et al., 2019; Kariomeni et al., 2019; Dugal, et al., 2018; Jackson, et al., 2018; Sarokowski and Lamps, 2017; Amman & Ammi, 2016; Halford & Doss, 2016; Halford & Doss, 2015; Robis, 2014; Kavitha, et al., 2014; Rokles, 2014; Baucom, et al., 2011; Dattilio, 2009; Konney & Bradhury, 1995; Katney & Bradhury, 1995; Baucom and Epstein, 1990; Stone, 1987; Kumar et al., 1976; Stone 1967).

### **Purpose Of The Study**

Marital adjustment is a process and it is determined by a degree of troublesome marital differences, interpersonal tension and personal anxiety, marital satisfaction, dyadic cohesion consensus on matters of importance of marital functioning. A working woman is the one, who is regularly employed. Nonworking women is a housewife, not going out of the home for any employment. Job and family satisfaction relations are specific in different social and cultural circumstances. Fulltime working women are overloaded with their family and job duties. Stress and differences in working conditions in some jobs have significant negative effects on the physical and mental efficiency of the worker and it will also affect his/her family and social relationships greatly. The aim of the present study is to find out the effect of cognitive behavior therapy on enhancing marital happiness among working and nonworking women. The main objective of the study is that marital disharmony impairs family and workplace life. Once it is identified at an early stage, working and nonworking women can be helped to overcome marital adjustment problems, leading a happy marital life. Another objective is to find out gender differences, if any, among, males and females, in promoting marital happiness. The present study is an attempt in this direction.

### **Hypothesis**

The following hypothesis are framed after reviewing the worldwide literature:

- Ha Cognitive behavior therapy is effective in enhancing marital happiness among working couples than nonworking couples
- Ha Cognitive behavior therapy is effective in enhancing marital happiness among working husbands than nonworking husbands
- Ha Cognitive behavior therapy is effective in enhancing marital happiness among working wives than nonworking wives
- Ha Males are faster than females in enhancing marital happiness through cognitive behavior therapy

### **Tool For Testing**

Kumar and Rohatgi (1976) have designed the Marital Adjustment Questionnaire to assess the marital adjustment problems among couples. Marital Adjustment Questionnaire is administered to find out the level of marital happiness among couples. The questionnaire is answered YES or NO. This test is given to husband and wife separately and to both at a time, before and after the treatment/counselling session. There are no right or wrong answers. Do not leave any questions. Answer all the questions. There are 25 statements. It usually takes 15 minutes to complete the test.

**Scoring:** Standard scoring procedure is adopted

### **Cognitive Behaviour Therapy**

Beck (1964) has developed Cognitive behavior therapy to help individuals to overcome emotional problems through rational thinking. Cognitive behavior therapy helps in the identification of destructive forces and helps to channelize his/her behavior, thought process and emotions in a way more positive and constructive force so that an individual can lead a much more productive social life. Cognitive behavior therapy stamps in desirable behavior and stamps out undesirable behavior.

### **Marital Counselling**

A Behavioral Contract is made between the couples. The couples are asked to write down 10 points each for likes and dislikes of their partner. They are counseled separately to bring changes in their behavior. During the counselling, couples are asked to practice 4 problems of sexual area, 9 problems of social area and 12 problems of emotional area. They asked to meet once in 15 days to see the progress in the counselling.

**Sampling Design**

**Table 1**  
Frequency distribution of Pilot Study (500)

MARITAL ADJUSTMENT QUESTIONNAIRE		
Levels	Number	Percentage (%)
Very Good	75	15
Good	75	15
Average	100	20
Poor	250	50

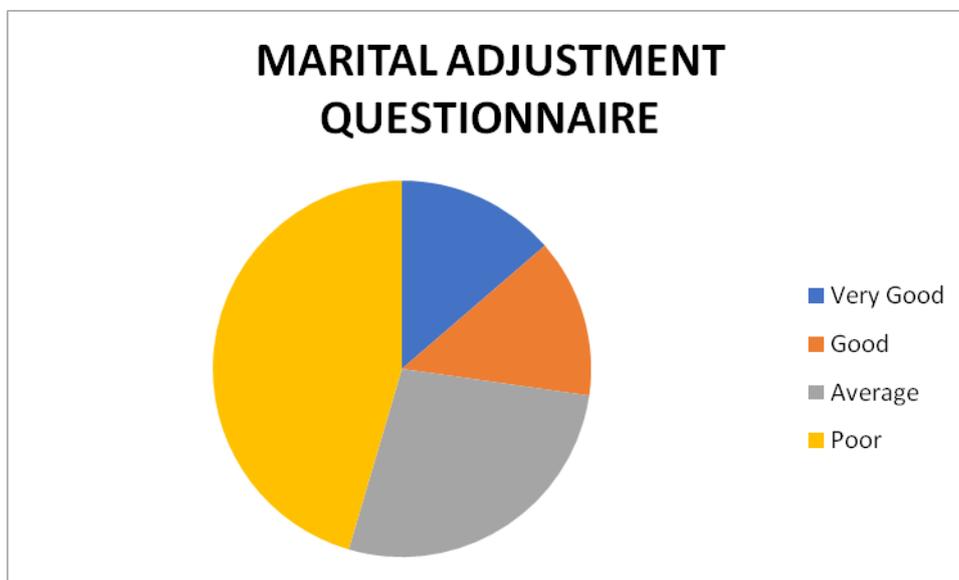


Figure 1: Marital Adjustment Questionnaire : *Frequency distribution*

Table 1 and Figure 1 show Marital Adjustment Questionnaire: frequency distribution among couples during the Pilot study. Pilot study has been carried out on 500 couples. Out of 500 couples, 75 subjects (15%) are Very Good on Marital Satisfaction, 75 (15%) are Good on Marital satisfaction, 100 (20%) subjects are Average on marital satisfaction and 250 (50%) subjects are Poor, suffering from marital adjustment disorder. Out of 250, 120 couples are allotted randomly to control an experimental group, 60 couples in each group, 30 males and 30 females for the final study.

**Research Design**

The present study is an experimental study. This study incorporates matched group research design principles for testing the principal hypothesis and simple pretest-intervention - posttest design for testing the hypothesis. The area of the study for intervention is the Counselling center of various corporate offices/institutions. Working women and nonworking women with low marital happiness symptoms are managed through Cognitive behavior therapy. The research is carried out in three phases. Administration of tests is carried out during phase one, therapeutic intervention is planned during second phase and posttest and follow-up feedback are taken care during third phase.

**Statistics**

A descriptive statistics and mixed model factorial ANOVA are used to analyze differences over time and between the four categories of couples. For analyzing the data Statistical Package for Social Sciences, Version 21 is used.

**II. Results And Discussion**

The findings of the present study has been discussed on Tables 3-11 and Figures 3- 6

**As a Husband**

**Table 3**  
Mean Overall Marital Adjustment Questionnaire Husbands Raw score and Sd of control (n=60) Vs. experimental group (n=60) over three phases of testing

Test Phase	Category	Mean	Sd	Sig.
<b>Overall Marital Adjustment</b>				

Pretest	Control group	9	0.39	NS
	Experimental group	9	0.67	
Posttest	Control group	9	0.39*	0.0001
	Experimental group	24	0.22	
Follow-up	Control group	9	0.39*	0.0001
	Experimental group	24	0.76	

Table 4

Parameters	Sum of Square	df	Mean Square	I-Value	P - Value
<b>Overall Marital Adjustment</b>	0.1333	1	0.1333	0.475	NS
Pretest	10.67	119	0.09		
Posttest	6149.82	1	6149.82	9809.51	<.0001
	70.84	119	0.63		
Follow-up	6424.03	1	6424.03	10290.08	<.0001
	73.67	119	0.62		

ANOVA: :Mean Overall Marital Adjustment Questionnaire Husbands Raw scores of control (n=60) Vs. experimental (n=60) group over three phases of testing

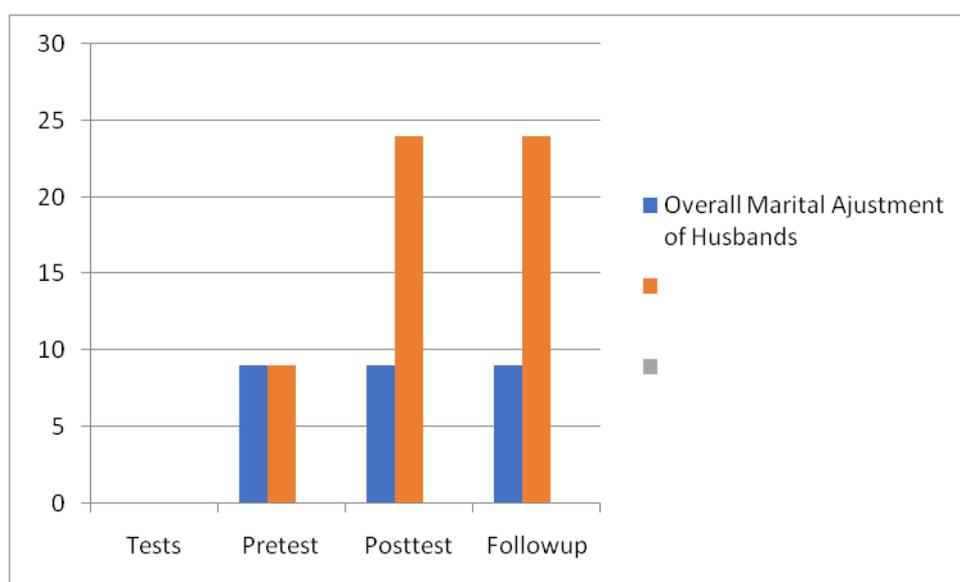


Figure 4: Mean Marital Adjustment Questionnaire Husband Raw scores of control Vs. experimental group over three phases of training

Tables 3-4 and Figure 4 Br Diagram show Mean Marital Adjustment Questionnaire Husbands raw scores of control vs. experimental group over three phases of testing. It is seen from the table that control and experimental group are low on various areas of marital adjustment during pretest. Calculated F - Value (0.475) is lower than the tabular value, hence, the sample selected for the study is a homogeneous sample. Both the group of couples are suffering from marital adjustment disorder.

Posttest and follow-up analysis reveal that experimental group Husbands are high on Marital Adjustment Questionnaire raw scores, compared to the pretest. Calculated posttest F- Value (9809.51) and Follow - up F - Value (10290.08) are higher than the tabular value, hence, there is an extremely significant difference ( $p > .0001$ ) existing in the performance. Experimental group Husbands are higher ( $p > .0001$ ) than the control group Husbands on Marital Adjustment Questionnaire raw score. Experimental group Husbands are faster ( $p > .0001$ ) than the control group in the management of marital adjustment disorder after intervention/counselling.

With intervention, the experimental group Husbands are higher than the control group Husbands on Marital Adjustment Questionnaire raw scores. This may be due to regular practice of Cognitive behavior therapy. They are enjoying their sexual life, extravert, mix freely with others, excellent on interpersonal relationship with wife and others in the society. They are emotionally well balanced. Experimental group Husbands are faster ( $p > 0.001$ ) than control group in the management of marital adjustment disorder after intervention. Husbands are leading a happy marital life and psychologically wellbeing.

Hypothesis stated “Ha Cognitive behavior therapy is effective in the management of marital adjustment problems among working Husbands than nonworking husbands” is accepted. Cognitive behavior therapy helps Husbands to overcome marital adjustment problems after intervention.

The findings of the present study is corroborate with the research findings of Konney & Bradhy=ury, 1005; Dugal, et al., 2018; Dattilio , 2009; Baucom, et al., 2011; Robis, 2014; Kavitha, et al., 2014; Halford & Doss, 2016; Sarokowsk, et al., 2017; Kariomoin et al., 2019. They havae deleneated the fact from their studies that Cognitive behaviour therapy is more effective in the management of marital adjustment disorder among couples.

### **III. Summary And Conclusions**

The matched design, experimental study clearly indicates that Cognitive behavior therapy will help in the management of marital adjustment disorder. The study also shows that the changes in the wellbeing have been carried out for a longer duration of time, indicating that real learning has taken place. Cognitive behavior therapy enables psychological wellbeing, positive outlook and positive emotional state as assessed through Marital Adjustment Questionnaire.. This study strongly suggests that Cognitive behavior therapy enhances marital happiness, psychological wellbeing and success in family and vocational life among couples.

### **IV. Major Findings Of The Study**

- Experimental group is found to be faster than the control group in enhancing marital happiness after cognitive behavior therapy
- Experimental group husbands are found to be faster than the control group husbands in enhancing marital happiness after cognitive behavior therapy
- Experimental group is found to be high on marital adjustment areas such as Sexual, Social and emotional areas, compared to control group after the Cognitive behavior therapy
- Experimental group girls are better than the control males in enhancing marital happiness through cognitive behavior therapy
- Of all the techniques, Cognitive behavior therapy is one of the best therapeutic techniques in the management of marital adjustment disorder among couples.

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