

Reduction in Dysfunctional Thought Processes by the Use of Cognitive Behavioral Interventions among Pakistani Couples with Marital Dissatisfaction

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Marital dissatisfaction is one of the major issues of our times. The purpose of the study is to assess reduction in this dysfunction by the use of cognitive behavioral interventions. When these interventions are employed to decrease dissatisfaction in marriage the focus is to bring about a change in thinking patterns, cognitive features and style of information processing along with the employment of effective strategies to resolve problems in marriage. It was hypothesized that couples who received cognitive behavioral interventions would be able to reduce the frequency of their dysfunctional thinking (Cognitive Distortions) as compared to couples who did not receive the interventions. For the study 50 married couples were randomly allocated into two equal groups: the experimental group (the couples who received the treatment) and the control group (waited for the treatment to be given). Demographic information relating to age, gender, educational qualification, number of years of marriage, number of children and the socioeconomic status, was obtained from participants in both experimental and control groups. The mean age of the males in the experimental group was 39.24, and mean age of their spouses was 35.20. Whereas the mean age of males in the control group was 41.64 and the mean age of their spouses was 36.72. Descriptive statistics were used to analyze the data. Findings of the study demonstrated that couples who received cognitive behavioral interventions showed marked reduction in distorted thought patterns compared to couples who did not receive the interventions. The study findings have significant implications for clinicians who are dealing with marital issues.

Keywords: Dysfunctional thought, cognitive behavioral interventions, Pakistani couples, marital dissatisfaction

The institution of marriage is as old as human civilization and married couples are expected to be bound together by the ties of love, affection, companionship, duties and obligations (Carrere, Buehlman, Gottman & Ruckstuhl, 2000). In recent years however it has been observed that most marital relationships are deteriorating and that couples no longer seem to enjoy each other's company (Datillio & Epstein, 2005). It is surprising that an important social institution that calls for mutual love, understanding, co-existence and harmony has become a battleground and a place of bitter experiences for couples.

In Pakistani society feelings of marital satisfaction and dissatisfaction depend on a number of socio-cultural factors e.g. the level of education of women (Dawood & Farooqui, 2000); family systems (Whiting & Whiting, 1975); arranged or love marriages, whether women are working or not working (Zadeh & Ahmad, 2007), desirable characteristics of one's future partner (Riaz, 1991); socioeconomic status (Munaf & Ahmed, 1999); and gender differences (Ayub & Iqbal, 2012). In the Pakistani society, due to scarcity of resources, married women remain in conflict with husbands and in-laws and this increases their dissatisfaction (Qadir, De Silva, Prince & Khan, 2005). Marital dissatisfaction does no good to anyone. Whenever there is a conflict or disagreement in the relationship, its impact is not only disastrous for the couple but it ultimately affects the foundations of the society.

In Pakistani society, marital discord is usually solved by elder family members or close family friends. Couples do seek professional help when they believe that marriage is not going to last. So in desperation they reach out to psychiatrists and psychologists. The concept of marital therapy in Pakistan is still in its infancy. To deal with this growing problem, psychologists and psychiatrists are employing numerous techniques; including marital counseling, family therapy, marital therapy and more recently usage of cognitive behavioral interventions to reduce marital dissatisfaction.

Employment of cognitive behavioral interventions for reduction in marital distress focuses on identifying and restructuring cognitive distortions, improving communication and teaching problem solving techniques (Baucom & Epstein, 2002). Unfortunately in Pakistan very little scientific research has been devoted to formal therapeutic techniques with couples showing dissatisfaction in married life. To fill the existing vacuum the present study was designed to assess the efficacy of cognitive behavioral interventions on a sample of dissatisfied Pakistani couples and to share empirical findings with professionals working on the same issues.

Cognitive behavioral interventions attempt to see how couples think about their existing problems and utilize strategies to resolve marital disputes among themselves. The ways in which couples interact with each other and the information provided by the partners is often the result of automatic processes involved in thinking, feelings and actions. Automatic thoughts are defined as a stream of conscious ideas, beliefs or images that individuals hold from moment to moment, often elicited by specific situations. In his book "Love is never enough", Beck (1988) has described several distortions in information processing that frequently occur in automatic thoughts concerning relationships. The thoughts of one's partner always looking down on one is more a case of generalization than an accurate appraisal of the spouses' irrational behavior at a given moment.

Cognitive therapists Baucom and Epstein (2002) and Datillio (2010) believe that couples experience dissatisfaction in marriage because of irrational beliefs, assumptions, expectations and the standards they set about "how the marriage should be" (Ellis, 1977 & Epstein, 1982). Assumptions relate to the nature of marriage and correlations between events and characteristics and attributions play a part in determining the reason why events occurred. 'Expectations in marriage' refers to how events will occur in the near future and 'standards' assume the position of how marriage should work. These interrelated cognitive categories

appear to play an important role in the development and maintenance of cognitive malfunctioning in the marital life of spouses (Baucom, Epstein & Stanton, 2006). When working with couples who are dissatisfied, cognitive interventions are designed to change dysfunctional thought patterns of both partners and the ways how information is processed. Therefore the goal of these techniques is to decrease aversive interactions and to increase positive interchanges among couples that contribute to the perception of each other's behavior as negative or unchangeable. Changes in cognitive thought processes can be both prerequisites for and consequently a change in the thinking processes of both partners can be evaluated during the therapeutic process (Datillio, 1989 & Datillio, 2005).

Methods

Research Design

The study was designed as an experimental research. Cognitive behavioral interventions based on the guidelines provided by Datillio in 1989 were used in the experimental group and the waiting list was used as the control group. Distortions in cognitions were highlighted through the use of detailed clinical interviews taken from each participant in both the groups.

Participants

A total of 50 couples were selected and randomly assigned into 2 groups (each group consisting of 25 couples): the treatment group (couples receiving cognitive-behavioral interventions) and the control group (couples on waiting list for treatment). After the selection each couple met with the principal investigator. Demographic information was obtained about each participant in both experimental and control groups in relation to educational level, number of children, number of years of marriage. The principle investigator assessed the couples on the following exclusion criteria:

- a. Any of the Axis I DSM-IV-TR (2000) psychiatric disorders
- b. Substance abuse or alcohol dependence
- c. Mental retardation
- d. Any of the DSM-IV-TR (2000) Axis II personality disorders
- e. Couple's or one partner's use of psychotropic medication
- f. Severe domestic violence, emotional abuse, or sexual abuse
- g. Battered wife syndrome
- h. Couples who had received previous behavioral interventions

Procedure

Each participant was required to sign a consent form to participate in the study. Couples were informed that cooperation with the study would be vital and they should have a genuine desire to modify or change their dysfunctional marital behaviors. Moreover, honesty and emotional openness would be necessary for the treatment to be successful. Cognitive distortions were measured through the daily dysfunctional thought record (Beck, Rush, Shaw & Emery, 1979). Moreover twelve sessions of cognitive behavioral interventions based on the guidelines proposed by Datillio (1989) had been provided to the couples. Guidelines of the CBT sessions are given below:-

Guideline for the Cognitive Behavioral Interventions

Description of Sessions

Session 1 (Conjoint)

The session focused on the detailed assessment of the couple's problem areas and they were provided comprehensive education about the efficacy of cognitive behavioral interventions in the resolution of marital conflicts.

Session 2 (Conjoint)

In this session further education was given on cognitive interventions and how they can be helpful for them.

Session 3 (Individual session with each spouse)

This session focused on the discussion of the client's dysfunctional thinking patterns and it was ensured that the client would work in collaboration with the therapist.

Session 4 (Conjoint)

Feedback was given by the therapist on the conceptualization of the couple's problems and their realistic and unrealistic expectations about marital satisfaction were reviewed.

Session 5 (Conjoint)

The aim of the session was to draw a link between emotions and their dysfunctional thought processes and the partners were asked to maintain a thought diary.

Session 6 (Conjoint)

Here couples were required to challenge their own cognitive errors by looking for evidence for and against the dysfunctional thoughts.

Session 7 (Conjoint)

The aim of the session was to help the couples understand the concepts of unhealthy thoughts and emotions. They were given training based on the downward arrow technique.

Session 8 (Conjoint)

This session focused on the communication styles adopted by couples. They were taught about sending constructive rather than destructive messages to each other.

Session 9 (Conjoint)

Here help was provided by the therapist to redefine specific problems and find possible solutions for them.

Session 10 (Conjoint)

This session aimed to bring about behavioral changes through mutual agreement like pursuing some common interests and activities together and keeping a record of that positive change.

Session 11 (Conjoint)

This session included the termination of the therapeutic work. The previously learned positive behaviors were consolidated.

Session 12 (Conjoint)

This session aimed to revise what had been achieved so far in therapy.

Ethical Consideration

The informed consent form was developed by the researchers. This form acknowledged that the rights of the participants would be protected during the research. The right to participate was voluntary. They could withdraw from participation in the study at any stage without any consequences.

Results

The results of the study provided clear evidence that cognitive behavioral interventions were effective in reducing dysfunctional thoughts among couples showing marital dissatisfaction. Descriptive statistics were used to analyze the results of the study.

Tables 1 and 2 reveal the demographic information of all the couples who were selected in the experimental and the control groups. A sample of 25 couples was selected for the treatment group in which the average age of males is 39.24 years with a standard deviation 8.383. The average age of their spouses is 35.20 years with standard deviation 8.436. The average number of years of marriage is 10.80 and the average number of children is 2.20. Also a sample of 25 couples was selected for the control group which consisted of average age of males 41.64 with standard deviation at 7.745. The average age of their spouses is 36.72 with standard deviation at 7.068. The average number of the years of marriage is 12.20 and the average number of children is 2.08.

Table 1

Demographics of the Sample Population of Experimental Group

Variables	Min	Max	M	SD
Age	28	53	39.24	8.38
Spouse's Age	25	50	35.20	8.43
No. of years of marriage	3	26	10.80	7.59
No. of Children	1	4	2.20	1.22

Table 2
Demographics of the Sample Population of the Control group

Variables	Min	Max	M	SD
Age	28	51	41.64	7.74
Spouse's Age	25	51	36.72	7.06
No. of years of marriage	3	26	12.20	7.20
No. of Children	1	4	2.08	1.35

Couples who received the cognitive-behavioral intervention were able to reduce the frequency of their dysfunctional thinking (cognitive distortions) compared to couples who did not receive the intervention.

Table 3 represents the frequency distribution of the cognitive distortions of the participants in both experimental and control groups. It depicts the effectiveness of the cognitive behavioral couple therapy in distressed couples. Marked decline in distorted cognitions was evident through the calculated percentages in both experimental and control groups. Cognitive distortions were reduced in participants in the experimental group after receiving interventions as compared to the control group.

Table 3
Frequencies and Percentages of Cognitive Distortions

Cognitive Distortions	Experimental Group				Control Group			
	Before Therapy		After Therapy		Before Therapy		After Therapy	
	M	F	M	F	M	F	M	F
All or None	14(56%)	4(16%)	7(28%)	2(8%)	7(28%)	10(40%)	8(32%)	9(36%)
Tunnel vision	6(24%)	4(16%)	6(24%)	2(8%)	8(32%)	6(24%)	7(28%)	6(24%)
Overgeneralization	12(48%)	2(8%)	2(8%)	1(4%)	10(40%)	13(52%)	9(36%)	10(40%)
Mental filter	9(36%)	4(16%)	0(0%)	2(8%)	8(32%)	7(28%)	7(28%)	8(32%)
Disqualifying the positive	9(36%)	8(32%)	9(36%)	4(16%)	10(40%)	9(36%)	9(36%)	9(36%)
Jumping to conclusions	13(52%)	7(28%)	6(24%)	3(12%)	8(32%)	9(36%)	12(48%)	8(32%)
Magnification or Minimization	14(56%)	4(16%)	7(28%)	3(12%)	10(40%)	13(52%)	12(48%)	13(52%)
Emotional Reasoning	8(32%)	19(76%)	3(12%)	4(16%)	7(28%)	10(40%)	9(36%)	12(48%)
Should statements	13(52%)	18(72%)	4(16%)	8(32%)	14(56%)	16(64%)	12(48%)	15(60%)
Labeling or Mislabeling	6(24%)	11(44%)	2(8%)	13(52%)	8(32%)	9(36%)	9(36%)	8(32%)
Personalization	5(20%)	21(84%)	3(12%)	2(8%)	10(40%)	20(80%)	13(52%)	18(72%)
Selective abstraction	5(20%)	2(8%)	4(16%)	1(4%)	6(24%)	5(20%)	5(20%)	6(24%)

Discussion

Empirical evidence provides us with the proof that in Pakistani society distress in marital relationships is growing day by day (Khalid & Kauser, 2003). In Pakistan inquiries are needed in this particular area. The research conducted in this regard is to see whether

cognitive behavioral interventions are effective in changing the dysfunctional thinking patterns of partners in distress. The focus therefore in therapy was to bring about a change in the thinking process which involves recognition of the advantages and disadvantages of a particular cognition. It increases awareness in a partner about the consequences of trying to live up to the standards that are unrealistic in everyday life. The hypothesis was supported by the data and it was evident through the results that couples who received cognitive behavioral interventions showed reductions in the frequency of distorted cognitions held against one another as compared to the couples who did not receive the intervention as supported through the work of Baucom and Epstein (2002), Sprenkle (2003) and Datillio (2010).

In Pakistani society many a times it has been observed that individuals show a marked reluctance to change their thinking patterns from that of their family of origin as it is considered to be disrespectful. It is unrealistic to expect that old belief systems can prevail without any modification and men now prefer marriage to economically independent women. This shift in the thinking process requires new cultural adjustments.

Cognitive behavioral interventionists describe automatic thoughts as spontaneous cognitions that occur in a free floating manner but are mostly conscious and easily accessible to scrutiny by both the couple and the therapist. Cognitive restructuring involves willingness to think about one's own views and behaviors as factors creating distress in relationships (Baucom & Epstein, 2002). This task can be achieved through the utilization of the daily dysfunctional thought record which was initially developed by Beck, Rush, Shaw and Emery (1979). Today a modified version of the dysfunctional thought record is being used by cognitive therapists when working on the distorted cognitions of couples.

Couples who are dissatisfied are asked to record their thoughts during an argument and make connections of how these thoughts affect their mood and behavior in the usage of daily dysfunctional thought record. Here the task is to teach couples to identify their own negative belief system and to replace these with alternative answers. Thus the task is to challenge negative existing thought patterns and to replace these thoughts with alternative and more positive thoughts.

When working on dysfunctional thought patterns men in Pakistani society tend to hold cognitive distortions that include all or none, overgeneralization, jumping to conclusions, along with minimization and maximization, when dealing with stressful circumstances in their marital life. Women on the other hand frequently engage in extensive information processing and use emotional reasoning more frequently. Also women use should statements, labeling or mislabeling and personalization when confronted with distress in marriage.

Conclusion

Through the study it can be easily concluded that negative emotional and behavioral responses towards one another can be controlled and replaced through systematic examination of the cognitions associated with faulty beliefs.

Recommendations for the Future Research

The present research concentrated only on the examination and replacement of negative thoughts through the use of cognitive behavioral interventions. Other relevant variables like emotions, communicating patterns and socio-cultural variables could also be explored scientifically.

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed-Text Rev.). Washington, DC: APA.
- Ayub, N., & Iqbal, S. (2012). The factors predicting marital satisfaction: A gender difference in Pakistan. *International Journal of Interdisciplinary Social Sciences*, 6(7), 63-74.
- Baucom, D. H., & Epstein, N. (2002). *Enhanced cognitive-behavior therapy for couples: A contextual approach*. Washington DC: American Psychological Association.
- Baucom, D. H., Epstein, N. B., & Stanton, S. (2006). The treatment of relationship distress: Theoretical perspectives and empirical findings. In D. Perlman & A. L. Vangelisti (Eds.), *Handbook of personal relationships* (pp. 745-765). Cambridge University Press.
- Beck, A. T. (1988). *Love is never enough*. New York: Harper and Row.
- Beck, A. T., Rush, A. J., Shaw, B. F., E & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.
- Carrere, S., Buehlman, K. T., Gottman, J. M., & Ruckstuhl, L. (2000). Predicting marital stability and divorce in newlywed couples. *Journal of Family Psychology*, 14(1), 42-58.
- Dattilio, F. M. (1989). A guide to cognitive marital therapy. In P. A. Keller & S. R. Heyman (Eds.), *Innovations in clinical practice: A source book* (Vol. 8, pp. 27-42). Sarasota, FL: Professional Resource Exchange.
- Dattilio, F. M. (2005). Cognitive-behavioral couple therapy. In G. Gabbard, J. Beck, & J. Holmes (Eds.), *Concise Oxford textbook of psychotherapy* (pp. 21-33). Oxford, UK: Oxford University Press.
- Dattilio, F. M. (2010). *Cognitive-behavioral therapy with couples and families: A comprehensive guide for clinicians*. New York: the Guilford Press.
- Dattilio, F. M. & Epstein, N. B. (2005). The role of cognitive – behavioral interventions in couple and family therapy. *Journal of Marital and Family Therapy*, 31(1), 7-13. doi:10.1111/j.1752-0606.2005.tb01539.x
- Dawood, S., & Farooqi, S. (1997). Impact of females' education on their marital adjustment. *Pakistan Journal of Psychology*, 28(1-4), 27-37.
- Ellis, A. (1977). The nature of disturbed marital interactions. In A. Ellis & R. Grieger (Eds.), *Handbook of rational-emotive therapy* (pp.170-176). New York: Springer.
- Epstein, N. (1982). Cognitive therapy with couples. *American Journal of Family Therapy*, 10, 5-16.
- Khalid, R., & Kausar, R. (2003). Relationship between conflict resolution strategies and perceived marital adjustment. *Journal of Behavioral Sciences*, 14(1-2), 29-42.
- Munaf, S., & Ahmed, R. (1999). Psychological effects of paid work on married women. *Pakistan Journal of Psychology*, 30, 59-74.
- Qadir, F., De Silva, P., Prince, M., & Khan, M. (2005). Marital satisfaction in Pakistan: A pilot investigation. *Sexual and Relationship Therapy*, 20, 195-209.
- Riaz, M. N. (1991). Marital Adjustment and characteristics of spouse: Womens perspective. *Psychology Quarterly*, 21, 1-6.
- Sprengle, D. H. (2003). Effectiveness research in marriage and family therapy: Introduction. *Journal of Marital and Family Therapy*, 29, 85-96.
- Whiting, B. B., & Whiting, J. W. (1975). *Children of six cultures: A psycho-cultural Analysis*. Cambridge, MA: Harvard University Press.

Zadeh, F . Z., & Ahmad, F. Z. (2007). Success of love and arranged marriages in working women of Karachi: A comparative study. *Pakistan Journal of Psychology*, 38(2), 15-24.