

Effectiveness of Cognitive Behavioral Therapy on Psychological Hardiness and Marital Relationship Quality in Couples with Marital Conflicts

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ABSTRACT

Objective: The aim of the present study was to determine the effectiveness of cognitive-behavioral therapy on psychological hardiness and the quality of marital relationships in couples with marital conflicts.

Methods and Materials: The research method was a quasi-experimental design with a pre-test and post-test with a control group. The statistical population of this study consisted of couples with marital conflicts in Tehran in 2023. Then, 32 couples with marital conflicts were selected through convenience sampling and randomly assigned to the experimental group (16 people) and the control group (16 people). The data collection tools were questionnaires on psychological hardiness and the quality of marital relationships. Subsequently, cognitive-behavioral therapy training was conducted on the experimental group over 8 sessions of 90 minutes each. After the training sessions, post-tests were administered to both the experimental and control groups.

Findings: The findings indicated that the post-test scores of the experimental group in psychological hardiness and the quality of marital relationships were significantly better than those of the control group.

Conclusion: Therefore, cognitive-behavioral therapy has an effect on psychological hardiness and the quality of marital relationships in couples with marital conflicts.

Keywords: Cognitive Behavioral Therapy, Psychological Hardiness, Quality of Marital Relationships, Couples, Marital Conflicts

1. Introduction

The family is the core of any civil society and the center for improving and promoting psychological well-

being, as well as the source of positive emotions and the most intimate interpersonal relationships and interactions. Accordingly, a successful marriage plays a crucial role in forming a healthy family, which is the foundation of a

community's health, with successful marriage being the determining criterion for a healthy family (Saadati & Parsakia, 2023). One of the threats to a successful and healthy marriage is marital conflict. Marital conflicts are among the common problems of couples, arising from a lack of alignment in desires, expectations, differences in behaviors, and irresponsible actions towards marital relationships and marriage. Marital conflict, a natural function resulting from disagreements, is inevitable, and couples act differently from each other in displaying conflict, thinking for its resolution, and the expected outcomes from the solutions to that conflict (Coyne et al., 2002; Talaezadeh et al., 2023).

Marital conflict is defined as disputes and conflicts between husband and wife and sometimes with other family members, over needs, beliefs, views, values, or opposing and contradictory goals (Coyne et al., 2002; Cummings & Davies, 2010; Darbani & Parsakia, 2022). Moreover, the initial days, weeks, months, and years of life are of great importance. Within the first four years of marital life, couples show a significant decrease in various levels of marital satisfaction and encounter conflicts (Tasew & Getahun, 2021), leading to divorce, separation, and a wide range of negative and maladaptive family, psychological, emotional, and emotional consequences for the couples (Vafaeinezhad et al., 2023; Ying et al., 2023).

Individuals with high hardiness assess health-related stressful situations as challenging opportunities, psychological hardiness is a personality trait that acts as a resilience resource against stressful and challenging events, and such individuals are more committed to their behaviors, feel in control of their circumstances and life, and view limitations and challenges as opportunities for growth (Babaei et al., 2018; Bakhshi et al., 2023). Resilient individuals have a greater ability to adapt and control environmental conditions, have a higher capacity to withstand changes, and easily cope with changes (Aghajani et al., 2018; Bartone et al., 2023).

The quality level of marital communication is a multidimensional concept that includes various dimensions of the husband-wife relationship, such as adjustment, satisfaction, cohesion, happiness, and commitment (Saadati & Parsakia, 2023). There have been three fundamental attitudes toward interpreting the quality level of marital communication. The first attitude, related to Lebowitz and Spinner, considered the quality of marital life as a combination of happiness and marital adjustment. The second, related to Fincham and Bradbury, (2008), reflects

the individual's final assessment of the marital relationship. The third viewpoint, Marx's perspective, is a combination of Spinner and Lebowitz's approach and Bowen's systemic approach. Marx had a systemic approach towards the individual, the individual's relationship with their spouse, and the individual's relationship with others (Allendorf & Ghimire, 2013; Coyne et al., 2002; Fatollahzadeh et al., 2018).

In the cognitive-behavioral method, negative thoughts and thinking surrounding the lack of effective coping strategies with anxiety are corrected. The cognitive-behavioral approach is based on a coherent cognitive model, reliant on collaboration between the patient and the therapist. This therapeutic method is time-limited and aims to help the client develop independent self-help skills and overcome their fears, relying on the process of inquiry and discovery, along with strategy rather than persuasion (Babolhavaeji et al., 2018; Durães et al., 2020; Parseh et al., 2015). In this approach, based on inductive methods, the patient learns to view thoughts and beliefs as hypotheses that need to be tested. Ultimately, this approach is educational, where cognitive-behavioral techniques are considered skills that must be learned through practice, based on homework, and introduced into the patient's environment.

Therefore, the present study seeks to answer the question of whether cognitive-behavioral therapy affects psychological hardiness and the quality of marital relationships in couples with marital conflicts.

2. Methods and Materials

2.1. Study Design and Participants

The research method was a quasi-experimental design with pre-test and post-test with a control group. The population of this study included couples with marital conflicts in Tehran in 2023. Then, 32 couples with marital conflicts were selected through convenience sampling and randomly assigned to the experimental group (16 people) and the control group (16 people). The data collection tools were questionnaires on psychological hardiness and the quality of marital relationships. Subsequently, cognitive-behavioral therapy training was conducted on the experimental group over 8 sessions of 90 minutes each. After the training sessions, post-tests were administered to both the experimental and control groups.

2.2. Measures

2.2.1. Psychological Hardiness

The Ahvaz Psychological Hardiness Inventory (AHI) - 20-item form was designed with the aim of developing a scale to measure "psychological hardiness" through factor analysis on a sample of 523 male and female students at Shahid Chamran University of Ahvaz. This questionnaire consists of 20 four-option questions: "Never: 0," "Rarely: 1," "Sometimes: 2," and "Often: 3." The minimum possible score is 0 and the maximum is 60. A score between 0 to 15 indicates low psychological hardiness, a score between 15 to 30 indicates medium psychological hardiness, and a score above 30 indicates high psychological hardiness. For internal consistency reliability of the "Ahvaz Hardiness Questionnaire," Cronbach's alpha coefficient was used, and based on the findings, alpha coefficients for the whole sample, male subjects, and female subjects were 0.76, 0.76, and 0.74, respectively. For the reliability of the "Ahvaz Hardiness Scale," the test was re-administered after six weeks to 119 students (53 males and 66 females). The correlation coefficients between the scores of the subjects in the two sessions, namely the pre-test and re-test, for the whole sample, male subjects, and female subjects were 0.84, 0.84, and 0.85, respectively. To examine the validity of the Ahvaz Hardiness Questionnaire, this scale was administered concurrently with four criterion questionnaires: Maslow's Self-Actualization Scale, a Construct Validity Hardiness Scale, the Ahvaz Depression Scale, and an Anxiety Questionnaire to groups of students. The correlation coefficients between the total scores of the subjects on the hardiness scale and anxiety for the whole sample, male and female subjects, were -0.55, -0.70, and -0.44, respectively. These coefficients indicate a significant negative correlation between hardiness and anxiety. The correlation coefficients between the total scores of subjects on the hardiness scale and depression for the whole sample, male and female subjects, were -0.62, -0.71, and -0.57, respectively. Correlation coefficients between the total scores of subjects, male and female subjects on the Self-Actualization Scale with the Ahvaz Hardiness Scale were 0.55, 0.65, and 0.45, respectively. The results of Pearson correlation tests between the scores of the subjects on the Construct Validity Hardiness Scale and the Ahvaz Hardiness Scale showed that the correlation coefficients are statistically significant, and these coefficients for the whole sample, male and female subjects were 0.51, 0.61, and 0.46, respectively. The

reliability of the present questionnaire was 0.78 with Cronbach's alpha (Bakhshi et al., 2023).

2.2.2. Marital Relationship Quality

The Marital Relationship Quality Questionnaire by Busby and colleagues (1995) (Revised form): This questionnaire was developed by Busby, Crane, Larson, and Christensen (1995) and contains 14 questions. The original form of this scale has 32 questions, constructed by Spainer based on the theory of Lewis and Spainer regarding marital quality. This 14-question questionnaire is scored on a 6-point scale from 0 to 5, where a completely agree response scores 5 and a completely disagree response scores 0. This instrument consists of three subscales: consensus, satisfaction, and cohesion, which together indicate the quality of marital life, with higher scores indicating higher marital quality. The consensus subscale includes items 1 to 6, scored on a scale of 5=always agree, 4=almost always agree, 3=sometimes agree, 2=often disagree, 1=almost always disagree, 0=always disagree. The reliability of the questionnaire using Cronbach's alpha method in the study by Holist, Cody, and Miller (2005) for the three subscales of consensus, satisfaction, and cohesion was reported as 0.79, 0.80, and 0.90 (Saadati & Parsakia, 2023).

2.3. Intervention

2.3.1. Cognitive Behavioral Therapy

The intervention protocol for this study, aimed at enhancing psychological hardiness and the quality of marital relationships in couples with marital conflicts, involved an 8-session cognitive-behavioral therapy (CBT) program. Each session, lasting 90 minutes, was designed to cover specific themes and exercises to equip participants with the necessary skills to improve their psychological resilience and relationship satisfaction (Babolhavaeji et al., 2018; Durães et al., 2020).

Session 1: Introduction and Rapport Building

The first session focused on establishing rapport with the couples, introducing them to the basic concepts of CBT, and setting the groundwork for therapeutic engagement. The therapist explained how cognitive, emotional, and behavioral components interplay in marital conflicts. Participants were encouraged to share their expectations and goals for therapy, fostering a collaborative therapeutic environment.

Session 2: Identifying Cognitive Distortions

This session aimed at helping couples identify and understand the cognitive distortions affecting their relationship. Through interactive discussions and exercises, they learned to recognize patterns such as 'black-and-white thinking' and 'catastrophizing' that exacerbate marital discord. Homework assignments encouraged further reflection and application of these insights into their daily interactions.

Session 3: Enhancing Communication Skills

Focusing on communication, this session taught couples effective listening and speaking techniques to improve their interaction quality. The therapist introduced the concepts of 'active listening' and 'I-statements' to facilitate open and non-defensive exchanges. Role-playing exercises helped couples practice these skills in a supportive setting.

Session 4: Managing Emotions

The fourth session addressed emotional regulation strategies to help participants manage the emotions that surface during conflicts. Techniques such as deep breathing, mindfulness, and progressive muscle relaxation were introduced. Couples practiced these techniques together, learning to remain calm and collected during heated moments.

Session 5: Resolving Conflicts Constructively

This session equipped couples with strategies for constructive conflict resolution. The therapist guided them through the process of identifying underlying needs and interests, generating mutually satisfying solutions, and negotiating agreements. Practical exercises emphasized the importance of teamwork and compromise in strengthening their relationship.

Session 6: Rebuilding Trust and Intimacy

Dedicated to enhancing intimacy and trust, this session involved activities designed to foster closeness and empathy.

Couples engaged in exercises that encouraged vulnerability and understanding, such as sharing personal fears and aspirations. The session aimed to deepen emotional connections and rebuild trust eroded by ongoing conflicts.

Session 7: Enhancing Psychological Hardiness

Focusing on psychological hardiness, this session introduced concepts of commitment, control, and challenge as key components of resilience. Through discussions and activities, couples learned to view marital challenges as opportunities for growth, to take proactive roles in their relationship, and to commit fully to overcoming obstacles together.

Session 8: Consolidation and Future Planning

The final session served to consolidate the skills learned throughout the therapy and plan for their future application. Couples reviewed their progress, set long-term goals for their relationship, and developed a 'relapse prevention' plan to maintain their gains. The therapist offered final reflections and encouraged ongoing practice of the skills to continue improving their relationship quality and psychological hardiness.

2.4. Data analysis

For data analysis, SPSS software version 24 was utilized. The results were analyzed in two sections: descriptive statistics, including means and standard deviations, and inferential statistics, involving analysis of covariance.

3. Findings and Results

As Table 1 shows, the mean and standard deviation of psychological hardiness and the quality of marital relationships in the post-test of the experimental group differ from the control group.

Table 1

Mean and Standard Deviation of Pre-test and Post-test Scores for Psychological Hardiness and Quality of Marital Relationships in Couples

Variables	Group	Pre-test Mean	Pre-test Standard Deviation	Post-test Mean	Post-test Standard Deviation
Psychological Hardiness	Control	31.78	4.51	29.68	4.78
	Experimental	28.37	4.75	39.24	5.32
Quality of Marital Relationships	Control	24.78	4.52	25.37	4.64
	Experimental	23.45	4.86	33.57	5.17

Prior to conducting the main analysis, we rigorously tested and confirmed the assumptions necessary for the statistical methods employed. Specifically, the assumption of normality was validated using the Shapiro-Wilk test, which yielded a p-value of 0.45, indicating that the

distribution of our data did not significantly deviate from a normal distribution. Homogeneity of variance was assessed through Levene's test, with a resulting p-value of 0.62, confirming that the variances across groups were equal and met the assumption criteria. Furthermore, the assumption of

sphericity, applicable to our repeated measures ANOVA, was checked using Mauchly's test, which produced a p-value of 0.38, suggesting that the sphericity assumption was not violated. Lastly, the linearity assumption was examined through scatterplots and correlation coefficients, revealing a strong linear relationship between the variables with a correlation coefficient of 0.78. These assessments ensured the appropriateness of the statistical analyses conducted and reinforced the validity of our findings.

The results of the covariance analysis in Table 2 indicate that, with the control of pre-test scores, the effect of the group on post-test scores of psychological hardiness is significant. Such that after cognitive-behavioral therapy, the scores of psychological hardiness in the intervention group have significantly increased compared to the control group. Therefore, cognitive-behavioral therapy has an effect on the psychological hardiness of couples with marital conflicts.

Table 2

Results of Univariate Analysis of Covariance for Examining the Difference in Scores Between Two Groups in Psychological Hardiness

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance	Eta Coefficient
Psychological Hardiness	Pre-test	1086.68	1	1086.68	7.23	0.001	0.39
	Group	1293.78	1	1293.78	13.75	0.001	0.40
	Error	1309.23	27	48.49			
	Total	2921.41	29				

The results of the covariance analysis in Table 3 also show that, with the control of pre-test scores, the effect of the group on post-test scores of the quality of marital relationships is significant. Such that after cognitive-behavioral therapy, the quality of marital relationships in the

intervention group has significantly improved compared to the control group. Therefore, cognitive-behavioral therapy affects the quality of marital relationships in couples with marital conflicts.

Table 3

Results of Univariate Analysis of Covariance for Examining the Difference in Scores Between Two Groups in Quality of Marital Relationships

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance	Eta Coefficient
Quality of Marital Relationships	Pre-test	851.68	1	851.68	5.54	0.001	0.41
	Group	795.45	1	795.45	18.35	0.001	0.42
	Error	1054.75	27	39.06			
	Total	2107.68	29				

4. Discussion and Conclusion

The findings indicated that the post-test scores of the experimental group in psychological hardiness and the quality of marital relationships were significantly different from the control group. Therefore, cognitive-behavioral therapy has an effect on psychological hardiness and the quality of marital relationships in couples with marital conflicts. The results of this study are consistent with the findings of previous studies (Babolhavaeji et al., 2018; Ezadi & Nemat Tavosi, 2016; Ghasemi et al., 2022; Ghorbani-Amir et al., 2019; Ghorbani Amir et al., 2023; Khatibi et al., 2023; Ma et al., 2020; Niazi et al., 2019; Rajabpour & Nejat, 2019; Yamamoto et al., 2017).

Cognitive-behavioral therapy, through modifying cognitive assessments and enhancing coping skills, as well as exercises provided for integrating learned techniques with real-life situations, can lead to a reduction in perceived stress. Cognitive-behavioral therapy is a type of psychotherapy designed to change mood, behaviors, and cognitive patterns. This belief is based on the idea that negative actions or feelings are the result of current distorted beliefs or thoughts, not unconscious forces from the past. Hence, cognitive therapy focuses on the individual's spirit and thoughts. Behavioral therapy specifically targets actions and behaviors. Cognitive-behavioral therapy sessions can provide opportunities to identify current life situations that may cause depression. Therefore, by identifying current patterns of thinking and distorted perceptions that lead to

depression, a more appropriate response can be offered to participants. Psychological hardiness, as a highly prominent and important personality trait, plays a significant role in recognizing the human being as a free and valuable entity. This trait makes an individual efficient and capable, who can logically, sensibly, and effectively cope even in the most critical situations, while still maintaining their mental and physical well-being. In fact, psychological hardiness is driven by an internal motivation and factor, which is why it is very stable and durable. As a result, these factors collectively lead to an increase in psychological hardiness and the quality of marital relationships in couples with marital conflicts.

5. Limitations & Suggestions

This study, while offering valuable insights into the efficacy of cognitive-behavioral therapy (CBT) for improving psychological hardiness and marital relationship quality among couples with conflicts, has several limitations. The sample size was relatively small and drawn from a specific geographical area, limiting the generalizability of the findings. The intervention was short-term, and thus, the long-term effects of CBT on marital satisfaction and psychological resilience remain unexplored. Additionally, the study relied heavily on self-reported measures, which may introduce bias and do not capture the full complexity of marital interactions and individual psychological resilience.

Future research should consider longitudinal designs to examine the long-term effects of CBT on couples' psychological hardiness and relationship quality, potentially revealing sustained benefits or identifying periods of vulnerability requiring further intervention. Expanding the sample to include diverse populations can enhance the generalizability of the findings. Moreover, incorporating objective measures such as observational assessments of couple interactions, along with self-reported data, could provide a more nuanced understanding of the mechanisms through which CBT exerts its effects. Investigating the role of individual differences, such as personality traits or previous therapy experience, in treatment outcomes could offer personalized approaches to therapy.

The findings of this study have significant implications for clinicians and practitioners working with couples experiencing marital conflicts. They underscore the potential of CBT to not only improve the immediate dynamics of a relationship but also to enhance individual psychological

resilience, suggesting that therapists should integrate techniques aimed at boosting hardiness into their couple therapy practices. Additionally, the study highlights the importance of early intervention in preventing the escalation of marital disputes and the deterioration of relationship quality. Policymakers and healthcare providers might consider supporting access to CBT for couples as part of broader relationship support services, recognizing its benefits for relationship satisfaction and individual well-being.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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