EFFECTS OF IMAGO RELATIONSHIP AND INTEGRATIVE BEHAVIOURAL COUPLE THERAPIES ON MARITAL DISSATISFACTION AMONG MARRIED INDIVIDUALS OF CATHOLIC CHURCHES IN LAGOS STATE, NIGERIA

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CERTIFICATION

I certify that this research work was carried out by MR GODFREY EMEKA UDEH (SI 182432**)** of the Department of Counselling and Human Development Studies, Faculty of Education, University of Ibadan, under my supervision.

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DEDICATION

This research work is dedicated to *Virgo Maria, Sedes Sapientiae*.

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ABSTRACT

Marriage is a conscious union between man and woman for lifetime integration. However, dissatisfaction among married individuals records consequential effects such as domestic violence, suicidal ideation, depression, burnout, emotional withdrawal, divorce and murder. In Nigeria, most previous efforts focused on religious approach without recourse to psycho-emotional interventions such as imago relationship and integrative behavioural couple therapies. This study, therefore, was carried out to examine the effects of Imago Relationship Therapy (IRT) and Integrative Behavioural Couple Therapy (IBCT) on marital dissatisfaction among married individuals in Catholic churches in Lagos State, Nigeria. It further ascertained the moderating effects of religiosity and socio-economic status.

The study was anchored to Evolutionary Theory of Marital Dissatisfaction, while the pretest-posttest control group quasi-experimental design with a 3x3x2 factorial matrix was adopted. The multi-stage sampling procedure was used. The simple random sampling technique was utilised to select three Catholic churches (Immaculate Conception, Our Lady of Fatima and Corpus Christi) in three senatorial districts in Lagos State, Nigeria. The participants were screened with Marital Dissatisfaction Scale (α =0.79) and those who scored high against the threshold of 30 totalling 96 were selected. The participants in the churches were randomly assigned to IRT (32), IBCT (31) and control (33) groups. The instruments used were Marital Dissatisfaction (α =0.79); Religiosity (α =0.87); and Socio-economic Status (α =0.73) scales. The intervention lasted eight weeks. Data were analysed using Analysis of covariance and Scheffe Post hoc test at 0.05 level of significance.

The participants' age was 37.00±0.94 years, and 56.3% were females. There was a significant main effect of treatment on marital dissatisfaction among married individuals of Catholic churches ($F_{(2;77)}$ = 151.781; partial η^2= 798). The participants exposed to IRT (61.43) had the lowest marital dissatisfaction mean score, followed by the IBCT (3.03) and control (105.80) groups. The Socio-economic status had a significant main effect on marital dissatisfaction ($F_{(2;77)}$= 4.363; partial η^2= 0.102). The participants with high socio-economic status (72.83) recorded the least marital dissatisfaction mean score followed by those with moderate socio-economic status (86.98) and those with low socio-economic status (91.55). Religiosity had a significant main effect on marital dissatisfaction ($F_{(1;77)}$= 8.928, partial η^2= 0.104). The participants with high religiosity displayed lower (85.369) marital dissatisfaction mean score than those with low religiosity (93.368). There was a significant interaction effect of treatment and socio-economic status on marital dissatisfaction among married individuals of Catholic churches ($F_{(4;77)}$ = 2.771; partial η^2= 126), in favour of the participants with high socio-economic status in IRT group. The interaction effect of treatment and religiosity was not significant. The three-way interaction effect of treatment, religiosity and socio-economic status was not significant.

Imago relationship and Integrative behavioural couple therapies reduced marital dissatisfaction, among married individuals of catholic churches in Lagos State, Nigeria with more emphasis on religiousity and socio-economic status. It is therefore, recommended that individuals preparing for marriage should be exposed to these therapies during pre-marriage counselling sessions to curtail marital dissatisfaction.

Keywords: Imago relationship therapy, Integrative behavioural couple therapy, Marriage dissatisfaction
Word count: 484

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In recent times, Nigeria has recorded a great increase in spousal abuse as a result of marital dissatisfaction among couples. Between January and September of 2017, Lagos State alone recorded a total of 852 of such cases. These cases were indicators that marital dissatisfaction is on the increase in Nigeria (Eniola, 2017). Marital dissatisfaction is always associated with the dangerous state of uncertainty in marriages. For instance, Busari (2020) reports that a man in Lagos State, South-Western Nigeria locked up his wife in a one-room apartment and allegedly beat her to death over a paternity scuffle. Instances of physical abuse abound in the media (both electronic and print) and in most cases victims seem to endure such marriages because of the social stigma on dissolution of marriages. Also, troubling situations such as physical or mental abuse, emotional infidelity and insecurity, as well as declining occurrences of sexual intimacy have created serious challenges to marriage therapists and psychologists (Boisvert, Wright, Tremblay and McDuff, 2011; Scheeren, 2016). Little wonder, Owuamanam and Osankinta (2005) held that some marriages even break down before their first anniversaries. Since the family is the foundation of the society, if marriages are healthy and stable, and the couples are satisfied, then the society will be strongly built.

Marriage plays an important role in human life and the society. It is a component part of human culture that is usually formalized by custom, law, and is occasionally solemnized by religion. As crucial as marital relationship is to the human life, many married couples still experience unhappiness, separation, divorce and marital failure, despite their initial high expectations. These are contrary to the usual aims of marriage: for men and women to procreate, endure emotional affections, be sexually satisfied and enjoy companionship, economic cooperation and family formation. For instance, it was observed in the information revealed by Udobang (2018) that a number of couples have

experienced some forms of physical violence such as battering, marital rape and murder in the hands of their spouses. In contemporary times, evidences abound of many married individuals who are dissatisfied with their marriage, are unhappy, and often consider committing suicide as a means of escape. For example, interpersonal difficulties, such as marital discords or other family conflicts, are the most commonly reported reasons for self-harm and suicide (Armitage, Panagioti, Abdul Rahim, Rowe and O'Connor, 2015). Foster (2011) and Linda, Marroquín and Miranda (2012) emphasized that negative life events and stresses - and the negative effects of stress - serve as a potential explanation for occurrence of suicidal behaviours.

The researcher, having worked with couples as a Catholic priest for the past thirteen years, has observed the alarming increase in the number of unsatisfied married individuals in the society despite their taking the marital vows that are meant to bond the couple together in love and unity "until death do them part." One way to look at it is that perhaps the greater majority of individuals that took the vows don't really understand the purpose and thereby find it easy not to keep it till the end. Obviously, marital dissatisfaction has now become a global malaise affecting both the victims and the society, regardless of whether the society is a developed, developing or underdeveloped one.

Similarly, happenings among Christian married persons in recent times leave one to wonder if really there is any joy attached to marriage. This is because of the frequent nagging, abuse, disrespect, quarrels and fighting among married persons that sometimes result to separation, divorce, or in extreme cases, murder (Ebenuwa-Okoh, 2010). A very good example is the case of the gruesome killing of Lagos lawyer, Symphorosa Otike-Odibi, by his lawyer wife, Udeme, on May 3, 2018 at their Diamond Estate, Sangotedo, Lekki, Lagos home (Onozure, 2019). However, women too have also been victims of spousal abuse that led to the loss of their lives as in the case of Lekan Sonde, who killed his banker wife in the Egbeda area of Lagos in 2016 (Olatunji, 2019).

In recent times, there are few studies considering psycho therapeutic approach to solving challenges relating to marital satisfaction.Some of such include Oluwole (2008) and Animashaun and Oladeni (2012), who have examined psychological interventions with the use of imago relationship and integrative couple therapies in reducing marital dissatisfaction. On this premise, there is need to embark on a comparative investigation of two therapeutic interventions to reduce marital dissatisfaction. Hence, the choice of this study, which aims to examine the effects of imago relationship and integrative behavioural couple therapies on marital dissatisfaction among Catholic married individuals in Lagos State, Nigeria.

Imago Relationship Therapy (IRT) is one of the newly discovered psychological interventions aimed at helping couples to achieve conscious success in marriage. That is, IRT is a romantic approach that nurtures psychological and spiritual growth for married individuals through cooperation to fulfil the emotional needs of each person (Patterson, 2017). For imago relationship therapy to be effective, individuals must identify emotional needs that are hoped will be fulfilled by romantic partnership. Just like any other early psychological interventions such as transactional analysis, Gestalt psychology, systems theory and cognitive therapy, imago relationship therapy was developed by Harville Hendrix and Helen Lakelly Hunt in 1980 to enhance romantic relationship among married individuals. Both clinicians had experienced divorce in their relationship history. After looking for effective and evidence-based support for understanding relationship dynamics and finding very little in the way of helpful resources, they chose to build from their own experiences to research and develop an evidence-based model of counselling that would facilitate healing and growth in committed relationships.

Hendrix (2014) explained that an "imago" is the image that is built into one's subconscious. It contains all the positive and negative qualities of caregivers; however, this model of adult relationships shows how caregivers interacted with children. With the Imago system, married individuals are able to

realize that the love relationship has a hidden purpose - the healing of childhood wounds. Instead of focusing entirely on surface needs and desires, people learn to recognize the unresolved childhood issues. When marriage is analysed under this particular lens, daily interactions become more meaningful; puzzling aspects of relationships start making sense, and people are then better equipped to take control over their actions and reactions.

The therapeutic process of imago relationship therapy involves five series of exercises: (1) re-imagining the partner, (2) restructuring frustrations, (3) resolving rage, (4) re-romanticising and (5) re-visioning the relationship (Hendrix, 2014). IRT has evolved from a focus on skill development, to engaging in the five previously mentioned procedures, to dialogue as a process which incorporates the five procedures. The research about imago relationship therapy to date has focused on the underlying theory and imago constructs. Several studies have showcased the effectiveness of imago relationship therapy on spouser abuse (Zanjani and Baghait, 2014; Zainah, Nasir, Ruzy and Nuraini, 2012; Kellogg and Young 2006; Rezaeanlangroodi, Aziznazahad and Hashemi, 2011).

More importantly, counselling psychologist use Imago Relationship Therapy in correcting developmental stumbling blocks and childhood wounds by restoring the connection between partners. It helps couples in learningto apply connection-building skills through a number of specific interventions, such as the couple's dialogue, parent – child dialogue, behaviour change request dialogue, and imago workup.

However, imago relationship therapy has not gained much attention among researchers, it is practically esteemed within the therapeutic community, and its effectiveness on marital dissatisfaction is not doubted. Being a new psychological intervention seeking empirical validation, it is hoped that it would be effective in reducing marital dissatisfaction among Catholic married individuals in Lagos State, Nigeria.

Another counselling approach that could be used to manage marital dissatisfaction is Integrative Behavioural Couples Therapy (IBCT). As a counselling intervention designed by Andrew Christensen and Neil Jacobson in 1995to change negative behaviour of married individuals, integrative behavioural couples therapy is anchored on effective communication, behaviour change and problem-solving skills training (Jacobson and Margolin, 2017; Mairal 2015; Dimidjian, Martell and Christensen, 2008). It emphasizes the importance of positive change in decreasing marital dissatisfaction, and increasing marital satisfaction and longevity of life of married individuals. It also holds the assumption that individual needs are often better served if therapists work with two or more approaches in solving the client's problems/challenges. Therefore, relationship problems can be resolved by altering the triggering action or by altering the vulnerable response, but a combination of the two is normally preferable. IBCT provides equal or greater emphasis on changing the vulnerable response (i.e., emotional acceptance), given that most troublesome actions or inactions in relationships are not egregious acts such as violence or verbal abuse. A second key part of the IBCT theory on intervention is that altering both the triggering events and altering the emotional reactions are best achieved through "contingency shaped processes" rather than "rule governed" processes.

Rule governed change has to do with deliberate change as a result of specific instruction or training by the therapist. For example, the traditional behavioural couple therapy encourages couples to engage in more positive behaviour with each other and teaches them communication and problemsolving strategies. In contrast, contingency shaped change comes about spontaneously as a result of a change in the context and the resultant emotional and cognitive reactions (Christensen, Jacobson and Babcock, 1995). For example, one partner may become less blaming and more supportive when he or she sees that the other is in emotional pain or when he or she understands how they are both caught in a vicious cycle of interaction. Although IBCT employs both strategies,

it relies more heavily on the latter and assumes it will lead to more lasting change (Christensen, Atkins, Berns, Wheeler, Baucom and Simpson, 2004).

IBCT counsellors uses acceptance and tolerance strategies focused on accepting marital responsibilities, as well as pointing out the positive features of negative behaviour, practicing negative behaviour in therapy session, and faking negative behaviour and self-care between sessions. On this premise, it has proven its effectiveness as it has been used to manage several marital problems; including marital maladjustment, instability, emotional and physical suffering, and intense distress to divorce across cultures, but has not been so much in use in Africa, particularly in Nigeria, especially with respect to marital dissatisfaction.

In the course of examining the intervention strategies such as IRT and IBCT on marital dissatisfaction among married individuals of Catholic Churches in Lagos State, Nigeria. Intuitively, there are possibilities of having variables that are capable of intervening in to the study without the knowledge of the researcher. On this premise, the researcher considered inviting religiosity and socio-economic status as moderator factors for this study.

Religiosity as a concept within psychology was initiated by the work of Gordon Allport, and has grown considerably in the last forty years. A religious person can be characterized as someone who values a certain religion and its tenets, organized under an entity. On the other hand, someone could be spiritual and religious, religious but not spiritual, spiritual but not religious, and finally, neither religious nor spiritual (Mortazavi, Bakhshayesh, Fatehizadeh and Emaminiya, 2007). Therefore, it can be best understood that a person can have varying degrees of religiosity and/or spirituality based on beliefs, values and behaviours.

Excessive religiosity plays a major role in individuals life, because it affects marital satisfaction among couples, especially when one of the partners is more religious than the other (Oluwole, 2008). Religiosity is a sociological term used to refer to the condition of being religious to the degree to which one believes and is committed to his or her chosen faith or belief system (Mortazavi,

Bakhshayesh, Fatehizadeh and Emaminiya, 2007). Religion plays a significant role in the life of married individuals in any society. These highlight the importance of religion in developing the appropriate mentality and disposition towards marital dissatisfaction.

Religiosity is a variable that has been linked to marital dissatisfaction among married individuals (Mortazavi, Bakhshayesh, Fatehizadeh and Emaminiya, 2007). Religiosity in this study is the level at which the married individuals get involved in spiritual worship and activities such as attending religious services, programmes, praying, fasting and giving donations. Researchers have been investigating the relationship between religiosity and marriage for more than five decades. Much of this research is predicated on the idea that, relative to other couples, couples who are more religious are more likely to find more happiness and less marital dissatisfaction. An initial look at empirical findings seems to generally support this idea. Compared to other couples, couples who attend church more frequently have been shown to have lower marital dissatisfaction are less likely to perpetrate family violence, and are less likely to be divorced (Bahr and Chadwick, 2005; Glenn and Supancic, 2004).

Socioeconomic status is one of the moderating variables in the study. Generally, socioeconomic status refers to an economic and biological combined total measure of an individual's or family's economic and social position in relation to others, based on income, education, and occupation (National Centre for Educational Statistics, 2008). To Graetz (1995), socioeconomic status is an individual's social position or social standing. Couples' education, income, and occupation, or the combinations of any two or three of these indicators are used frequently as indicators of socioeconomic status in social science research (Bradley and Corwyn, 2002). Lower socioeconomic status has been linked to marital dissatisfaction (Sorokowski et al., 2017). Having inadequate resources and limited access to available resources can negatively affect couples' decisions regarding their young children's welfare activities (Volberg, 1994). As a result, couples with low socioeconomic status are at greater risk of engaging in

spouse abuse than couples with high socioeconomic status. It has been revealed that the socioeconomic status of a married individual goes a long way to predicting their marital dissatisfaction.

Most predominantly, socioeconomic status determined the access to economic resources of married individuals, thereby reflecting group-specific differences in the standard of living in terms of nutrition, housing and vulnerability to economic hardship. Thus, married individuals of higher socioeconomic status generally had better living conditions than those of lower socioeconomic status. In addition, a higher socioeconomic status meant greater prestige in the local community and access to better socioeconomic networks, which in turn could influence opportunities for accumulating resources. Socioeconomic status also has significant impacts on marital dissatisfaction. Socioeconomic status was determined by a range of different factors. Socioeconomic status attainment could in part be linked to marital dissatisfaction through investments in education, training and network (Asikhia, 2010; Ushie, Emeka, Ononga and Owolabi, 2012).

Building on the efforts of scholars and researchers to find lasting solutions to the problems of marital dissatisfaction among married individuals (Adeyemi, Aina, Eniola, Adewuyi and Adesina, 2005; Animashaun and Fatile, 2011; Adesina, 2015 among others), this study intends to concentrate on the effects of imago relationship and integrative behavioural couple therapies in reducing marital dissatisfaction among married individuals of Catholic Churches in Lagos State, Nigeria.

1.2 Statement of the Problem

The frequency of marital dissatisfaction among many married individuals in recent times is alarming, causing marital frustration, distress, separation, divorce and death. This increase in marital dissatisfaction has consequently led to an increase in the number of married individuals suffering from long-term illnesses like stroke and hypertension and with reduced survival rates. There has also been an increase in the number of dissatisfied married individuals with mental health

issues like depression and generalized anxiety disorder. Although majority of these married couples usually attend premarital counselling sessions (which are usually organized by religious bodies such as churches and mosques), unfortunately, despite their best intentions, these marriages still break down (Oni, 2007).

In the same vein, most marriages are formalized by custom, law and occasionally the couples take marital vows that should bond the couple together in love and unity "until death do them part. However, many individuals that took the oaths do not really understand the purpose and thereby find it difficult to keep it to the end. Consequently, this has led to an increase in marital dissatisfaction, which has now become a global malady with the resultant effect being felt not only by the parties involved, but also by the larger society. Happenings among Christians has left one in doubt as to whether there is any joy or satisfaction in marriage, with recurrent nagging, abusing, disrespecting quarrelling or fighting among churchgoing married persons that sometimes result to separation, divorce or, in extreme cases, murder (Ronzani, 2007).

Again, there is no doubt that the problem of marital dissatisfaction is the major cause of marital disharmony, violence, instability, divorce, separation and, often, the untimely death of one of the spouses in Nigeria, especially among Christians. The reported cases of marital discord in Nigeria are low compared to the actual reality: many are suffering in silence, merely enduring marriage when it should be enjoyed. The prevalence of cases handled daily in courts of law on marital disbanding is progressively high, and even then, the courts are mostly unable to resolve the marital problems presented.

Marital dissatisfaction has been observed by different researchers as a problem in the marriage relationship. It threatens the essence of marriage relationship and its effects are felt in every facet of the society, especially in Nigeria where their children are neglected. Measures adopted by the spouses, families, Christians and non-Christians have not succeeded in wiping out the challenge of marital dissatisfaction among couples in marriage relationship. It continues to gather

momentum and permeates all levels of family relationship. Children from maritally dissatisfied homes are more hostile, hyperactive and aggressive in nature. However, many of the problems these children have are similar to those of children from two-parent families, but these problems seem more difficult to bear or manage when the home is managed by single parent. But in a situation where the anger and rebellion are all directed towards one person, it may seem worse; if there is only one to bear it, it becomes impossible to share ideas with a partner.

The justification for using catholic participants motivated by the experience of the researcher, who have served (for 15 years) and still serving as a priest of the catholic church. The majority of the challenges brought to him has been centered on marital dissatisfaction. More importantly, the catholic belief is against single parenting so the church encourages marital union sustainability at all course. On this premise, the onus to engage catholic participants rest on the researcher with the view of reducing marital dissatisfaction as well as identifying best therapeutic approach to managing marital dissatisfaction.

However, previous studies have not considered the catholic population. More so, the consideration of experimental approach is uncommon in recent times. Few among the previous often adopt paired sample t-test in computing their experimental data without considering the limitation of paired sample t-test is having in providing error free report on experimental data. This limitation created an avenue for the researcher to employ a more robust statistics (analysis of covariance) that will cater for initial differences by partialling out their effect. It is on this basis that this study investigated the effects of imago relationship and integrative behavioural couple therapies in reducing marital dissatisfaction among married individuals of Catholic Churches in Lagos State, Nigeria.

1.3 Purpose of the Study

This study investigated the effects of imago relationship and integrative couple therapies on marital dissatisfaction among married individuals of Catholic Churches in Lagos State, Nigeria. Specifically, the study:

1.   examined the main effects of treatment on marital dissatisfaction among married individuals of Catholic Churches,

2.   determined the main effect of socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches,

3.   investigated the main effect of religiosity on marital dissatisfaction among married individuals of Catholic Churches,

4.   investigated the interaction effect of treatment and religiosity on marital dissatisfaction among married individuals of Catholic Churches,

5.   found the interaction effect of treatment and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches,

6.   explored the interaction effect of religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches, and

7.   examined the interaction effect of treatment, religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches.

8.   explore the causes and management pattern of marital dissatisfaction among married individuals of Catholic Churches.

1.4   Research Hypotheses

The following seven hypotheses were formulated to guide the study:

Ho1:There is no significant main effect of treatment on marital dissatisfaction among married individuals of Catholic Churches

Ho2: There is no significant main effect of socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches

Ho3: There is no significant main effect of religiosity on marital dissatisfaction among married individuals of Catholic Churches

Ho4:There is no significant interaction effect of treatment and religiosity on marital dissatisfaction among married individuals of Catholic Churches

Ho5:There is no significant interaction effect of treatment and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches

Ho6:There is no significant interaction effect of religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches

Ho7:There is no significant interaction effect of treatment, religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches.

1.5   Research Questions

1.   What are the causes of marital dissatisfaction among married individuals of Catholic Churches?

2.   How can marital dissatisfaction be managed among married individuals of Catholic Churches?

3.   How can marital satisfaction be enhanced among married individuals of Catholic Churches?

1.6   Significance of the Study

The findings of this study would be of immense significance to married individuals in Catholic Churches, counselling psychologists, marriage counsellors, government agencies, prospective couples and the society. Married individuals will benefit greatly as the study would better equip them to deal with marital dissatisfaction through their participation in the interventions.

This study would help the individuals to understand the effects of imago relationship and integrative couple therapies on marital dissatisfaction among married individuals. Also, the study will enable the married individuals to have proper understanding of the problems associated with marital dissatisfaction and help them to utilize psychological interventions and strategies towards the reduction of the risks and consequences of marital dissatisfaction. Consequently, it is hoped this will then help in reducing the rate of marital dissatisfaction among married individuals. The study will aid the counselling/marital psychologists to understand the implications of imago relationship and integrative couple therapies on marital dissatisfaction among married individuals. In fact, the study will add more to the therapeutic interventions of

counselling/marital psychologists on how to reduce marital dissatisfaction among married individuals.

The study will also cause the stakeholders in education to think on how issues around marital dissatisfaction could be improved. It will help in solving many problems in the community and in reducing collaborative marital dissatisfaction of the couples. Through the study, the counsellors and stakeholders will be able to discover the effects of religiosity and socioeconomic status on marital dissatisfaction among married individuals. This will help the stakeholders to assist the married individuals in overcoming the challenges of marital dissatisfaction among married individuals.

The study would be of help to researchers who would like to research into interventions to manage marital dissatisfaction among married individuals. It is believed that the study would also steer interest in research in the area of marital dissatisfaction generally in this axis of the world. Family members of adolescents will also heave a sigh of relief as these couples become more focused in their life pursuit and become more successful in the community. This is because a stable, purposeful, and proper psychological orientation in marital life issues will go a long way to positively affect the family members of these married individuals.

Government and its agencies, particularly the Ministry of Women Affairs/Social Welfare, regulatory agencies and policy makers will also be sensitised on the needs of these categories of married couples and can subsequently work out modalities towards using the result of this study to their advantage. The outcome of this study will add to knowledge in the area of counselling in Nigeria and globally. It will also add to the existing but few research and literature in the area of marital dissatisfaction in Nigeria.

The effects of two treatment interventions (imago relationship and integrative couple therapies) on marital dissatisfaction among married individuals of Catholic Churches will enable the government and the general public to be aware of these therapies and work towards better effective usage to improve marital life not only among Catholic Church members, but also for

other stakeholders in the community. It is important to note that findings in this study will also serve as a source of reference for other researchers who may want to conduct the same or similar study in other areas in Nigeria. Lastly, the study will fill the gap in the previous studies and add to the existing literature.

1.7   Scope of the Study

This study focused on the investigation of imago relationship and integrative couple therapies on marital dissatisfaction among married individuals of Catholic Churches of Lagos State, Nigeria. Also, the study examined the interaction effect of moderating variables (religiosity and socioeconomic status) on the dependent variable (marital dissatisfaction). The participants in the study were married individuals of Catholic Churches in Lagos State, Nigeria.

1.8   Operational Definition of Terms

The following terms are defined as used in the study:

Marital Dissatisfaction: This refers to the degree of discontentment regarding specific aspects of the marital relationship among Catholic married individuals.

Imago Relationship Therapy (IRT): Is conceptualised as a therapeutic strategy that has the goal of allowing Catholic married individuals experience healing and growth in marital relationships by learning to recognize unresolved childhood wounds so as to be well equipped to take control over their actions and reactions.

Integrative Behavioural Couple Therapy (IBCT): Can be referred to as a counselling intervention which features case formulation and emotional acceptance and is intended to help Catholic married individuals gain a better understanding of emotional contexts between partners and make deliberate positive changes.

Religiosity: Religiosity in this study is the level at which the married individuals of Catholic Churches get involved in spiritual worships and activities such as attending religious services, programmes, praying and fasting.

Socioeconomic Status: Socioeconomic status in this study is a measure of a catholic married individual's economic and social position in relation to others,

based on income and occupation which determines the level of dissatisfaction in marriage.

Married Individuals: Married individuals in this study are two catholic individuals; male and female who are joined together after the order of the customarylaw with parental consentto be husband and wife.

CHAPTER TWO
REVIEW OF LITERATURE

Several researches have been conducted on the constructs under study. However, this study has reviewed related literatures on marital dissatisfaction, imago relationship therapy and integrative behavioural couple therapy from the plethora of researches available. This chapter deals with the review of related literature.

2.1 Theoretical Review

2.1.1 Marriage

The institution of marriage is a central pillar on which the society is based. Marriage is potentially a delicate relationship since it usually involves the living together of, or a partnership between, two or more persons who are relatively peak strangers to each other. It entails a continuous and intimate association between persons differing in temperament and other individual characteristics (Broude, 2004). The concept of marriage is a bit more difficult to define and can include elements of shared genealogy, close proximity, emotional intimacy, and cultural definitions. It is a powerful legal and social institution that protects and supports intimate family relationships by providing a unique set of rights, privileges and responsibilities.

The origin of marriage and family is not from human ideas or customs, but from God's design and intention (Gen 2:24-25). According to Gushee (2004), God's purposes for marriage are for companionship between the spouses by love, sexual expression, reproduction and nurture of children, and the advancement of the social good. Research indicates that marriage is beneficial for humans. Waite and Gallagher (2015) show research results that marriage is beneficial to humans for mental, physical, and financial reasons. Kaplan and Kronick (2016) state that married people have a tendency to live longer than those who are unmarried.

Married people also show reduced risk of hypertension (Kaplan and Kronick, 2016) and clinical depression (Whiffen, 2016).

In terms of the Biblical perspective, marriage is defined as a covenant which is given, not by the state as a civil contract, but by God. Among evangelical Christians, the covenant of marriage can be defined as a lifelong commitment between the spouses (Cade, 2010). When humans have selfish desires concerning their lives, it challenges the purposes of marriage by God. According to Worthington, Lerner, and Sharp (2005), contractual understanding of marriage, instead of covenantal, is becoming dominant in cultural values of marriage. Not only Christian, but also secular researchers believe that the institution of marriage is widely weakening (Bellah, Madsen, Sullivan, Swidler, and Tipton, 1985; Zill and Nord, 1994). According to Amato, Johnson, Booth and Rogers (2003), marriage is being challenged by cohabitation without marriage, increasing numbers of babies born outside of marriage, and high marital dissatisfaction rates. According to the recent statistics on cohabiting couples conducted by the U.S. Census Bureau (2003), the number has rapidly grown during the past 30 years. The number of cohabiting couples was just over half a million in 1970, but the number became 4.9 million in 2005.

According to 2010 statistics, the number of cohabiting couples rose to 7.5 million (Kreider, 2010). The National Vital Statistics Reports (2020) indicate that there is a statistics of about 4,000 divorce application as at January, 2020 and it was also reported that majority of the applicants were less than six months into marriages. According to the National Center for Health Statistics (2015), an average of 48% of marriages preceded marital dissatisfaction between 1999 and 2001. According to the report of National Vital Statistics Reports (2003), out of about 2.3 million married men, 1.2 million said they were maritally dissatisfied. Out of about 2.2 million married women, 1.3 million said they were maritally dissatisfied. About one-intwenty Americans who have ever been married said they had been married three or more times. That comes to 4 million men and 4.5 million women. The marital dissatisfaction rate in Korea has also increased.

According to The Statistics Korea (2008), 68,279 couples were maritally dissatisfied in 1995, while the figure rose to 124,000 in 2007. The relationship between spouses in South Korea is deteriorating.

Marriage represents a multi-level commitment, one that involves person-to-person, family-to-family, and couple-to-state commitments. In most societies, it is viewed as a relatively permanent bond, so much so that in some societies and institutions like the Catholic Church, it is considered irrevocable. The stability provided by a life-long promise of remaining together makes marriage the institution most suited to rearing and socializing the next generation of members, a necessary task if the society's norms, values, and goals are to be maintained and if the society itself is to be perpetuated. The institution of marriage is found in all societies. In the United States, marriage means stabilized patterns of norms and roles associated with the mutual relationship between husband and wife.

It joins together a man (or men) and a woman (or women) in a special kind of social and legal arrangement that serves several purposes for a society. While this definition fits what is meant by marriage in the United States and other Western nations, it is not broad enough to encompass its essential features across all cultures. However, because marriage as an institution may differ in structure, function, dynamics, and meaning from one culture to another, no all-encompassing definition is possible (Kottak, 2001). In almost all societies, it entails a legal contract (written or verbal), and this contract varies in the degree to which it can be broken.

Through the marital union, a stable living unit is established (a family). In this unit, children are socialized into the society's norms and values. In some societies, the connection between marriage and reproduction is so strong that if conception does not occur a divorce is permissible and often automatic. In others, a marriage does not take place until after pregnancy occurs and fertility is proven (Miller, 2015). For a society, the institution of marriage ensures the regulation of sexual activity for adults and the socialization and protection of

children born as a result of that sexual activity. However, individuals living within a society need not comply with behaviours that serve the needs of society. The institution of marital relationship is a central pillar on which the society is based. Marital relationship is potentially a delicate relationship since it usually involves the living together of, or a partnership between, two or more persons who are relatively peak strangers to each other. It entails a continuous and intimate association between persons differing in temperament and other individual characteristics (Broude, 2004). The concept of marital relationship is a bit more difficult to define and can include elements of shared genealogy, close proximity, emotional intimacy, and cultural definitions. It is a powerful legal and social institution that protects and supports intimate family relationships by providing a unique set of rights, privileges and responsibilities.

The genesis of marital relationship and family can be traced to the Holy Bible. God ordained marital relationship for three purposes: for companionship, pleasure and procreation. Marital relationship and family is designed for the development of the human race, but unfortunately many families are enduring what they ought to enjoy (Ebiai and Bumba, 2004). Marital relationship is a socially sanctioned union, typically between one man and one woman usually called partner and wife. The type and functions of marital relationship vary from culture to culture. Legally sanctioned marital relationships are generally conducted between heterosexual teen mothers, although there are a few countries that recognize same-sex marital relationship (Broude, 2004). The prevailing view towards marital relationship is that it is based on emotional attachment between the partners and is entered into voluntarily.

There are different types of marital relationships: monogamy and polygamy. Monogamy is generally in two ways: strict monogamy, where a person is allowed only one spouse per lifetime; and serial monogamy, where people can be married to more than one person, but only in succession. There are also several specialized types of monogamous marital relationships that involve cousins: bilateral, matrilateral, patrilateral and parallel cousin marital

relationships (Kalafut, 2007). Bilateral cross cousin marital relationship occurs when two men marry each other's sisters. This entwines families very closely, and some societies continue it over several generations. Matrilateral cross cousin marital relationship occurs when a man is expected to marry his mother's brother's daughter. Continued over a number of generations, this eventually forms a circle where everyone is connected to each other.

Patrilateral cross-cousin marital relationship occurs when a man is expected to marry his father's sister's daughter. Continued over a number of generations, this eventually forms a circle where everyone is connected to each other. Parallel cousin marital relationship is an interesting form of marital relationship encouraged in some societies between the children of two brothers. This helps keep inheritance and property within the family line (Kalafut, 2007).

2.1.2   Marital Dissatisfaction

Marriage is a social institution for union of a man and his wife in body and soul (Olayinka, 1990). Many couples are able to find all the key ingredients in their marital relationships and are happy and satisfied with their married life. Others lack some elements in their bond which gives rise to consequences that are not always desired **(**Ali, Israr, Ali and Janjua, 2009). One of the visible reasons why married couples find marriage as a threatening bond is that they face a number of problems while being in a relationship, and also because they are not strong enough to overcome or solve these problems. Lack of trust, mutual respect, communication, love, and understanding contributes to the deterioration of the bond. That is why couples face adverse consequences like separation and marital dissatisfaction.

One of the strongest, most consistent benefits of marital satisfaction is better physical health and its consequence, longer life. Married people experiencing a happy marital satisfaction are less likely than unmarried people to suffer from long-term illness or disability (Murphy, Glaser and Grundy, 2007), and they have better survival rates for some illnesses (Goodwin, Hunt, Key, Samet and Jonathan, 2007). They have fewer physical problems and a lower risk of death

from various causes, especially those with a behavioural component; the health benefits are generally larger for men (Ross, Mirowsky and Goldsteen 2015). Similarly, although there are exceptions and the matter remains controversial (Sloan, Bagiella and Powell, 2009), a growing body of research documents an association between marital satisfaction and better outcomes on a variety of physical health measures, including problems related to heart disease, stroke, hypertension, cancer, gastrointestinal disease, as well as overall health status and life expectancy.

Marital dissatisfaction is also associated with greater overall happiness. Analysis of data from the General Social Surveys of 2015–2016 shows that, other factors held constant, the likelihood that a respondent would report being happy with life in general is substantially higher among those who are married than among those who have never been married or have been previously married; the magnitude of the gap has remained fairly stable over the past 35 years and is similar for men and women (Waite and Gallagher, 2015).

The argument for benefits from marital satisfaction stemming from its integrative influence runs as follows: Marital satisfaction implies love, intimacy, and friendship. The social integration and support it thus provides is a key channel through which it leads to improved mental and physical health. Experiencing marital satisfaction means having someone who can provide emotional support on a regular basis, thereby decreasing depression, anxiety, and other psychological problems, and improving overall mental health. In turn, marital satisfaction contributes to enhanced physical wellness. Support from the spouse can also improve physical health directly, by aiding early detection and treatment and by promoting speedier recovery from illness (Ross, Mirowsky and Goldsteen, 2015). From the perspective of children, the mutual help that parents give to each other is part of the setting that provides advantages to youths who grow up in married-couple households. In addition to close support from the spouse, marriage connects people to other individuals, other social groups (e.g., in-laws), and other social institutions (Stolzenberg, Blair-Loy and Waite, 2005),

and this integration into a wider social network has additional positive effects both on spouses and on their children (McLanahan and Sandefur, 2004).

Marital dissatisfaction also has a regulative function. Married women with breast cancers are more likely than their single counterparts to have someone (usually men) who closely monitors their health-related conduct; marriage also contributes to self-regulation and the internalization of norms for healthful behaviour (Umberson, 2007). Positive and negative externalities within marriage also play a role: when an individual behaves in a way that is conducive to good health, the benefits spill over to the spouse; similarly, unhealthy behaviours inflict damage not only on the individual, but also on the partner. In this way, marital satisfaction promotes healthy conduct. In addition, the enhanced sense of meaning and purpose provided by marital satisfaction inhibits self-destructive activities (Gove, 2003). Consistent with this channel of causality, married women with breast cancers have lower rates of mortality for virtually all causes of death in which the person's psychological condition and behaviour play a major role (Gove, 2003).

Although the marital relationship is undoubtedly stressed by a diagnosis of breast cancer, many couples seem to have the resources to meet this challenge, to acquire the appropriate support to do so (Taylor-Brown, Kilpatrick and Maunsell, 2010). Clinical experience and some research suggest that some couples facing cancer perceive that their marital relationship improved since the cancer episode (Thornton, 2015). Marital dissatisfaction has also been found among those with cancer (Dorval, Maunsell, Taylor-Brown and Kilpatrick, 2009; Weihs, Enright, Howe and Simmens, 2009). Moreover, among cancer patients whose marriages fail, it is not because relationships become discontented following cancer diagnosis. Divorce and breakups occur primarily among those reporting that marital difficulties pre-dated their diagnosis (Dorval, Maunsell, Taylor-Brown and Kilpatrick 2009). In addition to general psychological distress or depression in particular, marital disharmony may also contribute to poor health. One route for health effects may be via poor health habits. For example,

marital satisfaction has been associated with increased compliance with medical regimens (Burman and Margolin, 2015), whereas marital disharmony has been associated with poorer compliance (e.g., problematic weight gain following surgery) (Lewis, Rook and Schwarzer, 2004).

There are several definitions of marital dissatisfaction. One of the most accepted definitions was proposed by Lawrance and Byers (2015), who defined it as affective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's marital relationship. Marital dissatisfaction is a relevant component of human maritality that is considered to be the last stage of the marital response cycle (Basson, 2001; Sierra and Buela-Casal, 2004) and a marital right (World Health Organization, 2010). It is also a key factor in individuals' overall quality of life. For example, poor state of physical and psychological health and overall well-being and quality of life have been associated with high marital dissatisfaction. Similarly, relational aspects such as low relationship satisfaction (Henderson, Lehavot, and Simoni, 2009), ineffective communication with one's partner and lack of marital assertiveness (Haavio-Manila and Kontula, 2007) have been found to be related to greater marital dissatisfaction.

Marital dissatisfaction is a term that is diverse in its definitions, and there is no consensus on its meaning. Lawrance and Byers (2015) explained marital dissatisfaction as an effective reaction arising from one's personal evaluation of the positive and negative aspects associated with one's marital relationship. On the other hand, some researchers such as Renaud et al. (2007) and Zhou (2003) stated that marital dissatisfaction is the absence of satisfaction. In addition, MacNeil and Byers (2005) defined marital dissatisfaction as the exchange of positive and negative aspects of marital dissatisfaction between the individual and their partner. Consequently, it is clear that there is no consensus on the conceptualization of marital dissatisfaction.

Marital dissatisfaction is defined as an effective response arising from one's subjective evaluation of the positive and negative dimensions associated with

one's marital relationship (Timm, 2009). It is stated that marital dissatisfaction is affected by both individual and relationship factors (Berg-Cross, 2001). Since marital life has a multidimensional nature and marital problems are generally multi-factoral (Crowe, 2005), it is useful to examine all the individual, relationship oriented and bio-sociocultural factors that affect marital dissatisfaction. Lawrance and Byers (2015) and Lawrance (2004) reviewed and critiqued existing definitions of marital dissatisfaction. First, people always note that there has not been a consistent conceptual definition of marital dissatisfaction used either in the research or in the clinical literature (Perlman and Abramson, 2015). In fact, many authors use the term marital dissatisfaction without defining it at all or use a tautological definition such as satisfaction,which is conceptualized as the degree to which [one] is satisfied with one's sex life (Pinney, Gerrard and Denney, 2007).

Secondly, it was noted that the operational definitions of marital dissatisfaction have been equally inconsistent and inadequate (Lawrance and Byers, 2015). For example, many researchers have assessed marital dissatisfaction by having respondents rate their marital relationship on a single bi-polar scale. For some of these researchers, the opposite of martially satisfied is martially dissatisfied, for others it is not at all satisfied, while for others still, it is martially frustrated (Frank, Anderson and Rubenstein, 2008; Jobes, 2016). It is not clear whether these scales, all purported to measure marital dissatisfaction, are equivalent.

However, marital pleasure and marital satisfaction is not necessarily the same thing. A person who finds much behaviour to be pleasurable could nevertheless be dissatisfied with his/her marital relationship. Perhaps the respondent and his/her partner do not engage in those behaviours frequently enough; perhaps the emotional connectedness is missing from the marital interaction; perhaps the partner does not find these behaviours pleasurable, and so on. The inconsistencies in operationalizing and assessing marital dissatisfaction demonstrate a lack of understanding and agreement in our conceptualization of

marital dissatisfaction. The discrepant definitions also make it difficult to compare results across studies.

Marital dissatisfaction is more than physical displeasure. It is more than the infrequency of sex, or the inconsistency of orgasm, although these have sometimes been used as measures of marital dissatisfaction. Certainly, job satisfaction is rarely equated with the number of hours worked or the number of promotions received. Nor is marital satisfaction equivalent to a lack of marital dissatisfaction or a lack of marital dysfunction (Lawrance, 2004; Lawrance and Byers, 2015). In fact, MacNeil and Byers (2007) found that although individuals with more marital concerns and problems reported lower marital dissatisfaction, the numbers of marital concerns and marital problems accounted for only 22% of the variance in marital dissatisfaction.

2.1.3 Imago Relationship Therapy

Hendrix's Imago Therapy approach is a short-term treatment that combines insight and practical skills. The background of this view originates with the psychoanalytic theory of Freud et al., Young's attachment and object relations theory, interpersonal theory, I-Thou philosophy, and Social learning theory. This perspective emphasizes the impact of individuals' interaction on each other, questions the individual and systemic paradigm views, emphasizes the relationship paradigm, and uses the power of relationship as a source of healing. The heart of this perspective is to help couples to make healthy contact with each other, more empathy for understanding each other through conversations and conscious discussions, creation of a safe environment for satisfaction of needs, and healing the childhood wounds (Brown, 1999). In order to increase resiliency and mental health of couples and dealing with the problems due to them, numerous researches have reviewed the impact of approaches of Imago Relationship Therapy (Etemadi, 2005), Cognitive-Behavioural Therapy (Etemadi, 2005), Relationship Enrichment Therapy (Mazloumi, 2007), and Self-differentiation Education (Khazaie, 2007) and each approach has presented specific medical and educational methods based on its specific expressions.

Among these approaches, the Imago Relationship Therapy has been given the least consideration. According to this perspective, the growth stages of childhood, particularly early relationships with parents, are effective on the marital relationship.

Choosing a spouse is not only a conscious process in marital relationships, but it's an important subconscious part; therefore, it's required to complete the unfinished stages of childhood and to heal the emotional wounds. In this method, by understanding the subconscious process in their spouses and themselves, spouses can learn skills for healing the childhood wounds and creating healthy behaviour, and by turning marriage and subconscious relationship into a conscious marriage, they can achieve their required love and intimacy (Hendrix cited in Sadrjahani et al., 2010).

The imago relationship approach combines the education and treatment programs for couples in order to reform their relationships (Locit and Hana cited in Etemadi, Aminjafari and Shahsiah, 2014). The power of imago relationship theory is that firstly it teaches spouses about how and why conflicts occur, and then it teaches the tools and techniques for solving the issues (Hendricks, 2016). Imago relationship therapy is a process in which individuals are given knowledge and information and, more importantly, they are taught about unconscious aspects of their relationships and the root of their conflicts, rather than solving problems superficially (Lipthrott cited in Sadrjahani, Etemadi, Sadipour and Arian, 2010). With the goal of review of impact of couple therapy by method of imago relationship, Eetemadi (2005) conducted a research about couple's intimacy. The results indicated that the education based on the imago relationship has increased the intimacy between couples. Per the results of Rotandar and Timoci cited in Veisi (2009), based on the couples' imago relationship, this pattern, i.e. the imago relationship, has been effective on desirable marital life and healthy children.

Therefore, educational interventions in the field of life improvement and family relationships cause the decrease of conflicts and increase of happiness and life

satisfaction. The imago relationship therapy guides individuals in assessment, goal-setting, and self-changing in troubled fields of life. Increasing resiliency and mental health, a warm and promising atmosphere is created in family and family members' relationships are increased. Given that one of the methods to promote mental health and resiliency in married women is educating and training them, education - in the fields of infrastructural skills - is a very effective way.

2.1.3.1 Components of Imago Therapy

Harville Hendrix and Helen LaKelly Hunt developed imago relationship therapy in 1980 as a theoretical and applied methodology for working with couples in committed relationships (Martin and Bielawski, 2011). Imago Relationship Therapy integrates psychodynamic approaches (e.g., ego psychology, attachment theory, and objectrelations psychology), transactional analysis, and cognitive-behavioural approaches and hypothesizes that unconscious factors play a significant role in mate selection and the development of conflict in romantic relationships (Zielinski, 1999).

Unconscious partner selection creates an opportunity to heal a connection that was lost in childhood by increasing empathy, understanding, and communication with one's adult romantic partner (Love and Shulkin, 2001). In healing childhood wounds, Imago Relationship Therapy emphasizes growth within a relational paradigm by focusing on the self-in-relation rather than the self-as-independent. Growth is seen as occurring through relationships, as opposed to through individuation and separateness, which is often touted as the pinnacle of personality development (Banks, 2011).

The self-in-relation first occurs in infancy between child and caretaker. Within this first intimate relationship, the child learns to define the self through actions and words that receive either validation or neglect from early caretakers. These interactions, in turn, facilitate a growth process that can build connection and empathy or foster defensive disconnection (Jordan, 1995). If an individual experiences ongoing violation in close relationships, then self-protection is

learned and implemented (Jordan, 1995). Imago Relationship Therapy seeks to correct developmental stumbling blocks and childhood wounds by restoring the connection between partners. Imago therapists actively help couples learn and apply connection-building skills through a number of specific interventions, such as the couple's dialogue, parent – child dialogue, behaviour change request dialogue, and imago workup. The following paragraphs summarize these interventions and are drawn from the imago training manual:

i.   **The Couple's Dialogue:** Imago therapy is perhaps best recognized by the use of the couple's dialogue. The couple learns to effectively communicate by taking turns as the "sender" or the "receiver." By using a three-step process of mirroring, validating concerns, and expressing empathy, couples practice paraphrasing, interpreting content and meaning, and asking for clarification. Couples learn to express genuine care for each other and are curious about each other's views which create feelings of safety, even in times of disagreement.

ii.   **The Parent–Child Dialogue:** This dialogue takes the sender back to their experiences in childhood, allowing the sender to identify his or her thoughts and feelings associated with a childhood caretaker and then direct them towards his or her current romantic partner. The dialogue is designed to enable the receiver to experience empathy for the sender's unmet childhood needs and understand how they relate to present needs in the relationship.

iii.   **The Behaviour Change Request Dialogue:** This process is a formal expression from the sender that allows the receiver to hear and empathize with a present frustration in the relationship and how it relates to an unmet childhood need. At the end of the dialogue, the sender requests three specific, small behaviour changes that relate to the frustration (e.g., "I request that you make dinner for me once during the next week"). The receiver then chooses to try one of the requested behaviour changes. The couple is taught specific goal-setting techniques to meet the expressed needs and are encouraged to display gratitude for the vulnerable expression of personal needs.

v. The Imago Workup: The imago workup is a psycho-educational exercise that encourages individuals to identify positive and negative traits in their partner that are similar to those of an early childhood caretaker (e.g., available, energetic, shorttempered, or overbearing). This helps the couple understand the similarities between their romantic partner and childhood caretakers and how these similarities can contribute to relationship frustrations.

iv. Imago Research: Several nonrandomized, non-controlled preliminary research studies have been conducted that lend some validity to the efficacy of Imago Relationship Therapy (Hannah, Luquet and McCormick, 1997; Luquet and Hannah, 1996). Imago relationship therapy is usually delivered through either traditional inoffice therapy or through the Getting the Love You Want Workshop (GTLYW Workshop), a manualized, 2-day psycho-educational workshop conducted by certified presenters. Studies have been conducted in both settings (Pitner and Bailey, 1998; Weigle, 2016). Luquet and Hannah (1996) hypothesized that Imago Relationship Therapy would have a positive effect on communication skills and specifically that Imago Relationship Therapy would promote empathy, intimacy, and conflict resolution in couples' relationships. The researchers administered the Marital Satisfaction Inventory (Snyder, Wills, and Keiser, 2011) to analyse couples' progress.

Upon completing a manualized six-session course of imago relationship therapy, the nine couples showed significant improvement on the subscales of Global Distress, Affective Communication, and Problem Solving Communication. In a further examination of data analysed by Luquet and Hannah (1996), Hannah et al. (1997) assessed participants' functioning in the life areas of family, health, intimacy, social life, and work. In the same sample, there were significant changes on the Well-Being, Symptoms, and Life-Functioning subscales. Both of these studies were limited by their extremely small sample size; use of a mostly Caucasian, middle-class, and middle-aged sample; and reliance on only correlational analyses when examining associations between the outcome measures.

2.1.4 Integrative Behavioural Couple Therapy

Behavioural marital therapy started with simple research conducted on couples in the 1960s. Robert Weiss and Richard Stuart were the original authors of such research. In early 1970s Nathan Azrin published his concept of mutual reinforcement and reciprocity. Azrin stated that human behaviour is maintained by reinforcement on the person who performed the behaviour. People have a tendency to treat others as they are treated and mutual reinforcement accounts at least partially for concepts like friendships, joy, and love. Neil Jacobson pioneered the behavioural marital therapy approach (Jacobson and Christensen, 1996). He published a book with Gayla Margolin, which launched a social learning model of couples' therapy.

In this model of therapy, partners learn to be nicer to each other through behavioural exchange (contingency contracts), communicate better and improve their conflictresolution skills. Early support came when Gottman found that as long as the ratio of positive to negative interactions remains at least five to one, the relationship is sturdy. When the ratio dips below that there is a 94 percent chance that a couple will divorce (Jacobson and Christensen, 1996). Other authors have found a role for exchanges as well. Behavioural marital therapy model remains the most researched model of family therapyand was found to be effective for treating marital discord and depression in women. Parts of the Behavioural Couples Therapy Model, in particular strategic use of the communication skills to reinforce drug abstinence and open dialogue about treatment, were introduced as a method for getting drug abusing partners into treatment.

Integrative Behavioural Couple Therapy (IBCT) was developed by Neil S. Jacobson and Andrew Christensen, (1996). The model represents a return to contextualism, functional analysis and Skinner's distinction between contingency-shaped and rulegoverned behaviour. Integrative behavioural couple therapy is "integrative" in at least two senses: First, it integrates the twin goals of acceptance and change as positive outcomes for couples in therapy. Couples who

succeed in therapy usually make some concrete changes to accommodate the needs of the other, but they also show greater emotional acceptance of the other. Second, IBCT integrates a variety of treatment strategies under a consistent behavioural theoretical framework. It is considered a third generation behaviour therapyor sometimes called clinical behaviour analysis

Both the Integrative and the Traditional Behavioural Couple Therapy Models have origins primarily in Behaviourism: the Traditional Behavioural Couples Therapy has more roots in Social Learning Principles, while the latter model has roots in Skinnerian Behaviourism. The latter model draws heavily on the use of Functional Analysis (Psychology) and the Skinnerian distinction between contingency-shaped and rule-governed behaviour to balance acceptance and change in the relationship.

Integrative Behavioural Couple Therapy emerged from the observational research of Neil, S. Jacobson and Andrew Christensen conducted during the 1990s where they identified consistent sequences of behaviour that differentiated happily married from unhappily married couples (Jacobson and Christensen, 1996). Jacobson and Christensen conducted this research through the 1980s where they sought to replicate their findings and expand the understanding of what contributed to marital happiness and discord. It was during this phase that Jacobson and Christensen (1996) research could predict whether a couple would have marital dissatisfaction with an average of over 90% using the ratio of positive to negative comments, the presence of four negative communication patterns (criticism, defensiveness, contempt, and stonewalling), physiology, and the Oral History Interview (Jacobson and Christensen, 1996; Gottman, 1991; 1994).

Neil and Andrew (1996) continued their research at the University of Washington where they maintained the Relationship Research Institute (also known as the "Love Lab"). The Institute's focus is on building and testing their theories. Thus, Integrative Behavioural Couple Therapy evolved from Jacobson and Christensen (1996) research and the belief that to make relationships endure,

couples must be better friends, learn to manage conflict, and create ways to support each other`s hopes for the future.

The Integrative Behavioural Couple therapy model is a "Sound Relationship House" that includes a series of steps and rooms such as: building love maps, sharing fondness and admiration, turning towards one's partner for needs, managing conflict, creating opportunities to discuss life dreams and hopes, creating shared meaning, trust, and commitment (Jacobson and Christensen, 1996; Gottman, 1999; Gottman and Silver, 1999). The intent of the interventions in Integrative Behavioural Couple Therapy is to help couples increase respect, affection, and closeness, resolve conflict when they are stuck, generate greater understanding between partners, and keep conflict discussions calm. A therapist using Integrative Behavioural Couple Therapy starts with a series of assessments and measures to determine a couple's communication patterns, where they get stuck, as well as other factors, and then leads them through a series of guided exercises that develops their "Sound Relationship House".

Research about Integrative Behavioural Couple Therapy is among the more extensive for couple therapy. In a randomised clinical trial of workshops teaching the components of a "Sound Relationship House" on their own and with Integrative Behavioural Couple Therapy, effectiveness was demonstrated with the greatest oneyear effectiveness for the combined workshop and nine sessions of Integrative Behavioural Couple Therapy (Babcock, Gottman, Ryan and Gottman, 2013). Seven longitudinal studies of couples have been completed exploring variables such as predictors of marital dissatisfaction in newlyweds (Neil and Andrew, 1996; Carrere and Gottman, 1999) and what contributes to martial satisfaction over the long term (Gottman and Krokoff, 1989).

As Hoffman (2011) points out, the couple field did not develop in a straightforward fashion from the ideas of early thinkers. The various strands of the history of integrative couple therapy in North America have been identified as follows: early 20th century social workers who did home visits; couple and family advice offered by religious leaders such as ministers; the child guidance

movement that emerged in the 1920s under the leadership of Alfred Adler, among others; the formation of the American Association of Marriage and Family Therapy in the 1940s; and the formation of the American Family Therapy Academy in the 1970s (Nichols, 2010).

Also, the Atlantic Child Guidance Centre (ACGC) was established in the late 1950s out of a perceived need for community-based child and adolescent mental health services. This newly incorporated organisation (ACGC) collaborated with the Izaak Walton Killam Hospital (IWK) to have ACGC provide a relatively wide range of community-based child and adolescent mental health services in the greater HalifaxDartmouth area. In the mid-1990s, the Nova Scotia government required the IWK, the Nova Scotia Hospital, and the ACGC to merge child and adolescent mental health services. The result was a "Trifacilities" service, which in turn led to the IWK taking over all child and adolescent mental health services and in the ACGC ceasing to exist (Jacobson and Christensen, 1996; Hollett, 2012).

Family research with families where one member was diagnosed with schizophrenia was the primary focus of the majority of the pioneers in the family movement (Guerin, 1976). Nodes of research, practice and leadership were formed in California, Baltimore, Milan, Philadelphia, New York, and Atlanta; and each centre had its own charismatic leader. Sometimes, these centres would build on each other's work while often there were competing paradigms and approaches that each vied to be recognized as the most effective. For example, Jackson (1968) built on Bateson's cybernetic model through the 1960s, while Paul (1985) developed the thinking of families as evolving, non-equilibrium systems capable of transformations.

Currently, there are numerous approaches to working with couples and families. Some of the more recent innovations in the field draw on the research about resilience, with authors such as Walsh (2016) and Michael (2012) developing approaches to working with families that situates them in their social ecologies.

Also, Johnson's (2004) use of Integrative Couple Therapy for working with couples in an experiential approach heavily influenced by attachment theory and systems theory that is currently gaining popularity. In general, integrative couple approach views change in terms of the systems of interaction between members of a couple or family. Sprenkle, Davis, and Lebow (2009) explain that one distinctive common element in all larger systems' therapies is conceptualizing human difficulties in relational terms. However, problems may originate with an individual, be caused by interactions among family members, or arise from forces external to a couple or family such as a catastrophic event. Each couple or family system develops unique operating rules which govern their behaviour and life (Balcom, 1996). Integrative couple therapy emphasises couple and family relationships as an important factor in one's psychological health. The field of couple and family therapy also understands that the structure and dynamics of family relationships are strongly shaped by forces within the broader social context, such as culture, race, gender, politics, and economics (McGoldrick, 1998).

The term integrative couple therapy refers to two partners who have a relationship history together and anticipate a shared future (Miller, Miller, Nunnally and Wackman, 1991). The field of integrative couple therapy has a rich and diverse history over the last 100 years or so. The research literature began to emerge more fully in the 1950s which focus on families dealing with schizophrenia and has evolved since then to cover a number of approaches rooted in different paradigms.

2.1.4.1 Components of Integrative Behavioural Couple Therapy

Theorists and practitioners of psychotherapy have tried to integrate the various theoretical approaches to therapy. Even clinicians have suggested a number of ways to integrate the various counselling theories or psychotherapy. These include technical eclecticism, theoretical integration, assimilative integration, common factors, multi-theoretical psychotherapy and helping skills integration (Jacobson and Christensen, 1996; Norrcross and Golfried, 2005). Integrative

Behavioural Couple Therapy has been an approach to thought that does not hold rigidly to any single paradigm or any single set of assumptions, but rather draws from multiple theories to gain insight into the exhibited challenge or phenomena. In eclecticism the practitioner believes that many factors influence human behaviour and it is therefore important to consider clients' issues from several theoretical perspectives (Goldfield, Pachankis, and Bell, 2005).

Because this works, an eclectic therapist uses assorted theories. Theoretical integration involves the bringing together of theoretical concepts from disparate theoretical approaches, some of which may even present contrasting views. However, the goal is to integrate not just therapy techniques, but also the psychotherapeutic theories involved. Practitioners of theoretical enable them to move beyond their limitations and discover greater life satisfaction (Norcross and Goldfried, 2015). The integrative couple therapy movement emerged in part as a reaction to the historical pattern of divisiveness among proponents of competing psychotherapeutic traditions.

Early attempts to reconcile psychoanalytic and behavioural views were met with responses ranging from bitter criticism, to support for potential convergence between these two lines of investigation (Castonguay et al., 2010). Thus began a debate that continued over the ensuing decades. However, by the early 1980s, several key publications reflected increased acceptance of integrative ideas (Wiser and Goldfried, 2013). Similarly, the growing interest in combining therapies and psychotherapies is in keeping with integrative principles (Safran and Segal, 2010). As applied to psychotherapy, the term "integration" has been ascribed various meanings.

The "integrative perspective" denotes a flexible, inclusive overall stance toward the psychotherapies viewed broadly; its defining principles appear later in this study. Therapies that incorporate elements drawn from divergent psychotherapeutic traditions have taken many forms. At the level of technique, integration has come to refer to those methods involving "conceptual synthesis of diverse theoretical systems". By contrast, technical eclectic methods are

characterized by efforts to incorporate techniques independent of their theoretical underpinnings (Jacobson and Christensen, 1996; Norcross and Goldfried, 2015). The phrase "integrative approaches" can also be used; it refers more inclusively to the full range of strategies that have been employed to this end. The relevance of the integrative perspective to modern psychotherapy education begins with the clinical realm in which therapists practice (Messer, 2016).

Multiple psychotherapeutic modalities are now seen as applicable within the repertoire of valid educational interventions. Preparing educational residents to function skilfully as consultants and expert psychotherapeutic practitioners well versed in the broadening range of available treatments necessarily entails attention to this reality (Locke, 2011). Expertise in this complex domain comprises not only familiarity with the various modalities, but also understanding of their potential interactions, which may well affect the overall impact of clinical management. The ability to tailor a comprehensive treatment plan to the particular needs of individual patients is fundamental to clinicians' roles as experts in the provision of mental health care, trained in both biological and psychological aspects of emotional suffering and educational illness (Kerr, Goldfried, Hayes, Castonguay and Goldsamt, 2015).

The characteristic perspective of the integrative movement leaves it well placed to inform. Further, integrated treatments can provide opportunities to enhance clinical benefit, particularly with patients who present with multiple problems to previous interventions (Norcross, 2005). Integrative Behavioural Couple Therapy has been found to be beneficial in the course of solving human behaviour challenges especially because of its flexibility and focus on the whole of an individual. The integration of different approaches means that therapy can be tailored to meet a variety of needs and concerns (Jacobson and Christensen, 1996). With those who want to overcome negative patterns of behaviour caused by anxiety, fear, phobias or any other mental health related issues, that greatly impact life satisfaction, Integrative Behavioural Couple Therapy, has been found

very useful. Therapists/psychologists have found that the four dimensions of human functioning - affective, behavioural, cognitive and physiological systems, which are affected by addictions, depressions, past and present trauma, bereavement and low self-esteem are better addressed through integrative approaches (Locke, 2011).

It is worthy of note here that because of the in-depth exploration of issues and setting of goals, integrative counselling typically requires a substantial investment of time by both the client and the therapist. This is why a quick fix process is not typical of integrative therapists. Resolving a client's problem is often through his/her developmental or growth process especially since negative behaviours that have emanated on the client's life may not be changed to a positive growth process by a sudden "dose" of therapy (Kerr, Goldfried, Hayes, Castonguay and Goldsamt, 2015).

The length of therapy will depend on the client's therapeutic goals set and the types of challenges or issues the therapist is trying to address.

The central premise of integrative counselling is that there are many ways in which human functioning, especially the challenges in life, can be explored and understood so that behaviour can be positively affected (Goldfried and Castonguay, 2013). Thus, integration can occur through a variety of systems/modified of perspective. Psychologists have consequently through study, research and experience realized that the following forms are possible means of helping clients that have behavioural problems (Greenberg and Webster, 2015). The therapy can be started by firstly by working on adjusting behavioural functioning and reducing symptoms. This is possible by applying cognitive behavioural techniques to help the clients establish some control over their functioning before moving to the next stage of therapy (Hayes, Castonguay and Goldfried, 2016). Even at this stage, the therapist may employ psychoanalytic techniques that recall childhood experiences and interpretation, and dream analysis of analysis of transference.

Another aspect of the integrative couple therapy is the issues of client-therapist relationship. The presence, attitude and gnarl disposition of the integrative therapist is crucial. It is generally believed – based on the experience with young people and their therapists - that therapeutic models that make therapists non-judgmental, supportive and cordially related produce better outcomes in behaviour change processes (Goldfield, Pachankis and Bell, 2005). Integrative Behavioural Couple Therapy encourages the spirit of mutual respect and cooperation in order to engender the desired positive behavioural change in the client. It is expected also that the therapist engage in DEEP without the presuppositions or assumptions that can distort understanding between client and therapist. The therapist is expected to commit himself wholly to the course of intervention. In the contract between client and counsellor, it is as if the two are equals (Kerr et al., 2015). This will help them to explore and recognize patterns of behaviour that need to be addressed through change and the setting of new goals.

Integrative Behavioural Couple Therapy therefore rests heavily on combined package or assessment to choose the most appropriate treatment techniques for particular clients with their unique psychological profiles and circumstances (Wiser and Goldfried, 2013). The aim of Integrative Couple Therapy is to promote healing and facilitating wholeness of the client. It ensures that all levels of a person's being and functioning are maximized to their full potential, be it mental, physical or emotional health (Castonguay et al., 2010). The process that a client will go through must be committed to self-exploration and be involved in an open identification of the factors in his/her life that have been causing problems and consequently causing current concerns.

It is expected that in the practice of integrative couple therapy, the client would not have formed an opinion, expectation or attitude beforehand. This disposition enables the clients to be focused on the fears and hurts that limit their psychological freedom, and be able to recognize specific triggers that may be causing disruptive patterns of behaviour (Jacobson and Christensen, 1996; Kerr

et al., 2015). Through this awareness, Integrative Behavioural Couple Therapy helps to create a healthy alliance between mind and body, empowering clients to start setting goals and practicing new behaviours.

2.1.5 Religiosity

According to Flor and Knapp (2001), religiosity is defined as religious beliefs and behaviours and saliences as applied to an individual's life. Glock (2012) defined religiosity as religious commitment including five elements: ideological (beliefs), ritualistic (practice), experiential (religious experience or feeling), intellectual (knowledge of church dogma or scripture), and consequential (religious effects on secular life). Worthington et al. (2003) also defined religious commitment as "the degree to which a person adheres to his or her religious value, beliefs, and practices and uses them in daily living." Religiosity can be conceptualized within social-cognitive models of health behaviour because religious beliefs and practices often influence cost/benefit analyses, value perception, perceived behavioural control, and social influence (Zinnbauer, Pargament and Scott, 2009).

In fact, the potential impact of religiosity on behaviour could be mediated by personal beliefs and expectancies, by communities that reinforce perceived moral behaviour, and through effective (healthy) coping with life difficulty. This association between religiosity and health behaviours seems conceivable only if health behaviours are in some way perceived as a valuable component of personal religious beliefs, religious tradition, or a personal religious identity. Furthermore, religiosity is likely to be a more powerful influence of health behaviours when both personal belief systems and religious-based social influences are congruent with each other. The extant literature, although limited in scope, supports the hypothesis that some health behaviours may have religious relevance, while other behaviours do not. The following sections provide a brief review of the relationship between religiosity and several common health behaviours.

Religiosity is a word analogous to 'politics' or 'society'. It is not a 'thing' with uniform characteristics, but a collective term for a diverse range of beliefs, practices and institutions (Woodhead and Catto, 2009). By means of a range of different dimensions (including symbols, rituals, practices and forms of community), religiosity promises to bring people into relation with a dimension of life which is portrayed and perceived as more real, more powerful and more meaningful than everyday experience. This provides a template for interpreting that experience and providing orientation within it. Although it is common to define religiosity in terms of belief in a supernatural being, such a definition is narrow, and excludes many forms of religious commitment worldwide.

Religious identity often overlaps with other forms of identity, including ethnicity, and other commitments, including political ones. This does not mean that it is impossible to define religiosity for particular purposes, but that all definitions are limited and context-dependent. 'Religiosity' is a contested term, in the sense that individuals and groups disagree over how and to whom it can be applied. There are often gains and losses associated with being defined as religious, depending on context. Emblen (2015) reveals that religiosity is primarily defined as a "system of organized beliefs and worship (which the) person practices".

Religiosity may be defined as organized and dogmatic teaching of a set of values which include belief in a deity or more than one deity. It also includes tradition, practice and rituals (King, 2016; Zinnbauer, Pargament, and Scott, 2009). It is a prescribed way of interacting in the world with an established worldview in which the concept of persecution is present and events are understood and interpreted (Helminiak, 2001; Kloos and Moor, 2010). Belaire and Young (2015) define religiosity as a set of phenomena that includes the setting, groups, activities and a worldview which focuses on a search for significance in ways related to notions of the sacred.

Religiosity assists people in making meaning out of life events and situations and brings people together as an organized group to search for ways to cope with life

(Belaire and Young, 2015; Koenig, 2010). Religiosity tells us what life is about and how people are to live it. The vision and its implementation in individuals' lives is religiosity; religiosity is the social vehicle that, at its best, proclaims and supports religiosity. Helminiak (2001) continues to argue that religiosity and institutionalization for most part could hardly be completely separated since nearly all religiosity is a socially shared phenomenon and inevitably entails some degrees of institutionalization.

Young (2003) acknowledges that in conceptualizing religiosity, it is difficult to provide a concise definition, yet as a starting point, spirit may be defined as the animating life force, represented by such images as breath, wind, vigour, and courage.

Religiosity is drawing out and infusion of spirit in one's life. It is experienced as an active and passive process. Religiosity is also defined as a capacity and tendency that is innate and unique to all persons. The spiritual tendency moves the individual towards knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Religiosity includes one's capacity for creativity growth, and the development of a value system. It encompasses a variety of phenomena, including experiences, beliefs and practices. It is also approached from a variety of perspectives, including psycho spiritual, religious, and transpersonal. While religiosity is usually expressed through culture, it both precedes and transcends culture. Although, linked with religiosity, spirituality is not a component of religiosity. Many studies have shown that membership of a religious organisation does not necessarily make one a spiritual person and vice versa (Carson and Green, 2015; Fryback and Reinert, 2009). The two elements, however, are linked for many people as they rely on their religious faith as a means of support or comfort in times of illness.

Religiosity is a complex concept and difficult to define for at least two reasons: The first reason is the uncertainty and imprecise nature of the English language. Colloquially, in Roget's Thesaurus (Lewis, 2004), religiosity is found to be synonymous with such terms as religiousness, orthodoxy, faith, belief, piousness,

devotion, and holiness. These synonyms reflect what studies of religiosity would term as dimensions of religiosity, rather than terms that are equivalent to religiosity. A second reason for this complexity is that current interest in the concept of religiosity crosses several academic disciplines, each approaching religiosity from different vantage points, and few consulting one another (Cardwell, 1980). Psychologists might choose to address the dimensions of devotion, holiness, and piousness, whereas sociologists would consider the concept of religiosity to include church membership, church attendance, belief acceptance, doctrinal knowledge, and living the faith (Cardwell, 1980).

Glock and Stark (1995) have been influential in defining religious orientations, origins, and dimensions. In doing so, Glock and Stark (1995) identified five dimensions of religiosity: experiential, ritualistic, ideological, intellectual, and consequential. The experiential dimension focuses on the personal faith experience, perhaps a transcendent encounter, while the ritualistic domain involves the worship experience that is involved in community. The ideological dimension is constituted by expectations that the religious will hold to certain beliefs (i.e., professed doctrines), while the intellectual dimension "has to do with the expectation that the religious person will be informed and knowledgeable about the basic tenets of his faith and sacred scriptures. Glock and Stark (1995) admitted that these latter two dimensions are closely related, since knowledge of a belief is a necessary condition for its acceptance. However, they also acknowledged that belief does not necessarily flow from knowledge, nor does all religious knowledge accompany belief.

Bergan and McConatha (2000) defined religiosity as a number of dimensions associated with religious beliefs and marital satisfaction. In arriving at this definition, they pointed out that early research associated with religiosity focuses primarily on the one dimensional concept of religious attendance. Spirituality has most often been defined in terms of individual beliefs and practices related to God or a higher power in the universe, although these beliefs may also be entirely secular (Mason, Singleton, and Webber, 2007).

Religion has generally been assumed to have an effect on individual behaviour, but much of the research has failed to define variables in a theoretical context and thus much of the literature in this area was inconsistent and has merited suggestions that the relationship between religion and marital satisfaction is spurious (Cochran, Mitchell, Beeghley, and Melissa, 2004). Clearly, a theoretical model must be proposed when studying religion and marital outcomes. This will lead to more valid, consistent, and replicable measures of religiosity and spirituality that provide a better understanding of the role of religious and spiritual constructs in influencing marital dissatisfaction. Religiosity is a complex, multidimensional construct and refers to the degree to which a person is religious from a primarily social and doctrinal perspective and is thus more easily quantifiable than abstract terms such as religion (Miller, 2015).

Simply put, religiosity involves religious affiliation, participation, and association. Spirituality, on the other hand, is viewed from the perspective of the individual an d his or her relationship to, connection with, and feelings about God or some higher power, and how this connection is related to an individual's search for self and meaning (Steger, Kashdan, Sullivan, and Lorenz, 2008). Again, however, it is not necessary for these beliefs to be shaped in any way by religious doctrine, and may be entirely secular for some individuals (Mason, 2007). Religiosity is defined as a social phenomenon with an organized structure; however one purpose of most religions is to cultivate spirituality in its members, which causes an overlap between the concepts of spirituality and religiosity (Miller, 2015). For example, individual prayer is typically defined as a measure of spirituality; however individual prayer occurs within the context of religious services and in the private practices of individuals as part of their religious beliefs. In sum, it is impossible to create two distinct groups of people defined as either religious or spiritual; most people are characterized by elements of both, to varying degrees (Delaney, Miller and Bisono, 2007).

Given the function of spirituality within religions and the trends in religiosity, it is reasonable to expect that people may be religious and spiritual or that they

may be spiritual but not religious or that they may be neither. It is not expected that people will be religious but not spiritual, since spirituality is incorporated into religions and is manifested in practices such as prayer and worship. To understand how these constructs operate in a meaningful way, it is necessary to define them separately and to employ multiple measures because of their complex natures. Some of the more common measures of religiosity are denominational identification, frequency of participation in religious services, the meaningfulness of religion to an individual, and closeness to others in a religious group (Neff, 2006). Measures of spirituality typically include one's belief in God or a higher power, individual prayer or meditation, the feeling of the presence or guidance of God in the midst of daily activities, and experiencing a connection to life (Neff, 2006).

2.1.6 Socioeconomic status

Socioeconomic status (SES) is probably the most widely used contextual variable in research. SES is often measured as a combination of education, income, and occupation. It is commonly conceptualized as the social standing or class of an individual or group. When viewed through a social class lens, privilege, power, and control are emphasized. Furthermore, an examination of SES as a gradient or continuous variable reveals inequities in access to and distribution of resources. Although SES has been at the core of a very active field of research, there seems to be an ongoing dispute about its conceptual meaning and empirical measurement in studies conducted with children and adolescents (Bornstein and Bradley, 2003). Many researchers use SES and social class interchangeably, without any rationale or clarification, to refer to social and economic characteristics of individuals (Ensminger and Fothergill, 2003). In general terms, however, SES describes an individual's or a family's ranking on a hierarchy according to access to or control over some combination of valued commodities such as wealth, power, and social status (Spilerman, 2000). While there is disagreement about the conceptual meaning of SES, there seems to be an agreement on Duncan, Featherman, and Duncan's (1972) definition of the

tripartite nature of SES that incorporates parental income, parental education, and parental occupation as the three main indicators of SES (Smith, Mulder, Bowles and Hill, 2011).

Lareau (2004) observes that socioeconomic status is typically broken into three categories, high, middle, and low to describe the three areas a family or an individual may fall into when placing a family or individual into one of these categories any or all of the three variables income, education, and occupation can be assessed. Additionally, low income and little education have shown to be strong predictors of a range of physical and mental health problems due to environmental conditions may be the entire cause of that person's social predicament to begin with. Simiyu (2001) argues that the family income refers to wages salaries, profit, rents and any flow of earnings received. Income can also come in the form of unemployment or workers compensation, social security, pensions, interests or dividends, royalties, trusts, alimony, or other governmental, public, or family financial assistance. Income can be looked at in two terms, relative and absolute. Absolute income, as theorized by economist Davis-Kean (2005) is the relationship in which as income increases, so will consumption, but not at the same rate. Relative income dictates a person or family's savings and consumption based on the family's income in relation to others. Income is commonly used measure of social economic status because it is relatively easy to figure for most individuals. Income inequality is most commonly measured around the world by the Gini Coefficient, where 0 corresponds to perfect equality and 1 means perfect inequality (Davis-Kean, 2005).

Low income focuses on meeting immediate needs and do not accumulate wealth that could be passed on to future generations, thus increasing inequality. Families with higher and expendable income can accumulate wealth and focus on meeting immediate needs while being able to consume and enjoy luxuries and weather crises. Fulton and Turner, (2008) observes that Education plays a major role in skill sets for acquiring jobs, as well as specific qualities that stratify

people with higher from lower Social economic status. Lareau (2004) speaks on the idea of concerted cultivation, where middle class parents take an active role in their children's education and development by using controlled organized activities and fostering a sense of entitlement through encouraged discussion. Lareau argues that families with lower income do not participate in this movement, causing their children to have a sense of constraint. A division in education attainment is thus born out of these two differences in child rear Gonzalez-DeHass, Willems and Holbein (2005) indicate that occupational prestige as one component of socioeconomic status encompasses both income and educational attainment. Occupational status reflects the educational attainment required to obtain the job and income levels that vary with different jobs and within ranks of occupations. Additionally, it shows achievement in skills required for the job.

Occupational status measures social position by describing job characteristics, decision making ability and control, and psychological demands on the job (Erick, 2012). Occupations are ranked and some of the most prestigious occupations are physicians and surgeons, lawyers, chemical and biomedical engineers, and communications analysts. These jobs, considered to be grouped in the high status in classification, provide more challenging work, ability and greater control over working conditions. Those jobs with lower rankings were food preparation workers, counter attendants, bartenders and helpers, dishwashers, janitors, maids and housekeepers, vehicle cleaners, and parking lot attendants. The jobs that were less valued were also paid significantly less and are more laborious, very hazardous, and provide less autonomy.

According to Bollen and Stecklov (2001), income as an indicator of SES reflects the potential for social and economic resources that are available to the families. The second traditional SES component, education, is considered one of the most stable aspects of SES because it is typically established at an early age and tends to remain the same over time. Moreover, education is an indicator of family income because income and education are highly correlated in the United States

(Hauser and Warren, 1997). The third traditional SES component, occupation, is ranked on the basis of the education and income required to have a particular occupation (Hauser, 1994).

Occupational measures such as Duncan's Socioeconomic Index (1961) as quoted by Aremu, (2000) produce information about the social and economic status of a household in that they represent information not only about the income and education required for an occupation but also about the prestige and culture of a given socioeconomic stratum. In recent years, however, researchers have emphasized the significance of various home resources as indicators of family SES background (Duncan and Brooks-Gunn, 1997; Entwisle and Astone, 1994). These resources include household possessions such as books, computers, and a study room, as well as the availability of educational services after school (McLoyd, 1998).

According to Amutabi (2003), the segregating nature of social class, ethnicity may well reduce the variety of enriching experiences thought to be prerequisite for success in life. Social class, ethnicity, dictate neighbourhood, housing, and access to resources that affect enrichment or deprivation as well as the acquisition of specific value systems. Families with low socioeconomic status often lack the financial, social, and educational supports that characterize families with high socioeconomic status. Poor families also may have inadequate or limited access to community resources that promote and support children's development such as school readiness.

2.1.7   Theoretical Framework

2.1.7.1 Attachment Theory

Attachment theory originated from a variety of theories of human behaviour. Bowlby (1969) was called the father of attachment theory and he studied in the psychoanalytic tradition. Bowlby's Attachment Theory (1979) explains the relationships between children and their first caregivers. Bowlby suggests that the nature of that first relationship is the internal model that the child has about

close relationships and it influences the characteristics of his or her relationships all through his or her life. According to Bowlby (1980), a person's internal working models develop from his or her attachment styles which are established at early ages and guide the approaches to other relationships, for example, couple relationships. This influence initially affects the expectations a person has about the emotional availability of others. That is, the way a person related to his or her parents or caregivers will determine how he or she will relate to a partner in the future.

Attachment theory is a broad, comprehensive theory that provides an evolutionary, biologically-based account for why married individual form and maintain close emotional bonds with others. Bowlby (1980) originally proposed that the attachment-behavioural system functions to protect couples from harm and increase their likelihood of survival by keeping them close to eachother and leading them to seek proximity and contact when married individual encounter potentially threatening or dangerous situations. Comfort and contact with couples helps each other regulate feelings of distress and re-establish a sense of emotional well-being, or felt security (Sroufe and Waters, 1977).

As this sequence of events implies, a primary function of the attachment-behavioural system is to regulate feelings of distress: the perception of threat pushes couple closer to their attachment figure, who typically will provide comfort and safety, leading couples to experience emotional relief (Mikulincer and Shaver, 2007). Through interactions of this sort, married individuals develop internal working models (mental representations) about themselves in relation to important others that are thought to guide attachment processes from couples through length of marriage (Bowlby, 1980; Mikulincer and Shaver, 2007; Pietromonaco and Barrett, 2000).

Attachment theory has spawned a large number of theoretical and empirical studies in developmental and social psychology. Originally formulated by Bowlby (1969), attachment theory conceptualizes the universal couple need to form affectional bonds with others. Within this theory, attachment is described

as a behavioural system which is based on hereditary motivation (Bowlby, 1969). It has emerged as a result of genetic selection, which favoured attachment behaviour because it increased the likelihood of husband-wife proximity and consequently, of offspring survival. The function of the attachment system is to provide spouse with a sense of security (Ainsworth, Blehar, Waters and Wall, 1978). Thus, early in life a married individual acquires a certain attachment style, or characteristic manner of developing bonds with others (Becker, Billings, Eveleth and Gilbert, 1997).

Married individual attachment has a different component compared with other couples attachment. Couples attachment usually focuses on security and protection includes a longing to comfort a partner or engage in sexual activity. Hazan and Shaver (1987) developed a self-report measurement that identified couples attachment classifications on the basis of Ainsworth's classifications: secure, avoidant, and anxious-ambivalent. Bartholomew (1990) expanded Hazan and Shaver's three classifications of couple attachment styles to a four-category model: secure, preoccupied, dismissing, and fearful. Currently, the four different attachment classifications are secure, anxious-preoccupied (AX), dismissive-avoidant (AV), and fearful-avoidant/disorganized (Griffin and Bartholomew, 1994). A variety of inventories now exist to measure the quality of couple relationships. Those inventories have focused on current feelings and behaviours in intimate relationships (Crittenden, 1988).

2.1.7.2 Social Exchange Theory

Levinger (1976) and Huston and Burgess (1979) posited that when studying marital processes of several years, the stability or instability of couples is produced because the advantages (for example, emotional security and social status) outweigh the barriers to ending the marriage (social and religious restrictions, and financial expenses). Behavioural theories about marriage, such as the Social Exchange Theory have their origins in the work of Thibaut and Kelly (1959). This theory is based on research on the behaviours that are exchanged in conflict resolution and has been guided by the premise that

gratifying and positive behaviours improve the global evaluation of marriage, whereas punitive or negative behaviours tend to affect said evaluation adversely. Through time, the accumulation of experiences during and after interaction influences the spouses' judgments regarding the quality of their marital relation (Bradbury and Fincham, 1991). When couples are satisfied, each satisfactory interaction increases their satisfaction with the relationship.

2.1.7.3 Cognitive-Behavioural Theory

Every systems-oriented model of therapy is based on specific theoretical assumptions related to the etiology of the presenting problems, the maintenance of the presenting problems, and the agents of therapeutic change. The tenets of each theoretical model inform therapeutic objectives and interventions utilized when conducting couples therapy. Cognitive-behavioural theory postulates the interconnectedness of cognitions, behaviours, and emotions, such that a change in one is expected to lead to a change in the other. Interpersonal problems arise as faulty cognitions and dysfunctional behaviours are learned and reinforced through repetitive interactions among the involved individuals. While interacting, each member of a couple is behaving, processing and interpreting the other's behaviour, and then reacting to their partner.

The explanation or attribution assigned by one partner gives meaning to the other partner's behaviour, and it prompts the individual to respond based upon their thoughts, regardless of their accuracy (Epstein and Baucom, 2015). This means that distortions in individuals' cognitions about their partner and relationship, such as negative attributions about causes of the partner's actions, and learned maladaptive behaviours, such as poor communication skills and psychological abuse, are the targets of therapeutic intervention. Modifying faulty cognitions and reinforcing positive interactions between partners leads to change in cognitions and behaviours associated with the problems. To enact cognitive and behavioural change, the cognitive-behavioural therapist utilizes cognitive restructuring interventions and skills training, among other interventions.

Due to reciprocity, the relatively balanced exchange of positive and negative behaviours between partners, one partner's cognitive and behavioural change is expected to influence the other partner's change. Changes in both partners' cognitions and behaviours influences the couple's interactions, theoretically diminishing the presenting problems and contributing to the couple's greater subjective satisfaction regarding their relationship (Baucom, Epstein, and LaTaillade, 2015; Epstein and Baucom, 2015). It is important to note that whereas cognitive-behavioural approaches to couple therapy (Epstein and Baucom, 2015) specifically target these types of cognitive and behavioural changes, many other theoretical approaches to couple therapy also address cognition and behaviour, albeit often less explicitly.

Consequently, it is reasonable to assume that cognitive and behavioural changes elicited in the other approaches to couple therapy also would result in some degrees of cognitive and behavioural change, which can lead to increased relationship satisfaction. One condition is cognitive-behavioural therapy, designed to specifically target the restructuring of cognitions, as well as a decrease in negative behaviour, utilizing manualized techniques from the cognitive-behavioural model of couple therapy (Baucom and Epstein, 1990; Epstein and Baucom, 2015). The other is the usual treatment (UT) condition, designed to change negative behaviour with interventions from a variety of systems models of therapy that are routinely applied in the outpatient couple and family therapy clinic (Epstein and Baucom, 2015).

Cognitive-behavioural couple therapy (CBCT) specifically focuses on both behavioural change (decreasing the partners' forms of negative communication behaviour and increasing positive communication) and developing each partner's ability to identify personal cognitions and modify inappropriate cognitions, including unrealistic negative attributions about the partner (Epstein and Baucom, 2015). Cognitive restructuring interventions are part of CBCT, with the goal of increasing each partner's willingness to accept responsibility for the improvement of the relationship and decreasing each partner's blame of the

other. Therefore, individuals' negative attributions about their partners are expected to decrease over the course of CBCT. Interventions utilized in the systems-oriented couple therapy approaches included in the UT condition (e.g., emotionally focused therapy, narrative therapy, strategic therapy) also are expected to modify partners' negative cognitions.

One of the factors implicated as a contributor to marital satisfaction is cognitions. Much of the empirical research examining the relationship between individuals' marital cognitions and marital satisfaction has focused on the role of attributions (Bradbury, Fincham and Beach, 2015). An association between maladaptive attributions for relationship problems and lower levels of relationship satisfaction has accumulated support (Bradbury and Fincham, 1990; Epstein and Baucom, 2015). Thus, the use of CBCT is expected to reduce a couple's negative attributions as well as their negative behaviour toward each other. Furthermore, the degree of reduction in negative attributions, as well as in negative behaviour, will, thus, be associated with the degree of increase in partners' relationship satisfaction.

The cognitive-behavioural model of couple therapy includes an assumption that cognitive changes should lead to behavioural changes (Epstein and Baucom, 2015). Research suggests a link between more negative attributions and higher rates of negative couple behaviours, such as negative communication behaviour during problem-solving (Bradbury, Beach, Fincham and Nelson, 1996). As further evidence of the link between partners' cognitions and behaviour, Holtzworth-Munroe and Hutchinson (1993) found that violent husbands attributed more negative intent toward their wives compared to non-distressed nonviolent men. Based on the cognitivebehavioural model and prior research linking attributions and behaviour, the degree to which therapy results in reduction of partners' negative attributions is expected to be associated with the degree to which there are reductions in psychological abuse and the degrees to which there will be increase in positive communication behaviours and decrease in negative communication behaviour. In addition, because CBCT focuses on the

modification of positive and negative couple behavioural interactions, larger reductions in negative communication behaviour, improvements in positive communication behaviour, and larger reductions in abusive behaviour is expected in the CBCT condition compared to the UT condition.

2.1.7.4 Abraham Maslow's Theory of Needs

Historically, Abraham Maslow was a famous psychologist who contributed significantly to the growth and development of human psychology as evidently shown in the study of human needs and motivation in human environment in the contemporary society. Abraham Maslow was, indeed, regarded to be among the founding fathers of human psychology and motivation in human environment. Mulwa (2008) rightly views Abraham Maslow as one of the founding fathers of the study of human psychology and motivation in the contemporary society.

Abraham Maslow propounded the theory of human needs which is popularly known as Maslow's hierarchy of needs in human environment in the society. Onah (2015) remarks that in 1943 that Brandeis University professor of psychology, Abraham Maslow as a renowned researcher in the study of human needs and motivation came up with his hierarchy of needs theory with a proposal that people are motivated by five levels of needs namely: (1) Physiological needs, (2) safety needs, (3) belonging needs, (4) esteem needs and (5) self-actualization needs.

Self-actualization comes from Maslow's hierarchy of needs which states that beyond the normal air, water, food, and sex, there are other needs that need to be addressed and taken care of before one would become self-actualized. The hierarchy of needs is pyramid-shaped with four different levels before becoming self-actualized. Moreover to Maslow, self-actualization is a process by which individuals may ascend a hierarchy of needs that is linear as opposed to dialectical. According to Goldstein, actualization is "the tendency to actualize, as much as possible, individual capacities" in the world. The tendency to self-actualization is "the only drive by which the life of an organism is determined." He defined Self-Actualization as a driving life force that will ultimately lead to

maximizing one's abilities and determine the path of one's life. McGoldrick also noted that becoming a couple is one of the most complex and difficult transitions of the family life cycle even though it is often perceived as the least complicated and most joyous. Marriage is a legally sanctioned contract between a man and a woman entering into a marriage contract changes the legal status of parties, giving husband and wife new rights and obligations.

Public policy is strongly in favour of marriage based on the belief that it preserves the family unit. Traditionally, marriage has been viewed as vital to the preservation of morals and civilization. The social science literature has documented impressive positive associations between marriage and the earnings of men, family income, wealth, mental health, longevity, happiness, and the success of children (Institute for American Values, 2002). Gary Becker's stated seminal work, marriage makes families better off partly by allowing individuals within families to specialize, which yields greater productivity on the part of the mother and father. Maslow defined self-actualization as the instinctual need of humans to make the most of their abilities and to strive to be the best they can be, continually working to fulfill their potentials and becoming all they are capable of being.

This step in the pyramid includes morality, creativity, spontaneity, problem solving and acceptance. Self-actualized persons can embrace the facts and realities of the world rather denying or avoiding them. They can be spontaneous and creative in their ideas and actions. They are interested in solving problems, including problems of other, and this is often a focus in the way they live life. They feel close to others and appreciate life. They possess a fully internalized system that is independent of external authority. Motivation theory which suggests five interdependent levels of basic human needs (motivators) that must be satisfied in a strict sequence starting with the lowest level. Physiological needs for survival (to stay alive and reproduce) and security (to feel safe) are the most fundamental and most pressing needs. These followed by social needs (for love and belonging) and self-esteem needs (to feel worthy, respected, and have

status).The final and highest level needs are self-actualization needs (self-fulfillment and achievement). Its underlying theme is that human beings are 'wanting' beings: as they satisfy one need the next emerges on its own and demands satisfaction and so on until the need for self-actualization that, by its very nature, cannot be fully satisfied and thus does not generate more needs.

This theory states that once a need is satisfied, it stops being a motivator of human beings. In marital dissatisfaction, if all the needs are met it will enhance marital satisfaction. However, if all these basic needs are not met, it will lead to marital dissatisfaction. He suggested that human beings have a hierarchy of needs. That is, all humans act in a way which will address basic needs, before moving on to satisfy other, so-called higher level needs. Maslow represented this theory as a hierarchical triangle. This shows how basic needs must be met before one can "climb" the hierarchy, to address more complex needs.

2.1.7.5 Evolutionary Theory of Marital Dissatisfaction

The present study is anchored on the Evolutionary Theory of Marital Dissatisfaction. When two people marry, in some cases, they hope their marriage will last all their lives. Others believe their relationship will last as long as they love the other person. Also, there are people who condition their marital status to the satisfaction of their sexual needs and their requirements in terms of affection and protection (Bradbury, Fincham and Beach, 2015; Sabatelli and Ripoll, 2004). As Poma (2012) established, research findings illustrate that sexual intimacy is strongly related to marital satisfaction. On the one hand, when people live together as couples, they may reassess their goals and wishes of remaining together and decide to end the relationship (McNulty and Karney, 2004). In other cases, the idea of continuing the relationship may persist for many years, as there may be powerful personal factors that motivate doing so and because there is a great deal of satisfaction derived from the relationship. Among these circumstances, couples undergo different experiences that condition the course of their relationships.

Empirical evidence on Evolutionary Theory of Marital Dissatisfaction shows that, through the years, each couple's relationship consolidates its own marital trajectory according to the members' experiences and personal characteristics, the interaction of the spouses, and their context (Carbonneau and Vallerand, 2013; Lavner and Bradbury, 2012). A marital trajectory can be defined as the description of the course of a marital relationship that may or may not end in separation and divorce. The course of a relationship is determined by the continuous evolution of the satisfaction derived by the spouses over time. Thus, the stability of a marital relationship is demonstrated by the fact that it ends or remains intact (Karney and Bradbury, 1995; Karney, Bradbury, and Johnson, 1999). Some theories have proposed explanations regarding couple relationships and the partners' motivations for maintaining them.

The Evolutionary Theory is one of them. Some psychological approaches have also analysed the topic. More than a century ago, Charles Darwin proposed a revolutionary explanation regarding the mysteries of pairing (Darwin, 2003). He became intrigued by the disconcerting ways in which animals had developed characteristics that seemed to interfere with their survival such as bright plumage and horns. The answer lies in the fact that these features led to individual sexual success and provided a competitive advantage in acquiring a desirable partner and continuing the genetic lineage (Tooby and Cosmides, 2005). In that sense, Darwin's theory of evolution explains pairing behaviours by identifying two decisive processes: the preference for a specific partner and the struggle for that partner. The application of these concepts to human beings began in the fields of Anthropology and Psychology (Buss, 2007).

Evolutionary psychology, then, seeks to identify the underlying psychological mechanisms of evolution that explain not only the extraordinary flexibility of human behaviour, but also the strategies for active pairing developed by men and women. On one hand, an evolutionary approach proposes that in order to conserve the union, the individuals in the couple should be faithful, have children together, be well-to-do, friendly, generous, understanding, and they should not

sexually reject or neglect their partners (Buss, 2007). That is, in order to maintain a relationship, its members are expected to display desirable attitudes in their thoughts, feelings and behaviours, reflecting in that manner, the best possible version of themselves (Tooby and Cosmides, 2005). On the other hand, contemporary behavioural tendencies indicate that those actions do not necessarily guarantee a lasting marriage. Divorce data in different parts of the world show a similar situation.

In Europe, according to the National Statistics Institutes, Spain and France reported 110.764 and 134.000 divorces in 2011 and 2010 respectively. In America, particularly the United States, one in four marriages ended in divorce in 2009; in Mexico, 16 percent of all married couples divorced in 2011; in Costa Rica 12.592 divorces were reported in 2011; in Brazil the divorce rate rose 0.4% and in Colombia, divorce rate has increased 26.2%, in the first semester of 2011, there were 6,889 cases, while in the same period in 2012, the number of couples who decided to end their marital union rose to 8,694 (Tooby and Cosmides, 2005). Transformative change would be a discontinuous positive or negative change within an iterative process that might lead the couple to function differently from the way it had behaved previously. If the transformation is negative, the relationship might end in separation or divorce (Tooby and Cosmides, 2005). On the other hand, if the transformation is positive, what may emerge is a more secure and confident way of relating to each other. As a consequence, the change in the way the couple functions also transforms the relationship.

The initial satisfaction of a relationship diminishes in time, as the resources that each member should provide become depleted. The relationship might end when it is perceived that others might provide those resources (alternatives) and that there are no significant barriers to leaving the current relationship. Some evolutionary explanations might be considered in order to clarify this trajectory. Buss (2007) posits that unless each member of a couple makes his or her

respective contributions in order for the relationship to continue, he or she runs the risk of being abandoned.

Additionally, the partner provides a model for comparison; in other words, the decision to conserve a partner or free oneself of him or her depends on the result of a comparison to others. If the man no longer provides social status, maturity, and financial resources (resource acquisition in potential, according to Buss, 1989), the woman may contemplate the option of other men (alternatives) and the same can happen if the woman loses her youthful appearance and is no longer physically attractive. In a similar manner, the frequency of sexual relations decreases constantly as the relationship progresses; after a year of marriage, it has reduced to half of what it was during the first month. This occurs gradually (Karney and Bradbury, 1995). Men, after knowing their partners for just a week, still admit to the possibility of having sexual relations with a different partner. Women state that this is highly improbable (Buss, 2007). Considering alternative partners entails the possible occurrence of extramarital relations. This may end the relationship and affect its stability.

This study is anchored on evolutionary theory of marital dissatisfaction simply because it gives a clearer understanding of marital dissatisfaction indices. Many partners seek new romances because they are following an unconscious impulse to have more varied offspring (Karney and Bradbury, 1995). It is highly probable that the trajectory of this relationship will end once different barriers, such as child rearing, are overcome, or when a new partner, one who provides the corresponding resources and satisfies the needs in the relationship, is found. The trajectory of this couple's relationship tends to be short because for its members, the evolutionary explanations weigh more than other possible factors that might be more important in other trajectories. Fisher (2004), from his point of view, explains that the initial attraction becomes stronger and more intense as men and women become couples and raise their children as a team. The child then, becomes a barrier to leaving the relationship. However, as the child grows, many

couples will start to look for new love interests and the child will no longer be a significant barrier.

2.2 Empirical Review

2.2.1 Marital Dissatisfaction among Married Individuals

Research efforts to understand the place of relationship in human lives rarely study intact couples in ongoing relationships. Scattered exceptions can be found, primarily in studies of marital problems or medical conditions, infertility (Peterson, Pirritano, Christensen, and Schmidt, 2008), chronic pelvic pain and marital dysfunction treatment (Fisher, Rosen, Eardley, Sand, and Goldstein, 2005). Consequently, there is limited research evidence concerning marital patterns and marital dissatisfaction across the life span and concerning the independent, additive, and interactive contributions of couple partners to one another's sex and marital satisfaction.

The etiology of marital dissatisfaction can be traced to inadequate marital information, negative attitude toward marriage, unrealistic expectation about sex and breakdown of interpersonal communication. Once a dysfunction develops, it is maintained by the specific anxiety experienced by an individual when placed in a marital situation perceived as demanding. The individual is overly concerned by his "performance" and the attainment of some end goals. In this context the marital inexperienced person often adopts the "spectator" role (Masters and Johnson, 2010) where he or she imagines failing to adequately complete the marriage act. Osundiya (2005) found that 15 to 20% of men in Nigeria suffer one type of marital dissatisfaction or the other. In another study, Akinade and Sulaiman (2005) also found that 40-50% of men in Nigeria experience varying degrees of marital dissatisfaction.

A recent examination of marital behaviour and satisfaction in older individuals (40– 80 years old) found that the predictors of marital well-being, defined using four variables (physical pleasure with relationship in the last 12 months, emotional satisfaction with relationship in the last 12 months, current marital

functioning/marital health satisfaction, and importance of sex to life overall), were largely consistent across 29 nations and that men usually reported higher levels of marital dissatisfaction than did women, regardless of socio-cultural context (Laumann et al., 2016). The study focused on individuals, not persons and their partners, and the percent of the sample that was married or cohabiting was, in fact, not used in the analyses. There thus remains unanswered questions concerning the role and relative importance of marital behaviours and interactions, health status, relationship variables, and historical marital events that might help to conceptualize the patterns of marital and relationship satisfaction in committed couples, particularly those in longer term relationships.

Marital dissatisfaction is a relevant component of human relationship that is considered to be the last stage of the marital response cycle and a marital right (World Health Organization, 2010). It is also a key factor in individuals' overall quality of life. For example, better state of physical and psychological health (Scott, Sandberg, Harper and Miller, 2012) and overall well-being and quality of life has been associated with high marital dissatisfaction. Similarly, relational aspects such as high relationship satisfaction (Henderson, Lehavot and Simoni, 2009), communication with one's partner (MacNeil and Byers, 2009), and marital assertiveness (Haavio-Manila and Kontula, 2007) have been found to be related to greater marital satisfaction. Some studies have found a relationship between good marital functioning and high marital satisfaction (Henderson et al., 2009).

Other variables such as social support (Henderson et al., 2009), good relationships with the children and family, and higher socioeconomic status (Ji and Norling, 2004) have also been associated with high levels of marital satisfaction. Religiosity has also been taken into account to explain marital satisfaction: low religious belief has been associated with greater marital satisfaction (Higgins, Trussell, Moore, and Davidson, 2010). Since marital satisfaction can be affected by individual or relational characteristics as well as

variables such as social support or religion, it is interesting to explain it in the framework of ecological theory (Bronfenbrenner, 2004). An example of this is the use of the ecological model to study marital dissatisfaction. It was proposed by Henderson et al. (2009), who explored the effect of variables corresponding to the microsystem level (i.e., depression, child marital abuse, and internalized homophobia), the mesosystem level (i.e., relationship satisfaction and marital functioning), and the exo-system level (i.e., social support and parenthood) in women.

Results revealed that depressive symptoms, internalized homophobia (in lesbians), satisfaction with the relationship, marital functioning, and social support were variables associated with marital satisfaction. In this adaptation of ecological theory to the study of marital satisfaction, the microsystem refers to individual characteristics (e.g., gender, age, personality, self-esteem); the mesosystem refers to intimate relationships, that is, the immediate environment of the individual (e.g., marital satisfaction, communication, marital assertiveness, marital functioning, marital dysfunction); the exosystem refers to social networks or social status (e.g., family relationships, parenthood, social support, socioeconomic status), and the macrosystem refers to institutional and social factors (e.g., political ideology, religious beliefs) (Bronfenbrenner, 2004; Henderson et al., 2009).

Marital relation is one of the important variables in marital relations because if this relationship is not satisfying it will result to the sense of deprivation, frustration and the lack of safety feeling (Shamloo, 2007). Many problems of modern man resulted in a lack of true marital satisfaction and ignorance of complex dimensions of this fundamental motivation. Marital behaviours and relations like eating and drinking are part of people's needs and are necessary for a healthy marital life and survival of the next generation. After that, Masters and Johnson (2015) began a systematic study of human marital behaviour, and it became clear that marital problems and marital dysfunction is more common than was previously thought.

2.2.2 Imago Relationship Therapy and Marital Dissatisfaction

Researchers have explored imago relationship therapists' use of Imago skills in therapy and therapists' dyadic adjustment in relation to their use of Imago skills with the couples they had worked with (Beeton, 2016; Neil and Andrew, 1996). Pitner and Bailey (1998) surveyed 110 couples who attended nine different imago relationship therapy workshops (called "Getting the Love You Want") across the United States. The workshop participants showed an increase in their Marital Satisfaction ScaleShort Form scores after the workshop and again at six weeks after the completion of the workshop.

Additional research exploring the impact on marital satisfaction after participating in a short-term intervention of imago relationship therapy (Hannah et al., 1997; Luquet and Hannah, 1996) and participation in the imago relationship therapy workshop (Hogan, Hunt, Emerson, Hayes, and Ketterer, 1996) reported an improvement in marital satisfaction and reduction in conflict.

Imago relationship therapy claims to provide couples the skills to deal with the four relationship patterns that Neil and Andrew (1996) and Gottman (1993) determined were predictors of marital dissatisfaction: criticism, defensiveness, stonewalling, and contempt. However, imago theory offers an antidote to the negative relationship attitudes that have been found to be indicators of marital dissatisfaction (Markman and Hahlweg, 1993).

Imago relationship therapy is a form of marriage therapythat takes a relationship approach rather than an individual approach to problem solving in a marriage. It was developed by Dr. Harville Hendrixand documented in his 1988 book, *Getting the Love You Want: A Guide for Couples.* Hendrix and Hunt selected the word "imago," the Latin word for "image," as a name for the "unconscious image of the opposite sex that you had been forming since birth." Imago relationship therapy focuses on collaboratively healing childhood wounds couples share.

According to Hendrix and Hunt (2010), the human brain has a compelling nonnegotiable drive to restore feelings of aliveness and wholeness with which

people came into the world. It is believed by imago therapists that a person's brain constructs an image of characteristics from their primary caretakers including both their best and worst traits. The brain's unconscious drive is to repair damage done in childhood, needs not met, by finding a partner who can give us what our caretakers failed to provide. This is why traits of a future partner often reflect our parents' traits.

People unconsciously drive towards this to seek healing and to resolve unresolved childhood wounds, in order to grow. In this way, wounds received by a person, from their parents, tend to be re-stimulated by new adult partners and potential partners. The re-stimulation triggers old, unresolved emotions (Luquet and Hannah, 1996). Both people in the relationship can learn how to heal one another, and appreciate each other for the person they are this takes time. Couples must engage in a specific type of dialogue for Imago therapy to work. The conscious self may not be able to see and understand clearly the reflection of unresolved parental issues in his or her current marriage partner. Nonetheless, our unconscious connects with this person in its best (unconscious) effort to heal old wounds and allow love into your life again.

Research has shown that if couples can manage conflicts in a positive way and have the ability to solve them, the conflict is not injurious (Sifertz and Schoartz, 2010).This is the nature of the interaction between couples that sometimes disagreement occurs between them and so they would have feelings of anger, disappointment and dissatisfaction to one another. So it should be assumed that in marriage, conflict is a part of the marital relationship and marriage. So the couple must learn to resolve their conflicts for being happy (Sudani and Shafiabadi, 2009).

Interpersonal conflicts are some sort of interactions in which the individuals express their desires, views and conflicting opinions and some researchers know it as normal occurrence in the marriage (Klein, Pleasant, Vaiton and Markman, 2016). Marital dissatisfaction is not always negative, but the way in which couples employ to manage conflict, may have a negative effect on the

relationship. Couples that can manage the conflicts in the relationship positivelyby using less negative demands create an environment in which there are more opportunities for self-disclosure and so there will be agreement on family problems (Johansson and Klinth, 2008).

Among the various (Binary Agreement, 2005; Marital Intimacy (trust and cooperation), the Method of Loving and Sexual Pointlessness (Bayat, 2015); Changing the Attitudes Towards Spouse (Mosaeed, 2009), approaches that have been considered in reducing marital dissatisfaction, Imago Therapy was found to be a positive and effective approach to improve the relations between couples and enhance their communication skills (Veissey, 2007). Imago relationship therapy (IRT) is an analytical treatment that Hendrix (1993) found through some approaches. As the name implies, the most important concept that was given great attention by Hendrix was imagery and communication. This theorist by mental imagery returned the couples to their childhood memories and by reminding their early memories convey their insights and reduce their injuries.

Concepts of power conflicts, violence and the ways to control anger, sexuality, forgiveness and re-illustration of the spouse are considered after understanding the childhood damage (Hussaini, 2012). This approach is a short-term treatment that combines insight of practical skills. Background of this approach is Freud and his colleges' (Yung) psychoanalytic theory, attachment theory and object relations, interpersonal and social learning theory. This perspective emphasizes on the individuals interactions on each other and questions about the personal and system insight paradigm and focuses on the relation paradigm (Etemadi, Navabinejad, Ahmadi and Farzad, 2007).

Imago relationship is a process in which the couples are given awareness and information. Most importantly, that they will be trained about unconscious aspects of their relationship and will be assisted to examine the roots of their conflict. Rather than trying to solve it at the surface (Sadrjahany et al., 2011), imago relationship therapy approach combines the communication, education

and treatment programs to help couples to improve their relationships (Loukit and Hannah, 1996; Sadrjahani et al., 2011).

The effect of Imago relationship theory is that first of all, the couples are trained about the cause of conflicting and are then offered tools and techniques to resolve the conflicts. Thus, they will be familiar with the unsatisfied needs in childhood, the requirements such as approval, attention, interest and availability of parents. These needs come from the natural impulses to grow and as long as they are not satisfied, they will not go away. If these needs do not become conscious, after a quick end in romantic love, the relationship between couples will lead to the growing power struggle and increasing distance in relationship (Hendricks, 2016).

2.2.3 Integrative Behavioural Couple Therapy and Marital Dissatisfaction

Integrative Behavioural Couple Therapy was born out of the research that proved that marital interaction did indeed have effect on marital satisfaction and that help with communication and quality time spent together could increase the quality of one's relationship (Jacobson and Christensen, 1996). The rationale for relationship enhancement is a desire to combat the high level of distress found in many relationships, and the accompanying high marital dissatisfaction rate in our society. Not only is there a high marital dissatisfaction rate, but numerous couples remain in stable but distressed relationships, living among varied degrees of stress over time.

Mace and Mace (1980) suggested that among marriages that do not end in marital dissatisfaction, less than 50% are truly happy marriages. The high distress and marital dissatisfaction rates lead to an increasing amount of distress, disruption, and dislocation of lives, susceptibility to physical and mental disorders, and growing stress on social institutions (Markman et al., 1986). Marital dissatisfaction is a societal issue that has not been fully dealt with and most approaches to marital dissatisfaction occur after the problems have already

developed when there has been a negative effect on spouses and children (Bloom, 1985).

The primary prevention of marital dissatisfaction differs from therapy in that it is based on the identification and intervention of variables most predictive of later distress. The integrative behavioural couple therapy assumes such a primary focus.

Renick et al. (1992) point out that "the central messages in integrative couple therapy are that constructive handling of disagreements can prevent later distress and that couples can change their communication behaviour and take control of their conflicts, instead of their conflicts controlling them (Renick et al, 1992).

The integrative behavioural couple therapy model was designed to teach relationship skills and ground rules for handling conflict and promoting intimacy. Integrative behavioural couple therapy is used for the prevention of marital dissatisfaction and marital discord (Renick et al., 1992). The therapy targets enhancement of protective, positive, aspects of relationships, however, research also indicates that it is most crucial that couples learn ways to handle differences and negative affect constructively (Stanley et al, 1995). The core interventions of integrative behavioural couple therapy are along the behavioural and cognitive lines.

Couples are taught very specific behavioural interventions for effective communication and problem solving (e.g. the speaker-listener technique is taught to let the couple know who has the floor and who is listening and to teach the couples to be able to slowly and effectively communicate). Integrative behavioural couple therapy also uses many types of cognitive interventions (e.g. couples are educated about one's tendency to distort perceptions) (Stanley et al, 1995). In a study assessing thirteen martial enrichment programmes, including integrative couple therapy, Jakubowski et al. (2004) found integrative couple therapy to be an efficacious marriage enrichment programme with longitudinal data available to demonstrate the effectiveness of this programme.

In 1992, 83 couples were still participating in the longitudinal study. The study found that couples that participated in the integrative couple therapy, when compared to control couples, had more stable relationships, improved communication in the short-term, improved or maintained a high level of relationship satisfaction in the long term, exhibited lower levels of negative communication, had fewer instances of negative communication and husbands reported greater relationship satisfaction (Markman, Floyd, Stanley and Storaasli, 2008; Markman, Renick, Floyd, Stanley and Clements, 1993).

Stanley et al. (2001) completed another study looking at the dissemination of the integrative behavioural couple therapy within religious organizations. The subjects were 138 couples planning marriage for the first time in the Denver Metro area. The couple's average ages were in the mid-20s. They used both pre- and post-intervention assessments including self-report measures, and a taped interview—including a problem-solving discussion and a discussion of the couples' top problem area for 10 to 15 minutes. The findings were that clergy and lay leaders were as effective in the short run as university staff in implementing the integrative behavioural couple therapy, couples taking the more skills oriented intervention showed advantages over couples receiving naturally occurring services on interaction quality and couples reported that the communication skills components of integrative couple therapy were the most helpful (Stanley et al., 2001).

Integrative behavioural couple therapy attempts to pre-empt those issues that can arise in the marriage. If marriage education is focused on prevention, then couples can learn new skills before destructive patterns of behaviour and interaction has become established. Studies have shown that couples that have participated in integrative behavioural couple therapy are better off than those who do not participate in one (Giblin, Sprenkle, and Sheehan, 1985) and that certain prevention programmes provide promise for couples in enhancing competence, relationship satisfaction and reducing distress, marital

dissatisfaction and violence (Silliman, Stanley, Coffin, Markman, and Jordan, 2015).

Although research is clear about a few factors that influence marital satisfaction, there are numerous factors that can increase the risk of marital failure or marital dissatisfaction. The factors are indeed plentiful but a few are as follows: dissimilar interests in activities and sexual relations, premarital cohabitation, parental marital dissatisfaction, communication withdrawal and invalidation, dissatisfaction with partners' personality and habits and religious dissimilarity (Stanley et al., 2001).

Stanley (2001) writes that among such a plethora of targets, it makes sense to focus prevention efforts on risk factors that are relatively more dynamic and changeable versus those that are more static and less likely to change (Stanley, 2001). He goes on to say that current research suggests that a number of dynamic variables that are associated with risk (and make plausible targets for prevention) such as negative interaction, conflict management, dysfunctional attitudes and expectations, the preservation of friendship and commitment beliefs and dynamics. In direct contrast to these dynamic variables are static variables, such as personality, which won't likely change.

However, it is useful to help a couple discover that if their partner is rather neurotic, for example, they may have certain tendencies, and those tendencies can affect interaction during conflict. Studies have shown that the prediction of marital satisfaction and marital dissatisfaction have pointed to the quality of the interaction of the partners as highly predictive of future outcomes (Stanley et al., 2001). With this in mind, the interaction between two partners appears to be dynamic and changeable. Integrative behavioural couple therapy have focused on the aspects of the marriage that can be changed to ultimately increase relationship satisfaction and try to evade marital dissatisfaction.

2.2.4 Socioeconomic Status and Marital Dissatisfaction

Lane (2000) found that socioeconomic status has become an area of increasing concern with respect to marital dissatisfaction the world over. Since a spouse wants assurance that their husband will be ready to take care of them financially, that will influence their wellbeing. Aina (2007) examined the relationship between socioeconomic status and marital dissatisfaction; he found that the relationship between socioeconomic status and marital satisfaction was stronger for families with higher levels of socioeconomic status than those with lower levels of socioeconomic status.

Financial matters affect not only financial satisfaction, but also marital satisfaction and quality of life. With the potential to influence so many aspects of everyday life, continued research in understanding the processes involved in this fundamental area of family studies is vital. Satisfaction with one's financial status can enhance marital satisfaction, and more broadly, life satisfaction. Conversely, financial difficulties and dissatisfaction with one's financial status can lead to marital conflict and divorce. How a person manages his/her personal finance has been shown to be a major factor contributing to satisfaction or dissatisfaction with one's financial status. It has been suggested that financial management skills may reduce the chance for marital disagreements, while the lack of such skills may actually create crisis situations.

Income, employment, debt, assets, and the division of household labor all shape the quality and stability of married life. In other words, earning, spending, saving, and sharing money are integral dimensions of contemporary married life (Wilcox, 2009). Financial issues are a common source of discord in personal, marital, and family relationships (Hibbert and Beutler, 2001; Poduska and Allred, 1990; Voydanoff, 1990). Satisfaction with one's financial status can enhance marital satisfaction, and more broadly, life satisfaction (Berry and Williams, 1987; Mugenda, Hira and Fanslow, 1990). Conversely, financial difficulties and dissatisfaction with one's financial status can lead to marital conflict, dissatisfaction and divorce (Poduska and Allred, 1990). Also, couples

who felt more in control of their lives felt more satisfied with their financial status (Parrotta and Johnson, 1998).

Hibbert and Beutler (2001) found that quality of family life was perceived to be higher among families in which financial self-reliance was more highly valued. Families which were prudent in paying bills on time, living within the family's income, and avoiding unnecessary debt increased respect for the family, a sense of self-worth, and diminished financially driven family tensions. They also concluded that imprudent financial behaviour led to greater family unkindness, decreased family communication, and diminished quality of life. Wilcox and Dew's (2008) research indicates that husbands are significantly less happy in their marriages, and more likely to contemplate divorce, when their wives take the lead in breadwinning. On average, men do not have difficulties with working wives, so long as their wives work about the same amount of time or less than they do (Wilcox and Dew, 2008). Very few studies have examined whether financial issues such as consumer debt or financial assets are linked to marital dissatisfaction and divorce. One study has suggested that neither consumer debt nor financial assets are associated with marital dissatisfaction (Sanchez and Gager, 2000). Moreover, some scholars have asserted that financial issues do not predict divorce without actually testing the proposition (Andersen, 2005; Dean, Carroll and Yang, 2007).

A study by Dew (2007) indicates that consumer debt plays an important role in eroding the quality of married life. Consumer debt fuels a sense of financial unease among couples and increases the likelihood of a quarrel over money matters; moreover, this financial unease casts a pall over marriages in general, raising the likelihood of an argument over issues other than money and decreasing the time they spend with one another. For instance, newlywed couples who take on substantial consumer debt become less happy in their marriages over time. By contrast, newlywed couples who paid off any consumer debt they brought into their marriage or acquired early in their marriage had lower declines in their marital quality over time (Dew, 2007). Consumer debt is

also an equal-opportunity marriage destroyer no matter if couples are rich or poor, from working class or middle class. If couples accrue substantial debt, it puts a strain on their marriage.

Assets, on the other hand, sweeten and solidify the ties between spouses. Assets minimize any sense of financial unease that couples feel, with the result that they experience less conflict. Assets also decrease the likelihood of marital dissatisfaction and divorce. Interestingly, the protective power of assets only works for wives, and for two reasons. First, wives with more marital assets are happier in their marriages and, as a consequence, are less likely to seek separation. Second, assets make wives more reluctant to pursue a divorce because they realize that their standard of living would fall markedly after a divorce (Dew, 2009). Perceptions of how well one's spouse handles money also play a role in shaping the quality and stability of family life. When individuals feel that their spouse does not handle money well, they report lower levels of marital happiness (Britt, Grable, Briana, Goff and White, 2008). In fact, in one study, feeling that one's spouse spent money foolishly increased the likelihood of divorce for both men and women (Amato and Roger, 1997).

More generally, conflict over money matters is one of the most important problems in contemporary married life. Compared with disagreements over other topics, financial disagreements last longer, are more salient to couples, and generate more negative conflict tactics, such as yelling or hitting, especially among husbands. Perhaps because they are socialized to be providers, men seem to take financial conflict particularly hard (Papp, Cummings and Goeke-Morey, 2009). The increase in the cost of living, with its concomitant negative effect on economic wellbeing, is a major concern of couples.

Researchers Davis and Carr, (1992), Davis and Weber (1990), Garman and Forgue (2000), Tyson, (1994) present formal financial management strategies as the ideal. Such strategies as goal setting, budgeting, saving, and record keeping were found to be inversely related to financial arguments between spouses (Lawrence, Thomasson, Wozniak and Prawitz, 1993). It has been suggested that

financial management skills may reduce the chance for marital disagreements, while the lack of such skills may actually create crisis situations (Israelsen, 1990). When couples argue about finances, they tend to disagree more about how available finances should be managed or spent rather than about how much or how little they have (Blumstein and Schwartz, 1983; Lawrence, Thomasson, Wozniak and Prawitz, 1993, Williams and Berry, 1984). Godwin (1996) identified perceptions of income adequacy and money management as well as actual money management behaviors as intervening variables between "financial and marital well-being".

Although maintaining a fulfilling marriage is challenging in all segments of society, it appears to be disproportionately challenging within low-income communities, where rates of separating and divorce are nearly twice as high as in more affluent communities (Bramlett and Mosher, 2002; Raley and Bumpass, 2003). Recognizing the heightened vulnerability of low-income couples, and the severely negative consequences of divorce for low-income spouses and their children (e.g., poverty, mortality, lower education) (McLanahan and Sandefur, 1994;Rogers, 1995;Smock, Manning and Gupta, 1999). Yet there are strong reasons to expect that lower-income couples may experience a different range of relationship problems than those faced by more affluent couples.

Several theoretical perspectives converge to suggest that, in contexts where chronic stress is high, couples' concerns about resources will take precedence over their concerns about emotional fulfillment. Maslow's (1943) "hierarchy of needs" is the classic expression of this idea, predicting that before individuals can devote attention toward higher-order needs such as intimacy and emotional fulfillment, they must address basic needs, such as money, food, and housing. For low-income couples whose basic needs are not easily or predictably met, relationship problems related to income and employment may attract more attention than challenges related to maintaining or improving emotional connections.

Elaborating on the premise that a family's level of stable resources affects their interpretation of and coping with specific stressors, Hill's Crisis Theory (1949) predicts that where resources are few (e.g., in low-income communities), stressors that may be minor annoyances in more affluent communities may be highly salient, and may therefore affect marriages in those communities disproportionately. Thus, although lower-income couples value having a healthy marriage as much as higher-income couples (Trail and Karney, 2012), the intrusion of external stressors into low-income couples' lives may draw focus away from concerns about the relationship, such as communication and intimacy, and toward concerns about financial and physical security.

On the contrary, few studies have assessed perceptions of relationship challenges within low-income communities (Administration for Children and Families, 2012; Lundquist, Hsueh, Lowerstein, Faucetta, Gubits, Michalopoulos and Knox, 2014). Those studies confirm that low-income individuals do perceive a wider array of relationship challenges than more affluent individuals. For example, ratings of the severity of relationship-specific issues like communication, sex, and being a parent do not differ significantly by income, but low-income individuals do rate money, drinking or drug use, being faithful, and friends as more difficult problems for their relationships than do more affluent respondents (Trail and Karney, 2012).

Studies of divorced individuals found that their reasons for divorcing differed by socioeconomic status, such that lower-SES individuals were more likely to attribute their divorce to issues such as abuse, financial problems, employment problems, and criminal activities, whereas higher-SES individuals were more likely to attribute their divorce to personality clashes, incompatibility, and lack of communication (Amato and Previti, 2003;Kitson 1992). Qualitative research on low-income, cohabiting couples in the Fragile Families study reached a similar conclusion, revealing that the majority of these couples experienced tensions over issues of housing, economics, employment, childcare, household chores, and personal issues such as drug and alcohol use (Waller, 2008).

Together, these results suggest that relationships in lowerincome communities may face a greater array of relationship problems than relationships in more affluent communities.

However, the ranking of finances and other contributors to divorce vary from study to study (Albrecht, Bahr and Goodman, 1983; Lown and Chandler, 1993). In addition, research by Kerkmann, Thomas, Jean and Scot, (2000) found that financial problems significantly contributed to lower reported marital satisfaction among married couples. Blumstein and Schwartz (1983) concluded that "money establishes the balance of power in relationships" thus, setting the tone for marital interactions.

Quamma and Greenberg (1994) found that socioeconomic status helps the married individual to lessen spouse abuse and enhance marital satisfaction. They also found that social support and socioeconomic status could help the married individual manage and lessen their marital problems. Idialu (2003) found that socioeconomic status could act as a protective factor that could decrease marital dissatisfaction among married individual such as financial stress. A study by White and Rogers (2000) found that socioeconomic status provides motivational influence on couples' marital satisfaction. This study is supported by the findings by Quamma and Greenberg (1994) who found that less socioeconomic status from these sources would lead to couples marital dissatisfaction and spousal abuse.

Furthermore, a positive correlation between socioeconomic status and marital dissatisfaction has been reported by Sinha and Verma (1992) in that low level of socioeconomic status have been associated with marital dissatisfaction and depression among couples. Socioeconomic status was found to be one of the most important protective factors for marital satisfaction (Risi, Gerhardstein and Kistner, 2003). Socioeconomic status could help married individuals to cope with everyday life stressors and enhance marital satisfaction. Without enough socioeconomic status, they would be in less marital dissatisfaction.

Idialu (2003) investigated the causes of marital dissatisfaction among couples in Edo State. In her study, emphasis was placed on family finances. A major conclusion reached in the work has to do with the fact that financial problems put enormous strain on family relationship. She argued that contemporary marriages experience more strain because of socioeconomic status/financial matters than any other factors. This conclusion also agreed with that of Lauer (1992) who found that major reasons why couples engage in marital dissatisfaction were as a result of insufficient income. According to some cross-cultural analysis of marital dissatisfaction and socioeconomic status conducted in selected geopolitical zones in Nigeria. Aina (2004), investigated the phenomenon among the Yorubas, Tenuche's (2004) study focused on Tiv, Idoma, and Igede peoples of Kogi and Benue States. The minority ethnic groups in Edo and Delta States were explored by Aderinto (2004), while Alumanah (2004) undertook a study of the Igbos. Using semi-structured questions, indepth interviews and Focus Group Discussion (FGD) guides, they reported that the incidence of marital dissatisfaction is something at partners, denial of housekeeping allowance to mention a few. However, the works of the above-named scholars focused attention only on the socioeconomic status causes of marital dissatisfaction, which in most cases is only an aspect of domestic conflicts.

Similarly, Rennison and Welchans (2002) found that couples living in households with lower annual household incomes experienced marital dissatisfaction at significantly higher rates than couples in households with higher annual incomes. This happens because when resources required to take care of responsibilities at home are not met by a man, such could make the wife to disobey the husband or less fidel to him as an African which may result to marital dissatisfaction. According to Seabi (2009), it hurts men to know that wives/partners do not respect them and lay charges against them and obtained protection from the public through nagging or complaints.

2.2.5 Religiosity and Marital Dissatisfaction

Religion has a close relationship with human life. One of the most popular areas regarding religious influence to which researchers have paid attention has been the marital relationship (Dudley and Kosinski, 1990). Marriage has been closely associated with religion because it is regarded as a religious sacrament that couples pledge to live together in the eyes of God (Worthington el al., 2005). When couples believe in a religion that puts emphasis on marriage, they make a better commitment in their marital relationship (Call and Heaton, 1997).

First, more religious individuals may anticipate as well as experience added cognitions or feelings of guilt and failure if a divorce occurred (e.g., I am violating a vow I made to God), compared to less religious individuals who may be more likely to view dissatisfaction as an acceptable solution to deal with unrewarding marriages. Second, more religious individuals may risk greater external disapproval if they divorce because their friends and family members object to divorce on religious grounds (e.g., divorce represents a serious spiritual failure). (p. 586). In some cases, individuals may have been less religious to begin with and subsequently more likely to divorce and remarry. For others, a feeling of guilt, failure, or shame may prevent them from returning to a religious institution. Although religious teachings often provide substantive elements in the form of specific guidelines for spousal roles that shape identities, attitudes, and behaviours, spouses in remarriages and complex family structures may find it difficult to fulfill the roles and expectations that are defined and set forth by religious institutions.

Chatters and Taylor (2005) suggest that "problems in enacting marital and parental roles (e.g., differences in marital role definitions) may have direct negative influences on family outcomes (e.g., marital satisfaction)" (p. 520). It is possible that spouses in marriage may feel unsure about their roles and may not immediately feel like they

"fit" in a religious setting, which may add additional stress and feelings of not belonging because of the implicit or explicit message about divorce and

remarrying they may receive from a religious institution and from society more broadly. These perceptions and feelings of insecurity and unrealistic standards and expectations often add stress to the family, particularly for couples in a remarriage (Bray and Kelly, 1998; Visher and Visher, 1993). Taylor and Chatters (1988) observed that divorce and separation may be stigmatized processes that may cause church networks to withdraw support. Conversely, although research findings indicate that couples in first marriages that have similar levels of religiosity and share the same faith are happier, this may not be true for couples in remarriages. Simply stated, religious issues may not be as important to spouses in a remarriage compared with other issues they may be experiencing. Perhaps spouses in a remarriage sense a barrier that many religions implicitly or explicitly impose regarding divorce (Levinger, 1976).

Findings from other areas of research indicate that same-faith marriages are more stable than interfaith marriages (Bahr, 1981) and those spouses in same-faith marriages report higher levels of marital satisfaction (Glenn, 1982; Heaton, 1984). Kalmijn (1998) in his study discovered that, if couples share similar knowledge and beliefs about religion this may encourage positive communication, interactions, and mutual understanding. Also, similar values and opinions shared by spouses lead to similar behaviours and worldviews, which are mutually confirmed and supported. Finally, similar religious views may promote joint activities, both religious and nonreligious, which can strengthen the relationship bond. Curtis and Ellison (2002) add that religious and denominational similarity among couples may facilitate a greater likelihood for consensus when it comes to family matters and joint decisions on these issues. Attending a church also provides a close network of support. Taylor and Chatters (1988) observed that the more involved people are in their church networks, the greater the support they typically receive. They further note that "marital and family events such as divorce and separation may be stigmatized occurrences that may curtail support from church networks" (Chatters and Taylor, 2005).

However, research related to divorced and remarried individuals and religiosity and church network support is lacking.

Examining religiosity and marital and family life has expanded in recent decades; there is much to be learned about the role religion plays in the lives of couples in diverse family structures, including remarriages. Statistics indicate that approximately half of all marriages entered into today in a remarriage for one or both partners (U.S. Census Bureau, 2000). As a result, remarriages are becoming one of the most common family forms in civilized societies (Fein, Burstein, Fein and Lindberg, 2003). Research indicates that compared with couples in traditional marriages, marriages are more likely to end in separation and/or divorce (Bramlett and Mosher, 2002; Kreider, 2005). Several studies have provided explanations for the higher rate of dissolution among marriages. Booth and Edwards (1992) analyzed data collected from multiple phone interviews with 2,033 married individuals and concluded that their marriages are more fragile because they are less likely to have positive social supports, they are more likely to see divorce as a solution, and there are fewer available partners with whom they have similar values to choose from.

Similar to the empirical work examining religiosity and marital functioning, the body of literature exploring issues related to the marital quality of couples in marriages has increased in recent decades. However, various roles have accompanying expected patterns of behaviour and proscribe norms for interpersonal interactions. Religion can have a powerful influence on roles, behaviours, and social interactions. Religious institutions often provide a framework of beliefs and practices that reinforce role identities such as what it means to be a parent or spouse (Ellison, 1994). Religious institutions and activities provide a mechanism to receive social support from people with similar attitudes and values.

Mahoney, Pargament, Tarakeshwar and Swank (2001) emphasize that "such benefits of church membership could occur regardless of particular religious beliefs about family life" (p. 585). Second, the substantive element of religion is

the combination of beliefs and practices promoted by religious institutions that shape the attitudes, beliefs, and behaviours of individuals. One substantive element of religion is the assertion that marriage should be a lifelong commitment and, therefore, in most situations divorce is not justifiable (Mahoney, Pargament, Tarakeshwar and Swank, 2001).

Although the religious beliefs shape the family life, families' attitudes toward religion also shape the continuity and transmission of the religious values and behaviours to other generations. Marks interviewed seventy-six highly religious minded Muslim, Jewish, Mormon, and Christian married couples to examine the religions' three dimensions (religious practice, spiritual practice and, and faith community) and their impact on marriage. Their study revealed that religiosity and harmony of faith in God and practice and beliefs prolonged the marital functioning of religious couples (Marks, 2005).

In the previous study, David and Stafford (2013) applied a religion and spiritualitybased relational model, using the association of people with God, religious couples' joint communication and their forgiveness behaviours as the marital satisfaction predictors. The study showed that one's spiritual relationship with God is the indirectly critical factor for quality of marriage and seems to manifest itself between married couples in religious communication, which was directly associated with marital quality (David and Stafford, 2013). According to Navid, Mohammadi, Sasannejad, Aliakbari Dehkordi, Maroufizadeh, Hafezi and Omani-Samani (2018), there are three fundamental perspectives on marriage: marriage as a ceremony, marriage as a concordat and marriage as an agreement. The perception of marriage as a ceremony derives from the religious custom. The perspective of marriage as a treaty is the predominant view of religious philosophy. The interpretation of the agreement is that marriage is a two-sided indenture that is willingly shaped, sustained, and dissolved (Boyce and Wood, 2016).

According to the literature, religiosity creates marital satisfaction and intimacy among married couples and supports the importance of marriage, which creates

marital commitment among spouses. Thus, religiosity leads to a satisfied and happy marriage. According to Austin, Macdonald, and MacLeod (2018), religious couples have negative feelings about divorce and are willing to sacrifice for each other to maintain their marriage. Austin, Macdonald, and MacLeod (2018), further discovered that religiosity and its components, religious commitment and religious practice along with influential factors, were associated with the marital satisfaction of married couples.

Especially, church attendance by couples (Ploch and Hastings, 1998) and their' role for transmission of religious beliefs and behaviours are crucial (Bao, Whitbeck, Hoyt and Conger, 1999). Many researchers underlined the association between religiousness and marital satisfaction (Anthony, 1993; Dudley and Kosinski, 1990; Shehan, Bock and Lee, 1990). Giblin (1997) argued that religion affects communication, conflict resolution, decision making, commitment, sexuality, and parenting dimensions of marriage. Moreover, partner's similar religious beliefs (BeitHallami and Argyle, 1997), reading bible or religious materials, praying, church attendance (Booth, Johnson, Branaman and Sica, 1995), and attendance to religious services (Call and Heaton, 1997) were found to be related to lowered divorce rates and even to the lower tendency to think or discuss the divorce. Butler, Gardner and Bird (1998) claimed that praying is a ''softening'' activity for religious couples when they are experiencing a conflict. They found that, praying enhanced relation and partner orientation, increased empathy, unbiased perspective, self-change focus, decreased hostile emotions, and emotional reactions. Similarly, Mahoney, Pargament, Jewell, Swank, Scott, Emery and Rye (1999) found that proximal religious constructs (i.e., perceived sacred qualities of marriage, faith in the manifestation of God in marriage) reflected an integration of religion and marriage.

Nonetheless, overall higher levels of religiosity are related to adjustment to marriage, accommodating the needs and expectations of a spouse and adapting to changes resulting from being married (Erik and Margaret, 1984). Even among the unhappily married, increased religiosity has been linked to higher levels of

marriage satisfaction (Daniel and Alan, 2005). Additionally, although religious participation does not appear to directly reduce barriers to marriage dissolution, a strong religious belief in marriage as a lifetime commitment has been linked to higher levels of marriage stability and quality (Tim and Stan, 1991; Shlomo, 1996).

In his study, Gary (1987) observed that women develop gender- and religious-based values of compassion, self-sacrifice, obedience and humility, resulting in lower expectations of significant rewards from marriage while still being satisfied, regardless of their level of religiosity. There also appears to be an interaction effect on the relationship between religion and marriage outcomes related to dyadic religiosity, with higher levels of shared religious beliefs between spouses, shared religious convictions about the sanctity of marriage and shared religious beliefs concerning lifelong marriage being linked to better marriage outcomes, especially for wives (Florence and James, 1996).

Belief in marriage as sacred has been linked to a decrease in the detrimental effects of stressing events and an increase in desirable marriage outcomes among older adults (Allen, Amy and Jakob, 2014; Christopher, Andrea, Norval and Kristine, 2011; Laura, David and Sterling, 2014). Religious beliefs concerning relational values (e.g., forgiveness, commitment and sacrifice) appear to indirectly improve marriage satisfaction and quality (Randal and Alan, 2013), and beliefs about the sanctification of marriage may help married couples resolve conflict by preventing conflict, improving conflict resolution and enhancing relationship reconciliation (Nathaniel and David , 2006). People who believe that marriage is sacred may also be more likely to remain committed to marriage because they have made a promise to God, they want to abide by God's guidelines for marriage and they believe their marriage is part of God's will (Judith, Amy, Pedra and Sheryl, 2011). People invest in the sacred, protect that which is sacred, gain satisfaction in the pursuit of the sacred, glean spiritual emotions from the sacred and suffer severe consequences from the loss of the sacred (Kenneth, 2005).

Also, Michael and David (2006) report that a belief in sacred marriage that includes a belief that marriage is part of God's plan and that God is involved in the marriage results in marriages that exhibit more stability and unity, increased growth and motivation and higher levels of happiness and peace. Religion is believed to provide meaning to commitment in marriage because it has a sacred purpose and provides people a perspective that helps them stay together during stressing events (Michael, David, Loren and Emily, 2013; Nathaniel and David, 2008). Religious discourse among couples who believe their marriage is sacred has also been linked to positive marriage outcomes. According to Katherine, Annette, Kenneth and Alfred (2014), increased levels of religious discourse between spouses, coupled with a shared belief in the sanctification of marriage, decreased the likelihood of negative interactions during periods of conflict. Religious discourse appears to have the strongest influence on people's everyday life decisions when they participate in religious communities that stress the salience of religion's role in everyday decisions (Sigalow, Shain and Bergy, 2012). Religious discourse concerning the eternal nature of marriage beyond death has been linked to enduring marriages, as well (Nathaniel and David, 2008).

Previous studies show that religion has played an important part to moderate the symptoms of the serious crises of human life (Ahmadi, Azad-Marzabadi, and Nabipoor Ashrafi, 2008). When couples get married, they have to negotiate several issues such as childcare, where to live together, holiday plans, and religious activities. In this process, they may experience tension, stress, conflict, and dissatisfaction (Parsons et al., 2007).

Religious components include individual prayer times, group engagement in religious services, the reading of religious scripture, keeping an orthodox belief, and displaying religious commitment (Cornwall, 1989). The study of the relationship between marital dissatisfaction and religiosity shows how religious factors play an important role in marital relationships. According to Koenig and Kenin (1992), people who are more committed in religion have a propensity to

deal more appropriately with stress, depression, anxiety, and physical illness than non-religious people. Many previous studies also show that religiosity has a close relationship with marital dissatisfaction. Some researchers have used several religious factors to measure religiosity such as church attendance (Goddard, Marshall, Olson, and Dennis, 2012; Sussman and Alexander, 1999), church affiliation (Snow and Compton, 2016), religious homogamy, heterogamy, or congruence of religious faith between couples (Brandt, 2004; Shehan, Bock, and Lee, 1990), prayer (Tloczynski and Fritzsch, 2015), religious orientation (Brimhall and Butler, 2007), and religious commitment (Mockabee, Monson, and Grant, 2001). Much of the research which investigated the relationship between religiosity and marital dissatisfaction was on the basis of the idea that more religious couples are more likely to have a happy and stable marital life than other couples (Call and Heaton, 1997; Sullivan, 2001).

Almost all research about religiosity and marital dissatisfaction was reported from America, Canada, or New Zealand. Some of the results from other countries such as Turkey (Eremsoy, Celimli, and Gencoz, 2005) and Iran (Ahmadi and Hossein-abadi, 2009) were reported in journals and also showed that religiousness was an important predictor of marital dissatisfaction. The term "spirituality" can be interchangeably used with religion (Nedumaruthumchalil, 2009). However, while religion focuses on religious beliefs, rituals, and traditions in a religious community (Carlson, Kirkpatrick, Hecker, and Killmer, 2015), spirituality emphasizes individual experience. According to Walsh (2009), spirituality is "an overarching construct, which refers to dimension of human experience involving personal transcendent beliefs and practices, within or outside formal religion, through family and cultural heritage, and in connection with nature and humanity". In this perspective, this study includes both religiosity and spirituality in the definition of religiosity.

Several research studies exploring the relationship between religiosity or religion and marital dissatisfaction in South Korea have been conducted (Jeong, 2005; Park, 2001). However, most studies in South Korea recruited the

population in one city or limited areas in South Korea. The studies also focus on the relationship between faith in God and marital dissatisfaction. This study will recruit the sample in several metropolitan areas (Seoul, Daejeon, Daegu, and Busan, 2017) in South Korea. Research on the role of religion and marital dissatisfaction reveals that religiosity and marital dissatisfaction have a positive relationship with each other.

Research investigating the relationship between religiosity and marital dissatisfaction shows that more religious couples have happier and more stable marriages than other couples (Call and Heaton, 1997; Sullivan, 2001; Schramm, Marshall, Harris and Lee, 2012). Karslow and Robinson (1996) found that religious beliefs are ranked as the fifth most important element for marital dissatisfaction. Most studies on religiosity and marital dissatisfaction support the correlation between the two variables. Much research indicates that there is a positive correlation between martial satisfaction and religiosity. Religiosity has an effect on marital dissatisfaction for the following reasons: First, religiosity creates close connectedness between couples; the couples have similar religious beliefs, which lead to a sense of being closer (Robinson, 1994).

Second, religiosity strengthens the importance of marriage which creates marital commitment between the husband and the wife (Larson and Goltz, 1989).

Worthington (1990) introduces the idea that Christian marriage is not a contract but a covenant commitment which increases marital dissatisfaction and commitment. Third, church attendance and shared beliefs lead to a satisfying marriage (Lehrer and Chiswick, 1993). Fourth, religious teaching about non-marital sex or extramarital affairs restrains Christian couples from having sex with other partners (Call and Heaton, 1997).

Markman, Stanley, and Blurnberg (1994) showed three results that explain why religious couples put a high value on marriage. First, religious couples who are more conservative are more likely to say that marital dissatisfaction is wrong than nonreligious couples. Second, when religious people face difficult problems in their life, they will experience significant social demands to stay together and

solve the problems. Third, religious couples are more likely to say that they are satisfied with their sacrifice for one another. These outcomes may come from the fact that traditional religious groups emphasize the importance of marriage and loving the other person more than oneself.

Glenn and Weaver (2016) found that religious homogamy had a positive relationship with marital dissatisfaction. Schramm (2012) also contended that couples who have the same religious denominations have higher marital adjustment than couples who have different denominations. Wilson and Filsinger (1986) found ritual experience and belief to be significantly correlated with marital dissatisfaction. Bahr and Chadwick (2005) found that church affiliation and church attendance correlated with marital dissatisfaction.

According to Dudley and Kosinski (1990), family worship and congruence with spouse on religiosity and church attendance were the strongest religious predictors of marital dissatisfaction. Myers (2016) also found a significant relationship between spousal similarity in church attendance and marital dissatisfaction and stability on the basis of national surveys from 1980 and 1997. Many research studies strongly support that religiosity is one of the most important predictors for marital satisfaction. Lichter and Carmalt (2008) examined the relationship between religion (affiliation, belief, and practice) and marital strength and stability with low income married couples.

The participants of the study were 433 low income married couples with minor children and the researchers used survey data in the Marital and Relationship Survey. They found that the majority of low income couples recorded surprisingly high scores on several dimensions of marital quality such as commitment and emotional support among others. Spirituality also has a strong relationship with marital satisfaction. Roth (1988) investigated the relationship between spiritual well-being and marital adjustment. The researcher studied 147 married individuals from three Southern California United Methodist and Baptist churches. Roth found that there was a significant relationship between the two variables and significant gender difference.

2.2.6   Conceptual Model for the Study

| Independent Variables | Intervening Variables | | Dependent Variable |

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Imago Relationship
Therapy (IRT)
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Integrative Behavioural
Couple Therapy (IBCT)
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Organismic Factors   Environmental Factors

- Emotional Maturity

- Self Esteem

- Religiosity

- Socioeconomic Status

Reduction of Marital Dissatisfaction

Stimulus (S) ⟶ Organism (O) ⟶ Response (R)
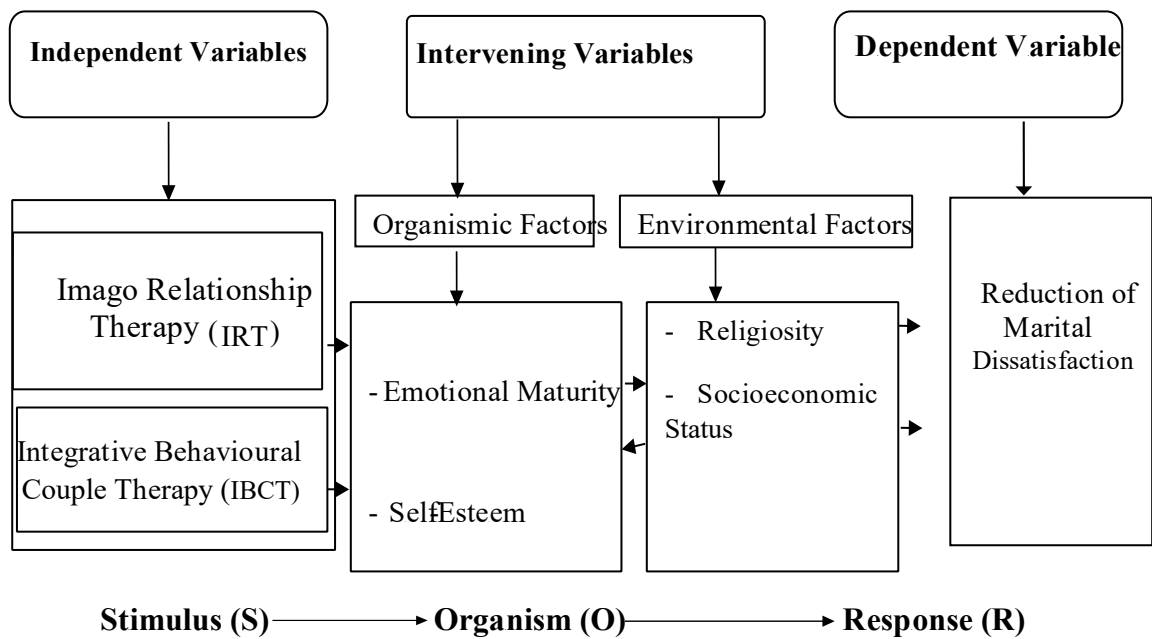
2.2.6.1 Explanation of Conceptual Model

The conceptual model for this study is composed of the independent variable or the treatment packages namely; Imago Relationship Therapy (IRT) and Integrative Behavioural Couple Therapy (IBCT). These variables will be manipulated by the researcher to see their effect on the dependent variable (Marital Dissatisfaction). The intervening or mediating variables consists of organismic and environmental factors. The organismic factors are those factors which are resident within the individual such as religiosity, gender, locus of control, self-esteem, self- efficacy and age among others. The environmental factors are variables which are resident outside the individual and could affect the responses of the participants to the treatment package

Examples of environmental factors are social support, work overload and socioeconomic status, among others. These variables intervene between the independent and dependent variable and when manipulated will be expected to produce measurable effects on the dependent variable which is reduction of marital dissatisfaction. Though several intervening variables are capable of influencing the effectiveness of the interventions in achieving reduction of marital dissatisfaction in this study, the intervening variables of interest are religiosity and socioeconomic status. This is because literatures have shown that these have significant influence in reduction of marital dissatisfaction of married individuals of Catholic Churches.

CHAPTER THREE
METHODOLOGY

This chapter focuses on the explanation of how the study was carried out. This includes the description of the research design, the study population, the sample and sampling techniques, instrumentation, procedure for data collection, summary of activities in the experimental groups and method of data analysis.

3.1 Research Design

The study adopted a concurrent mixed design, using focused group discussion anda pre-test-post-test, control group quasi-experimental design with a 3x3x2 factorial matrix. In essence, the row consists of Imago Relationship Therapy and Integrative Behavioural Couple Therapy and the control. The row was crossed with religiosity varied at two levels (High and Low) and Socioeconomic status varied at three levels (High SES, Average and Low SES). Also the study adopted qualitative method using a Focus Group Discussion (FGD) in other to enhance the quality of the information.

This is represented in the table below.

Table 2: A 3x3x2 Factorial Matrixes for the Reduction of Marital Dissatisfaction of Married Individuals

Treatments	Socioeconomic Status						
	High SES (B_1)		Moderate SES (B_2)		Low SES (B_3)		
	Religiosity						
	High (C_1)	Low (C_2)	High (C_1)	Low (C_2)	High (C_1)	Low (C_2)	Total
IRT (A_1)	5	6	6	4	7	4	32
IBCT (A_2)	6	5	5	5	5	5	31
CG (A_3)	6	4	5	6	5	7	33
Total	17	15	16	5	17	16	N=96

Key: **RL = Religiosity, SES =Socioeconomic Status, IRT =Imago Relationship Therapy, IBCT = Integrative Behavioural Couple Therapy, CG =Control Group** A_1= IRT

A_2=IBCT

A_3=Control

B_1= High SES

B_2= Average SES

B_3= Low SES

C_1= High religiosity

C_2= Low religiosity

This design is schematically represented as

O1 X O2

O3 X O4

O_5 O_6

$O_{1,}$ O_3 and O_5 = Pre-test Scores

$O_{2,}$ O_4 and O_6 = Post-test Scores

   XA1 = Experimental treatment of Imago Relationship Therapy

   XA2 = Experimental treatment of Integrative Behavioural Couple Therapy. = No treatment was given to the Control Group

3.2   Population

The population for the study comprised of all married individuals in the Catholic Churches with not more than 10 years in marriage within the three (3) senatorial districts (Lagos West, Lagos East and Lagos Central) in Lagos State, Nigeria, as recognised by the national constitution. Presently, there are 161 Catholic churches with a record of over 600,000 married individuals in Lagos State, Nigeria.

3.3   Sample and Sampling Technique

Multi-stage sampling procedure was used to select the participants for the study. The first stage involved a simple random sampling technique in selecting one local government area from each of the three (3) existing Lagos senatorial districts (Lagos West, Lagos East and Lagos Central). Secondly, a simple random sampling technique was used to select one (1) parish in each of the local government areas selected from each of the three (3) senatorial districts. The selected Catholic Churches in each local government area made up the three groups for the study. The treatments were randomly assigned to groups. Finally, from each of the three (3) parishes selected, the screening test score and inclusion criteria were used to recruit participants for the study.

3.4   Instrumentation

3.4.1 Marital Dissatisfaction Scale: Marital dissatisfaction scale developed by Haavio-Manila and Kontula (2007) was used to screen the participants in collaboration with the inclusion criteria stated in the study. Marital dissatisfaction scale is a 15-item inventory. Examples of items in the scale include: "*My partner and I participated equally when making most decisions, When my partner and I discuss, we both attempt not to allow for equal air time, My partner and I often engage in meaningless conversations when we share time alone, and My partner and I work as a team when we solve relationship problems*". Each item was rated on a 4-point scale (1=*strongly disagree* to 4=*strongly agree*). This scale is a summative scale based on the items with cognizance of some items being reversed in scoring. All answers given will be scored and added up to indicate the level of marital dissatisfaction among married individuals. The candidates with above 30 points were regarded as individuals with high marital dissatisfaction while those below 30 points will be categorized as couples with low marital dissatisfaction. For the purpose of this study, only couples with high marital dissatisfaction (Above 30 points) will be used in this study. The internal consistency reliability coefficient of the scale

according to the authors was 82. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha of 79 was obtained in a pilot test which involved an administration of the instrument to a selected sample of thirty (30) married individuals of Catholic Churches in Ibadan, Oyo State, Nigeria.

3.4.2 Marital Dissatisfaction Index Scale: Marital dissatisfaction was measured using the marital dissatisfaction index scale (MDIS) developed by Azize (2013). Marital dissatisfaction index scale is a 25-item inventory. Examples of items in the scale include: "*When we quarrel, my spouse helps us to find a best way to solve it, sometimes I want to leave my spouse, I do not feel like exhibiting love to my spouse, and we do not have any common topics to talk about with my spouse*". Each item was rated on a 4-point scale (1=*strongly disagree* to 4=*strongly agree*). This scale is a summative scale based on the items with cognizance of some items being reversed in scoring. All answers given were scored and added up to indicate the level of marital dissatisfaction among married individuals, with a high number indicating a greater incidence of marital dissatisfaction. Validity findings of the original version of the scale indicated range from 76 to 91. The internal consistency reliability coefficient was 89. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha of 86 was obtained in a pilot test which involved an administration of the instrument to a selected sample of thirty (30) married individuals of Catholic Churches in Ibadan, Oyo State, Nigeria.

3.4.3 Religiosity Scale: Religiosity scale (RS) developed by De Vries-Schot, Pieper and Van Uden (2012) was used as a measure of religiosity of married individuals of Catholic Churches. It consists of 16 items with 4-point scores in which respondents rate their religiosity from strongly agree (4) to strongly disagree (1). Examples of the items in the scale include: *I have the idea that I entrust myself more and more to God, The meaning and significance of my life is in my relationship with God, I believe sincerely, not mainly out of obligation or fear, My faith is oriented to values that transcend physical and social needs, and*

I am willing to be accountable to God and my fellow humans about my way of life. This scale is a summative scale based on the items with cognizance of some items being reversed making a total of 64 points in religiosity level of married individuals. The candidates below 21 points will be regarded as couples with low religiosity, 21-42 points moderate religiosity and those above 42 points were categorized as couples with high religiosity. The internal consistency reliability coefficient of the instrument according to the Authors was 81. Participants respond to items by indicating their choice of responses. However, the adapted version of the instrument was re-validated by the researcher and Cronbach alpha of 87 was obtained in a pilottest which involved an administration of the instrument to a selected sample of thirty (30) married individuals of Catholic Churches in Ibadan, Oyo State, Nigeria.

3.4.4 Socioeconomic Status Scale: Socioeconomic status was measured using the Parents Socioeconomic Status (PSES) developed by Salami (2000a). It was developed to measure the educational, occupational and social status of married individual. The items in the scale requested for data of the participants also. These items included parents' occupational type (10 marks), parents level of education (12 marks), parents residence (5 marks), parents possession of necessary and luxury items (29 marks) giving the total maximum score of 56. All these were summarized to indicate the participants' family socioeconomic background as being high, or low. The highest score obtainable is 56 while the least is 6. The test-retest reliability of the scale when administered among 100 secondary school students in Ibadan, Oyo state, Nigeria was 0.73 with an interval of three weeks. However, the test re-test measurement technique was used to determine the reliability of the adapted version of the instrument. A pilot study was conducted using 20 married individuals of Catholic Churches in Ibadan, Oyo State, Nigeria. The questionnaire was administered to them twice within an interval of two weeks. The two sets of data collected were treated to Pearson (r) and a reliability coefficient of 0.82 was established.

3.5 Inclusion Criteria

The following criteria were used in selecting the participants for the study:

i.   Participants who scored high in the screening instrument administered (Above 30).

ii.   Participants who were willing to participate in the study.

iii.   Participants who are married individuals in the Catholic Church.

iv.   Participants with the marital period not exceeding 10 years age of marriage.

3.6   Procedure for Data Collection

The researcher obtained approval for the study from the University of Ibadan Ethical Committee (assigned number: UI/EC/21/0012). Afterwards, the researcher requested permission from relevant church/parish authorities before carrying out the study. Research assistants were trained to assist the researcher in the field. Also, the study was carried out in four phases: pre-sessional activities, pre-test, treatment and post-test. At the pre-session, activities include the screening, recruitment and assignment of participants to the two experimental groups and control group. Advertisement was made to request for participants from the randomly selected Catholic Churches for the study. A preliminary meeting was organized for familiarization and soliciting the interested of the participants to participate in the study. At the pre-test stage, a questionnaire comprising of Socioeconomic Status Scale (SES), Religiosity Scale (RS) and Marital Dissatisfaction Index (MDIS) were administered to the participants. Participants in the two experimental groups only were exposed to eight sessions of treatment (Imago Relationship Therapy and Integrative Behavioural couple therapy). Each session was span for an average of 60 minutes (i.e. one hour (1 Hour). Though the control group were not be treated, participants were exposed to a lecture titled,*"Open and Distance Learning Education in Nigeria"*. The post-test was administered following the conclusion of the programme.

3.7   Control of Extraneous Variables

Extraneous variables are those factors or attributes that may affect the outcome of the experimental study aside from the psychotherapies to be employed. The researcher will guide against effects of such variables through the following: appropriate randomisation of participants into the two intervention groups and the control group; adherence to inclusion criteria; effective use of the 3x3x2 factorial matrix design and the Analysis of Covariance (ANCOVA) statistical tool that will be used to equally take care of likely extraneous variables.

3.8. TREATMENT PACKAGES

EXPERIMENTAL GROUP 1: IMAGO RELATIONSHIP THERAPY (IRT)

SESSION 1

Topic: General Introduction and Administration of Instrument to obtain Pretest Scores

The purpose of this session was to administer Marital Dissatisfaction Index Scale

(MDIS) as well as Religiosity Scale (RS) so as to determine the present situational level of the participants regarding the dependent variable (Marital Dissatisfaction of married individuals) and the moderating variables (Religiosity and Socioeconomic status).

Activity

•   The researcher warmly welcomed the participants into the programme. Participants were informed that they will be having eight (8) sessions of 1 hour each for a period of eight weeks.

•   The researcher explained the reason for the programme and the benefit(s) derivable from it.

•   The researcher also explained the rules guiding the conduct of the programme and what was expected of the participants.

•   The researcher administered the pre-test instruments to the participants.

- The participants were given a take-home assignment to identify different factors that contribute to marital dissatisfaction among married individuals.

Closing Remarks:

- The participants were commended for their cooperation and encouraged to do their homework.

- At the end of the session, participants were reminded of the time and venue for the next session.

SESSION 2

Topic: The Imago, the Brain, and Couples Dialogue

Objective: By the end of this session, the participants were able to:

- Understand and explain the meaning of Imago Relationship therapy

- Understand the brain's function in their typical frustrations and arguments, and to emphasize the importance of safety in a relationship by letting them experience both a non-productive and productive transactions

- Know and understand what couples dialogue is, and how this communication tool can transform their marriage if they use it in all conflict situations

Activity

- The participants were welcomed warmly.

- The researcher reviewed the assignment with the participants and provides accurate empathy for the participants on marital dissatisfaction among married individuals.

- The researcher explained the theme "the Imago, the Brain, and Couples Dialogue" thus:

Step 1:   The Imago and the Brain

The word *imago* is Latin for *image* and refers to the idea that, inside our minds, we hold images of both the positive and negative aspects of our early childhood

caretakers. This image is held in the "unconscious" or that part of the brain that can hold memories but has no speech. The unconscious is actually a very old part of the brain, and in some form is found in all mammals, although we usually refer to an animal, unconscious as *instinct*. For our purposes, the unconscious will be referred to as the *old brain*.

i.Starting with the brain stem, the old brain extends into the centre of the brain and is composed of two segments: the "reptilian" brain and the "mammalian" brain. The reptilian brain is where control of our bodily functions, especially the things we don't think about, such as heartbeat, digestion, and breathing takes place; our survival mechanisms are located here. **ii.**The mammalian part of the old brain is where individuals store their feelings, needs for relationships, and the tendency to live in groups.

iii. This third layer of brain matter is the cerebral cortex. It contains speech, writing, reading, and all logical processes.

Step 2: The Unconscious Nature

This unconscious aspect of the brain is of significance to a couple. When a couple meet and fall in love, they are experiencing a sense of safety. Activities such as playing, nurturing and sexual activity are some aspects of what the old brain does when it is feeling "safe."

i. The old brain appears to be the place where traumas, deprivations, frustrations, and childhood memories are stored. Also, because it has no sense of time (that's in the logical brain), the old brain often cannot distinguish between being frustrated in the *present* and being frustrated by someone from the *past*.

ii. One way individuals react to danger is by either constricting (freezing, submitting, hiding) or exploding (fighting, fleeing). How this relates to couples is that the constrictor and the exploder always marry each other. It is important to know that human beings are structured to work this way.

Step 3: Couples Dialogue

In Imago Therapy, there is something called the *Couples Dialogue* or *Intentional Dialogue*. Here the participants will be taught how to intentionally and consciously listen to their partners. This is in contrast to couples who usually communicate in what is called a *diatribe*. A diatribe occurs when partners trying to communicate are observed to be thinking of how they will respond in order to defend themselves or their stance. Such action immediately invalidates what their partners said just before their response and creates unsafe communication.

O   Couples Dialogue allows the sender of a statement to feel fully heard and understood.

O   Also, Couples Dialogue allows the receiver of the statement to hear it without feeling as if he or she has to agree or become symbiotic with the other; it allows for two realities.

O   Couples Dialogue is a three-part process consisting of mirroring, validating, and empathizing. They are explained thus:

i.   Mirroring

The first step of the dialogue process, mirroring, has the receiving partner repeating back to the sending partner what was said, not what he or she thought was said or what he or she wanted to be said. This part of the process establishes contact and lets the sending partner know that he or she was heard. It is perfectly appropriate for the receiver to ask the sender to repeat the statement; the idea is to get the message across.

ii.   Validating

Once the receiver has accurately mirrored the partner, he or she then validates what the partner said. Validation is not the same as agreement, although agreement may occur. Basically, validation implies seeing things through the lens of one's partner.

iii.Empathizing

Empathizing can only occur after validation, and for the receiving partner to empathize, he or she merely needs to guess what the sending partner may be feeling. Quite often an individual is able to have two, three, or more feelings at the same time; even contradictory feelings are noticed.

A successful dialogue will show how the receiving partner intentionally mirrors, validates, and empathizes with the sending partner until the sending partner feels fully heard.

Step 4: Homework

This homework was designed to help the participants get over the awkward stage of learning the dialogue process so they can move forward into more serious issues.

1. Participants were asked to emphasize on the caring behaviours as an important tool in replacing the negative behaviours exhibited toward their partners prior to this intervention.

2. Also, it was essential for participants to place importance on positive behaviours, even if this is tentative at first.

Closing Remarks:

•   The researcher commended the participants for their cooperation.

•   The participants were reminded to do their homework.

•   Participants were informed of the time and venue for the next session.

SESSION 3

Topic: Development, Childhood Experiences, and Mate Selection

Objectives: By the end of this session, the participants were able to:

•   Get accustomed to the idea that the researcher check the homework each week

• Evaluate their homework experience with the help of the researcher so as to know if they are hearing their partners fully using the Couples Dialogue

• Understand how their early childhood affects their choice of whom they pick as a partner

• Gather memories from their childhood to begin the process of consciously understanding the purpose of their relationship

Activity

• The participants were welcomed warmly

• The researcher reviewed the assignment with the participants

• The researcher explained the theme "Development, Childhood experiences and

Mate Selection" thus:

Step 1: Development, Childhood Experiences, and Mate Selection

Last week we looked at the evolutionary process evident in our own brain – we discussed the 'old brain' and its functions. We will continue from there.

★ At birth, you're not yet developed, but you are whole. This means you have everything you need to make a "whole" person, or, put another way, you have potential. However, to fully thrive, you need the right environment.

★ Some people are provided with loving and supportive environments that allow them full growth, while many more grow up in environments that limit and constrict their development.

Step 2: The Stages of Development

What are childhood vulnerabilities and adaptations?

The *attachment stage* spans from birth to 2 years of age. During this stage, the child wants only to be attached to a caretaker and needs the basics of availability and warmth. The child's main objective during this time is to grow and survive.

★ When a child receives poor holding or has a parent who is unavailable to them at this age, a developmental vulnerability or "wound" occurs. As a direct result, one of two things can happen: the child can either become a *clinger* or an

avoider. An injury at this point of development produces a hurt that, in turn, produces a character adaptation to keep the person from feeling the hurt.

★ The second stage of development is that of *exploration* **(2 to 3 years).** In this stage, a child needs two things: to be able to explore, and to have someone to come back to. Problems arise for kids who never get the chance to explore, or, when they do, there's no one around to come back to.

★ The *identity* **stage** *(between3–4 years old*): This is a fun stage during which kids are reaching the end of being babies and are starting to find a sense of self. At this stage they experiment with a variety of selves. What a child needs at this stage is to be mirrored. **Power and competence.** Now, if kids get what they need at the identity stage, they move on at about age 4 (usually through 6 years of age) to the stage of *power and competence*. At this stage, they're possibly attending preschool and beginning to do things outside the home.

And that's what this stage is all about: becoming competent outside of the home, in school, as well as with other people. What they need at this stage is *praise*, *affirmation*, and *mirroring*.

★ *The stage of concern* **(between 6 to 9 years):** During the stage of concern children are now playing outside of the home and developing friendships. There are three things they need to master at this stage: they need to find friends; then, they need to find a best friend (and you hear kids all the time saying, "This is my best friend!"); and last comes what we call "Third

party is a threat."

Step 3:Minimizers and Maximizers

People tend to marry those who have opposite character adaptations and opposite ways of using energy to express themselves. Imago Therapy terms these opposite energy characteristics as *minimizer* and *maximizer*.

Step 4: Guided Imagery: Finding Your Imago

A guided imagery is a way to relax so that you can access your memories more clearly. It is not hypnosis, however. The more information you can gather from the imagery, the better the results will be for you.

i.   Guided Imagery

★   So begin to relax, and go into yourself. Let your consciousness be on your breathing and on the sound of the music.

★   Take a deep breath inside your chest and diaphragm, and hold it to the count of four, and slowly let it out to the count of eight.

★   Now, in this relaxed state, the word *safe* appears in your mind as a light. And the light shines down upon you in a warm and golden glow. You feel safe.

★   Hold that feeling of relaxation and safety; become aware of the surroundings: the smells, textures, and things of your childhood home. I want you to begin to become aware of your female caretaker. Be aware of her feelings and her thoughts.

★   Let yourself recall and construct adjectives of your mothering caretaker.

★   Ask your female caretaker to sit down with you. Eyeball to eyeball, say to her,

"Mom, the thing that you do that hurts me the most is…" and tell her what she does that hurts you the most. Say to her, "What I wanted from you and never got was…" and tell her what you needed.

Now remember your recurring frustrations with her.

★   Remember how you felt and what you did when frustrated: left the house, got quiet, yelled, talked with friends. Now shift with her, and tell her the positives.

Tell her, "Mom, your shining moment with me was…" and tell her what she did that was wonderful.

★   Let your mothering image fade, and bring into your mind your fathering image. Be aware of his feelings and his thoughts. As a child, let yourself

remember and experience his feelings: angry, joyful, depressed, guilty, happy, and excited.

★ Let yourself recall and construct adjectives of your fathering caretaker.

★ Now, ask your male caretaker to sit down with you. Eyeball to eyeball, say to him, "Dad, the thing that you do that hurts me the most is…" and tell him what he does that hurts you the most. Say to him, "What I wanted from you and never got was…" and tell him what you needed. Tell him about your pain with him.

★ Now remember your frustrating times with your father. Remember how you felt and what you did: yelled, left the house, brooded, and gave in. Now shift with him and tell him the positives. Tell him, "Dad, your shining moment with me was…" and tell him what he did that was wonderful. Now I would like you to let your fathering image fade.

★ Look around in your mind and see anyone else who may have been responsible for your welfare or touched you in significant ways, both painful and caring. See them and their traits in the same ways as you did your male and female caretakers.

★ Let the place of childhood fade and you find yourself on a path with all of your memories. And you continue on a path to the light beyond. At the edge where the light is, you find a vehicle of your choice to return you to this place and time and in this room. At the count of 5 to 1, you will be here alert and awake. At the count of 1, you will be ready for instructions on what to do with your memories: 5-4-3-2-1! You are here in this room, alert and awake with your memories.

Handout and Homework Instructions for Session 3

1.   Couples Developmental Scale

Participants were given the Couples Developmental Scale (CDS) prior to doing the development lecture. This was to allow them to follow along and provide the opportunity to discuss the scale in their dialogues in the next session.

2. Instructions to the Participants for Finding Your Imago and Childhood Frustrations/ Positive Memories of Childhood Sheets

This handout consisted of three pages: "Instructions to the Couple," a page entitled "Finding Your Imago" that is recognizable by the large heart on it, and a page that says "Childhood Frustrations and Positive Memories of Childhood." These sheets were used by the participants to organize their memories from the guided imagery. The instruction sheet and the information on each page were sufficient in helping the participants fulfil this task; however, the researcher reviewed it with them following the guided imagery.

Participants were reminded that they are writing down the traits of their early childhood caretakers, not information on themselves or their partner. Some complained that they have no memories of their childhood. However, the researcher worked with the participants to help them generate a little information.

3. Homework Instructions for Session Two

Each participant received one of these sheets to keep track of the homework. The emphasis was on filling out the forms thoroughly and bringing them back to the next session.

The participants were asked to continue practicing the dialogue process a minimum of three times a week.

Closing Remarks:

• The researcher commended the participants for their cooperation

• The participants were reminded to do their homework

• Participants were also informed of the time and venue for the next session

SESSION 4

Topic: Developing Empathy and Reimaging the Partners

Objectives: By the end of this session the participants were able to:

★   See with the use the Imago form that their choices of partners were unconscious and based on negative and positive traits of their early childhood caretakers

★   See that they and their partners are allies rather than enemies

★   Develop empathy for their partners **Activity**

★   The participants were welcomed warmly

★   The researcher reviewed the assignments with the participants. Thus the researcher began the session by filling out the "My Imago" sheets for each participant with the information the participants brought back from their homework.

Step 1: Filling Out the "My Imago" Form:

The participants were guided on how to fill out their "My Imago" form, which was the foundation for the day's session.

Step 2: Using the Imago Workup:

★   Participants were guided on how to interpret the information on their "My Imago" form. This was an eye-opening session for some of them.

★   **About the Lecture:** This session had two short lectures designed to help the participants begin to think about the importance of empathy in their relationship.

★   The lectures were designed to open up the participants to the experience of the Parent–Child Dialogue and the Holding Exercise. The researcher explained the theme "Developing Empathy and Reimaging the Partners" thus:

i. Developing Empathy and Reimaging the Partners

So, nature seems to have brought together two totally incompatible people for a purpose. And that purpose is to recreate the scene from our childhood, so that we can finally get now what we did not get then and, thus, move on. When we do not cooperate with Nature, it's not safe. And when it's not safe, we will fight, flee, play dead or freeze, hide, or submit. It's only natural.

ii. The Three Types of Love

One of the problems with our language is that human beings have only one word for love: L-O-V-E. In ancient Greece, difference types of what we today call "love" were recognized viz.: eros (romantic love), philia (friendly or brotherly love) and agape (altruistic or universal love).

iii. Empathy

Empathy is being able to see things through the other's eyes. It's using your heart to feel what another is feeling.

Step 3: Parent–Child Dialogue

This exercise was designed to help couples begin the process of re-establishing empathy. It is based on the idea that nature has set up couples to be, in a sense, "surrogate parents" to each other, so that they can finally get what they did not get as children. In this session, the researcher practiced the dialogue with one participant as an example, while the rest were encouraged to do it as homework.

Step 4: The Holding Position (Role-played by a Couple before Participants)

This exercise is meant to intensify the process of re-establishing empathy that was initiated with the parent-child dialogue.

At this point, the partner who is to be the "parent" or receiver in the Parent–Child Dialogue was asked to sit on the floor against either a wall. The partner was positioned to sit with the right leg straight while bending the left leg up. The sending partner sat on the receiving partner's right, hip-to-hip, and faced the

opposite way with her arms folded in front. The sending partner was told to fall to her right and into the receiving partner's left arm. The sending partner was told not to hold herself up but should allow herself to be fully supported by the receiving partner (babies do not hold themselves up!). The couple were told to be as close as possible, with their faces about 6 inches apart.

At the end of the illustration the participants were encouraged to practice it at home before the next session.

Homework Instructions for Session 4

The participants received the homework sheet. This sheet gave the instructions for their homework following the discussion. The research encouraged the participants to find some uninterrupted time with their partners at home to set a quiet mood in order to practice the exercises learnt today.

Closing Remarks:

• The researcher commended the participants for their cooperation.

• The participants were reminded to do their homework

• Participants were also informed of the time and venue for the next session.

SESSION 5

Topic: Re-romanticizing the Relationship

Objectives: By the end of this session, the participants were able to:

• Understand the importance of emotional safety and understand the point that pleasure increases the sense of safety

• Create a list of caring behaviours and surprises that when done by one partner will make the other partner feel cared for and safe in the relationship

• Know the importance of daily belly laughs as a way of increasing safety and a sense of well-being

Activity

• The participants were welcomed warmly.

• The researcher checked homework given, and ask what they experienced after their homework.

• The researcher explained the theme "Re-romanticizing the Relationship" thus:

Step 1: Re-romanticizing Your Relationship

In addition to what we have learnt over the past 3 weeks, I want you to understand that for growth and healing to occur, the most important ingredient is not love, but emotional safety: emotional safety is the soil in which the seed of love grows.

Step 2: Caring Behaviours Exercise

The Caring Behaviours exercise was broken down

thus: **i. The Caring Behaviours List**

• **"Hit My Care Button"**

In the first part of the exercise, participants were asked to develop a list of behaviours that each partner did that makes each of them feel loved and cared for, i.e. behaviours that hit their care buttons.

• **"You Don't Send Me Flowers Anymore"**

When couples are in their early romantic stage, they often do many things that make the partner feel special, but as relationships move into power-struggle stages, these behaviours are often forgotten. The second part of the Caring Behaviours Exercise was designed to resurrect the behaviours that once showed caring feelings.

• **"Go Ahead Make My Day"**

The third part of the Caring Behaviours List gave the couple the opportunity to ask for caring behaviours they have not asked for because of fear or embarrassment.

Step 3: Little Surprises Exercise

The Little Surprises Exercise was more of a lecture to encourage the type of caring behaviours at home that feel like surprises. As a matter of fact, making the commitment to surprise each other once a month – or even just the anticipation of the surprise - can keep couples on a happy edge. **i. Belly Laughs Exercise**

This exercise is usually a lot of fun. Often when people come to therapy, they have already quit having fun in their relationship. The purpose of the exercise was to make the participants understand the importance of laughter as a medicine. Some suggested exercises here include:

ii.   **Butterfly kiss**. The couple face each other and get close enough to put their eyes together so that when they blink, they are tickling each other with their lashes.

iii.   **Suck and blow**. Here you ask one partner to take out a license or a credit card. If you suck on the card, it will stick to your mouth. The object of the game is for them to suck and blow the card back and forth between each other till they ultimately end up kissing! **iv.** "**I can do that"** is another exercise couples can practice. At the conclusion of these three exercises, the researcher explained and gave the participants a homework on Mutual Relationship Vision.

Step 4: Mutual Relationship Vision Homework

The participants were to come up with a Mutual Relationship Vision which contained a written note of what their "dream" marriage would look like.

Homework

The homework sheet was given to the participants at the end of the session. It instructed them to complete the Caring Behaviours List, perform one of the caring behaviours daily and to have at least three belly laughs or participate in some highenergy fun game.

Closing Remarks:

- The researcher commended the participants for their cooperation.
- The participants were reminded to do their homework
- Participants were informed of the time and venue for the next session.

SESSION 6

Topic: Restructuring Frustrations

Objectives: By the end of this session, the participants were able to:

- Understand the importance of safety in restructuring frustrations.
- Know that frustrations are desires stated negatively.
- Fully understand that their frustrations with each other correspond directly with parts of themselves that are "lost," and they were now being given the opportunity to reclaim these lost parts.
- Understand the phrase "Your partner has the blueprint for your growth" and understand that the sender's list of Behaviour Change Requests being developed is the receiver's blueprint.
- Learn that change is slow and not easy and that giving one's partner what is needed is healing to the partner and, at the same time, part of his or her lost self.

Activity

- The participants were welcomed warmly
- The researcher checked their homework, and asked what they experienced as they did the work
- The researcher explained the theme "Restructuring Frustrations" thus:

Step 1: Restructuring Frustrations

Going back to the first session, we said that we are trying to grow into our fullest potential. Our energy, or potential, expresses itself in four ways: through our thinking, our actions, our feelings, and our "sensing."

Step 2: Behaviour Change Request Process

This exercise was designed to teach the participants how to take their frustrations and list them in a way that their partner can not only hear, but also do something about. We believe that behind every frustration is a desire that needs to be expressed. The exercise involved taking the list of desires and changing it into a list of specific Behaviour Change Requests.

Step 3: Starting the Exercise

The first task in this session was to make a decision. Included in the hand-outs were two ways to conduct the Behaviour Change Request Exercise. The "Restructuring Negative Behaviours" and "Restructuring Frustrations" forms were administered as required.

i.   Frustration Ladder

Participants used the Frustration Ladder to rank their frustrations from 1 to 10, with 10 being the mildest frustration. The purpose of the Frustration Ladder was to help the couple organize their frustrations in a visibly structured manner. They did not have to show the partner their list.

Step 3:   Restructuring Negative Behaviours Form

After the participants had written down their frustrations, efforts were made to assist them on changing those frustrations to desires. For example, "I hate when you are late" can be changed to "I would like you to be on time."

After the frustrations had been changed and recast into positive, measurable, and doable behaviours, the participants were given instructions to continue their lists for homework and dialogue several requests with their partners. **i. Restructuring Frustrations Form**

While form seemed more complicated, it flowed in such a way that it gave a partner a deeper understanding of the other's frustration. It was also very convenient for the couple to dialogue and gave more choices of behaviour changes for the receiving partner.

Homework Instructions for Session Five

Homework sheets were given to the participants at the end of the session along with blank "Restructuring Negative Behaviours" or "Restructuring Frustrations" forms. **Closing Remarks:**

• The researcher commended the participants for their cooperation.

• The participants were reminded to do their homework.

• Participants were informed of the time and venue for the next session.

SESSION 7

Topic: Resolving Rage

Objectives: By the end of this session, the participants were able to:

• Understand the experience of expressing anger and rage in a safe containment process.

• Fully understand that hurt underlies anger and that it is important to hear our partner's hurt.

Activity

• The participants were welcomed warmly.

• The researcher checked their homework, and asked what they experienced as they did the work

• The researcher explained the theme "Resolving Rage" thus:

Step 1: Resolving Rage

Rage and anger are extreme emotions, and when overcome by such emotions we run the risk of hurting ourselves and our partner. When partners make statements in anger, we usually respond with a statement designed to take the punch out of it. However, if we let ourselves really listen to our partner's statement, we may find that it has a real purpose and a real meaning.

Step 2: The Container Process

At this point, the researcher led the participants through a seven-step process. The Container Process involves one partner listening with empathy to the other partner's anger no matter how loud the anger is expressed. Thus, the receiving partner holds or becomes the *container* for the sending partner's anger.

i.   It is more important that the couple learn the steps in this session than for them to have a "good argument." They must leave with the idea that, from now on, all arguments must be done through the Container Process or, in other words, *by appointment only*.

ii.   The couples were encouraged to decide who was going to be the sending partner and who was going to be the receiving partner, as well as learn how to schedule appointments for the container process.

iii.   The second step of the Container Process is for the sender to state in one or two sentences what the anger is about and for the receiver to mirror this back.

iv.   During the fourth step of the exercise, several things can happen. The sender may break into tears, i.e. have an "implosion", and should be brought into the holding position they were taught several sessions ago.

v.   The sixth step is a Behaviour Change Request made by the sending partner that is related to both the trigger and the wound. The sending partner will make three Behaviour Change Requests, which the receiver will then mirror. The sender will later write those requests on the Container Record.

vi. The seventh step is essential. The couple just went through a very emotional exercise, and because of this, they may seem tired and drained. So, the seventh step is for them to experience a sustained belly laugh or some high energy fun.

Step 3: Variations of Containers

The entire Container Process lasts between 30 to 45 minutes, utilizes seven steps, and is used by couples to deal with intense anger. There are two variations that will assist couples in making the expression of anger safe and productive in their relationship. **i. The Container Transaction**

There are times in any given week when frustrating events produce mild anger between partners. This period of mild anger may not have any connection to childhood, but may need a safe forum for expression. For frustrating events that need more than Couples Dialogue, but less than the Container Process, we recommend the Container Transaction.

ii.   Container Days

People learn through repetition, experience, and practice. Containers are not easy or natural for couples to do, so in an effort to anchor the skills, you may want to recommend Container Days. Container Days involves the couple alternating between being the container, i.e. the receiver on mutually agreed days.

Step 4: Closing Remarks:

The researcher created room for the participants to express themselves through their questions and gave them an assignment.

SESSION 8

Topic: Overall review, Post-Experiment Test Administration and Conclusion Objectives: By the end of the session, the participants were able to:

• Summarize their experience based on what they have benefited from the various skills they have learnt since the commencement of the programme.

• Respond to the post-test instruments. **Activity**

• The participants were warmly welcomed and the homework was reviewed together with the researcher.

• There was an interactive session between the researcher and the participants to ascertain the effect of the therapeutic programme. Activities of the previous sessions were role-played to be sure the participants had attained positive experiences via the intervention.

• The participants were given the post-test instruments. The researcher thanked the participants for their co-operation while a token gift was given to each one of them in appreciation of their participation in the programme.

Closing Remarks:

• The researcher commended the participants for their unrelenting cooperation.

• The participants were encouraged to utilize effectively the skills they had acquired via the intervention programme

EXPERIMENTAL GROUP 2

TOPIC: INTEGRATIVE BEHAVIOURAL COUPLE THERAPY (IBCT)

SESSION 1: Pre-test administration

Topic: Pre-test administration and Introduction

Objectives: At the end of the session, the researcher was able to;

• Initiate and establish a rapport with the participants, and welcomed the participants into the programme. Participants were informed that they would be having eight

(8) sessions of one hour each for a period of eight weeks.

•   The researcher explained the reason for the programme and the benefit derivable at the end of the programme.

•   The researcher also explained the rules guiding the conduct of the programme and what was expected of the participants.

•   The researcher administered the pre-test instruments to the participants.

•   The participants were given a take-home assignment to identify different factors that contribute to Marital Dissatisfaction among married individuals.

Closing Remarks:

•   The participants were commended for their cooperation and encouraged to do their homework.

•   Participants were also reminded of the time and venue for the next session.

SESSION 2

Topic: Picking an Issue to Focus On

Objectives: By the end of this session, the participants were able to:

•   Have a big picture of their relationship

•   Describe clearly how they feel about their relationship

•   Choose the core issue to focus on in this program

Activity

•   The participants were welcomed warmly.

•   The researcher reviewed the assignment with the participants and provides accurate empathy for the participants on marital dissatisfaction among married individuals.

•   The researcher explained the theme "Picking An Issue To Focus On" thus:

Step 1: Picking an Issue to Focus On

i. Relationship Strengths and Difficulties: In this activity, you will answer some questions to help you develop a snapshot of your relationship. **ii. A Snapshot of My Relationship:** It is often helpful to step back and get a "big picture" sense of our relationships. Understanding how we are feeling about our relationship, and how that compares to other couples, can help us choose the best thing to focus on in this program. To give you that big picture we are going to ask you a total of 12 questions about how you feel about your relationship.

iii.   Relationship Satisfaction

Here, participants were asked questions answers to which revealed the nature of, as well as their level of satisfaction with respect to their relationship with their partner. **iii.A Negative or a Lack of Positive relationship:**

When we think of relationship "problems, we often focus on the presence of negative aspects of our relationship, for examples, criticism or fights about money or children. However, there is another important source of potential problems, the lack of positive, enjoyable things in a relationship.

iv.   Relationship Negatives

•   **Bottom Line:** Your scores suggest that you have many negatives (e.g. conflict, criticisms) in your relationship.

•   **What this means**: While this may be upsetting to hear, unlike many couples who are experiencing this many negatives, you have taken the important first step of seeking help for your relationship.

v.   Relationship Positives

•   **Bottom Line:** Your scores suggest that you have few positives (e.g. emotional and/or sexual intimacy) in your relationship.

•   **What this means:** Although it's upsetting, it doesn't mean your relationship will always be this way. Because a lack of positives seems to be a main problem in your relationship, selecting a "core issue" that focuses on

strengthening positives may be a good fit for your relationship and can help you remember what brought you together in the first place.

After reviewing your feedback, you probably have a better understanding of where things stand in your relationship.

vi.   Now Isn't the Best Time to Discuss With Your Partner

Please do not talk about feedback with your partner yet. Talking about any problems now can create more problems or even start a fight. In the following sessions, you will gain better and more detailed understanding of your relationship.

Step 2: What Makes a Good Core Issues?

In this activity, you will choose what we call your "core issues". Because you will focus on this core issues for the rest of this therapy, it's really important that you pick a good one.

✓☐Now that you've had a chance to see how your relationship is doing in general, you're ready to focus on specific problems you're experiencing. In this activity, you will choose what we call your "core issue"". You'll focus on this core issue for the rest of the OUR relationship program. OUR stands for OBSERVE, UNDERSTAND, RESPOND. These are the three phases this therapeutic program will undergo. This session and the third session next week are part of the Observe Phase. So, what is a core issue? There are five key ideas that make a core issue work well with this program.

•   First, it must be something that can be changed by you or your partner.

•   Second, your core issue should be something that YOU want to change - something that would make you happy in your relationship. It's not what you think your partner wants.

•   Third, it's important that you pick just one core issue that you want to work on.

•   Fourth, make sure your core issue labels the problem in a non-blaming way. If your partner feels attacked, he or she isn't going to want to work with

you on it. Also, this is not the time to talk about why the problem happens just describe it for now.

•   Finally, probably the most important thing about a good care issue is that it's specific. The more specific you are, the more helpful this program is going to be.

✞   Another common issue that is often not specific enough is Communication. Sometimes communication difficulties are less about a certain topic, and more about types of conversations.

✞   **Picking Your Core Issue**

In the next section, we are going to ask you to pick the broad category your core issues fall into. We will now explain each category before you make your pick.

Communication

•   We do not talk about (specific issue)

•   Lack of communication in general

•   We do not make big decisions together

•   Talking about (issue) usually starts a fight, etc.

Anger/Violence

•   You swear at me or call me names

•   I swear at you or call your names

•   We swear and call each other names

•   You hit me, push, or throw things at each other, etc.

Emotional Intimacy/Lack of Love

•   We feel like roommates/parents but not a couple

•   We do not spend enough time together

•   We do not feel supported by each other

•   We do not/cannot come to each other when stressed, etc.

Physical Intimacy/Sex

•   We do not have enough sex

•   We have too much sex

- Talking about sex is uncomfortable

- Sex is uncomfortable/awkward/not pleasurable, etc.

Trust/Infidelity/Affairs

- Rebuilding trust following an affair

- Worrying that that the other is cheating

- Worrying that the other is lying

- Flirting too much with other people, etc.

Time Together

- We do not spend enough time together

- Spending more time with family/friends

- Spending less time with family/friends

- Doing different things when we're together

Money/Chores/Parenting/In Laws

- Cannot agree on a budget together

- Cannot agree on jobs/schools for our family •We do not make decisions about money together

- Sharing household responsibilities (chores), etc.

Personality/habits/Beliefs

- Being considerate of each other's time

- Drug/alcohol use

- My/Your depression or anxiety

- We disagree about religious issues

Other/Something Not Listed

If none of the categories are a good fit for your core issue, please pick one that is:

1. Under you or your partner's control

2. Something YOU want to change

3. Focused on ONE core issue

4. Descriptive rather than blaming

5. Specific

Step 3: Picking Your Core Issues

Now you have a better understanding of the broad categories. Select the broad category that your core issue falls under. **i. Describe Your Core Issues**

Based on the broad categories you selected above, here are some good core issues labels that might fit the problem you're having. Feel free to copy the label directly or edit it to best fit your relationship

Couples who struggle with Emotional Intimacy/Lack of Love might label it as:

•	We feel like roommates/parents but not a couple

•	We do not spend enough time together

•	We do not feel supported by each other

•	We do not/cannot come to each other when stressed, etc.

Write a brief label for your core issues below (In the next section, you'll be able to describe it in more detail).

Couples who struggle with **Physical Intimacy/Sex** might label it as;

•	We do not have enough sex

•	We have too much sex

•	Talking about sex is uncomfortable

•	Sex is uncomfortable/awkward/not pleasurable, etc.

Write a brief label for your core issue below. (In the next section, you'll be able to describe it in more details.

Couples who struggle with Communication might label it as:

•	We do not talk about (specific issues)

•	Lack of communication in general

•	We do not make big decisions together

- Talking about (specific issues) usually start a fight, etc. Write a brief label for your core issues below. (In the next section, you will be able to describe it in more detail).

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Couples who struggle with Anger/Violence might label it as:

- You swear at me or call me names
- I swear at you or call you names
- We swear and call each other names
- You hit me, push me, or throw things at me, etc.

Write a brief label for your core issues below, (In the next section, you'll be able to describe it in more detail.)

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Couples who struggle with **Trust/Infidelity/Affairs** might label it as:

- Rebuilding trust following an affair
- Worrying that the other is cheating
- Worrying that the other is lying
- Flirting too much with other people, etc.

Write a brief label for your core issue below. (In the next section, you'll be able to describe it in more detail.)

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Couples who struggle with Time Together might label it as:

- We do not spend enough time together
- Spending more time with family/friends
- Spending less time with family/friends
- Doing different things when we're together

Write a brief label for your core issue below. (In the next section, you'll be able to describe it in more detail.)

Couples who struggle with Money/Chors/ Parenting/In-Law might label it as:

• Cannot agree on a budget together

• Cannot agree on jobs/schools for our family •We do not make decisions about money together

• Sharing household responsibilities (chores), etc.

Write a brief label for your core issues below. (In the next section, you'll be able to describe it in more detail.)

Couples who struggle with Personality/Habits/Beliefs might label it as:

• Being considerate of each other's time

• Drug/alcohol use

• My/Your depression or anxiety

• We disagree about religious issues

Write a brief label for your core issues below. (In the next section, you'll be able to describe it in more detail.)

If none of the categories are a good fit for your core issue, pick one that is:

• Under you or your partner's control

• Something YOU want to change

• Focused on ONE core issue

• Descriptive rather than blaming

• Specific

• Write a brief label for your core issues below. (In the next section, you'll be able to describe it in more detail.)

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Step 4: Expanding on Your Core Issue

Now, describe in a few sentences the core issue you picked

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Size of Problem

Here, the participants were asked to describe the size of the biggest problem (core issue) in their relationship.

i.   Handling Core Issues

Here participants' opinion of their ability (or lack of) to, jointly with their partner, successfully handle conflicts that come up around the biggest problem (core issue)in their relationship was sought.

ii.   Why Improving My Core Issues is Important

Finally, take a moment to write about why improving this core issue is important to you. What problems would you no longer have to deal with?

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Close Remarks

•   The participants were commended for their cooperation and encouraged to do their homework.

•   Participants were reminded of the time and venue for the next session.

SESSION 3

Topic: Three Sides to Every Story

Objective: By the end of this session, the participants were able to:

•   Learn about common traps couples fall into when dealing with relationship problems.

•   Develop a better understanding of themselves, their partners and their relationships.

Activity

•   The participants were warmly welcomed.

•   The researcher also reviewed the assignment with the participants.

•   The researcher then explained the theme "Three Sides to Every Story". thus:

Step 1: Three Sides to Every Story

i.   Escaping the Blame Trap

When you have problems, it is common to blame someone else first. This is often true in relationships as well.

•   **Who is to Blame?:** When we are spending more time figuring out who's to blame for our relationship problems than we're spending trying to fix those problems, we have fallen into the blame trap.

Step 2: Changing How You View Things

We all make up stories about our partners and our relationship. Sometimes these stories are a pretty clear picture of the truth and can help us figure out what to do.

Sometimes, however, they can get us into

trouble. **i.   Do You Do Any of These?**

Let's take a closer look at how people explain relationship problems. People usually explain them in one of three ways:

•   **It's your entire Fault:** When we have problems, usually the first thing we do is try to figure out who caused it.

- **You have got a Problem:** Other times, we see our partners as having some kind of psychological problem.
- **You are a Screw Up:** Or, maybe we decide that our partners are just unable to be good partners or even good people. Thus, we try to push our partners to be better.

ii.   If Not This, Then What?

In order to achieve the third side of the story, i.e. accurate understanding of your relationship and your partner, we suggest that you develop a DEEP understanding of your relationship. The next session will go a long in helping you to realize that crucial third side of the story.

Step 3: My Side of the Story

In this activity, you will answer some questions to help you develop a better understanding of your relationship. Please pay attention to the instruction for each question.

a.   Personality

Here a questionnaire was designed to allow participants describe themselves in terms of their personality.

b.   Emotions

Here a questionnaire was designed to gauge the ease with which participants were able to describe and share their feelings in general, NOT only around your partner alone.

c.   Closeness

Here a questionnaire was designed to gauge participants' tendencies as it relates to closeness with romantic partners in general, NOT just with their current partner alone.

d.   Perceived Stress

Here a questionnaire was designed to gauge how participants perceived possible stressors in their lives within the past month.

e.   Knowledge

Here a questionnaire was designed to gauge participants' knowledge of the causes of conflict in their marriage and how they felt they could better manage those factors.

f.   Conflict

Here a questionnaire was designed to peek into the nature of conflicts that existed between the participant and their partner within the past month.

Step 4:   My Partner's Side of the Story

In this activity, you will answer some questions about your partner. Your answers will help you get a better understanding of your relationships later in the program. If you do not know how your partner would answer the question, please take your best guess.

a.   Personality

Here a questionnaire was designed which asked participants to describe elements of their partner's personality.

b.   Perceived Stress

Here a questionnaire was designed to gauge how participants perceived possible stressors in the lives of their partner within the past month.

c.   Closeness

Here a questionnaire was designed to gauge how participants perceived their closeness with their partner.

d.   Emotions

Here a questionnaire was designed to gauge how participants perceived their emotional bond with their partner.

All the completed questionnaires were retrieved from the participants, scored and the results interpreted to the participant in the course of the subsequent

sessions. The results helped them develop a better understanding of themselves, their partners and their relationships.

Closing Remarks:

• The participants were commended for their cooperation and encouraged to do their homework.

• Participants were reminded of the time and venue for the next session.

SESSION 4

Topic: My DEEP Understanding: Differences

Objective: By the end of this session, the participants were able to:

• Understand how natural differences (or similarities) in personality and other areas can cause relationship problems – or make those problems worse.

Activity

• The participants were welcomed warmly.

• The researcher reviewed the assignment with the participants.

The researcher explained the theme "My Deep Understanding: Differences" thus:

Step 1:   Differences

i. Natural Differences and Similarities

We are all different. So, of course there will be natural differences between you and your partner. These differences may create problems at times, but they can also be a source of enjoyment. They may have even been one of the things that first attracted you to your partner. In the same way, similarities with your partner may be nice but they also might drain a relationship of novelty and excitement. In this session, you're going to have a chance to look at common differences and similarities and how they affect your relationship.

a.   **Kim's and Mike's Personalities**

Here we will be considering a couple, say Kim and Mike. They have been living together for 10 years and have two young kids. Like many couples, Kim and Mike have had their ups and downs. Kim and Mike are similar in some ways,

but very different in others. Here we shall consider their scores in their five key personality traits. Knowing their scores will help us understand some of the arguments we'll see later in this session. In addition to personality, two other traits have been found to be very important to relationships-emotional expressiveness and comfort with closeness.

• **Emotional Reactivity:** Kim and Mike are pretty different on this trait. Kim scores high on this trait, meaning she tends to react strongly to stressful situations, becoming anxious or unhappy more often. Mike is low, meaning he tends to stay calmer and in control even when under stress.

• **Extraversion:** Kim and Mike both scored high on this trail, meaning they both like to be around other people. Those who score low on this trait need to spend more time alone to recharge.

• **Novelty Seeking:** Kim and Mike are both pretty low on this trait, meaning they tend to prefer following familiar routines or patterns. If they had been high on this trait they would enjoy looking for new experiences and enjoy change.

• **Agreeableness:** Kim and Mike are both pretty high on this trait, meaning they tend to get along well with other people. If they had been low on this trait, they would tend to complete or argue more with others.

• **Organization:** Kim is high on this trait, and also tends to be very organized and stick to a schedule. Mike is low on this trait, and he is more relaxed and less focused on goals.

• **Emotional Expressiveness:** Emotional expressiveness is how easy it is for you to recognize and describe your emotions. Mike scores low on this trait because he often doesn't notice he's feeling a certain way until someone asks about it.Kim on the other hand scored high because she can easily track her emotional ups and downs and tell people about them.

• **Comfort with Closeness:** Comfort and closeness describe how comfortable you are being emotionally connected with others. Both Kim and

Mike have low comfort with closeness, perhaps because they've had past experiences with parents or romantic partners where they learned it wasn't safe to depend on others.

Step 2: The Problem with Similarities

Similarities can create problems in relationship too. As you saw earlier, Mike and Kim are both low in comfort with closeness. That means that they're not comfortable depending on each other or sharing their fears or worries. Thus, they rob themselves of the chance to rely on – and care for – the other.

i. **Other Important Differences and Similarities to Consider Ambitious/Laid-back**

Is one of you more focused on your career? If you're more ambitious, you may be frustrated when your partner doesn't seem to fully support your career; if you are more laidback, you may be unhappy that your partner sometimes puts work before your relationship and wish that they cared more about different things. The more ambitious person can focus on financial success while the more laidback person can nurture home or social life.

• **Family Background:** Our family background can often affect our expectations of how things do (or should) work, who should be responsible for what, and how to relate to other people.

• **Family Oriented/Autonomous:** When family oriented and autonomous persons marry each other, their differences can be harmonized to help set a balance between staying connected to family while also taking care of individual and relationship needs.

• **Fun/Strict Parent:** Many parents find that one of them spends more time making rules or punishing, while the other spends more time playing and having fun. However, most children do best with a combination of limits and loving attention, so having parents who complement each other can be in their best interests.

- **Racial/ Ethnic Differences:** Having different racial or ethnic backgrounds can often be a source of friction among married couples, but, fortunately, it can also make the relationship more fun or exciting because both partners get a chance to explore a different culture and new traditions.

Step 3: Religious Differences

Do you have different religions? Is one of you more religious while the other is less religious or does not practice at all? If you have strong religious beliefs or identities, it can be frustrating if your partner does not share or seem to respect your views. However, since we each get personal comfort and strengths from different places during difficult situations, religious differences can show us that there are different ways to cope with things.

Step 4: Sexually Adventurous/Conservative

Do you disagree about the amount or kind of sex you'd like to have? Partners who want to engage in more frequent sexual intimacy or try something new can feel lonely, frustrated, or hurt by their partner's lack of interest or excitement. The other partner may feel anxious, hurt, or even offended when asked to do something they don't feel comfortable with. However, some couples find these differences helpful, as the partner with the higher sex drive adds excitements, while the partner with the lower sex drive ensures they make time for emotional and non-sexual physical closeness.

i. Spender/Saver

Do you agree about money a lot? If you are a saver, having a partner who wastes money can be worrisome. Contrarily, if you're a spender, it can be frustrating to feel that your partner does not want to enjoy the good things you two have.

ii.   Our Most Important Difference or Similarity

Now, it's time to select the differences or similarity that has the biggest effect on the core issues you selected. If you choose 'other' as your option, write a brief description of the differences or similarity below.

Emotional Reactivity

Extraversion

Novelty Seeking

Agreeableness

Organization

Emotional Expressiveness

Comfort with Closeness

Spender vs Saver

Ambitious vs Relaxed

Religious Differences

Sexually Adventitious vs Conservative

Fun vs Strict Parent

Racial/Ethnic Differences

Family oriented vs Couple oriented

Family Background

Other (if other, please indicate below)

Do similarities or differences in this area create more difficulties for your relationship?

Choose the option

Differences

Similarities

iii.   How Does It Affect Your Core Issue?

Now that you have chosen the differences or similarity, describe how it affects your core issues (including an example if you can think of one). Because you may decide to share this with your partner later, try writing this as if your partner were the one who was going to read it. For example, write "You and I get in a lot

of arguments about "rather than "My partner and I get in a lot of argument about.
Enter your thoughts in the text box

<div style="border:1px solid black; height:120px;"></div>

vii.   How Does it Make Your Relationship Better?

Can you think of any ways in which this similarly/difference actually makes your relationship better? For example, was it part of something that initially attracted you to your partner or part of something you like now? Enter your thoughts in the text box.

<div style="border:1px solid black; height:90px;"></div>

Closing Remarks:

•   The participants were commended for their cooperation and encouraged to do their homework.

•   Participants were reminded of the time and venue for the next session.

SESSION 5

Topic: My DEEP Understanding: Emotions

Objective: By the end of this session, the participants were able to:

•   Understand how the emotions they express to their partners and those they keep hidden make their core issue worse.

Activity

•   The participants were welcomed warmly.

•   The researcher reviewed the assignment with the participants.

•   The researcher further explained the theme "My Deep Understanding: Emotions" thus:

Step 1: Understanding Emotions

**i.	Surface and Hidden Emotions**

In this session, you will learn how emotions affect your core issue. Surface emotions are emotions that we show to our partner. They include emotions like anger, irritation, frustration, and so on. On the other hand, hidden emotions are more subtle and at first are not easily recognizable. Examples include anxiety, rejection, and so on. We don't usually talk about hidden emotions with our partners. In fact, a lot of times we aren't even aware of them ourselves. But figuring out these hidden emotions is really important because it helps us understand the surface emotions.

Step 2: Surface and Hidden Emotions

Here we will explore the different ways of expressing our surface and hidden emotions viz.:

i.Surface Emotions: Emotions that others can see **ii.Hidden Emotions**: The first emotions we feel, often hidden by our surface emotions. Hidden emotions usually feel scarier to show than the surface emotions.

**iii.	Emotions in Your Relationships:** At this point, I want you to think about you and your partner's emotions and reasons you might be feeling that way.

**iv.	Our Surface Emotions**: Think about the last few times you and your partner argued about your core issues. Talking about specific issues usually starts a fight. Now, think about the surface emotions the two of you show. Examples of emotions:

Disrespected: Disrespected, Inferior, Insignificant, Mocked, Brushed off, Mistrusted

Defensive: Defensive, Untrusting, Guarded, Possessive, Closed off

Afraid: Afraid, Cautions, Intimidated, Anxious, Overwhelmed, Worried

Sad: Sad, Disappointed, Hurt, Neglected, Rejected, Unloved

Controlled: Controlled, Bossed, Lectured, Powerless, Limited, Claustrophobic

Angry: Angry, Frustrated, Pissed off, Irritated, Mad, Resentful

Guilty: Guilty. Embarrassed, Regretful, Sorry,

Shameful **Jealous:** Jealous, Left Out, Lonely,

Misled **i. My Surface Emotion**

Write your surface emotions in the text box below.

```
[                                                          ]
```

ii. Your Partner's Surface Emotion

Write your partners surface emotions in the text box below.

```
[                                                          ]
```

iii. Our Hidden Emotions

Now, think about your hidden emotion when your core issue comes up.

Hidden emotions are:

• What we tend to feel rigid before we feel our surface emotions.

• Emotions that our partner may not know we feel.

• If our surface emotion is anger, frustration or something similar, hidden emotions are the "softer" feelings that may make us feel vulnerable or exposed.

Examples of emotions; Disrespected, Defensive, Afraid, Sad,

Controlled, Angry, Guilty and Jealous **iv.**

My Hidden Emotion

Write your hidden emotions in the text box below

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[                                                          ]
```

v. Your Partner's Hidden Emotion:

Write your partners hidden emotions in the text box below.

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Can You Think of an Example?

Now describes an example of when you felt your hidden emotion but instead showed your surface emotion to your partner. It's important to

•   Describe what caused your hidden emotion

•   Describe how your hidden emotion caused your surface emotion if your surface emotion is "no emotion" describe why you didn't express your hidden emotion.

I tend to show a surface emotion of:

Defensive

When I'm actually feeling

Guilt

An example of when this happened is:

Write your example in the text bow below:

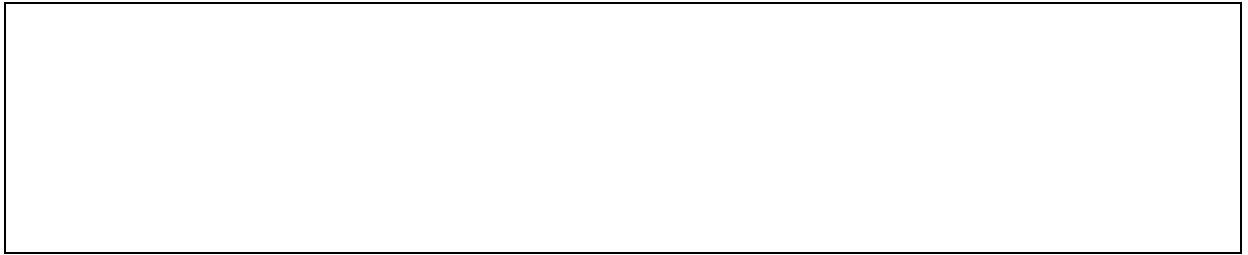**Step 3:   The Role of Past Experiences**

Hidden emotions are often related to painful past experiences.

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Step 4:   What Are Your Past Experiences?

Now to the final question:

i. What past experience(s) makes the hidden emotion you feel during your core issue so strong?

Write a description of your experience in the text box below.

Closing Remarks:

•	The participants will be commended for their cooperation and encouraged to do their homework.

•	Participants will also be reminded of the time and venue for the next session.

SESSION 6

Topic: My DEEP Understanding: External Stress

Objective: By the end of this session, the participants were able to:

•	Understand how things that happen outside our relationships (external stress) can cause core issues or make them a lot harder to deal with.

Activity

•	The participants were welcomed warmly.

•	The researcher reviewed the assignment with the participants.

The researcher explained the theme "My Deep Understanding: External stress" thus:

**Step 1:	External Stress**

The third part of your DEEP Understanding is External Stress, i.e. things that happen outside of our relationship but can have a big impact on it.

**Step 2:	Common Sources of Stress**

Common sources of stress in a relationship include:

**i.	Money**

Money is one of the most common things couples fight about.

Stress about money comes in many forms:

•	Not being able to pay bills on time

- Not being able to buy needed items
- Not making needed repairs
- Waiting to go to the doctor because you can't pay for it, etc.

ii. New Job/Education Program

A new career path or education program can be really exciting, but also very stressful.

You may experience:
- Anxiety about meeting deadlines
- Worries about fitting in with co-workers or classmates
- Fears that you fail
- Worry that the new position will take away from time with family, etc.

iii. Feeling overwhelmed/Overworked

Stress related to work duties is very common. Top job stressors include:
- Unreasonable workloads and deadlines
- Long commutes
- Difficult relationships with co-workers
- Poor work life balance, etc.

iv. Trouble Finding Work

It is difficult for many to find a good place to work. This is stressful in many ways:
- Fears about making ends meet financially
- Trying to balance the need to find any job with finding one that you actually want to do
- The negative emotions that can come with not getting hired.

v. Moving to a New City/ Home

Moving and home buying man seem exciting at the beginning, but each come with a lot of stressful issues
- Finding a place to live that you can afford
- Dealing with new/longer commutes to work

- Balancing needs, wants, and what you can afford
- Moving expenses (e.g., boxes, moving vans etc.), etc.

vi. Children/Parenting

Stress can also come from things that are exciting, or positive, such as preparing for a new baby and/or raising children. In fact, studies of parenting tell us that this is a very difficult time in couples' lives. Stress from parenting:

- Different ideas about how to parent and/or punish your children
- Time spent parenting taking away from the time you and your partner have together
- Keeping up with all the new chores and others things you have to do
- Balancing work and family life.

vii. Family/in-Laws/Former Partners

Stress from families can come in many forms:

- Disagreements on how time should be spent with family
- Caring or supporting a family member
- And then there's in-laws! Your partner may also have a completely different set of issues
- Especially if you have a child with a previous partner, it can be difficult to figure out the role of your former partner in your current relationships

viii. Mental Health (Depression, Anxiety)

Lots of people struggle with mental health issues such as depression and/or anxiety.

Stress from these conditions can come on when:

- Symptoms causes fights or create distance between partners
- Symptoms prevent you from taking care of things at home or work
- Person without symptoms picks up the slack and can

a.   Your Stress-More Specifics

Now that you have had a chance to think about your overall level of stress, write up to three things that are causing you the most stress.

┌───┐
│   │
└───┘

How do you typically try o cope witth this stress?

Select one

☐   Try to solve it right away on my own

☐   Drink or use drugs to help me cope with it on my own

☐   Pray about it on my own

☐   Take a break from the problem and deal with it later, etc.

b.   We Have Different Ways of Dealing with Stress

The two of you may have different ways to cope with stress. That can make the effect of stress worse in two ways:

1.   When we're stressed, we tend to think about what we need rather than what our partner needs. So we are going to do what makes us feel better, which might actually make things worse for our partners.

2.   When our partners are stressed, we tend to help them in the way we want to be helped when we are stressed – which may be different than what our partners would find helpful.

Step 3:   How Different Coping Strategies Can Make Things Worse

Here a scenario was used to illustrate how having different coping strategies could affect a couple's relationship.

c.   How Does Your Partner React to Your Stress?

Thinking about times when YOU have been stressed recently, what does he/she usually do?

Select one of the following:

☐	Downplay how big of a problem it is or try to distract me from my problem
☐	Try to help me solve the problem
☐	Tell me what I did to create the problem or what I do to make it worse
☐	Listen to me and take my side, etc.

Describe a recent example of your partner reacting to your stress in that way. If it was a good or bad fit for your coping style, explain why. How did it make things better or worse?

> [blank box]

d. Your Partner's Stress

You now have an idea about your own stress level and how it affects the core issue your chose. But your partner likely has his/her own stress. In the last activity, you thought about the effect your stress has on you and your relationship. Now, you'll have a chance to think about how your partner's stress (and the combination of both of your stressors) affects your relationships. Of course, you're not the only one who gets stressed- your partner does too! Your partner said that he/she has a lot of stress and that he/she often struggles to manage the stress in his/her life. Your partner sometimes feels like there is just too much going on and wonders how to handle everything. Your partner's stress can have a big impact on your core issues and relationship, so this section will be very important for both of you in learning ways to cope.

Your Partner's Stress –More Specifics

Write up to three things that you suspect are causing your partner the most stress.

e.   **How does your partner typically cope with this stress?**
Select one

☐   Tries to solve it right away on his/her own

☐   Drinks or uses drugs to help cope with it

☐   Prays about it on his/her own

☐   Takes a break from the problem and deals with it later, etc.

f.   **What do you usually do when your partner is stressed?**

Select one

☐ Downplay how big of a problem it is (or distract my partner) to make him/her feel better

☐   Try to help my partner solve the problem

☐   Try to help my partner see what he/she did to create the problem or did to make it worse

☐ Listen to my partner and take his/her side, etc.

Step 4: Effect of Stress on the Core Issue

How does stress make your core issue more difficult? For some couples, stress can make the natural Differences around the core issue bigger. For example, Jada and

Terrell's differences in how much they like to go out were really triggered when they were both stressed.

Stress can also make the Emotions more sensitive. For example, Kim and Mike's emotions – including Kim feeling hurt and Mike feelings frustrated – made it harder to handle problem solving when they were both stressed. If those things don't happen in your relationship, may be stress just makes the fights about your

core issue more negative or harder to stop. Below, describe the effect your AND/OR partner's external stress has on your core issue. If your core issue IS external stress ("we fight about money" or "we disagree about parenting styles") write about how your core issues is made worse when you're stressed about OTHER things.

Closing Remarks:

• The participants will be commended for their cooperation and encouraged to do their homework.

• Participants will also be reminded of the time and venue for the next session.

SESSION 7

Topic: My DEEP Understanding: Patterns of Communication

Objective: By the end of this session, the participants were able to:

• Learn about the behaviours they and their partners do that pull them into a negative pattern of communication.

Activity

• The researcher welcomed the participants.

• The researcher reviewed the assignment with the participants.

The researcher explained the theme "My Deep Understanding: Patterns of Communication" thus:

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Step 1:   Patterns of Communication i.   Patterns during a fight

The core issue in a relationship isn't just WHAT we fight about but HOW we fight about it. In this session, you'll think about the behaviours you and your partners do that pull you into a negative pattern of communication.

ii.   Communication Patterns during a fight

In this first activity, you'll pick the communication pattern you get into DURING fights about your core issue, then in the next activity, you'll pick the pattern the two of you get into AFTER a fight.

Step 2:   My Partner's Behaviour

Which category best describes what your partner usually does when your core issues comes up?

Blame or Criticize	Avoid or Fall Away	Question	Calmly Discuss
Blame or criticize me; be sarcastic; insist that he/she is right and that I am wrong; yell and scream	Refuse to talk about it/ changes the subject; act like it's not a big deal; insist it didn't happen; leave the room	Watch or check on me; call me often ask where I've been; has been investigate or act like a detective	Describe her view calmly; ask for my view or opinion; focus on solving the problem together

Describe your partner's behaviour in the text box

```
[text box]
```

i.   My Behaviour

Which category best describes what YOU usually do where you core issues comes up?

Choose one of the four categories that best fits you and then describes it below

Blame or Criticize	**Avoid or Fall Away**	**Question**	**Calmly Discuss**
Blame or criticize my partner; be sarcastic; insist that I'm right and that he/she is wrong; yell and scream	Refuse to talk about it; change the subject; act like it's not a big deal; insist it didn't happen; leave the room	Watch or check on my partner; call him/her often; ask where my partner has been; investigate or act like a detective	Describe my view calmly; ask for my partners' view or opinion; focus on solving the problem together

Describe your partner's behaviour in the text box

```
[text box]
```

•At this point the researcher will use one of the responses given by a participant as an example to show the benefits and problems with such patterns.

ii. What Your Pattern Means

You said that during fights about your core issues, you tend to avoid and your partner tends to blame. This is probably the most common communication pattern couples get stuck in.

iii. Benefit of this Pattern

By avoiding, you don't have to deal with the negative emotions that come with fights. On the other hand, your partner may feel that he/she had the chance to say what was on his/her mind or prove that he/she was right.

iv. Problems with this Pattern

Although it might feel better in the moment, this pattern doesn't solve the original problem. In spite of the blaming, your partner doesn't get what he/she wants. In fact, this pattern tends to strengths over time. The blaming makes you avoid more which makes your partner blame more and so on. These patterns can also get really healed. One or both of you may become physical by pushing, slapping, or throwing something. If this is true for you, reducing aggression during conflict may be a good behaviour to change in the Respond phase.

v. Patterns after a Fight

Often, even when you and your partner have stopped fighting the conflict isn't really over. People have different ways of moving on or recovering from fights and sometimes that creates even more problems. **iv. Getting out of Conflict**

Every couple fights, it's an unavoidable part of being in a relationship. Therefore, it is important you can recover from these conflicts in a helpful way. Three important parts of recovery are:

Recovery method – whether you talk about it or let it go.

Recovery speed – how quickly you want to (or are able to) get back to normal, and the

Role of apologies

A DEEP Understanding: At this point you have now put the four pieces of the DEEP understanding together – Differences, Emotions, External stress, and Patterns of communication.

Closing Remarks:

•   The participants were commended for their cooperation and encouraged to do their homework.

•   Participants were reminded of the time and venue for the next session.

SESSION 8

Topic: Acceptance and Change, Post-Experiment Test Administration and Conclusion

Objective: By the end of this session, the participants were able to:

•   Learn how using acceptance in their relationships can create powerful changes in their core issue.

•   Learn how little changes in their own behaviour can improve their relationships.

•   Learn ideas on how they and their partners can change to avoid getting stuck in their patterns.

•   Learn tips (communication skills) related to each pattern type (Question, Blame, Avoidance, Discuss).

•   Respond to the post-test instruments.

Activity

•   The researcher welcomed the participants warmly.

•   The researcher reviewed the assignment with the participants.

•   The researcher explained the theme "Acceptance and Change" thus:

Step 1: Acceptance and Change

One of the most powerful tools in a relationship is Acceptance. Acceptance involves understanding the things that can be changed, as well as the things that cannot be changed.

i.   What cannot be changed?

Differences, Hidden Emotions, and some types of External Stress can be pretty hard to change. **ii. What Can You Do:** So, what if some of these things about your partner are really bothering you and your partner can't change them? The answer is: Acceptance. Unfortunately, Acceptance is Really Hard. **iii. Acceptance is Also Powerful**

How is it powerful? To borrow from the Serenity Prayer, we're hoping that you can find the things you can accept. **iv. What Can You Try to Accept?**

Take a moment to think about pieces of the DEEP Understanding:

- **Differences:** Emotional Reactivity
- **Your Partner's Hidden Emotion:** Controlled
- **Your External Stressors:** Work, Poor finance, Traffic
- **Your Partner's External Stressors**: Lack of money, lack of rest, hectic job.

Is anything about these areas helpful to accept? If so, write them below.

Enter your thoughts in the text box below.

```



```

Step 2:   Making Changes

In order to come up with a good change plan, it's important to think about who should change first.

i. Who Should Change First? Sometimes it's hard to decide who should change first One of the first problems couples often face is figuring out who should change first.

iii. You Have the Power to Change: When couples are willing to change together, as a team, it makes it possible for win-win outcomes, which are mutually beneficial.

    v.   **Change Your Patterns: Communication Skills**

•   **Speaking Skills:** In this activity, you'll learn four important tips to how to be a good speaker.

•   **Let your Partner In:** Paying attention to the way you start important conversations with your partner is probably the most important Speaker tip we can offer to lead to a productive conversation.

•   **Open Up:** Sharing your emotions, especially hidden ones can help your partner listen to what you are saying.

•   **Ask for Help:** Asking for help often sends the message that you believe, with your partner's cooperation, you can jointly solve whatever problem it is you're facing.

•   **Start with a Positive:** If you start with something you like about what your partner is doing, it can help your partner be more open to the things that will be harder to hear later in the conversation.

•   **Do not Judge:** Sharing your emotions is important when you're the speaker.

But just because you start with "I feel…" doesn't mean it expresses emotion – often it hides a judgment.

•   **Watch Tone of Voice**: Even if you share your hidden emotion, a blaming or judgmental tone will put your partner on the defensive.

Key things to remember:

     Pay attention to the way you talk just as much as what you are talking about.

     When you find yourself too angry or upset, take a break you are likely to make things worse. Tell your partner you will be back in five minutes after you calm down and can talk about it in a helpful way.

- **Avoid Solving Problems Right Away:** As the Speaker, your first job is to "Let Your Partner In". Once your partner knows WHY you want to change, your partner may have some good ideas for change that you haven't thought of.

Step 3:   Listening Skills

Being a good speaker will only get you halfway in conversations with your partner. It is just as important if not more important to be a good listener!

- **Summarize What Your Partner is Saying:** To let your partner know you heard him/her, summarize what you heard. This is NOT the time to offer your own side of the story or to disagree with your partner.

- **Ask your partner if you got everything:** After you're done summarizing, asks your partner, "Did I get everything?" That will allow your partner to add anything that he/she feels is important, as well as express whatever else they have to say.

- **Switch into the Speaker role:** If you have done a good job summarizing and your partner has been able to fully express his/her point of view, your partner will now be much more likely to listen to what you're about to say.

   ii.   The Importance of Summarizing

The reason to summarize what your partner said is so your partner knows you heard him or her. When you summarize, your partner knows that you *are* listening and you *do* understand.

a.   Tips for when you are Summarizing

Below are tips to help you summarize:

•**Ask if you are not sure:** It's okay to ask your partner to say something again if you are not sure about it. Remember it is okay to include things you disagree with. Summarizing things doesn't mean you agree with them. You can say "It feels to you like…" or "You think that…".

Step 4: Changing Your Patterns

Below are tips on how you can change your Pattern of Communication.

i. **Ways to Change Your Own Behaviour:** Let's first think about ways *you* can improve or prevent the pattern by changing the way you act before and during a discussion of the core issue.

• **Make sure your partner knows you're ready.** If you are an avoider, your partner might not realize that you'd like to start a conversation, especially since it's not something you typically do! So, be very clear. For example, you can start by saying, "I'd like to talk with you about something important."

• **Be in the right place at the right time.** When you decide to start the conversation, choose a time and place that works for you both.

• **Think about what it is you want out of the conversation.** While your main goal in the past was probably preventing or minimizing a fight, think about other goals moving forward.

ii. **During a Discussion**

To keep yourself from avoiding the core issue when it comes up, try the following:

• **Take responsibility for your behaviour.** Taking responsibility positively signals to your partner that you're willing to have a wholesome conversation with them and is likely to elicit a similar behavioural response from them.

• **Remember your Listening tips.** The listening tips you learnt earlier will come in handy here.

• **As the Speaker, speak your mind!** Try to be as open and honest as you can about what you think/feel and what you need from your partner, ideally in non-blaming terms.

• **Take a break – but carefully!** If you're feeling attacked, or need a break from the conversation, tell your partner that you need to stop the conversation.

Don't just walk away – that'll likely make things worse. Work together to schedule a mutually beneficial appointment at which time you will continue your discussion.

iii.   Changing Your Response to Your Partner's Behaviour

To make a conversation go well, think both about the behaviours you're doing AND the behaviours your partner is doing.

iv.   Ways to Improve Your Response to Your Partner's Behaviour

•   **Do not be Defensive.** No matter your typical role in the Pattern of communication, when people feel blamed, the common response is to defend against the accusations they feel are being made against them. If you become defensive, your partner will likely turn up the volume and blame even more.

•   **Summarize even if you don't agree with it.** You don't have to agree with things that you don't feel are correct or fair – but try to summarize them.

•   **Watch your behaviour.** When your partner blames, it's really easy to fall into your Pattern behaviour as well. So, try your best to interrupt the Pattern and save your relationship.

•   **Check in with your partner.** If you start to notice your partner blaming, it might be helpful to pause and check-in with him/her.

•   **Remember DEEP Understanding:** Remembering your DEEP understanding may help you take a deep breath and be more accepting in the moment.

•   **Use Speaker/Listener Skills:** Before a conversation starts, try approaching your partner in a different way maybe via email or text when you want to discuss something important.

•   **STOP:** When all else fails, sometimes you just need to end the conversation. Don't just walk away that will probably make things worse. Instead, first tell your partner you will talk about it later when you've both calmed down.

v.   Tips to Improve Recovery Method

There is no right or wrong way to recover from a conflict around your core issue.

However, because the two of them differ in the ways they like to recover, it's important that they don't let that difference make things worse.

vi.   Role of Apologies

Apologizing is very important, but it is important that you don't your attempt at having a discussion devolves into a debate about who should apologize.

vii.Changes to My Recovery Pattern

Now that you've had a chance to review how you both recover from your core issue, it's time to select what you would like to change about what the two of you do. First, write what you can do to improve this pattern.

Changes I can make:

_____

_____

_____

_____

A second change I want to make: (If you can't think of one, write 'None')

_____

_____

_____

_____

Changes I would like my partner to make to his/her recovery pattern

What change(s) can my partner make to improve his/her recovery pattern?

Changes my partner can make to the way he/she recovers:

_____

_____

_____

A second change I want my partner to make: (if you can't think of one, write 'none')

_____

_____

_____

_____

• **Post-Test: Administration of Post-Test**

The participants were given the post-test instruments. The researcher thanked the participants for their co-operation while a token gift was given to each one of them in appreciation of their participation in the programme.

Closing Remarks:

• The researcher commends the participants for their unrelenting cooperation.

• The participants were encouraged to utilize effectively the skills they have acquired via the intervention programme.

CONTROL GROUP

Session 1

Topic: Administration of pre-test instruments

Objective: To administered pre-test instruments to the participants.

Step 1: The researcher familiarized with members of the group. The researcher also explained to participants that the programme is mainly for research purposes only and that their support and co-operation is highly needed.

Step 2: The pre-test instruments were administered on the participants.

Session 2:

Topic: Open and Distance Learning Education in Nigeria

Objectives: The following objectives were achieved at the end of this session:

•   The participants were able to illustrate the importance of Open and Distance Learning Education in Nigeria

•   The participants were able to explain the role of international agencies and the development of Open and Distance Education in Nigeria

Activity

•   The participants were warmly welcomed and the researcher introduced the topic: the importance of Open and Distance Learning Education in Nigeria

•   The researcher explained what international agencies are and their contributions to the development of Open and Distance Education in Nigeria.

Step 1:   The Importance of Open and Distance Learning Education in Nigeria Education is inherently a developmental process. Distance learning is a form of learning in which, unlike the traditional system of learning, the teacher and the students do not have to be in the same physical location.

Step 2: Advantages of Distant Learning Education

Among other benefits, the main advantage of distance learning is that it is flexible and allows you to fit your learning around your work and home life.

Step 3: Disadvantages of Distant Learning Education

The major downside is that you will not enjoy the conviviality of being on a campus and rubbing shoulders with fellow students on a daily basis.

Step 4: International Agencies and the Development of Open and Distance Education in Nigeria

As explained earlier, the link between education and development informed the direction and policies of continuing interventions of development agencies like the United Nations Education, Scientific, and Cultural Organization (UNESCO), the Commonwealth of Learning (COL), British Council, Literacy Enhancement

Assistance Program (LEAP), and others. These international agencies have assisted Nigeria (and the African region in general) in the development and training of distance education institutions and their staff. It is on record that UNESCO and the COL lent their expertise in the establishment of the NTI, at a time when Nigeria faced an acute shortage of qualified teachers.

i.   Providers of Distant Learning Education in Nigeria

In Nigeria, distance education is being provided by both private and public institutions.

They are:

a.   Private Institutions: Government-approved private institutions include the following:

(i)   Exam Success Correspondence College, Lagos

(ii)   Walton Solomon and Associates Limited, Lagos

(iii)   Nigeria Technical Correspondence College

(iv)   Bosede Business Training College, Ibadan

b.   Public Institutions: These consist of the following:

(i)   University of Lagos Correspondence and Open Studies Institute (COSIT).

(ii)   National Teachers' Institute, Kaduna

(iii)   Ahmadu Bello University, Zaria

(iv)   Institute of Management and Technology, Enugu

(v)   Imo State University, Okigwe

(vi)   University of Ibadan, Ibadan

(vii)   School Broadcasts

(viii)   The National OPEN University of Nigeria

(ix)   University of Abuja, Abuja

Assignment

• Participants were asked to write five advantages of utilizing the Distance Learning Education opportunities in Nigeria.

Closing Remarks:

• The researcher commends the participants for their cooperation.

• The participants were reminded to do their homework

• Participants were intimated with the time and venue for the next session.

SESSION 3

TOPIC: Administration of Post-Test Instrument.

Objective: Administration of post-test instrument.

Activity:

• The participants were warmly welcomed and the homework was reviewed together with the researcher.

• The post-test instruments were administered after which the researcher gave the participants some counselling talks on the importance of Open and Distance Education in Nigeria. The researcher also encouraged the participants to always feel free to seek for assistance concerning what was discussed during the sessions.

• The researcher thanked the participants for their co-operation while a token was given to each one of them in appreciation of their participation in the programme.

Closing Remark:

The researcher commended the participants for their time and effort.

3.10 Data Analysis

Simple percentage and Analysis of Covariance (ANCOVA) were the major statistical tools employed in this study. Simple percentage was used to analyse the demographic characteristics of the respondents, while ANCOVA was used to test the hypotheses on the main effects and interaction of treatments and the moderating variable at 0.05 level of significance. Also, scheffe post-hoc analysis was used to determine the extent of the significance of the main effects of the

independent and moderating variables. Thematic Analysis was used for Focused Group Discussion (FGD). Focused Group Discussion which was conducted aimed at gaining information on the perspective and experience of participants concerning marital dissatisfaction.

CHAPTER FOUR

RESULTS AND DISCUSSION OF FINDINGS

This chapter presents the results and summary of findings. The study investigated the Imago relationship therapy and Integrative behavioural couple therapy on marital dissatisfaction among married individuals of Catholic Churches in Lagos State.

4.1   Result and Interpretation

Demographics Characteristics of the Respondent.

Table 1 reveals that out of 96 respondents, 51% of them are between 36-40 years, 44.9% of the respondent are between 41 years and above, while 4.1% of the respondents are between below 35 years. 99% of them have been married more than 3 years, while 1% of them have been married for less than 3 years. 56.3% of them are female while 44% of them are male. 50% of them were exposed to Imago Relationship Therapy (group 1), while 50% of them were exposed to Integrative Behavioural Couple Therapy (group 2). This implies that most of the respondents with marital dissatisfaction are between 36-40 years of age. Majority of them with marital dissatisfaction have been married for more than 3 years with less than 3 children. More importantly, both groups have equal number of interviewees.

Hypothesis One: There will be no significant main effect of treatment on marital dissatisfaction among married individuals of catholic churches.

To test this hypothesis, Analysis of Covariance (ANCOVA) was adopted to analyse the post-test scores of the participants on their marital dissatisfaction using the pretest scores as covariate to ascertain if the post experimental differences are statistically significant.

The table 2 showed that there is asignificant main effect of treatment on marital dissatisfaction among married individuals of catholic churches (F $_{(2, 77)}$ = 151.781, p < 05, η^2= 798). This implies that there was a significant difference in the marital dissatisfaction of the treatment groups. Therefore, the null hypothesis

is rejected. The table further reveals that treatment groups explained 79.8% variance in marital dissatisfaction experienced by participants. For further clarification on the margin of differences between the treatment groups and the control group, a Scheffe post-hoc analysis was computed and the results is as shown in the Tables 4.2 respectively.

Table 3, reveals that experimental group I (Imago Relationship Therapy (IRT)) ($\bar{x}$ =61.4333) had the lowest mean while the experimental group II (Integrative Behavioural Couple Therapy (IBCT)) ($\bar{x}$ =83.0333) and control group ($\bar{x}$ =105.8056). By implication, Imago Relationship Therapy (IRT) was more potent in reducing marital dissatisfaction of the married individuals of catholic churches than Integrative Behavioural Couple Therapy (IBCT). The coefficient of determination (Adjusted R^2 = 840) overall indicates that the differences that exist in the group account for 84% in the variation of marital dissatisfaction among married individuals of catholic churches.

Hypothesis Two: There is no significant main effect of socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches

Table 2 further shows that there is a significant main effect of socioeconomic status on marital dissatisfaction; $F_{(2,77)}$= 4.363, p<0.05, η^2= 0.102. Hence the null hypothesis is rejected. This implies that there is a significant difference in the marital dissatisfaction of married individuals with low and high level of socioeconomic status. The table further reveals that level of socioeconomic status accounts for 10.2% variance in the marital dissatisfaction of married individuals. For further clarification on the margin of differences among the socioeconomic status levels, a Scheffe posthoc analysis was computed and the results is as shown in the Tables 4 respectively.

Table 4, reveals that participants with high socioeconomic status ($\bar{x}$= 72.83) recorded the least marital dissatisfaction mean score, followed by those with moderate socioeconomic status ($\bar{x}$= 86.98) and those with low socioeconomic status ($\bar{x}$= 91.55). By implication, participants with low socioeconomic status

are more prone to marital dissatisfaction than those with moderate and high socioeconomic status.

Hypothesis Three: There is no significant main effect of religiosity on marital dissatisfaction among married individuals of Catholic Churches.

Table 2 further shows that there is a significant main effect of religiosity on marital dissatisfaction; $F_{(1,77)}= 8.928$, $p<0.05$, $\eta^2= 0.104$. Hence the null hypothesis is rejected. This implies that there is a significant difference in the marital dissatisfaction of married individuals with low and high level of religiosity. The table further reveals that level of religiosity explained 10.4% variance in the marital dissatisfaction of married individuals. To further clarify where the difference lies, a pair-wise comparison was computed using bonferonni correction the result is shown in table 10.

Table 5 reveals that after controlling for the effect of pre-test marital dissatisfaction score, participants with high socioeconomic status displayed lower ($\bar{x}= 85.369$) marital dissatisfaction mean score than those with lowsocioeconomic status ($\bar{x}= 93.368$). By implication participants' with low socioeconomic status have higher tendency to experience marital dissatisfaction than those with high socioeconomic status.

Hypothesis Four: There is no significant interaction effect of treatment and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches

Table 2 showed that there is a significant interaction effect of treatment and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches ($F_{(4, 77)} = 2.771$, $p < 05$, $\eta^2= 126$). Hence, the null hypothesis is rejected. This implies, that socioeconomic status significantly moderated the effect of treatment on marital dissatisfaction among married individuals. The interaction effect between treatment and socioeconomic status accounted for 12.6% variance in participants' marital dissatisfaction. To further clarify where

the difference lies, a pair-wise comparison was computed using bonferonni correction the result is shown in table 6.

Table 6 shows that after controlling for the effect of pre-test marital dissatisfaction mean score, experimental group I (IRT) was more moderated by socioeconomic status than experimental group II (IBCT) and control group. Participants in experimental group I recorded varying level of marital dissatisfaction based on their socioeconomic status. IRT was more effective in reducing marital dissatisfaction among participants with high socioeconomic status ($\bar{x}$= 59.88) than those with moderate ($\bar{x}$= 61.78) and low socioeconomic status ($\bar{x}$= 66.48). While IBCT was also effective in reducing marital dissatisfaction of participants with high socioeconomic status ($\bar{x}$= 70.49) than those with moderate ($\bar{x}$= 85.39) and low socioeconomic status ($\bar{x}$= 85.62).

Hypothesis Five: There is no significant interaction effect of treatment and religiosity on marital dissatisfaction among married individuals of Catholic Churches.

The results in table 2 indicated that there is no significant interaction effect of treatment and religiosity on marital dissatisfaction among married individuals of Catholic Churches; ($F_{(2, 77)}$ = 2.662, p > 05, η^2= 065). Therefore, the null hypothesis was accepted. This implies that religiosity did not significantly moderate the effect of treatment on marital dissatisfaction among married individuals.

Hypothesis Six: There is no significant interaction effect of religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches.

The results in table 2 indicated that there is no significant interaction effect of religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches ($F_{(2, 77)}$ = 0.675, p > 05, η^2= 017). Therefore, the null hypothesis was accepted. This implies that socioeconomic status did not

significantly moderate the effect of religiosity on marital dissatisfaction among married individuals.

Hypothesis Seven: There is no significant three-way interaction effect of treatment, religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches.

The results in table 2 indicated that there was no significant three-way interaction effect of treatment, religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches ($F_{(4, 77)} = 0.637$, $p > 05$, $\eta^2 = 032$). Therefore, the null hypothesis was accepted. By implication, religiosity and socioeconomic status are not significant moderator of the effect of treatment on marital dissatisfaction among married individuals.

Section A: Demographics Characteristics of the Respondent.

Table 1: Percentage Distribution of Respondents Demographics

Age (Birth)	Frequency	Percent (%)
below 35 years	3	4.1%
36-40 years	49	51%
41 years and above	44	44.9%
Years	**Frequency**	**Percent (%)**
Below 3 Years	1	1%
Above 3 Years	95	99%
Gender	**Frequency**	**Percent (%)**
Male	42	44%
Female	54	56.3%
Tribe	**Frequency**	**Percent (%)**
Yoruba	34	35.5%
Igbo	57	59.3%
Others	5	5.2%
Number of Children	**Frequency**	**Percent (%)**
None	2	2.1%
Below 3 Children	48	50%
Above 3 Children	46	47.9%
Interview	**Frequency**	**Percent (%)**
Group 1	5	50%
Group 2	5	50%

Source: field survey, 2020

Table 2: Summary of 3x3x2 Analysis of Covariance (ANCOVA) Showing the Significant Main and Interactive Effect of Treatment Groups, Socioeconomic Status and Religiosity among Married Individuals in Catholic Churches.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	35240.116[a]	18	1957.784	28.726	.000	.870
Intercept	2281.184	1	2281.184	33.471	.000	.303
Pre-test	59.104	1	59.104	.867	.355	.011
Treatment	20688.960	2	10344.480	151.781	.000	.798
Socioeconomic Status	594.667	2	297.333	4.363	.016	.102
Religiosity	608.467	1	608.467	8.928	.004	.104
Treatment group * socioeconomic status	755.498	4	188.874	2.771	.033	.126
Treatment group * religiosity	362.865	2	181.433	2.662	.076	.065
Socioeconomic Status * religiosity	91.944	2	45.972	.675	.512	.017
Treatment group * Socioeconomic Status * religiosity	173.628	4	43.407	.637	.638	.032
Error	5247.873	77	68.154			
Total	731201.000	96				
Corrected Total	40487.990	95				

a. R Squared = 870 (Adjusted R Squared = 840)

Source: field survey, 2020

Table 3: Scheffe Post-hoc Analysis Showing the Significant Differences of Marital Dissatisfaction among Various Treatment Groups and the Control Group

Treatment group	N	Subset for alpha = 0.05		
		1	2	3
Imago Relationship Therapy (IRT)	32	61.4333		
Integrative Behavioural Couple Therapy (IBCT)	31		83.0333	
Control group (CG)	33			105.8056
Sig.		0.035	0.043	0.022

Source: field survey, 2020

Table 4: Scheffe Post-hoc Analysis Showing the Significant Differences of Marital Dissatisfaction based on levels of Socioeconomic Status

Socioeconomic Status	N	Subset for alpha = 0.05		
		1	2	
Low Socio – Economic Status	33	91.5517		
Moderate Socio – Economic Status	31		86.977	
High Socio – Economic Status	32			72.833
Sig.		0.050	0.053	0.045

Source: field survey, 2020

Table 5 Bonferonni correction pair-wise comparison showing the significant difference in the marital dissatisfaction of married individuals based on their level of religiosity of married individual.

(I) Religiosity	(J) Religiosity	Mean Difference (I-J)	Std. Error	Sig.[c]
High religiosity ($\bar{x}$= 85.369)	Low religiosity	7.999	.965	.003
Low religiosity ($\bar{x}$= 93.368)	High religiosity	-7.999	.965	.003

Source: field survey, 2020

Table 6 Bonferonni correction pair-wise comparison showing the interaction effect of treatment and socioeconomic status on marital dissatisfaction of married individuals

Treatment group	Socioeconomic Status	Mean	Std. Error
IRT	Low SES	61.787[a]	2.435
	moderate SES	66.480[a]	2.593
	high SES	59.888[a]	4.524
IBCT	Low SES	85.627[a]	3.199
	moderate SES	85.392[a]	2.429
	high SES	70.493[a]	2.705
Control	Low SES	106.275[a]	3.769
	Moderate SES	103.106[a]	1.998
	High SES	107.915[a]	2.370

Source: field survey, 2020

4.1b   Qualitative Report of Data from FGD

Marital dissatisfaction

Marital dissatisfaction is a phenomenon that is gradually becoming a pandemic among married couples the world over. It is a known fact that marriages experience conflicts of one kind or the other which will need to be resolved if both spouses are to continue enjoying their marriage. The respondents interviewed unanimously agreed that marital dissatisfaction existed among married couples. According to nine out of the ten respondents interviewed, marital dissatisfaction is expressed in the form of disagreements between both spouses, which could be as a result of personal differences. For a change of perspective, one respondent said marital dissatisfaction manifested in the form of reduced or ineffective communication between spouses.

Causes of Marital dissatisfaction

A number of factors have been identified as being responsible for marital dissatisfaction among married couples in the study area. They include sexual dissatisfaction, financial difficulty and frugality, external influences, poor or ineffective communication, discontent, individual differences, and lack of understanding, among others.

Per the respondents, sexual dissatisfaction is a major cause of marital dissatisfaction among married couples as revealed by the opinions of respondents A, I and C who gave an insight that poor sexual satisfaction from especially the husband was a leading reason for marital dissatisfaction. According to Respondent I, when a man is unable to satisfy his wife sexually, he will adopt some defence mechanisms such as throwing of tantrums to cover up for his inability.

The financial status of the family is another identified factor responsible for marital dissatisfaction as revealed by Respondents A, E and J. according to these respondents, the man, as the head of the family, is responsible for meeting the basic needs of the family, which include the provision of food, shelter and clothing. Inability to meet these needs is sure to be lead to marital dissatisfaction

on the part of the wife. Similarly, according to Respondent E, frugality on the part of the husband can be interpreted as dishonesty and can also cause marital dissatisfaction.

The unchecked influence of external parties such as friends and relatives is another recipe for marital dissatisfaction, according to Respondents A, D and I. according to them, the judgments of relatives is sometimes biased and their unchecked influence over a spouse could lead to an unhappy marriage.

Management of Marital dissatisfaction

The factors identified as being useful for the management of marital dissatisfaction include: reducing or eliminating the influence of external parties on the couple, seeking help from professional counsellors, good and effective communication, showing commitment and selflessness, among others.

Per Respondents G and F, seeking help from professional counsellors is a viable way to manage marital dissatisfaction. With the experience, counsellors are able to provide customised and pragmatic solutions to helps couples achieve marital satisfaction. However, according to Respondent F, couples must be willing to internalize and apply the recommendations of the counsellors in order to see results. According to Respondents B and D, reducing or eliminating the influence of external parties such as friend and relatives is a good way to start managing marital dissatisfaction. During times of disagreement between couples, it is usually best to isolate the couples from the influence of external parties who sometimes cause more harm than good by being partial.

Enhancement of Marital Satisfaction

Enhancement of marital satisfaction involves couples' attempt at leading fuller, richer lives as couples. According to the respondents, factors which can enhance marital satisfaction include: good understanding between couples, proper orientation of marriageable individuals, effective communication, mutual respect, sincerity, and prudence among others. According to Respondent H, marriageable individuals should be oriented on what the institution of marriage is, as well as

educated on the roles and duties expected of them as husband or wife. This orientation serves as the foundation for a successful marriage. Also, according to Respondent F, effective communication is a compulsory in order to enhance marital satisfaction. Since both couples represent two different individuals, effective communication is vital in order to bridge the divide between both spouses with regards to their individual differences and to form lasting bonds of love and understanding. Lastly, according to Respondents F and G, understanding between couples is a vital ingredient when enhancing marital satisfaction is the objective.

4.2 Discussion of Findings

The first hypothesis stated that there will be no significant main effect of treatment on marital dissatisfaction among married individuals of catholic churches. After testing the hypothesis using ANCOVA at 0.05 alpha level, the result shows that there was significant main effect of treatment on marital dissatisfaction among married individuals of catholic churches. This implies that there is a significant difference in the marital dissatisfaction among married individuals. The scheffe posthoc analysis further reveals that experimental group I (Imago Relationship Therapy (IRT)) had the lowest marital dissatisfaction post-test mean score, followed by experimental group II (Integrative Behavioural Couple Therapy (IBCT)) and control group. By implication, Imago Relationship Therapy (IRT) was more effective in reducing marital dissatisfaction of the married individuals of catholic churches than Integrative Behavioural Couple Therapy (IBCT). The result of this study is consistent with Pitner and Bailey (1998) who investigated 110 couples who exposed to nine different imago relationship therapy workshops (called "Getting the Love You Want") across the United States. He reported an increase in their Marital Satisfaction Scale-Short Form scores after the workshop and again at six weeks after the completion of the workshop.

Similarly, various empirical evidences were at pal with the result of this study, some of which reported a significant increase in couples marital satisfaction after

participating in a short-term intervention of imago relationship therapy (Hannah et al., 1997; Luquet and Hannah, 1996) and participation in the imago relationship therapy workshop (Hogan, Hunt, Emerson, Hayes, and Ketterer, 1996) reported an improvement in marital satisfaction and reduction in conflict. From all indication imago relationship therapy appears to provide couples the skills to deal with the four relationship patterns which were predictors of marital dissatisfaction: criticism, defensiveness, stonewalling, and contempt. However, imago theory offers an antidote to the negative relationship attitudes that have been found to be indicators of marital dissatisfaction (Markman and Hahlweg, 1993).

On the other hand, integrative behavioural couple therapy was also found to be effective in reducing marital dissatisfaction although not as effective as the Imago therapy. Nevertheless, the effectiveness of integrative behavioural couple therapy corroborated with Jakubowski et al. (2004) who found that integrative couple therapy to be an efficacious marriage enrichment programme with longitudinal data available to demonstrate the effectiveness of this programme.

In the same vein, series of empirical studies also found that couples that participated in the integrative couple therapy, when compared to control couples, had more stable relationships, improved communication in the short-term, improved or maintained a high level of relationship satisfaction in the long term, exhibited lower levels of negative communication, had fewer instances of negative communication and husbands reported greater relationship satisfaction (Markman, Floyd, Stanley and Storaasli, 2008; Markman, Renick, Floyd, Stanley and Clements, 1993). It can be plausible to affirm that imago therapy appears to be very effective in a short while above integrative couple therapy. However, provides an insight that integrative couple therapy gain more effectiveness on the long run rather than on a short rum.

The second hypothesis stated that there is no significant main effect of religiosity on marital dissatisfaction among married individuals of Catholic Churches. The hypothesis was tested using ANCOVA at 0.05 alpha level of significance. The

result shows that there was a significant main effect of religiosity on marital dissatisfaction. This indicates that the marital dissatisfaction among married individuals varies along their religiosity status. The post-hoc analysis showed that married individuals with high religiosity recorded low marital dissatisfaction than those with low religiosity. This result agrees with the findings of Kalmijn (1998) who discovered that, if couples share similar knowledge and beliefs about religion this may encourage positive communication, interactions, and mutual understanding. More so, Curtis and Ellison (2002) also reported that religious and denominational similarity among couples may facilitate a greater likelihood for consensus when it comes to family matters and joint decisions on these issues. Attending a church also provides a close network of support.

It is understandable to note that been religious and marital dissatisfaction might not align owing to the idea that religiosity could create feelings of guilt and failure if a divorce occurred (e.g., I am violating a vow I made to God), compared to less religious individuals who may be more likely to view dissatisfaction as an acceptable solution to deal with unrewarding marriages. More importantly, individuals with high religiosity are likely to consider external disapproval if they divorce because their friends and family members object to divorce on religious grounds (e.g., divorce represents a serious spiritual failure). While, individuals who are less religious is capable of easily finding an alternative to begin with and subsequently more likely to divorce and remarry. While for some, a feeling of guilt, failure, or shame may prevent them from returning to a religious institution. In the word of Curtis and Ellison (2002), religious teachings provides substantive elements in the form of specific guidelines for spousal roles that shape identities, attitudes, and behaviours, spouses in remarriages and complex family structures may find it difficult to fulfill the roles and expectations that are defined and set forth by religious institutions.

The third hypothesis states that there is no significant main effect of socioeconomic status on marital dissatisfaction among married individuals of

Catholic Churches. The hypothesis was tested using ANCOVA at 0.05 alpha level of significance. The result shows that there was a significant main effect of socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches. This implies that there is a significant difference in the marital dissatisfaction experienced among married individuals. The scheffe post-hoc analysis further showed that married individual with high socioeconomic status had the least marital dissatisfaction post-test score, followed by those with moderate and low socioeconomic status.

This result aligns with the findings of Lane (2000), who found that socioeconomic status has become an area of increasing concern with respect to marital dissatisfaction the world over. Since a spouse wants assurance that their husband will be ready to take care of them financially, that will influence their wellbeing. In the same vein, Aina (2007) who examined the relationship between socioeconomic status and marital dissatisfaction; also found that the relationship between socioeconomic status and marital satisfaction was stronger for families with higher levels of socioeconomic status than those with lower levels of socioeconomic status.

Similarly, the result of this study also support the findings of Wilcox, (2009) who reported that income, employment, debt, assets, and the division of household labor all shape the quality and stability of married life. In other words, earning, spending, saving, and sharing money are integral dimensions of contemporary married life. In the same vein, empirical literature had a consensus that financial issues are a common source of discord in personal, marital, and family relationships (Hibbert and Beutler, 2001; Poduska and Allred, 1990; Voydanoff, 1990). To find a plausible explanation this in the Nigerian context is very popular. The financial responsibility of the home is expected to be handled by the man, however, where the man is not capable to meet the required need or where the woman is doing the mans job without any appreciation there is bound to be problem.

The fourth hypothesis states that there is no significant interaction effect of treatment and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches. The hypothesis was tested using ANCOVA at 0.05 alpha level of significance. The result revealed that there was a significant interaction effect of treatment and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches. This suggests that socioeconomic status of married individual moderated the effect of treatment on their marital dissatisfaction. The marginal mean using bonferroni correction revealed that married individuals with high socioeconomic status among each of the treatment group were found to display the least marital dissatisfaction score followed by those with moderate and low socioeconomic status. Nevertheless, socio-emotional status of participants exposed to Imago Relationship Therapy (IRT) were found to reveal lower marital dissatisfaction tendency across levels than those exposed to Integrative Behavioural Couple Therapy and control. By implication socioeconomic status of married individual moderated the effect of Imago Relationship Therapy (IRT) on marital dissatisfaction more than Integrative Behavioural Couple Therapy and control. The result of this study confirms the findings of Idialu (2003) who found that socioeconomic status could act as a protective factor that could decrease marital dissatisfaction among married individual such as financial stress.

Similarly, Dew (2007) indicated in his study that consumer debt plays an important role in eroding the quality of married life. Consumer debt have been found to fuel a sense of financial unease among couples, and increases the likelihood of a quarrel over money matters; moreover, this financial unease casts a pall over marriages in general, raising the likelihood of an argue over issues other than money and decreasing the time they spend with one another.

In the same vein, Britt, Grable, Briana, Goff and White, (2008) reported that perceptions of how well one's spouse handles money also play a role in shaping the quality and stability of family life. When individuals feel that their spouse does not handle money well, they report lower levels of marital happiness. Similarly,

Amato and Roger, (1997) confirms that the feeling that one's spouse spent money foolishly increased the likelihood of divorce for both men and women. More so, the result of this study agrees with Amato and (Previti), 2003 and Kitson (1992) who found in their separate studies that their reasons for divorcing differed by socioeconomic status, such that lower-SES individuals were more likely to attribute their divorce to issues such as abuse, financial problems, employment problems, and criminal activities, whereas higher-SES individuals were more likely to attribute their divorce to personality clashes, incompatibility, and lack of communication.

It is easily justifiable in the Nigerian context that not having enough finance to meet the needs of the home might create rancor if it persists. For instance, if newlywed couples having huge unsettled debt are likely to be less happy in their marriages over time. In the word of Dew, (2009), it can be inferred that marriages having assets instead of debt sweeten and solidify the ties between spouses. Assets minimize any sense of financial unease that couples feel, with the result that they experience less conflict. Assets also decrease the likelihood of marital dissatisfaction and divorce. Interestingly, the protective power of assets only works for wives, and for two reasons. First, wives with more marital assets are happier in their marriages and, as a consequence, are less likely to seek separation. Second, assets make wives more reluctant to pursue a divorce because they realize that their standard of living would fall markedly after a divorce (Dew, 2009). In a nutshell, financial freedom plays a significant roles in reducing marital dissatisfaction in marriages.

The fifth hypothesis states that there is no significant interaction effect of treatment and religiosity on marital dissatisfaction among married individuals of Catholic Churches. The hypothesis was tested at 0.05 alpha level of significance. The result shows that there was no significant interaction effect of treatment and religiosity on marital dissatisfaction among married individuals of Catholic Churches. This implies that religiosity did not significantly moderate the effect of treatment on

marital satisfaction. The result of this study does not in congruence with Mahoney, Pargament, Tarakeshwar and Swank (2001) who confirmed that "such benefits of church membership could occur regardless of particular religious' beliefs about family life.

Similarly, the result of this study disagrees with Marks (2005) who interviewed seventy-six highly religious minded Muslim, Jewish, Mormon, and Christian married couples to examine the religions' three dimensions (religious practice, spiritual practice and, and faith community) and their impact on marriage. He found that religiosity and harmony of faith in God and practice and beliefs prolonged the marital functioning of religious couples. While, in the study of Booth and Edwards (1992) who confirmed from multiple phone interviews with 2,033 married individuals and concluded that their marriages are more fragile because they are less likely to have positive social supports, they are more likely to see divorce as a solution, and there are fewer available partners with whom they have similar values to choose from.

It is plausible to understand that majority of the findings where religious beliefs helped their marital satisfaction were not exposed to imago therapy neither were they exposed to integrated couple therapy which shows that those studies drew inferences based on religious beliefs impact on marital dissatisfaction. More so, the substantive element of religion is the combination of beliefs and practices promoted by religious institutions that shape the attitudes, beliefs, and behaviours of individuals. One substantive element of religion is the assertion that marriage should be a lifelong commitment and, therefore, in most situations divorce is not justifiable. However, after been exposed to these therapies it would have enhance their various religious beliefs owing to the fact that none of the principles of the therapy encouraged separation or divorce. On this premise it will be difficult to find a significant interaction effect because religion will find it difficult to moderate the effect of treatment on the marital dissatisfaction of married individual since the principles of the therapies and religion principles align.

The sixth hypothesis states that there is no significant interaction effect of religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches. The hypothesis was tested using ANCOVA at 0.05 alpha level of significance. The result showed that there was no significant interaction effect of religiosity and socioeconomic status on marital dissatisfaction. This implies that socioeconomic factor did not significantly moderate the effect of religiosity on marital dissatisfaction. This result negates the findings of Randal and Alan (2013) who reported that religious beliefs concerning relational values (e.g., forgiveness, commitment and sacrifice) indirectly improve marriage satisfaction and quality. Similarly, Nathaniel and David (2006) reported in their study that beliefs about the sanctification of marriage may help married couples resolve conflict by preventing conflict, improving conflict resolution and enhancing relationship reconciliation.

On the other hand, this study also corroborated with Bramlett and Mosher, (2002) and Raley and Bumpass, (2003) who revealed in their various studies that maintaining a fulfilling marriage more challenging within low-income communities, where rates of separating and divorce are nearly twice as high as in more affluent communities. Recognizing the heightened vulnerability of low-income couples, and the severely negative consequences of divorce for low-income spouses and their children (e.g., poverty, mortality, lower education). This result shows that level of religiousity and socioeconomic status does not work together to reduce marital dissatisfaction. To provide a plausible explanation, it is easy to infer that literature has only shown proof of reduced marital dissatisfaction owing to increase socioeconomic status and high religiosity. Which indicates that married individuals with low socioeconomic status and high religiosity have not been found to reduce marital dissatisfaction although their might not be marital dissolution. Likewise, married individuals with high socioeconomic status and low religiosity have not been found to reduce marital dissatisfaction. On this premise, religion and socioeconomic status cannot interact to reduce marital dissatisfaction among married individuals.

The seventh hypothesis states that there is no significant three-way interaction effect of treatment, religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches. The hypothesis was tested using ANCOVA at 0.05 alpha level of significance. The result showed that there was no significant three-way interaction effect religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches. The result of this study is incongruence with the findings of Austin, Macdonald, and MacLeod (2018) who reported that religious couples have negative feelings about divorce and are willing to sacrifice for each other to maintain their marriage. They further discovered that religiosity and its components, religious commitment and religious practice along with influential factors, were associated with the marital satisfaction of married couples. Similarly, Curtis and Ellison (2002) reported in their study that religious and denominational similarity among couples facilitates greater likelihood for consensus when it comes to family matters and joint decisions on these issues. This however dictates that attending a church also provides a close network of support. On the other hand, literature has also confirmed that families with high socioeconomic status are not likely to have problems of dissatisfaction. However, literature has not been able to establish if high socioeconomic status and low religiosity can record low marital dissatisfaction. This justifies that satisfaction is based on the meeting of expected needs by a party from the other party of the marital relationship. It is therefore difficult to record a three-way interaction of treatment, socioeconomic status and religiosity among married individuals.

In contrast, situations where religiosity manage marital dissatisfaction beyond the religious ingredients that encourage unity and social connection between couples (Chatters and Taylor, 2005), some religious connections provides assistance towards boosting socioeconomic status of the couples which makes religiousness appear more powerful in marital dissatisfaction management. In the report of Taylor and Chatters (1988) and Chatters and Taylor (2005) who observed that the

more involved people are in their church networks, the greater the support they typically receive. They further note that "marital and family events such as divorce and separation may be stigmatized occurrences that may curtail support from church networks". On this premise, religiosity and socioeconomic status will need to be high enough to have an effective therapeutic intervention.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMENDATIONS

The chapter presents the summary, conclusion, recommendations and contributions to knowledge as well as limitations to the study and suggestions for further studies.

5.1 Summary

This study focused on investigating the effects of imago relationship and integrative couple therapies on marital dissatisfaction among married individuals of Catholic Churches in Lagos State, Nigeria.

The frequency of marital dissatisfaction among many married individuals in recent times is alarming, causing marital frustration, distress, separation, divorce and death. This increase in marital dissatisfaction has consequently led to an increase in the number of married individuals suffering from long-term illnesses like stroke and hypertension and with reduced survival rates. There has also been an increase in the number of dissatisfied married individuals with mental health issues like depression and generalized anxiety disorder. Although majority of these married couples usually attend premarital counselling sessions (which are usually organized by religious bodies such as churches and mosques), unfortunately, despite their best intentions, these marriages still break down.

In the same vein, most marriages are formalized by custom, law and occasionally the couples take marital vows that should bond the couple together in love and unity "until death do them part. However, many individuals that took the oaths do not really understand the purpose and thereby find it difficult to keep it to the end. Consequently, this has led to an increase in marital dissatisfaction, which has now become a global malady with the resultant effect being felt not only by the parties involved, but also by the larger society. Happenings among Christians has left one in doubt as to whether there is any joy or satisfaction in marriage, with recurrent nagging, abusing, disrespecting quarrelling or fighting among churchgoing married persons that sometimes result to separation, divorce or, in extreme cases, murder (Ronzani, 2007).

The research study was presented in five chapters focusing on general introduction, the Background to the study, Statement of the problem, purpose of the study, Research hypotheses, Research questions, Significance of the study, Scope of the study and finally the operational definition of concepts as used in the study. Four research questions were raised to serve as guides to the study while eight hypotheses in all were formulated for the study.

The present study is anchored on the Evolutionary Theory of Marital Dissatisfaction. The theory holds that assumption that when two people marry, in some cases, they hope their marriage will last all their lives. Others believe their relationship will last as long as they love the other person. Also, there are people who condition their marital status to the satisfaction of their sexual needs and their requirements in terms of affection and protection (Bradbury, Fincham and Beach, 2015; Sabatelli and Ripoll, 2004). As Poma (2012) established, research findings illustrate that sexual intimacy is strongly related to marital satisfaction. On the one hand, when people live together as couples, they may reassess their goals and wishes of remaining together and decide to end the relationship (McNulty and Karney, 2004). In other cases, the idea of continuing the relationship may persist for many years, as there may be powerful personal factors that motivate doing so and because there is a great deal of satisfaction derived from the relationship. Among these circumstances, couples undergo different experiences that condition the course of their relationships.

Empirical evidence on Evolutionary Theory of Marital Dissatisfaction shows that, through the years, each couple's relationship consolidates its own marital trajectory according to the members' experiences and personal characteristics, the interaction of the spouses, and their context (Carbonneau and Vallerand, 2013; Lavner and Bradbury, 2012). The study adopted a concurrent mixed design, using focused group discussion anda pre-test-post-test, control group quasi-experimental design with a 3x3x2 factorial matrix. Descriptive statistics and and Analysis of Covariance (ANCOVA) were the major statistical tools employed in this study. Simple percentage was used to analyse the

demographic characteristics of the respondents, while ANCOVA was used to test the hypotheses on the main effects and interaction of treatments and the moderating variable at 0.05 level of significance. Also, scheffe post-hoc analysis was used to determine the extent of the significance of the main effects of the independent and moderating variables. Content Analysis was used for Focused Group Discussion (FGD). Focused Group Discussion which was conducted aimed at gaining information on the perspective, understanding the meaning constructed marital dissatisfaction regarding the couple events and experiences during marital life.

The result of the findings of this study includes the following among others:

✦   There is asignificant main effect of treatment on marital dissatisfaction among married individuals of catholic churches.

✦   There is a significant main effect of socioeconomic status on marital dissatisfaction

✦   There is a significant main effect of religiosity on marital dissatisfaction

✦   There is a significant interaction effect of treatment and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches

✦   There is no significant interaction effect of religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches

✦   There was no significant three-way interaction effect of treatment, religiosity and socioeconomic status on marital dissatisfaction among married individuals of Catholic Churches.

5.2 Recommendations

The following recommendations are given based on the findings of this study.

1.   The effectiveness of imago relationship therapy and integrative behavioural couple therapy should be incorporated in to the churches counselling sessions

that precede wedding ceremonies as well as in the procedure of fulfilling the requirement for court marriages by way of indoctrination, as these therapies will help in reducing the likelihood of marital dissatisfaction in marriages.

2. Church counselling units can adopt the rudiment of imago relationship therapy in helping to resolve marital dissatisfaction issues among couples having challenges in coping with each other.

3. The two therapies should be used as marriage enhancement therapies for married couples.

4. Levels of socioeconomic status had interaction effects on marital dissatisfaction, therefore magistrate court are enjoined to confirm that every man that come to seek the courts consent should show a proof of what they do for a living before been given permission to proceed with their wedding preparations.

5.3 Contribution to the body knowledge

The findings of this study have contributed to knowledge in the following ways;

1. This study has added to the existing literature on the effectiveness of imago relationship and integrative behavioural couple psychotherapies in the reduction of marital dissatisfaction among married individuals.

2. Literature reviewed in this study as well as the training sessions used in executing this study has given a better understanding of imago relationship therapy and integrative behavioural couple therapy.

3. This study has further established that although imago relationship therapy and integrative behavioural couple therapy were effective in reducing marital dissatisfaction among married individuals, imago relationship therapy was more potent resolving marital dissatisfaction.

4. This study has proven that to experience reduced marital dissatisfaction, religiosity and socioeconomic status must be very high. It further dictates that religiosity will help in managing emotional need of the couple while socioeconomic status will manage the material need of the couple.

5.   This study has filled that gap in literature which seeks the need to establish the effectiveness of therapeutic interventions in reducing marital dissatisfaction among married individuals.

6.   The extensive literature reviewed in this study better explains the relationship that exists between socioeconomic status, religiosity and marital dissatisfaction.

5.4 Implication of Findings

This study investigated the effect of imago relationship and integrative behavioural couple psychotherapies on marital dissatisfaction among married individuals. The study focused on equipping married individuals with skills and knowledge of how and why conflicts occur, and then the tools and techniques for solving the issues. This is done by unravelling the unconscious aspects of their relationships and the root of their conflicts, rather than solving problems superficially. It was discovered from this study that been religious is not enough to reduce marital dissatisfaction, however married individuals require high socioeconomic status to experience a reduced marital dissatisfaction.

The result of this study showed that both therapies (imago relationship and integrative behavioural couple psychotherapies) were observed to be effective in reducing marital dissatisfaction. Although imago relationship therapy was more effective. This implies that irrespective of the religious level and the socioeconomic status of a married individual, they need to develop themselves in relationship rather than self-independence which increase empathy, understanding, and communication with spouse. This development heals wounds and unresolved issues in interpersonal relationship created from childhood.

A further implication was drawn from this study, as it shows that religiosity and socioeconomic status had significant main effect on marital dissatisfaction but did not have a significant interaction effect. This unravels the fact that marital dissatisfaction in marriages sprang out of unmet needs which are

emotional-social needs and financial needs. Which implies having one without the other is still not safe.

5.5   Limitations of the study

The sampling selection of this study was limited to Lagos state which could be a great limitation to the generalization owing to the fact that Lagos is the one of the most civilized environment in Nigeria.

Another limitation of the study is the nature of participants. Majority of the participants are Christians having an evidence of legal marriage under the customary law. However, majority of their responses might be influenced by their religious beliefs, however, it will be difficult to enforce the result of this study on non-Christians. That is, if this experiment is repeated among non-Christians the result might not be consistent.

5.6   Suggestions for further Research

This study found that imago relationship therapy, integrative behavioural couple therapy, religiosity, and socioeconomic status had significant effects on marital dissatisfaction of married individuals. It was also found that religiosity and socioeconomic status had no interaction effect. Since the study focused on catholic churches in Lagos state, it is suggested that the study be replicated in other churches or catholic churches in other states of Nigeria.

A non-experimental design could also be adopted where multiple variable would be used in modelling marital dissatisfaction among married individuals. Other moderating variables other than socioeconomic status and religiosity can be considered which could possibly influence the effectiveness of imago relationship therapy, integrative behavioural couple therapy in the reduction of marital dissatisfaction among married individuals.

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APPENDIX I

RESEARCH QUESTIONNAIRE

UNIVERSITY OF IBADAN

FACULTY OF EDUCATION

DEPARTMENT OF GUIDANCE AND COUNSELLING

Dear Respondent,

This questionnaire is designed to elicit information on the; **Imago Relationship and integrative Behavioural couple Therapies on Marital Dissatisfaction of Married Individuals of Catholic Churches in Lagos State**. You are implored to fill the questionnaire with sincerity and faithfulness. Your responses will be used for research purpose only and high level of confidentiality is guarantee.

SECTION A: Personal Data

Please tick (√) the appropriate option and fill in the gap where necessary.

1.   Age: Below 35 Years (   ), 36-40 Years (   ), Above 41 Years (   )

2.   Age at Marriage: Below 3 Years (   ), Above 3 Years (   )

3.   Sex: Male (   ),   Female (   )

4.   Tribe: Yoruba (   ), Igbo (   ), Hausa (   ), Others   (   )

5.   Number of Children: None (   ), Below 3 Children (   ), Above 3 Children (   )

SECTION B: MARITAL DISSATISFACTION SCALE (MDS)

INSTRUCTION: Please tick (√) in the appropriate column

NOTE: SA-Strongly Agree, A-Agree, D- Disagree, SD-Strongly Disagree

S/N	ITEMS	SA	A	D	SD
1.	When we quarrel, my spouse helps us to find a midway				
2.	Sometimes I want to leave my spouse				
3.	I do not feel like exhibiting love to my spouse				
4.	I cannot imagine a life without my spouse				
5.	We do not have any common topics to talk about with my spouse				
6.	We always find a way to resolve disputes				

S/N	ITEMS				
	between us (if any)				
7.	I believe that I can cope with any problems with my spouse				
8.	Our relationship always makes me unhappy				
9.	We never get bored when we are together				
10.	I have more fun with my friends than I do with my spouse				
11.	There are a lot of serious problems we cannot cope with in our relationship				
12.	I think we do not love each other sufficiently				
13.	I sometimes feel very lonely				
14.	I think some of the important needs in our relationship were not met				
15.	I sometimes think that our marriage may end up with separation or divorce				
16.	My spouse enjoys spending his/her free-time with me				
17.	We are like two strangers in the house				
18.	I should not have a marriage life like this				
19.	Sometimes the conflict between us continues for several days				
20.	There are things disappointing me in our relationship				
21	My spouse does not willingly hug and kiss me				
22	Our little disagreements often turns into a contentious debate				
23	We are not close enough to each other with my spouse				
24	I would be happier if I had not started this relationship				
25	My spouse does not show enough interest to me				

SECTION C: RELIGIOSITY SCALE

S/N	ITEMS	SA	A	D	SD
1.	I have the idea that I entrust myself more and more to God				

2.	My religion supports my sense of self-esteem and identity				
3.	Knowing God's love is fundamental for my life				
4.	The meaning and significance of my life is in my relationship with God				
5.	I believe sincerely, not mainly out of obligation or fear				
6.	In times of trial and tribulation I trust in God				
7.	I am willing to be accountable to God and my fellow humans about my way of life				
8.	My faith is oriented to values that transcend physical and social needs				
9.	Out of my sense that God loves human beings, I pursue to love my fellow man				
10.	My faith influences all areas of my life				
11.	The development of my personality and my faith influence each other mutually				
12.	As a person I am only fully complete in a relationship with God				
13.	For me, praying for and doing justice belong together inextricably				
14.	I pursue higher values such as love, truth and justice				
15.	My sense of self-esteem is connected to who I am and not so much to what I have				
16.	The experience of God in my life motivates me to decide for the good, even if this is difficult				

SECTION D: Socio-Economic Status Scale (SES)

1. **Sex:**
   Male………………………….Female……………………………..
2. Years in Marriage: ………………………………
3. How many cars do you have ……………
Motorbikes……..…………………..
4. Couples occupation

Please tick (√) in the appropriate option

	A	B	C	D	E
	Professional e.g. Law Engineering Medicine Senior Civil-Servant Professor Lecturer Manager Graduate Teacher Senior Armyofficer Clergy	Office Clerk Worker nongraduate Teacher Nurse Police Soldier Worker	Trader Business man Businesswoman	Craftsman Artisan Driver Messenger	Farmer Fisherman
Partner Self					

5.   Estimate of family income per month:

Less than 30, 000 per month (   ); 30, 000 – 50, 000 per month (   ); 51, 000 – 100, 000 per month (   ); 101,000 – 150, 000 per month (   ); 150, 000 above per month (   ).

6.   Educational level of couple: Please tick (√) the appropriate option

		Partner	Self
a.	No Schooling		
b.	Elementary School		
c.	Secondary School or Teacher Training		
d.	Professional Training for Clergy, Trade-School		

e.	Higher than a-d but not University Graduate		
f.	University Graduate (1st Degree)		
g.	Above First Degree		

7.   Couples' residence:

Please tick (√) the appropriate option

Couple	Own House	Company/Government/University Quarters	Rented House
Partner			
Self			

8.   Put an X in the appropriate space. If in rented house, state whether it is (a)A flat ( ), (b) Two rooms ( ), (c) One room ( )

9.   Do you have the following? Put an X in the appropriate space
Radio ( ), T.V Set ( ), Refrigerator ( ), Freezer ( ), Gas/Electric Cooker ( ), Video Machine ( )

10.   Do you have the following? Put an X in the appropriate space
Executive Furniture ( ), Cushion Wooden Furniture ( ), Iron Chair ( ), Mat ( )

11.   Do you have the following? Put an X in the appropriate space
Library ( ), Book Shelves ( ), Periodicals ( ), Newspaper ( ), Nothing related ( )

Archdiocese of Lagos
a: 19, Catholic Mission Street, Lagos. P.O. Box 8, Marina, Lagos.
Tel/Fax: 01-8448669 e: arclagos@yahoo.com, info@lagosarchdiocese.org
w: www.lagosarchdiocese.org

24th March, 2020

Prof. Chioma C. Azuzu,
Head of Department,
Department of Guidance and Counselling,
University of Ibadan,
Ibadan.

Dear Prof. Azuzu,

LETTER OF INTRODUCTION

I write to acknowledge receipt of your letter dated 15th January, 2020 on the above subject matter.

We have taken note of the information about the student. We hereby grant our approval for the research work to be carried out.

May God bless you richly.

Yours faithfully,

+ Alfred Adewale Martins
Archbishop of Lagos

2nd March, 2020.

Department of Guidance and Counseling
Faculty of Education,
University of Ibadan,
Ibadan,
Oyo state.

Dear Sir/Ma,

LETTER OF APPROVAL

This is to acknowledge that Udeh Godfrey Emeka has my permission to conduct his field work and collect data from the above named Church.
Wishing him the very best in his academic pursuit.

Yours sincerely,

Corpus Christi Catholic
Church Egbin
Sign................ Date 02/03/2020

Rev. Fr. Norbert Opara, CSsR
Parish Priest

March 3, 2020

The HOD
Department of Guidance and Counselling
Faculty of Education
University of Ibadan
Ibadan
Nigeria

Dear Sir/Ma,

LETTER OF PERMISSION FOR FIELD WORK

Calvary greetings from Our Lady of Fatima!

I write to confirm that your student **UDEH GODFREY EMEKA** has been permitted to conduct his field research here in my parish, Our Lady of Fatima, Aguda Surulere, Lagos.

I pray that the fruits of this research will be beneficial to the Catholic Church and the world in general

Yours faithfully,

Rev. Fr. Augustine Okhuelegbe
Parish Priest

CATHOLIC ARCHDIOCESE OF LAGOS
IMMACULATE CONCEPTION
CATHOLIC CHURCH

3/11 Church Street, Dansa End, Abule Osun, Badagry Expressway, Lagos.

Date: 03-02-2020

The H.O.D.
Department of Guidance and Counselling,
Faculty of Education,
University of Ibadan,
Ibadan,
Nigeria.

Dear Sir/Ma,

LETTER OF APPROVAL FOR FIELD WORK IN THE ABOVE CHURCH

Greetings of peace and love!

This is to confirm that your student UDEH Godfrey Emeka has my permission to conduct his field research here in my parish, Immaculate Conception Catholic Church, Abule Oshun, Ojo, Lagos.

May Almighty God continue to bless you all with divine wisdom.

Yours Faithfully,

Rev Fr Joseph Yusuf
Priest In-charge

SERVED BY THE REDEMPTORISTS FATHERS

PARTICIPANT INFORMED CONSENT FORM

University of Ibadan, Ibadan
Dept. of Counselling and Human Development Studies,
Faculty of Education,
Ibadan, Oyo State.
February, 2020

Dear Sir/Ma,

IMAGO RELATIONSHIP AND INTEGRATIVE BEHAVIOURAL COUPLE THERAPIES ON MARITAL DISSATISFACTION AMONG MARRIED INDIVIDUALS OF CATHOLIC CHURCHES IN LAGOS STATE, NIGERIA

The purpose of this study is to help married individuals of catholic churches in Lagos State treat marital dissatisfaction using imago relationship and integrative behavioural couple therapies. The researcher is a PhD student at the Department of Guidance and Counselling, Faculty of Education at the University of Ibadan. Your participation in this study is voluntary. You may decline to participate. If you decide to participate, you may withdraw your consent at any time without penalty. You have the right to decline to answer any question(s) you choose. The procedure will take a month and a half (8 weeks) to complete the treatment programme. There is an additional option to participate in FGD interview of four questions and approximately 50 minutes in length. The lectures and filling of questionnaires, and counselling talks to be delivered will be for about one hour once a week.

Your responses will be confidential. All personally identifiable information collected, such as your name and telephone number, will be stored separately by the researcher only. Please be informed that photographs will be taken in the course of the treatment programme and will only be used in the final report as evidence that the programme was actually carried out. The results of this study will be used for scholarly purposes and there is the potential for your responses to be quoted in the final report. You may decline to have your responses quoted (see below) but still participate in the study. You may withdraw your consent to

have your responses quoted in the final report at any time by contacting the researcher.

The researcher is a Post-Graduate (PhD) candidate at the above address. Please be assured that married individuals stand to benefit greatly.

Thanks for the anticipated cooperation.

Yours sincerely,

UDEH GODFREY EMEKA

With the permission of the school authorities, your consent is hereby being sought. Please select (tick) your choice below:

☐ You have read the above information

☐ You voluntarily agree to participate

☐ You voluntarily agree to have your responses quoted in the final report

☐ You voluntarily agree to have your photograph used in the final report

I do not wish to participate in this study

NAME OF PARTICIPANT:_____

SIGNATURE OF PARTICIPANT: _____

DATE: _____

UNIVERSITY OF IBADAN
FACULTY OF EDUCATION
DEPARTMENT OF GUIDANCE AND COUNSELLING

Dear Respondent,

The study is designed to elicit information on the effects of *Imago Relationship and Integrative Behavioural Couple Therapies on Marital Dissatisfaction Among Married Individuals of Catholic Churches in Lagos State*. You are implored to discuss the questions with sincerity and openness. Your response will be used for research purpose only and a high level of confidentiality is guaranteed.

FOCUS GROUP DISCUSSION GUIDE

NOTE: The researcher must have briefed the participants about the purpose of the study

1.   How would you describe marital dissatisfaction?
2.   What are the causes of marital dissatisfaction?
3.   How can marital dissatisfaction be managed among couples?
4.   How can marital satisfaction be enhanced among couples?

FOCUS GROUP DISCUSSION: ONE

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO LAGOS.

FOCUS GROUP DISCUSSION: ONE

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO LAGOS

FOCUS GROUP DISCUSSION: TWO

@

OUR LADY OF FATIMA CATHOLIC CHURCH, AGUDA,
SURULERE

ROLE PLAY OF COUPLE'S DIALOGUE

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO, LAGOS

ROLE PLAY OF COUPLE'S DIALOGUE

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO, LAGOS

ROLE PLAY OF COUPLE'S DIALOGUE

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO, LAGOS

IMAGO THERAPY

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO, LAGOS

IMAGO THERAPY

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO, LAGOS

IMAGO THERAPY

@

IMMACULATE CONCEPTION CATHOLIC CHURCH, ABULE-OSHUN, OJO, LAGOS

INTEGRATIVE BEHAVI0URAL COUPLE THERAPY (IBCT)

@

OUR LADY OF FATIMA CATHOLIC CHURCH, AGUDA, SURULERE

INTEGRATIVE BEHAVI0URAL COUPLE THERAPY (IBCT)

@

OUR LADY OF FATIMA CATHOLIC CHURCH, AGUDA, SURULERE

INTEGRATIVE BEHAVI0URAL COUPLE THERAPY (IBCT)
@
OUR LADY OF FATIMA CATHOLIC CHURCH, AGUDA, SURULERE

INTEGRATIVE BEHAVI0URAL COUPLE THERAPY (IBCT)

@

OUR LADY OF FATIMA CATHOLIC CHURCH, AGUDA, SURULERE