Effects of cognitive restructuring and communication skills training on conflict resolution among Nigerian couples

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The study investigated “Effects of cognitive restructuring skills training (CRT) and communication skills training (CST) on conflict resolution among Nigerian couples. Two behavioural techniques, CRT and CST, and a combination of the two techniques were used on conflicting subjects who had marital problems in Aba metropolitan city of Abia State, Nigeria. The study employed a 4 × 2 factorial design with treatment strategies on the rows and gender (male and female) on the columns. A sample of 48 subjects, with marital conflicts, were randomly assigned to, CRT, CST and a combination of both techniques (CRT/CST) and the control groups. Each treatment group comprised twelve subjects, six of which were assigned to each of the genders (male and female). The measuring instrument:- marital happiness scale (MHS), irrational value scale (IVS) and marital communication rating scale (MCRS) were administered at pre-test, post-test and follow up sessions. The experimental groups were each exposed to six sessions of treatment in CRT, CST and six sessions for CRT/CST for a period of six weeks, while the control group was instructed on marital problems. Analysis of covariance (ANCOVA) and Scheffe test were used to analyse the data obtained. Four research questions were stated and twelve null hypotheses were formulated and tested at 0.05 level of significance. The major findings indicated that; 1) the subjects used in the experimental groups and the control group had marital conflicts; 2) cognitive restructuring skills training, communication skills training and a combination of both techniques had significant effect on conflict resolution among Nigerian couples when compared with the control group; 3) none of the three techniques was better than the other as indicated in the scheffe test; 4) effects of the three therapeutic techniques at one-month follow-up were significantly different from the control group. The implications of the findings were highlighted. It was recommended that pre-marital and marital guidance programmes be organized for conflicting families and intermittent workshops be organized to sensitize married couples and people intending to marry.

Key words: Marriage and family, cognitive restructuring, communication skills training.

INTRODUCTION

Marriage is a social institution that is designed among other things, to ensure the happiness and fulfilment of men and women who contract into it. Marriage according to Olusanya (1990) is a sacred and permanent contract between a man and a woman who have consented to live a life of fidelity and caring for each other for the purpose of promoting their mutual growth and welfare throughout their lives. The institution is however not without its problems. As Kehinde (2002) puts it, marriage is like a house, while new, it sparkles with fresh smells, with lots of surprises, romance and new discoveries about those involved, which makes each day exciting to both partners, but experiences have shown that not long after a family is established, both partners become major sources of individual problems.

The fact that two people consent to live together as husband and wife implies different hopes and expectations, some of which might be fulfilled while others remain unfulfilled. Unfulfilled expectations and
hope in marriage often give rise to maladjustments and
unless the couples concerned face the reality of any
given situation, conflicts might abound in such relation-
ships. However, it is often inevitable that individuals
involved in marriage relationship will experience conflict.
As Justin (2004) puts it, "Conflicts is seen as a situation
whereby a husband and wife desire goals which may be
perceived as attainable by one but not by both". In such
situations, the characteristic of the family reflects
incompatibility, interactive struggle and interference .To
buttress this, Gangle and Camine (1992) postulated that,
conflict is associated with anger, criticism and struggles,
adversity, tension, battle, fight, trouble, challenge,
pressure and warfare. Hauck (1984) opined that when
there are differences in opinion, undefined roles and
choices of goals, there are fertile grounds for conflicts. If
such conflict is not resolved at the initial stage, it may
cause separation and divorce. Arising out of concern for
those expressed fears, Collins (1983) stated that, couples
need to learn how to negotiate marital conflicts, because
they arise in families at critical developmental times. The
dynamics of the institution of marriage is a subject of
continuing interest to the counsellors and significant
others. A substantial body of research findings suggest
that, there is an increased prevalence in marital conflict,
which affects the homes and well-being of the family
(Filani, 1985; Ulo, 1999; Gbende and Akuma, 2002;
Justin, 2004). Hence, they emit patterns of behaviour that
is markedly different from the accepted standards within
a society, and they are likely to produce maladjustment
that necessitates the application of behaviour therapy.

The researcher has observed that: More research
works have been focusing on improving and enhancing
marriage relationship through conflict resolution skills
training (Justin, 2004), while it seems little has been done
in resolving conflicts in marriage using cognitive
restructuring (CRT) and communication skills training
(CST), and the combination of CRT and CST. Therefore,
this study is considered expedient in this part of the
continent, in order to fill the gap in knowledge.

Researchers, church leaders and educators working
with the families, especially dysfunctional homes, have
expressed concern about the difficulties that divorce
and separation have created in establishing an egalitarian
society (Ulo, 1999; Odoemelam and Justin, 2004). There
is definitely a crisis when it comes to the frequency of
divorce. Infatuation wears off, sexual misbehaviour sets
in, communication problem develops and children deliver
a whole new set of maladaptive behaviour.

Consequently, to help couples with dysfunctional
marriages, the researcher decided to lean on such tech-
niques that employ behaviour and cognitive approaches.
These techniques involve cognitive restructuring training
and communication skills training. The researcher has
also combined the two techniques in order to check their
effects on conflict resolution among Nigerian couples.

Cognitive restructuring as a change strategy, is an
educative process of actively disputing maladaptive
thoughts and beliefs. The therapy process of this study
focuses on making a realistic evaluation and modification
of the couples in conflicts - thinking/belief and self
statements, which would in turn alter or improve their
emotions or behaviour. To buttress this, Otta (2000)
emphasizes that man's perception of the events around
him determines his happiness or otherwise. Uloaku
(2001) opined that intense emotions and maladaptive
behaviour could be seen as the modifiable consequence
of thought, and changing them therefore, requires rational
alternatives and helping clients respond more constructively
to their present situation.

Humanitarian workers and philanthropists in different
works of life like counsellors, social welfare experts and
priests, through their pre-marital counselling pro-
grammes, have not fully utilized the available skills in
treating marital stability. Were this to be the case, we
would not be witnessing upward spiralling of cases as we
witness today. Communication, as Ulo (1999) puts it, is
based on interpersonal moves instead of physical ones,
and practiced entirely within the ambits and routines of
daily life, not as a separate activity. Communication Skills
Training tries to train individual couples in such a way
that a spouse, could first of all listen to himself/herself,
accept himself, and in turn, listen to the spouse, dialogue
with him/her, accept the spouse, for a wholesome conflict
resolution. The acceptance of the spouse will make for
easy and congenial relationship. This method of
communication is propounded by Karl (1961), Abraham
(1962) and Giffin (1974) among others. On the contrary,
as Filani (1985) reported, lack of communication among
couples is an important source of marital problems. This
is because many things are kept repressed and left
unsaid, leading to bitterness, frustration and tension on
the part of the partners. Consequent upon this, the study
hinges on the assumption that, if communication and
cognitive restructuring skills are taught to couples, they
will live well-adjusted lives. This study therefore,
examined 'Effects of Cognitive Restructuring and
Communication Skills Training on Conflict Resolution
among Nigerian Couples.

Literature abounds with respect to the age of marriage
of couples. Rabin and Rahav (1995) investigated the
similarities and differences between older and younger
couples of different ages and cultures. Results showed
that, older couples had significantly lower levels of
distress, less desire to change in their marriage and bet-
ter perceptual accuracy of the changes desired by their
partners than younger couples across cultures. Landis
(1977) findings, was in agreement with theirs when he
predicted better adjustment of couples at older ages.

The assumption of this study hinges on the premise
that, if communication and cognitive restructuring skills
are being taught to couples, they will live better adjusted
lives. This study therefore, examines the "Effects of
Cognitive Restructuring and Communication Skills
training and conflict resolution among Nigerian Couples. Four research questions and twelve null hypotheses guided the study.

**Research questions**

The study is guided by the following research questions:

1. To what extent are there differences between the mean scores of the treatment and control group of subjects at post-test?
2. To what extent are there differences between the mean scores of the treatment and control group of subjects at follow up?
3. To what extent are there differences between the mean scores of treatment and control group of male and female subjects at post-test?
4. To what extent are there differences between the means scores of treatment and control group of male and female subject at follow up?

**METHODOLOGY**

A pre-test, post-test experimental design, using two experimental groups and one control group was adopted. Two experiments were separately conducted on subjects to determine the effects of the treatment packages in fostering marital relationship among couples. Results were compared with the control group. The population consisted of forty-eight married subjects. They were middle class married couples resident in Aba, Abia State, Nigeria. All subjects satisfied the following criteria for inclusion in the study: They must have been married for at least one year; must be literate; must still be married and living with spouse.

The researcher used marital happiness scale (MHS), irrational value scale (IVS) and Locke-Wallace marital adjustment test (LWMAT) to identify subjects with marital adjustment problems. The MHS is a 10-item inventory, to elicit information from subjects on how happy they were with their partners. A low score of 40 and below, showed marital unhappiness while a score of 45 and above, indicated marital satisfaction.

MHS is a standardized test, touching on different aspects of life, such as, household responsibilities, money, sex, rearing of children, academics, independence and general happiness. The items were rated, completely unhappy and completely happy.

The irrational value scale (IVS) is a 9-item questionnaire, designed to elicit personal information on irrational thinking of subjects. A high score (45 to 81) indicated adjustment problem while a low score of 40 and below indicated minor adjustment problems. In addition to MHS and IVS, LWMAT by Locke and Wallace (1959) was used. LWMAT is a 15-item instrument designed to measure marital adjustment. Scores of 100 or less indicated marital problem. 101 to 158 indicated little or no marital problems.

All the instruments were administered on subjects in the experimental and control groups before treatment and at the end of the experiment (4 weeks duration). Analysis using the ‘test’ was done by computing each respondent’s total score for each problem area and then the Mean score of each sub-group of subjects for each problem area. Analysis of covariance was used to determine “Effects of Cognitive Restructuring and Communication Skills Training on Conflict Resolution among Nigerian couples.

**RESULTS**

**Research question 1**

Are there differences in the means and scores of the treatment and control group of subjects at post-test?

Table 1 shows the mean scores of subject as shown above. Pretest score forms the base-line data (Appendix).

In the MHS, the treated subjects scored higher that the control subjects at post-test while in the IVS, the control subjects scored higher than the treated subjects. This reveals the effects of treatment on the three treatment groups. It also shows that there is little or no effect on the control group. But a formal test of hypothesis would confirm whether the test is significant or not.

**Research question 2**

Are there any differences in the mean scores of the treatment and control group of subjects at follow up?
Table 3. Mean scores of gender at post-test.

| Variable | Male   | Female  |  |  |  |
|----------|--------|---------|  |  |  |
| MHS      | 57.5542| 53.917  | Post test |  |  |
| IVS      | 34.729 | 33.373  |  |  |  |
| MCRS     | 74.167 | 73.729  |  |  |  |

Table 4. Mean scores of gender at follow-up test.

| Variable | Male   | Female  |  |  |  |
|----------|--------|---------|  |  |  |
| MHS      | 67.167 | 66.593  |  |  |  |
| IVS      | 27.167 | 30.333  |  |  |  |
| MCRS     | 78.917 | 78.292  | Follow-up |  |  |

Table 5a. Analysis of covariance for the effects of treatment and gender on marital happiness of couples during post-test.

<table>
<thead>
<tr>
<th>Sources of variation</th>
<th>Sum of square</th>
<th>DF</th>
<th>Mean square</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr &gt; F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>505.61352</td>
<td>1</td>
<td>505.61352</td>
<td>6.64</td>
<td>4.09</td>
<td>0.0138</td>
</tr>
<tr>
<td>Gender</td>
<td>156.17443</td>
<td>1</td>
<td>156.17443</td>
<td>2.05</td>
<td>4.09</td>
<td>0.1599</td>
</tr>
<tr>
<td>Treatment</td>
<td>16065.71643</td>
<td>3</td>
<td>5355.23881</td>
<td>S70.38</td>
<td>2.8</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Gender*treatment</td>
<td>197.52625</td>
<td>3</td>
<td>65.84208</td>
<td>0.87</td>
<td>2.85</td>
<td>0.4672ns</td>
</tr>
<tr>
<td>Explained</td>
<td>16995.92602</td>
<td>8</td>
<td>2124.49075</td>
<td>27.92</td>
<td>2.19</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Residual</td>
<td>2967.55315</td>
<td>39</td>
<td>76.09111</td>
<td>2</td>
<td>2.09</td>
<td>0.0138</td>
</tr>
<tr>
<td>Total</td>
<td>19963.47917</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ns = not significant at 5% level; *= significant at 5% level.

Table 5b. Summary table for hypothesis one.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment effect on marital happiness scale (post-test)</td>
<td>70.38</td>
<td>2.85</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

F-Value = Calculated value; C-Value = Critical region; Pr>F = Probability Value; *= (0.05 level of significant); ns= not significant.

Table 2 shows the mean scores at one month follow-up of subjects exposed to various treatments and control. The results show that the follow-up data is higher for treatment groups than for control. This means that the treated subjects improved after the month of follow-up. A test of hypothesis would confirm whether the identified differences are statistically significant or not.

Research question 3

Are there any differences in the means of scores of male and female subjects at post-test?

Table 3 shows the mean scores at post-test of males and females exposed to various treatments. It also shows improvement in respect of males and females exposed to cognitive restructuring treatment scale (CRT), communication skills training (CST) and (CRT/CST) and little or nothing in the control. The males scored higher than the females in MHS, IVS and MCRS. A formal test of hypothesis would confirm whether the discovered differences are statistically significant or not.

Research question 4

Are there any differences in the mean scores of male and female subjects at follow-up?

Table 4 shows the Mean scores at follow-up test of male and female, exposed to various treatments. It shows improvement in comparison with the post-test result of male and female subjects, hence, the effectiveness of the treatment tests.

A test of hypothesis would confirm whether the observed differences are statistically significant or not.

Hₐ: Effects of treatment on marital happiness of subjects

H₀: There is no significant difference in the marital happiness of treatment and control group of subjects at post-test.
Table 6a. Scheffer’s test.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>N</th>
<th>Mean</th>
<th>Scheffe grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRT-CST</td>
<td>12</td>
<td>74.00</td>
<td>A</td>
</tr>
<tr>
<td>CST</td>
<td>12</td>
<td>65.50</td>
<td>B</td>
</tr>
<tr>
<td>CRT</td>
<td>12</td>
<td>58.00</td>
<td>A</td>
</tr>
<tr>
<td>CONTROL</td>
<td>12</td>
<td>25.41</td>
<td>C</td>
</tr>
</tbody>
</table>

Alpha 0.05.

Table 6b. Scheffer’s test outcome.

<table>
<thead>
<tr>
<th>Treatment</th>
<th>N</th>
<th>Mean</th>
<th>Scheffe grouping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24</td>
<td>57.52</td>
<td>A</td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>53.92</td>
<td>A</td>
</tr>
</tbody>
</table>

Table 7. Summary table for hypothesis three.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender effect on marital happiness scale (post-test)</td>
<td>2.05</td>
<td>4.09</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

From Table 5, it was deduced that, the calculated F-table of 70.38 is more than the critical region of 2.85, the null hypothesis was therefore rejected. Scheffe test was done to find out which of the treatment CRT, CST and CRT was more superior in influencing the treated subjects in relation to marital happiness scale (MHS).

CRT/CST scored ‘A’ in the Scheffe grouping while CST scored ‘AB’ and CRT scored ‘B’. Meanwhile the control group scored ‘C’ in the Scheffe grouping because there was no intervening treatment.

H2: Effects of treatment on marital happiness of subjects

H0: There is no significant difference in the marital happiness of treatment and control group of subjects at follow-up.

From Table 6, it was deduced that the F-value of 208.63 was greater than the critical region of 2.85. Hence, the null hypothesis was therefore rejected. Scheffe test was done to find out which of the treatment CRT, CST and CRT/CST was more superior in influencing the treated subjects in relation to marital happiness scale.

Hence, CRT/CST scored ‘A’ in the Scheffe grouping. In like manner, the other treatment package CST and CRT each scored ‘A’ in the Scheffe grouping. However, the control group that did not receive any intervening treatment scored ‘B’. These results buttress that, none of the treatment packages were more important than the other. But all the treatments were better than the control.

H3: Effects of gender on marital happiness on subjects

H0: There is no significant difference in the marital happiness of treatment and control group of male and female subjects at post-test.

From Table 7, it was deduced that the calculated F-table of 2.05 is less than the critical region of 4.09. Hence the null hypothesis was therefore not rejected.

H4: Effects of gender on marital happiness of subjects

H0: There is no significant difference in the marital happiness of treatment and control group of male and female subject at follow up.

From Table 8, it was deduced that the calculated F-table of 0.09 is less than the control region of 4.09. Hence the null hypothesis was therefore not rejected.

H5: Effects of treatment on irrational values of subjects at post-test

H0: There is no significant difference in the irrational value of treatment and control group of subjects at post test.

From Table 9, it was deduced that the calculated F-table
Table 8. Summary table for hypothesis four.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender effects on marital happiness scale (follow up)</td>
<td>0.09</td>
<td>4.09</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Table 9a. Analysis of covariance for the effects of treatment and gender on irrational values of couples during post test.

<table>
<thead>
<tr>
<th>Source of variation</th>
<th>Sum of square</th>
<th>DF</th>
<th>Mean square</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr &gt; F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>904.85966</td>
<td>1</td>
<td>904.85966</td>
<td>25.16</td>
<td>4.09</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Gender</td>
<td>25.47669</td>
<td>1</td>
<td>25.47669</td>
<td>0.71</td>
<td>4.09</td>
<td>0.04051ns</td>
</tr>
<tr>
<td>Treatment</td>
<td>12264.01092</td>
<td>3</td>
<td>4088.00364</td>
<td>113.65</td>
<td>2.85</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Gender*treatment</td>
<td>220.02817</td>
<td>3</td>
<td>73.34272</td>
<td>2.04</td>
<td>2.85</td>
<td>0.1242ns</td>
</tr>
<tr>
<td>Explained</td>
<td>12758.85966</td>
<td>8</td>
<td>1594.85746</td>
<td>44.34</td>
<td>2.19</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Residual</td>
<td>1402.80701</td>
<td>39</td>
<td>35.96941</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14161.6667</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ns = not significant at 5% level; * = significant at 5% level.

Table 9b. Analysis of covariance for the effects of treatment and gender on irrational values of couples during post test.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-Value</th>
<th>C-Value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment effect on irrational Value at (post-test)</td>
<td>113.65</td>
<td>2.85</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Table 10a. Analysis of covariance for the effects of treatment and gender on irrational values of couples during follow up.

<table>
<thead>
<tr>
<th>Sources of variation</th>
<th>Sum of square</th>
<th>DF</th>
<th>Mean square</th>
<th>F-Value</th>
<th>C-value</th>
<th>Pr &gt; F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>586.32418</td>
<td>1</td>
<td>586.32419</td>
<td>17.62</td>
<td>4.09</td>
<td>0.0002</td>
</tr>
<tr>
<td>Gender</td>
<td>122.81</td>
<td>1</td>
<td>122.81622</td>
<td>3.69</td>
<td>4.09</td>
<td>0.06201ns</td>
</tr>
<tr>
<td>Treatment</td>
<td>15911.88894</td>
<td>3</td>
<td>5303.96289</td>
<td>159.40</td>
<td>2.85</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Gender*treatment</td>
<td>137.72282</td>
<td>3</td>
<td>45.90761</td>
<td>1.38</td>
<td>2.85</td>
<td>0.2633ns</td>
</tr>
<tr>
<td>Explained</td>
<td>16431.32418</td>
<td>8</td>
<td>2053.91552</td>
<td>61.73</td>
<td>2.19</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Residual</td>
<td>1297.67582</td>
<td>39</td>
<td>33.27374</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17729.0000</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ns = not significant at 5% level; * = significant at 5% level.

Table 10b. Analysis outcome.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-Value</th>
<th>C-Value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment effect on irrational value at (follow-up)</td>
<td>159.40</td>
<td>2.85</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

of 113.65 is more than the c-region of 2.85; the null hypothesis was therefore rejected. Scheffe test was done to find out which of the treatment CRT, CST and CRT was more superior in influencing the treated subjects in relation to irrational value.

**H0**: Effects of treatments on irrational values of subjects at follow up

H0: There is no significant difference in the irrational value of treatment and control group of subjects at follow up.

From Table 10, it was deduced that the calculated F-table of 159.40 is more than the c-region of 2.85. The null hypothesis was therefore rejected. Scheffe test was done to find out which of the treatment CRT, CST, and CRT/CST was more superior in influencing the treated subjects in relation to irrational value. Hence, CRT/CST scored ‘A’ in the Scheffe grouping while CST and CRT each scored ‘B’ in the Scheffe grouping. The combination of the two treatments CRT/CST, were more superior to
Table 11. Summary table for hypothesis seven.

<table>
<thead>
<tr>
<th>Items</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender effect on irrational</td>
<td>0.71</td>
<td>4.09</td>
<td>&lt;0.4051</td>
</tr>
</tbody>
</table>

Table 12. Summary table for hypothesis eight.

<table>
<thead>
<tr>
<th>Items</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender effect on irrational</td>
<td>3.69</td>
<td>4.09</td>
<td>&lt;0.0620</td>
</tr>
</tbody>
</table>

Table 13a. Analysis of covariance for the effects of treatment and gender on marital communication of couples during post-test.

<table>
<thead>
<tr>
<th>Sources of variation</th>
<th>Sum of square</th>
<th>DF</th>
<th>Mean square</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>20.792841</td>
<td>1</td>
<td>20.792841</td>
<td>0.56</td>
<td>4.09</td>
<td>&lt;0.4597</td>
</tr>
<tr>
<td>Gender</td>
<td>80.055259</td>
<td>1</td>
<td>0.055259</td>
<td>0.00</td>
<td>4.09</td>
<td>0.9695ns</td>
</tr>
<tr>
<td>Treatment</td>
<td>6955.588697</td>
<td>3</td>
<td>2318.529566</td>
<td>62.17</td>
<td>2.85</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Gender*treatment</td>
<td>9630.184</td>
<td>3</td>
<td>32.120061</td>
<td>0.86</td>
<td>2.85</td>
<td>0.4693*</td>
</tr>
<tr>
<td>Explained</td>
<td>7048.605341</td>
<td>8</td>
<td>881.075668</td>
<td>23.63</td>
<td>2.19</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Residual</td>
<td>1454.373825</td>
<td>39</td>
<td>37.291637</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8502.979167</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ns = not significant at 5% level; * = significant at 5% level.

Table 13b. Summary table for hypothesis nine.

<table>
<thead>
<tr>
<th>Items</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment effect on marital communication scale at (post-test)</td>
<td>62.17</td>
<td>2.85</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Table 14a. Analysis of covariance for the effects of treatment and gender on marital communication of couples during follow up.

<table>
<thead>
<tr>
<th>Sources of variation</th>
<th>Sum of square</th>
<th>DF</th>
<th>Mean square</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>41.772290</td>
<td>1</td>
<td>41.772290</td>
<td>1.51</td>
<td>4.09</td>
<td>0.2269</td>
</tr>
<tr>
<td>Gender</td>
<td>0.420734</td>
<td>1</td>
<td>0.240734</td>
<td>0.02</td>
<td>4.09</td>
<td>0.9026 ns</td>
</tr>
<tr>
<td>Treatment</td>
<td>7426.54517</td>
<td>3</td>
<td>2472.181839</td>
<td>89.21</td>
<td>2.85</td>
<td>&lt;0.0001*</td>
</tr>
<tr>
<td>Gender*treatment</td>
<td>53.694672</td>
<td>3</td>
<td>17.898224</td>
<td>0.65</td>
<td>2.85</td>
<td>0.5902ns</td>
</tr>
<tr>
<td>Explained</td>
<td>7469.751456</td>
<td>8</td>
<td>937.093932</td>
<td>33.82</td>
<td>2.19</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Residual</td>
<td>1080.727710</td>
<td>39</td>
<td>27.710967</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8577.479167</td>
<td>47</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Ns = not significant at 5% level; * = significant at 5% level.

CST and CRT tested distinctly. Meanwhile, the control group that did not receive any intervening treatment scored ‘C’ in the Scheffe grouping. Thus the entire treatment test was better than the control.

From Table 11, it was deduced that the calculated F-value of 0.71 is less than the c-region of 4.09, at 0.05 level of significant. Hence, the null hypothesis was therefore not rejected.

**H₇: Effects of gender on irrational scale value of subjects at post-test**

H₇: There is no significant difference in the irrational value of treatment and control group of male and female subject at post-test.

**H₈: Effects of gender on irrational scale value of subject at follow-up**

H₈: There is no significant difference in the irrational value of treatment and control group of male and female subject at follow-up.
Table 14b. Marital communication of treatment and control group of subjects at follow up.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment effect on marital communication scale at (follow-up)</td>
<td>89.21</td>
<td>2.85</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Table 15. Test of significant difference in the marital communication rating scale of treated male and female subject at post-test.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender effect on marital communication scale at (post-test)</td>
<td>0.00</td>
<td>4.09</td>
<td>&lt;0.9695</td>
</tr>
</tbody>
</table>

Table 16. Test of significant difference in the marital communication rating scale of treated male and female subject at follow up.

<table>
<thead>
<tr>
<th>Item</th>
<th>F-value</th>
<th>C-value</th>
<th>Pr&gt;F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender effect on marital communication scale at (post-test)</td>
<td>0.02</td>
<td>4.09</td>
<td>&lt;0.9026</td>
</tr>
</tbody>
</table>

From Table 12, it was deduced that the calculated F-table of 3.69 is less than the c-region of 4.09 at 0.05 level of significant. Hence, the null hypothesis was therefore not rejected.

**H₀₂**: Effects of treatments on marital communication rating scale at post-test

H₀: There is no significant difference in the marital communication rating scale of treatment and control group of subjects at post-test.

From Table 13, it is deduced that the calculated F-table of 62.17 is more than the c-region of 2.85 at 0.05 level of significant. The null hypothesis was therefore rejected. Scheffe test was done to find out which of the treatment CRT, CST, and CRT/CST was more superior in influencing the treated subjects in relation to marital happiness scale (MHS).

Hence, CRT/CST scored ‘A’ in the Scheffe grouping while CST and CRT each scored ‘B’ in the Scheffe grouping. The combination of the two treatments CRT/CST was more superior than CST and CRT tested distinctly. Meanwhile, the control group that did not receive any intervening treatment scored ‘B’ in the Scheffe grouping. Thus, all the treatment tests were better than the control.

**H₁₀**: Effects of treatments on marital communication rating scale at follow-up

H₀: There is no significant difference in the marital communication rating scale of treatment and control group of subjects at follow up.

From Table 14, it was deduced that the calculated F-table of 89.21 is more than the C-region of 2.85, at 0.05 level of significant. The null hypothesis was therefore rejected. Scheffe test was done to find out which of the treatment CRT, CST, and CRT/CST was more superior in influencing the treated subjects in relation to marital happiness scale (MHS).

Hence, CRT/CST scored ‘A’ in the Scheffe grouping while CST and CRT each scored ‘B’ in the Scheffe grouping. The combination of the two treatments CRT/CST was more superior than CST and CRT tested distinctly. Meanwhile, the control group that did not receive any intervening treatment scored ‘B’ in the Scheffe grouping. Thus, all the treatment tests were better than the control.

**H₁₂**: Effects of gender on marital communication rating scale value of subjects at post-test

H₀: There is no significant difference in the marital communication rating scale of treatment and control group of male and female subject at post-test.

From Table 15, it was deduced that the calculated F-table of 0.00 is less than the C-region of 4.09 at 0.05 level of significant. Hence the null hypothesis was therefore not rejected.

**H₁₂**: Effects of gender on marital communication rating scale value of subjects at Follow up

H₀: There is no significant difference in the marital communication rating scale of treatment and control group of male and female subject at follow up.

From Table 16, it was deduced that the calculated F-table
of 0.02 is less than the C-region of 4.09 at 0.05 level of significant. Hence, the null hypothesis was therefore not rejected.

SUMMARY OF FINDINGS

1. There is no significant difference in the marital happiness of treatment and control group of subjects at post test. The calculated F-value is 70.38 as against the table C-value of 2.85 at 0.05 level of significant. Scheffe test to observe mean difference of CRT, CST and a combination of CRT/CST were 74.000, 65.000, and 58.000 whereas the control group has 24.417 which has significant difference when compared with the treated group. Similar equal values of A, AB, A, showed that none of them was better than the other.

2. There is no significant difference in the marital happiness of treatment and control group of subjects at follow-up. The calculated F-value is 208.63 as against the table C-value of 2.85 at 0.05 level of significant. Scheffe test to observe mean difference of CRT, CST and a combination of CRT/CST were 83.083, 79.750, and 79.167 whereas the control group has 25.500 which showed significant difference when compared with the treated group. Similar equal values of A, A, A, showed that none of them was better than the other.

3. There is no significant difference in the marital happiness of treated and control group of male and female subjects at post test. The calculated F-value of 2.05 as against the table C-value of 4.09 at 0.05 level of significant.

4. There is no significant difference in the marital happiness of treated and control group of male and female subjects at follow up. The calculated F-value of 2.05 as against the table C-value of 4.09 at 0.05 level of significant.

5. There is no significant difference in the irrational values of treatment and control group of subjects at post test. The calculated F-value of 113.65, as against the C-value of 2.85 at 0.05 level of significant. Scheffe test to observe mean difference of CRT, CST and a combination of CRT/CST were 59.167, 30.333, and 29.583 whereas the control group has 17.250 which showed significant difference when compared with the treated group. Similar equal values of A, B, B, showed that all the treatment were important.

6. There is no significant difference in the irrational values of treatment and control group of subjects at follow up. The calculated F-value of 159.40 as against the C-value of 2.85 at 0.05 level of significant. Scheffe test to observe mean differences of CRT, CST and a combination of CRT/CST were 59.167, 20.333, and 19.583 whereas the control group has 15.833 which showed significant differences the treated group. Similar equal values of A, B, B, showed that all the treatments were important.

7. There is no significant difference in the irrational values scale of treatment and control group of male and female subjects at post test. The calculated F-value of 0.71 as against the table C-value of 4.09 at 0.05 level of significant.

8. There is no significant difference in the irrational values scale of treatment and control group of male and female subjects at follow up. The calculated F-value of 3.69 as against the table C-value of 4.09 at 0.05 level of significant.

9. There is no significant difference in the marital communication rating scale of treatment and control group of male and female subjects at post test. The calculated F-value of 62.17 as against the table C-value of 2.85 at 0.05 level of significant. Scheffe test to observe mean difference of CRT, CST and a combination of CRT/CST were 82.167, 81.500, and 79.000 whereas the control group has 53.250 which showed significant difference with the treated group. Similar equal values of A, A, A, showed that all the treatment were important.

10. There is no significant difference in the marital communication rating scale of treatment and control group of male and female subjects at follow up. The calculated F-value of 89.21 as against the table C-value of 2.85 at 0.05 level of significant. Scheffe test to observe mean difference of CRT, CST and a combination of CRT/CST were 91.333, 83.583, and 81.417 whereas the control group has 53.250 which showed significant difference with the treated group. Similar equal values of A, B, B, showed that all the treatment were good.

11. There is no significant difference in the marital communication rating scale of treatment and control group of male and female subjects at post test. The calculated F-value of 0.00 as against the table C-value of 4.09 at 0.05 level of significant.

12. There is no significant difference in the marital communication rating scale of treatment and control group of male and female subjects at follow up. The calculated F-value of 0.02 as against the table C-value of 4.09 at 0.5 level of significant.

IMPLICATIONS FOR COUNSELLING

The findings of this study have implications for psychological and counselling practices for married couples, churches, civil servants, classroom teachers and the society at large.

1. The study has been able to highlight the delicateness and preciousness of marital conflict as an important element in the intellectual world of counsellors.

2. It has also assured the psychologist that, behaviour modification of maladaptive couples in the marital sphere is a possible practice.

3. It offers coping strategies in marriage to the individual couple, as well as basis for social and economic progress in the home.

4. The educational sector could now take cognizance of the disadvantages of not offering adequate knowledge
about marital life to students in the post primary and tertiary institutions.
5. It has also brought to limelight, the inappropriateness of handling marital problems between couples without referring them to counsellors. Besides, it has also created the awareness that one of the major sources of anti-social behaviours of the youth in the society is marital maladjustment between father and mother.
6. Furthermore, the study has helped to provide future researchers with insights into the causes and progress of marital dysfunction.
7. Where one considers the high rate of marital dysfunction leading to divorce and separation, and their effects on their offspring, the study has another implication in the educational system. In other words, the study shows how to reduce delinquency, truancy, underachievement, lack of initiative and negative attitudes among students.
8. This study helps in alleviating the doubts some researchers have about the effectiveness of behaviour modification therapy in the management of marital conflict. Hence, marital dysfunction as indicated in this work is receptive to modification.
9. It has also provided insight into the relative effectiveness of multiple behavioural treatment techniques in handling marital conflict. A look at the courses and areas of specialization in our institutions of higher learning, not many of them offer courses in marriage counselling hence, very few people specialize in that area. Because of the prevalent high increase in divorce rate, there is need to train counsellors in the area of marital conflict resolution. Similarly, counsellors who have the training for marital conflict resolution should be posted to work in the areas or institutions they are suited and needed because of their expertise. Such counsellors should make themselves available and also know how to catch or reach out to possible clients. This will help to bring harmony in the homes with its attendant advantages.
10. This study calls the attention of marriage counsellors, ministers of the gospel, school counsellors and ministry of education official to prepare programmes that will assist married couples in their interactions. Since every human being came from a background family, the functional family setting will reflect on their output/productivity. This is because dysfunctional males and females may have counter propensities in their work. The study has demonstrated the link between theory and practice. The theoretical assumptions in managing conflicting homes have been tested to see the efficacies. Hence, it has been shown that maladaptive marital behaviour is amendable to psychological treatment, especially the techniques used in this study.

RECOMMENDATIONS

Consequent upon this finding the following recommendations are made:

1. Marital problems are common in our homes and should be pre-empted early enough by marriage counsellor’s such as clergymen and social workers.
2. By virtue of the efficacy of this treatment package, the strategies need to be publicized in troubled homes, in our school system, work place and Nigeria as a nation.
3. More counsellors should conduct similar studies that employ other strategies in resolving marital conflict.
4. There should be pre-marital and post-marital counselling sessions in our churches. Hence, pastors should be given the opportunity to go through school and read guidance and counselling.

Professionals in helping professions such as, social workers, clergy, and clinical psychologist, should apply these treatment strategies in order to earn the confidence of their patients.

LIMITATIONS TO THE STUDY

The researcher adopted a quasi-experimental approach in this study. The identifiable limitations such as finance, mood of subjects for each training day might have affected the result. More so, only conflicting couples in the Apostolic Church, Umuocham area in Aba metropolitan city of Abia state, Nigeria, were used. The number of subjects used was forty-eight (48), which may be small in size.

The treatment period of six weeks may be considered too brief, since behaviour problems of this type would require prolonged and systematic treatment before getting positive result. The researcher also limited himself to treatment and gender because of the short term follow up of only one month.

Notwithstanding the limitations, this study has demonstrated the effects of the treatment packages, cognitive restructuring (CRT), communication skills training (CST), and the combination of the techniques in resolving marital conflict among Nigeria couples.

Suggestion for further studies

The following areas are suggested for further studies:

1. That future researcher on marriage conflicts could use more subjects (rather than 48 used in this study).
2. The study could also be replicated in other states of Nigeria, as part of a test of the validity of the results.
3. The follow-up period could be extended to three months with a different design like 3 × 2 fixed factorial designs.

SUMMARY AND CONCLUSION

This study tested the effects of cognitive restructuring and communication skills training on conflict resolution
among Nigeria couples. Twelve hypotheses were formulated and tested at 0.05 level of significant. The study used a 4 x 2 factorial design with a sample of 48 subjects (males and females) were randomly selected and assigned into 8 cells.

The subjects performance and progress were measured through multiple tests at the pre-test, post-test and follow-up stages of the Marital Happiness Scale (MHS), Irrational Value Scale (IVS), and Marital Communication Rating Scale (MCRS). Analysis of covariance and Scheffe test statistics were used to analyze the data. ANCOVA revealed the efficacy of the three treatment strategies when compared with the control. Scheffe test on the other hand revealed that none of the strategies was more effective than the other. The study presented the following results:

1. Cognitive restructuring skills, communication skills and the combination of both approaches significantly improved marital happiness, irrational values and marital communication of subjects when compared to the control group.
2. None of the treatment approaches was statistically more significant than the other.
3. The three approaches had positive effects in the reduction of conflict.
4. The finding of the study has implication for counselling. If the parents improve in happiness, it will reflect on the children's relationship and society at large.

REFERENCES