

Full Length Research Paper

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

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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 relationships. 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 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 techniques 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 programmes, 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 better 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

Table 1. Mean scores of subjects exposed to various treatments at post-test.

Treatment	C	CRTS	CST	CRTS/CST	
MHS	25.417	58.0	65.5	74.0	Post test
IVS	59.167	30.38	29.583	17.25	
MCRS	53.25	79.0	81.5	82.167	

Table 2. Mean scores of treatment at follow-up.

Treatment	C	CRT	CST	CRT/CST	
MHS	25.5	79.75	79.167	83.083	Follow-up
IVS	59.667	29.333	19.167	15.833	
MCRS	58.083	83.583	81.417	91.333	

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 than 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	Follow-up
IVS	27.167	30.333	
MCRS	78.917	78.292	

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

Sources of variation	Sum of square	DF	Mean square	F-value	C- value	Pr > F
Pre test	505.61352	1	505.61352	6.64	4.09	0.0138
Gender	156.17443	1	156.17443	2.05	4.09	0.15996 ^{ns}
Treatment	16065.71643	3	5355.23881	S70.38	2.8	<0.0001*
Gender*treatment	197.52625	3	65.84208	0.87	2.85	0.4672ns
Explained	16995.92602	8	2124.49075	27.92	2.19	<0.0001
Residual	2967.55315	39	76.09111			
Total	19963.47917	47				

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

Table 5b. Summary table for hypothesis one.

Item	F-value	C-value	Pr>F
Treatment effect on marital happiness scale (post-test)	70.38	2.85	<0.0001

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.

H₁: 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.

Treatment	N	Mean	Scheffe grouping
CRT-CST	12	74.000	A
CST	12	65.500	A B
CRT	12	58.000	B
CONTROL	12	25.417	C

Alpha 0.05.

Table 6b. Scheffer's test outcome.

Treatment	N	Mean	Scheffe grouping
Male	24	57.524	A
Female	24	53.917	A

Table 7. Summary table for hypothesis three.

Item	F-value	C-value	Pr>F
Gender effect on marital happiness scale (post-test)	2.05	4.09	<0.0001

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.

Item	F-value	C-value	Pr>F
Gender effects on marital happiness scale (follow up)	0.09	4.09	<0.0001

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

Source of variation	Sum of square	DF	Mean square	F-value	C- value	Pr > F
Pre test	904.85966	1	904.85966	25.16	4.09	<0.0001
Gender	25.47669	1	25.47669	0.71	4.09	0.04051 ^{ns}
Treatment	12264.01092	3	4088.00364	113.65	2.85	<0.0001*
Gender*treatment	220.02817	3	73.34272	2.04	2.85	0.1242ns
Explained	12758.85966	8	1594.85746	44.34	2.19	<0.0001
Residual	1402.80701	39	35.96941			
Total	14161.66667	47				

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.

Item	F-Value	C-Value	Pr>F
Treatment effect on irrational Value at (post-test)	113.65	2.85	<0.0001

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

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

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

Table 10b. Analysis outcome.

Item	F-Value	C-Value	Pr>F
Treatment effect on irrational value at (follow-up)	159.40	2.85	<0.0001

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.

H₆: 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.

Items	F-value	C-value	Pr>F
Gender effect on irrational scale at (post-test)	0.71	4.09	<0.4051

Table 12. Summary table for hypothesis eight.

Items	F-value	C-value	Pr>F
Gender effect on irrational scale at (follow-up)	3.69	4.09	<0.0620

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

Sources of variation	Sum of square	DF	Mean square	F-value	C- value	Pr > F
Pre test	20.792841	1	20.792841	0.56	4.09	<0.4597
Gender	80.055259	1	0.055259	0.00	4.09	0.9695ns
Treatment	6955.588697	3	2318.529566	62.17	2.85	<0.0001*
Gender*treatment	96.360184	3	32.120061	0.86	2.85	0.4693*
Explained	7048.605341	8	881.075668	23.63	2.19	<0.0001
Residual	1454.373825	39	37.291637			
Total	8502.979167	47				

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

Table 13b. Summary table for hypothesis nine.

Items	F-value	C-value	Pr>F
Treatment effect on marital communication scale at (post-test)	62.17	2.85	<0.0001

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

Sources of variation	Sum of square	DF	Mean square	F-value	C- value	Pr > F
Pre test	41.772290	1	41.772290	1.51	4.09	0.2269
Gender	0.420734	1	0.240734	0.02	4.09	0.9026 ns
Treatment	7426.545517	3	2472.181839	89.21	2.85	<0.0001*
Gender*treatment	53.694672	3	17.898224	0.65	2.85	0.5902ns
Explained	7469.751456	8	937.093932	33.82	2.19	<0.0001
Residual	1080.727710	39	27.710967			
Total	8577.479167	47				

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.

H₆: Effects of gender on irrational scale value of subjects at post-test

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

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.

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

H₀: 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.

Item	F-value	C-value	Pr>F
Treatment effect on marital communication scale at (follow-up)	89.21	2.85	<0.0001

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

Item	F-value	C-value	Pr>F
Gender effect on marital communication scale at (post-test)	0.00	4.09	<0.9695

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

Item	F-value	C-value	Pr>F
Gender effect on marital communication scale at (post-test)	0.02	4.09	<0.9026

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.

H₉: 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 'A' in the Scheffe grouping. The combination of the two treatments CRT/CST had the same result as CST and CRT tested distinctly. Meanwhile, the control group that did not receive any intervening treatment scored 'B' in the Scheffe grouping. Thus, the entire 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 then 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.

H₁₁: 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 0.09 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 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 counsellors 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.

Suggestions 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 × 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.

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