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The Effectiveness of Emotion-Based Cognitive-Behavioral Therapy in Mental Rumination of Anger and Marital Virtues in Conflicted Couples

Razieh Nadri[1], Masoud Sadeghi[2*], Firozeh Ghazanfari[3]

1. PhD candidate, Department of Psychology, Faculty of Literature and Humanities, Lorestan University, Khoramabad, Iran
2. Associate Professor, Department of Psychology, Faculty of Literature and Humanities, Lorestan University, Khoramabad, Iran
3. Professor, Department of Psychology, Faculty of Literature and Humanities, Lorestan University, Khoramabad, Iran

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Abstract

Abstract

Marriage plays a very important role in the lives of most adults; it gives meaning to people's lives. Thus, the existence of conflicts can be threatening. These conflicts can increase mental rumination of anger and decrease marital virtues. The present study was conducted to investigate the effectiveness of emotion-based cognitive-behavioral therapy in the mental rumination of anger and marital virtues. The statistical population included couples with marital conflicts referring to the family counseling centers of Alshatar. The sample size included three couples, who were voluntarily selected and underwent emotional-based cognitive-behavioral couple therapy. In this research, a single-case design with multiple baselines was used. The emotion-based cognitive-behavioral couple therapy protocol was implemented during fifteen 60-minute intervention sessions, and the participants responded to the Anger Rumination Scale (Suchodolsky et al., 2001), Marital Virtues Scale (Fawcett et al., 2013), and Marital Conflict Scale (Sanaei, 2000). The data were analyzed by visual drawing method, stable change index, and recovery percentage formula. The findings of the study showed that the stable changes in the variable of mental rumination of anger in three couples were 2.71, 2.06, and 3.28 and in the variable of marital virtues were 2.76, 3.45, and 2.16. In addition, the recovery rates in the post-treatment phase in the variable of mental rumination of anger were 41.98, 33.80, and 41.00 with the mean of 38.92, and in the variable of marital virtues were 51.02, 45.20, and 54.71 with the mean of 50.31, which was included in the spectrum of successful treatment. Therefore, this research showed that emotion-based cognitive-behavioral couple therapy was effective in reducing mental rumination of anger and increasing marital virtues. Therefore, it can be used to reduce mental rumination of anger and increase marital virtues.

*Corresponding author
Email: Sadeghi.m@lu.ac.ir r

Introduction

In a marriage, in which two completely different individuals are assigned as husband and wife and agree to create their family, marital conflicts are inevitable (Tasew et al., 2021). Studies show that marital satisfaction decreases in the first decade of life and conflicts will occur (Buhler et al., 2021). Unresolved marital conflicts lead to the activation of anger rumination and consequently reduce marital virtues (Mahmoodi & Mansoori Nejad, 2017; Namdarpour et al., 2018). Mental rumination of anger is a negative emotional state and includes increased physical arousal, blaming thoughts, and a tendency to aggressive behaviors. Since it maintains one's feelings of anger and initiates thoughts of aggression, it can increase the likelihood of an aggressive behavioral response (Hosie et al., 2022). As a result, the mental rumination of anger is harmful to couples' relationships. While increasing conflicts, mental rumination of anger prevents the emergence of marital virtues (Saffari Nia et al., 2017). Marital virtues are among the factors influencing the quality of marital relationships (Veldorale-Brogan et al., 2010); they are the strengths or positive personality traits, which make a valuable life possible (Fowers, 2001) .

To treat marital conflicts, couple therapists use several approaches such as emotion-based cognitive-behavioral couple therapy, which consists of a combination of cognitive-behavioral therapy and emotion-based therapy (Amani, 2011). The main goals of cognitive-behavioral couple therapy are the compatibility of husband and wife, increased flexibility in their interactions, higher quality communications at the emotional and behavioral levels, constructive discussions, acceptance of individual boundaries, personal responsibility, and diverse responses. Thus, this treatment can be effective in mental rumination of anger (Petersen et al., 2019) and marital conflicts (Akakdogan & Cimsir, 2020). In this research study, emotion-based couple therapy and cognitive-behavioral couple therapy was combined, and interpersonal issues of conflicted couples were inspected with a broader perspective. It examined if emotion-based cognitive-behavioral couple therapy was effective in anger rumination and marital virtues in couples with marital conflicts.

Methodology

A single-case design with multiple baselines was followed in the present study. The statistical population was made up of all couples with marital conflicts who referred to the counseling centers of Alshatar. The sample was selected through a non-random and accessible method. Finally, three couples were selected and received emotion-based cognitive-behavioral couple therapy during 15 60-minute sessions. The inclusion criteria were getting a marital conflict score higher than 162 based on the Marital Conflict questionnaire (Sanaei, 2000), living together for at least two years, having at least one child, having at least a high school diploma, not having an immediate plan for divorce or separation, not having an infant, not having an extramarital relationship, and consent to participate in research. In addition, the exclusion criteria were having no marital conflict, using psychiatric drugs in the two months before the first meeting, having a history of substance abuse, using counseling and psychological services in the two months before the first meeting, having an urgent plan for divorce or separation, female pregnancy, having psychiatric disorders, or absence of more than two sessions.

To collect data, the Anger Rumination Scale (Suchodolsky et al., 2001), the Marital Virtues Scale (Fawcett et al., 2013), and the Marital Conflict Scale (Sanaei, 2000) were used. In this research, the visual drawing method, stable change index, and clinical significance were used for data analysis. Furthermore, clinical significance was calculated through the recovery percentage formula. The visual drawing method was also one instrument used to evaluate the effectiveness of this treatment.

Results

In the selected sample, one individual had a diploma, three had a bachelor's degree, and two had a master's degree. Moreover, three individuals were employees, one was self-employed, and two individuals were

housewives. The mean age and duration of their marriage were 37.33 and 15 years, respectively. Table 1 shows the trend of change in the scores of mental ruminations of anger, and Table 2 shows the trend of change in the scores of marital virtues in the stages of baseline and treatment sessions for each couple. In addition, the index of stable change and the percentage of recovery after treatment for each couple were reported.

Table 1. The trend changes in the treatment stages of the three couples in terms of the rumination of anger

	Couples' treatment stage	**The first couple**	**The second couple**	**The third couple**
Evaluation in stage A	The first baseline	67	71	71
	The second baseline	64	72	69
	The third baseline	-	70	70
	The fourth baseline	-	-	68
	The mean of baseline	65.5	71	69.5
Evaluation in stage B	Session one	66	69	67
	Session four	61	63	62
	Session nine	49	54	53
	Session eleven	38	47	41
	The mean of treatment stages	53.5	58.25	55.75
	Index of stable change	2.71	2.06	3.28
	Recovery percentage after the treatment	41.98	33.80	41.00

As Table 1 shows, mental rumination of anger decreased in all three couples in the treatment phase compared to the baseline phase. Considering that the values of the stable change index in the three couples were 2.71, 2.06, and 3.28 with a mean of 2.68 in the post-treatment stage, these values were significant at the statistical level of $P < 0.05$. When the reliability index is more than 1.96, it confirms the significance of the statistical findings with 95% confidence; it can be concluded that the change or improvement is the result of the intervention and is not random. The recovery percentages of these three couples were calculated as 41.98, 33.80, and 41.00 after the treatment with a mean of 38.92. Therefore, it can be stated that based on the classification of Blanchard and Schwarz (1988), the obtained values showed a low but significant recovery percentage.

Table 2. The trend changes in the treatment stages of the three couples in terms of marital virtues

	Couples' treatment stage	**The first couple**	**The second couple**	**The third couple**
Evaluation in stage A	The first baseline	25	20	27
	The second baseline	24	21	28
	The third baseline	-	21	25
	The fourth baseline	-	-	26
	The mean of baseline	24.5	20.66	26.5
Evaluation in stage B	Session one	26	22	27
	Session four	28	25	29
	Session nine	32	28	34
	Session eleven	27	30	41
	The mean of treatment stages	30.75	26.25	32.75
	Index of stable change	2.76	3.45	2.16
	Recovery percentage after the treatment	51.02	45.20	54.71

Table 2 shows that the mean and level of marital virtue scores in all three couples increased in the treatment phase compared to the baseline. Considering that the values of the reliability change index in the three couples were 2.76, 3.45, and 2.16 with a mean of 2.76 in the post-treatment stage, these values were significant at the statistical level of $P < 0.05$. The recovery percentages of these three couples in terms of marital virtues after the treatment were 51.02, 45.20, and 54.71 with a mean of 50.31, which was considered a successful treatment according to the classification of Blanchard and Schwarz (1988).

Conclusion

The present study was conducted to investigate the effectiveness of emotion-based cognitive-behavioral couple therapy in the mental rumination of anger and marital virtues. The results of research on mental rumination of anger are in line with Hamtikashani and Aghaei (2023), Petersen et al., (2019) and Aryannejad et al.'s, (2021) studies. In explaining this finding, emotions are considered a key factor in organizing couples' communication patterns (Zolfali Pormaleki & Smkhani Akbarinejhad, 2023). Therefore, emotion-based cognitive-behavioral couple therapy encourages spouses to talk about their emotions. Furthermore, by improving couples' relationships through solving their emotional problems, identifying unexpressed and suppressed emotions, presenting the correct way of expressing emotions, and having an empathetic conversation, couples will seek a more effective way to solve their problems instead of using various mental ruminations, including the mental rumination of anger (Keliat et al., 2015).

Another finding was the increase in marital virtues, which is in line with the research studies of Khojasteh Mehr et al. (2023) and Kayhan et al. (2022). In explaining this finding, it can be stated that couples with marital conflicts gradually distance themselves from these virtues during the problems they experience and continue their relationship with faulty methods such as criticism, and defensiveness. They finally withdraw from the vicious cycle. In this couple therapy, by correcting dysfunctional thinking, couples recognize their contribution in creating conflicts, accept their mistakes, and as a result, while reducing their anger toward their spouse, they show marital virtues.

The present study did not have a follow-up phase. Therefore, it is suggested that further studies include the follow-up phase in the design. In addition, due to the effective exercises and practical training provided to couples during these sessions, it is suggested that further studies use this approach in family education classes.

Conflict of interest

This article is taken from the first author's master's thesis on General Psychology, and there was no conflict of interest.

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