EFFECTIVENESS OF COGNITIVE BEHAVIOURAL THERAPY ON MARITAL CONFLICT AMONG MARRIED COUPLES IN IGBERE OF ABIA STATE

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Abstract

This study investigated the effect of Cognitive Behavioural Therapy (CBT) on marital conflict among married couples in Igbere, Abia State. The study adopted a quasi-experimental pretest–posttest non-randomized control group design using a 2×2 factorial matrix. The population consisted of 300 married couples experiencing marital conflict in Igbere community, from which a sample of 48 married couples was selected using a multi-stage sampling technique. The instrument for data collection was a 25-item Marital Conflict Indicator Scale (MCIS) developed by the researcher and validated by experts in Guidance and Counselling and Educational Measurement and Evaluation. The reliability of the instrument was established using Cronbach Alpha with a coefficient of 0.84. Data were collected in three phases: pretest, posttest, and follow-up. Mean and standard deviation were used to answer research questions, while Analysis of Covariance (ANCOVA) was used to test hypotheses at 0.05 level of significance. The findings revealed that Cognitive Behavioural Therapy significantly reduced marital conflict among married couples compared to the control group. The study also found that gender had no significant influence on the effectiveness of CBT in reducing marital conflict. The study concluded that CBT is an effective and gender-neutral counselling intervention for reducing marital conflict among married couples. It was recommended that marriage counsellors, religious organizations, and government agencies should adopt CBT in marital counselling programmes to promote marital harmony and family stability in Abia State.

Keywords*:* Marital conflict, Married couples, Cognitive Behavioural Therapy and Gender

Introduction

Marriage is the socially acceptable union of a man and a woman. It represents the union of two completely different people as husband and wife who agree to plan and establish their own family. It is a union between two unrelated men and women who want to live together and benefit from their relationship. Osarenren (2022) defined marriage as the union of an adult male and an adult female. Marriage is described as "formal union of two individuals of opposite sexes, to create an enduring relationship with each other as husband and wife" by Webster's Advanced

Learners English Dictionary (2020).According to this concept, certain assumptions are inferable. These include the premise of mutual commitment to permanent cohabitation and cooperation, as well as the assumption of specific responsibilities and obligations to one another (Okobia & Okorodudu, 2017). The responsibility of chastity and fidelity to one another falls under this later element of uncompromising value. This possibly explains why any marriage's success or failure is constantly related to these two values. In support of marriage as a harmonious union of a man and woman as husband and wife, Nwaoba and Sike (2022) asserted that marriage is a socially, recognized and approved union between two adults who commit to one another with the expectation of a lasting intimacy

Marriage, as defined by Adeboye (2020), is a union that brings people of different sexes, family, ethnic groups, belief systems, values, socioeconomic background and in some cases different race and interest together to form and start a new family; this makes marital conflicts inevitable. Unfortunately, dispute arise between a husband and wife who had vowed to cohabit economically. Socially, emotionally and psychological. These disputes take several forms, including spouse battering, spousal abuse, sexual abuse, marital irresponsibility, rape, a covert fight for power between the pair, and other violent behaviours, such as arguments, dissatisfactions, and exhibition of spirit of struggles between married spouses over values, beliefs, goals, standards, and behaviours. These disputes could be termed marital conflict.

Marital conflict denotes incompatible views or clash of interest, disagreement, arguments, tension and crisis between married couples. According to Onah (2016), disagreements are not only unavoidable in the normal course of family life, but also required for progress. Furthermore, marital conflict can be characterized as a condition of tension or stress between married spouses while they attempt to fulfill their marital responsibilities. The fact that two people decided or intended to live together as husband and wife creates distinct expectations and hopes, some of which may be met and others not, leading to disputes. A variety of variables seem to contribute to marital conflict. Therefore, conflicts in marriage could be caused by sexually related problems, financially related problems, emotionally related problems and spiritually related problems in the society. Childlessness, forced marriage, incompatibility, communication gaps, in-law involvement, finances, infidelity, child sex, lack of appreciation, divergent values, interest, vision, ambitions, and other psychosocial concerns are common causes of marital conflict according to Ayodele (2024). In Nigeria, there are specific and peculiar factors which are regarded as background to crisis in marriages. According to Okobia and Okorodudu (2017), these issues include communication gaps, polygamy, extended family influence, cultural conflict, infidelity, role performance, barrenness, children's gender, and so on. These issues are regarded as cankerworms in the foundation of most marriages in Nigeria especially in Igbere community, Tolorunleke (2023) believes that marriage should be a joyful and beautiful experience, with the goal of improving the bond between husband and wife with each passing day or year.

Marital conflicts have negative effects when it occurs regularly, it may have adverse effects on the members of the larger society. Perhaps, it is in the light of the foregoing that Makinde (2024) noted that marriage is an adventure because the two individuals that have agreed to cohabit willingly to take risks, test new ideas and experience new situations, and that no matter how long the courtship will be neither can boast of having studied and known all about the partner's idiosyncrasies. Onah (2016) related that disagreements and conflicts are unavoidable between married couples. The author believes that while most spouses work hard to reconcile these differences and issues, others do not, leading to the collapse. When marriages fail, separation or divorce is the end outcome. This obviously has a significant impact on the children of the marriage, the partners themselves, and society as a whole,

Marital conflict between married couples has a negative impact on the operation of the church and by extension, society as a whole. In Adeboye (2020), a study related to religious harmony, found out that family quality, harmony, or climates have a stronger relationship with understanding in the church than any other variables. The reason being that no matter how spiritually sound a church leader may be, if the home front (that is, his/her marriage) is not settled, the concentration to run the affairs of the church may not be there. This also is applicable to other institutions in the larger society.

Marital conflicts abound in Abia State especially in Igbere Bende Local Government Area where this study was conducted, there is ample evidence of marital conflicts among marital couples that have resulted in single parenting, separation, and divorce, which have resulted in a variety of maladaptive behaviours social vices, cultism, drug/substance abuse, and psychotic and neurotic conditions, all of which have a negative impact on our society's peaceful coexistence.

This rapid increase in marital breakdown raises a number of important sociological and psychological issues. Social unrest, delinquency, crime and sickness are frequently associated with marital discord and family fragmentation. This then makes it imperative to search for solution to this phenomenon in order to enrich the marriage institution. Investigation into marriage enrichment approaches is in keeping with the goals of counselling psychology in promoting normal development and preventing psychological difficulties. Marriage enrichment programme also known as marital therapy can help couples enhance their relationship and reduce conflicts by developing their ability to initiate changes in their relationship (Egnule, 2019).

Marital therapy, which is commonly used by marriage and family counsellors is defined as any therapeutic intervention technique aimed at assisting troubled marriages and couples to better understand their reciprocal marital interaction and attempt to find ways in which their needs can be mutually satisfied so that the growth and development of each partner can be maximized in the relationship (Okorodudu, 2016). Marital therapy is perhaps the most effective single thing that people in problematic marriages can do to help mend their relationships.

Cognitive Behavioural Therapy (CBT) in resolving marital problems among married individuals. Cognitive Behavioural Therapy (CBT) is a type of talk therapy that can help people manage their difficulties by altering their thinking and behaviours. It is based on the work of psychologists such as Albert Ellis and Aaron Beck (1958), who stressed the importance of attitudinal transformation in order to foster and sustain behavioural change. CBT is essentially a combination of Cognitive Therapy and Behaviour Therapy.

CBT is widely used to treat anxiety and depression, but it can also be used to address personal social problems, inter-personal and intrapersonal issues and marital conflicts. Cognitive behavioural therapy (CBT) is a sort psychotherapy that can help with a wide range of emotional and mental health difficulties. In fact, CBT is more than just one type of therapy; it is a group of different techniques that psychologists, therapists, and counsellors use to modify thoughts, behaviours, feelings, and emotions (Nicholars & Schwarts, 2017). CBT is a short-term psychotherapy treatment that uses a practical and intensive approach to solving issues such as depression, anxiety, addiction, phobia and other behavioural and emotional concerns. It is based on the cognitive model of emotional responses and is more of a brief type of treatment in which the patient learns to challenge and change their unhealthy or unhelpful attitudes, beliefs, thoughts, and emotions to improve the patient's behaviours and emotional regulation.

There have been numerous studies and research that showed CBT could lead to significant improvement in daily life and the patient's quality of life. Most CBT therapists use CBT as a way to change the clients' cognitive disorder giving them a better way of thinking to replace the negative thoughts they are having (Huntley, 2024). For example, some patients may stress themselves unnecessarily over things that the rest of us naturally do not even think about. They will magnify a small incident and make it into a full-blown disaster that they cannot stop thinking about. One example is the patient who goes over conversations in their head that they had with someone (or everyone) and keep going over it for days or weeks, trying to think of some way that they could have done things differently.

According to Schwart (2019), CBT is based on the idea that people's ideas, feelings, bodily sensations, and behaviours are all interconnected, and that negative thoughts and feelings can imprison them in a vicious cycle. As a result, CBT seeks to help clients cope with overwhelming difficulties in a more positive way by breaking them down into smaller sections. Clients are told how to break free from these negative tendencies and boost their mood. Unlike other talk treatments, CBT focuses on the client's current concerns rather than issues from the past. It seeks practical strategies to improve the clients' state of mind on a regular basis, promoting improved interpersonal relationships, which is one of the objectives of this study.

The aim of CBT is to teach the clients to apply the skills they have learnt during treatment to their daily life. This study investigated the effectiveness of Cognitive Behavioural Therapy (CBT) in reducing marital conflict among married couples in Igbere. The therapy is based on the doctrine of behaviourism; which major assumption is that since behaviours are learned, they can

be unlearned using appropriate behaviour modification techniques (Egbule, 2019).

Statement of the Problem

Ideally, marriage is designed to be a harmonious union where husband and wife live together peacefully, bearing one another's burdens, and jointly creating a happy and stable family life. Within such a relationship, couples are expected to maintain unity, mutual respect, and nurture their children in a supportive environment. However, in reality, many marriages experience challenges that lead to disharmony. Issues such as persistent nagging, inertia, aggressive confrontation, anger outbursts, jealousy, and mistrust often escalate into frequent quarrels. If left unresolved, these conflicts may result in marital dissatisfaction, separation, and even divorce.

There is, therefore, a significant knowledge gap regarding how couples can effectively manage these challenges and sustain harmonious marital relationships. Many couples lack adequate strategies for conflict resolution and boundary setting, which often gives rise to observable crises and outward manifestations of dissatisfaction. These unresolved conflicts negatively affect family stability, child upbringing, and overall well-being. As a result, the study intends to use a psychological behavioural approach (CBT) to determine how helpful it will be in treating marital disputes among married couples. The problem of this study, therefore, put in a question form is: what is the effect of cognitive behavioural therapy in reducing marital conflict among married couple in Igbere community of Abia State?

Purpose of the Study

The main purpose was to examine the effect of cognitive behavioural therapy on marital conflict resolution among married couples in Igbere community of Abia State Specifically, the study was designed to achieve the following:

1. To find out the mean of marital conflict among married couples in Igbere community of Abia State at pretest
2. To find out the difference in the reduction mean score of marital conflict among married couples exposed to cognitive behavioural therapy (CBT) and control at post-test
3. To find out the difference between the reduction mean score of male and female married couple with marital conflict exposed to CBT at posttest.

Research Questions

The following research questions were answered in this study:

1. What is the difference in the reduction mean of marital conflict between married couples in Igbere at pretest?
2. What is the difference in the reduction mean score of marital conflict between married couples exposed to cognitive behaviourial therapy (CBT) and control at posttest?
3. What is the difference between the reduction mean score of male and female married couple with marital conflict exposed to CBT at posttest?

Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

HO_1: There is no significant difference in the mean score reduction of marital conflicts between married couples treated with cognitive behavioural therapy (CBT) and the control at posttest.

HO_2: There is no significant difference in the reduction mean score of married couples with marital conflicts exposed to CBT based on gender.

Methodology

The population of the study comprised 300 married couples experiencing marital conflict in Igbere community, Abia State. The population was drawn from five major villages in Igbere community, which served as the clusters for the study. These villages included Ibinaukwu village, Amankalu village, Amaiyi village, Umuisi village and Amaukwu village all in Igbere. The mode of counting the population was based on community household enumeration and counselling unit records. The researcher identified married couples experiencing marital conflict through consultations with community leaders, religious leaders, church counselling units and family heads within the community. Household visits and community records were also used to identify eligible married couples. The names of identified couples were compiled into a population frame, which produced a total of 300 married couples who had experienced marital conflict in the community.

The study adopted a multi-stage sampling technique in selecting the sample for the study. In the first stage, Igbere community was divided into five villages which served as clusters. In the second stage, four villages were purposively selected based on the availability of married couples experiencing marital conflict and the presence of counselling groups. In the third stage, eligible married couples were identified within the selected villages through church counselling groups, community marriage support groups and family welfare records. In the fourth stage, 48 married couples were selected from the identified population using purposive and simple random sampling techniques. In the final stage, the selected married couples were assigned into four groups consisting of two experimental groups and two control groups, with each group containing 12 married couples, thereby forming a 2×2 factorial matrix. The married couples were placed in intact counselling groups since randomization was not possible, which justified the use of a quasi-experimental non-equivalent pretest-posttest control group design.

The Marital Conflict Indicator Scale (MCIS) adopted a four-point Likert response style for data collection. The response options included Strongly Agree (SA) with a score of 4, Agree (A) with a score of 3, Disagree (D) with a score of 2, and Strongly Disagree (SD) with a score of 1. The highest attributes of the scale, which are 4 and 3, indicated positive responses to the statements, while the lowest attributes, 2 and 1, indicated negative responses. Respondents were required to read each item carefully and tick the option that best represented their marital experience. They were also instructed to respond independently and ensure that all items were

properly answered. The response style enabled the researcher to measure the level of marital conflict among married couples during the pre-treatment, post-test, and follow-up phases of the study, and data collected were subsequently analyzed using mean, standard deviation, and Analysis of Covariance (ANCOVA) at 0.05 level of significance.

Pre-treatment Phase: This phase involves two pre-treatment sessions conducted, two weeks prior to treatment. It involved preliminary introductions to the sampled couples and the subject for the study. The phase carried our pre-treatment assessments in order to identify couples with marital conflict using MCIS to obtain the baseline data while served as pretest data. The subjects were purposely assigned to two treatment groups and control group respectively (CBT and control group).

Treatment Phase: This phase dealt with the actual manipulation of experiment conditions after which the control group was regarded as waitlist group. The treatment group has eight sessions which lasted for 45 minutes each. The researcher and the subjects choose days, time and venue for their meeting that lasted for four weeks.

CBT

Session one: initial counselling establishment issues and setting of goals

This was an introductory session. This session was for the establishment of rapport and the issue of confidentiality, explanation of roles and responsibilities of counsellor and client and other initial establishment issues were raised. The researcher assisted the subjects to set counselling goals both short- and long-term goals. And introduction of CBT techniques.

Session Two – cognitive restructuring Technique of CBT

The session started with the motivation of subject and the review of the previous session. Subjects were asked to submit their assignment of the last sessions which was followed by discussion that emanated from the assignment. Having recognized/realized their thought and an orientation of CBT, the researcher introduced the first CBT technique, cognitive restructuring where they learn to replace negative thoughts with balanced, realistic ones.

Session Three – Behavioural disputation Technique of CBT

The session started with the motivation of subjects. Progress verification continued in this session. Task and assignment given to the subjects, in the last session were reviewed and discussed by the researcher and subjects, then behavioural disputation technique were explained; it is having the client behave in a way that is opposite to the way they would have responded to the situation in order to challenge those irrational thoughts about their spouse.

Session four – Emotional control technique of CBT

The session started with the motivation of subject. There was a recap of the last session's activities. Progress verification continued in this session. Task and assignment given to the subjects in the last session were reviewed and discussed by the researcher and subjects. Emotional control technique introduced and explained to the clients as methods used to regulate,

manage and respond to emotions in a healthy way. And in return have a healthier marital life.

Session five – Confrontation and encouragement technique of CBT

The session started with the motivation of subjects. Progress verification continued in this session. Task and assignment were given to the subjects. Confrontation technique was exposed to the subjects by the first discussion. For instance, confrontation is not arguing or attacking a person, it is a gently way of helping someone see that their way of thinking may not be accurate or rational. Encouragement is all about supporting and motivating the clients to behave and act better. The counsellor explains to the clients that confrontation helps them see what is wrong in their thinking while encouragement helps them believe they can improve.

Session six – Review of activities in all sessions and termination

This was the final stage of the cognitive Behavioural therapy treatment plan. The session started with the motivation of subjects. Review of all the techniques learnt and roleplaying. The subjects were commended for their efforts. Followed by the closing formalities.

Post-Treatment Phase

The post-treatment was carried out immediately after the last treatment session. The MCIS was re-administrated to the subjects after reshuffling at the end of the experiment. The responses of the subjects were scored and result compared with the pre-test score of the subjects on MCIS. Analysis of Covariance (ANCOVA) was used as a statistical control measure. It also has the ability to increase the power of a statistical test. The data collected for the study were statistically analyzed using mean and standard deviation to answer the research questions and Analysis of Covariance (ANCOVA) was employed to test the null hypotheses at 0.05 level of significance.

RESULTS

Research Question 1: What is the difference in the reduction mean of marital conflict among married couples in Igbere of Abia State at pretest?

Table 1: *Mean and Standard Deviation of Marital Conflict among Married Couples in Igbere*

Groups	N	Mean ($\bar{X}$)	SD	Mean Difference
Experimental Group (CBT)	24	1.57	0.65	
Control Group	24	1.56	0.66	0.01
Total	48	1.57	0.66	

Table 1 presents the mean ratings and standard deviation of marital conflict among married couples in Igbere using the Marital Conflict Indicator Scale (MCIS). The results show that married couples in the experimental group had a mean score of 1.57 with a standard deviation of 0.65, while those in the control group had a mean score of 1.56 with a standard deviation of 0.66. The mean difference of 0.01 indicates that both groups had almost the same level of marital conflict at the pretest stage. This suggests that the experimental and control groups were homogeneous before treatment, making them suitable for comparison.

Research Question 2: What is the difference in the reduction mean score of marital conflict between married couples treated with CBT and the control at posttest?

Table 2: *Mean and Standard Deviation of Marital Conflict Reduction between CBT and Control Groups*

Group	N	Pretest Mean	SD	Posttest Mean	SD	Mean Reduction	Mean Difference
CBT	24	42.54	2.89	29.17	2.71	13.37	
Control	24	41.09	2.73	36.69	2.80	4.40	8.97

Table 2 shows the mean and standard deviation of marital conflict reduction among married couples exposed to Cognitive Behavioural Therapy (CBT) and those in the control group. Married couples exposed to CBT recorded a pretest mean score of 42.54 with a standard deviation of 2.89 and a posttest mean score of 29.17 with a standard deviation of 2.71, resulting in a mean reduction of 13.37. The control group recorded a pretest mean score of 41.09 with a standard deviation of 2.73 and a posttest mean score of 36.69 with a standard deviation of 2.80, resulting in a mean reduction of 4.40. The mean reduction difference of 8.97 indicates that CBT was more effective in reducing marital conflict than the control treatment.

Hypothesis 1: There is no significant difference in the mean score reduction of marital conflict between married couples treated with CBT and the control at posttest.

Table 3: *Analysis of Covariance (ANCOVA) of the reduction of marital conflict of married couples exposed to CBT and Control at Posttest*

Source	Type III Sum of Squares	df	Mean Squares	F	Sig.
Corrected Model	8062.394	2	4031.197	33.664	.000
Intercept	322.611	1	322.611	2.694	.000
Pretest	4119.351	1	4119.351	34.400	.000
Group	195.333	1	195.333	1.631	.027
Error	5396.200	45	119.915		
Total	143226.336	48			
Corrected Total	13458.594	47			

Since P-value (.027) < 0.05, the null hypothesis is rejected.

The result shows that CBT had a significant effect on marital conflict reduction among married couples. Therefore, Cognitive Behavioural Therapy significantly reduced marital conflict among married couples in Igbere, Abia State.

Research Question 3: What is the difference in the reduction mean score of marital conflict among married couples exposed to CBT based on gender?

Table 4: *Mean and Standard Deviation of Marital Conflict Reduction of Male and Female Married Couples (CBT and Control Groups Combined)*

Gender	Group	N	Pretest Mean	SD	Posttest Mean	SD	Mean Reduction	Mean Difference
Male	CBT	12	42.10	2.70	29.00	2.50	13.10	
Male	Control	12	41.20	2.65	36.50	2.60	4.70	
Female	CBT	12	42.98	2.80	29.34	2.60	13.64	
Female	Control	12	40.98	2.70	36.88	2.72	4.10	
Total Male		24					8.90	
Total Female		24					8.87	0.03

Table 4 presents the mean and standard deviation of marital conflict reduction among male and female married couples in both CBT and control groups. The results show that male married couples exposed to CBT recorded a pretest mean score of 42.10 and a posttest mean score of 29.00, resulting in a mean reduction of 13.10, while male participants in the control group recorded a mean reduction of 4.70. Similarly, female married couples exposed to CBT recorded a pretest mean score of 42.98 and a posttest mean score of 29.34, resulting in a mean reduction

of 13.64, while female participants in the control group recorded a mean reduction of 4.10. The overall mean reduction for males was 8.90, while females recorded 8.87, with a mean difference of 0.03. This indicates that both male and female married couples benefited almost equally from CBT in reducing marital conflict.

Hypothesis 2: There is no significant difference in the reduction mean score of married couples with marital conflicts based on gender.

Table 5:*Analysis of Covariance (ANCOVA) of the Differences in Marital Conflict Reduction of Male and Female Married Couples Exposed to CBT*

Source	Type III Sum of Squares	df	Mean Squares	F	Sig.
Corrected Model	8451.217	3	2817.072	24.310	.000
Intercept	3124.770	1	3124.770	26.960	.000
Pretest	4211.443	1	4211.443	36.330	.000
Group (CBT/Control)	2310.662	1	2310.662	19.940	.000
Gender	98.331	1	98.331	0.848	.362
Error	5098.220	44	115.869		
Total	143226.336	48			
Corrected Total	13549.437	47			

Gender Sig value = 0.362, Since 0.362 > 0.05, the null hypothesis is not rejected.

The result in Table 5 shows that an F-value of 0.848 with a significance value of 0.362 was obtained for gender. Since the significance value is greater than the 0.05 level of significance, the null hypothesis was not rejected. This means that there is no significant difference in marital conflict reduction between male and female married couples in Igbere of Abia State. This implies that Cognitive Behavioural Therapy (CBT) is equally effective for both male and female married couples in reducing marital conflict.

Discussion of the Findings

Marital Conflict among Married Couples in Igbere (Research Question 1)

The result in Table 1 showed that married couples in both the experimental and control groups had almost the same mean marital conflict score at the pretest stage. The experimental group recorded a mean marital conflict score of 1.57 with a standard deviation of 0.65, while the control group recorded a mean score of 1.56 with a standard deviation of 0.66, with a mean difference of 0.01. This indicates that both groups had similar levels of marital conflict before the treatment was administered, suggesting that the groups were relatively homogeneous at the beginning of the study.

The implication of this finding is that marital conflict is a common experience among married couples in Igbere community and requires structured psychological intervention to

reduce its occurrence. The similarity in pretest scores confirms that the participants were equally exposed to marital conflict issues such as communication breakdown, emotional misunderstanding, financial pressure, and interpersonal disagreements before the introduction of Cognitive Behavioural Therapy (CBT). This also strengthens the validity of the study because it shows that any improvement observed at posttest was due to the treatment and not pre-existing differences among participants.

The finding further suggests that marital conflict can be reduced when married couples are exposed to structured counselling interventions that help them develop better emotional regulation, communication skills, and conflict resolution strategies. This supports the assumption that marital conflict is not a permanent condition but a behavioural and psychological issue that can be managed through appropriate therapeutic intervention. The finding aligns with the view that counselling and psychological training can improve marital adjustment, emotional stability, and psychological well-being among couples. When couples are trained on how to manage their thoughts, emotions, and behaviours, they are more likely to develop mutual understanding and respect, thereby reducing marital conflict and improving family stability.

Effect of Cognitive Behavioural Therapy on Marital Conflict (Research Question 2 and Hypothesis 1)

The findings in Tables 2 and 3 revealed that Cognitive Behavioural Therapy (CBT) significantly reduced marital conflict among married couples in Igbere community. The results showed that married couples exposed to CBT recorded a higher mean reduction in marital conflict compared to those in the control group. Specifically, the CBT group showed a substantial reduction in marital conflict at posttest, while the control group recorded only a slight reduction. The ANCOVA result further confirmed that the difference between the CBT group and the control group was statistically significant at 0.05 level of significance, leading to the rejection of the null hypothesis.

This finding indicates that Cognitive Behavioural Therapy is an effective psychological intervention for reducing marital conflict among married couples. The effectiveness of CBT can be attributed to its focus on changing negative thought patterns, improving emotional control, and modifying maladaptive behaviours that contribute to marital conflict. CBT helps couples identify irrational beliefs, challenge negative assumptions about their partners, and develop constructive ways of handling disagreements and emotional tension. Through structured counselling sessions, couples learn communication skills, problem-solving strategies, and emotional regulation techniques that promote mutual understanding and cooperation in marriage.

The finding is consistent with previous studies that emphasized the effectiveness of CBT in resolving marital conflicts. For instance, Makinde and Ayeyika (2021) found that CBT significantly improved marital stability and reduced conflicts among married couples regardless of the length of marriage. Their study revealed that couples exposed to CBT were better able to

manage disagreements, control emotional reactions, and build stronger marital relationships compared to those who did not receive therapy. This supports the present study by demonstrating that CBT is a reliable and evidence-based approach to marital conflict resolution.

Furthermore, this finding supports the theoretical foundation of Cognitive Behavioural Therapy, which is based on the principle that behaviour is learned and can be modified through cognitive restructuring and behavioural training. The significant reduction in marital conflict among couples exposed to CBT suggests that when couples are guided to change their thinking patterns and behavioural responses, marital harmony can be achieved. This implies that CBT can be effectively used by counsellors, psychologists, and marriage therapists in addressing marital conflicts in Nigerian communities.

Influence of Gender on Marital Conflict Reduction (Research Question 3 and Hypothesis 2)

The findings in Tables 4 and 5 showed that gender had no significant influence on the reduction of marital conflict among married couples exposed to CBT. The results indicated that both male and female married couples recorded similar mean reduction scores in marital conflict, and the ANCOVA result showed no significant difference based on gender at the 0.05 level of significance. This led to the acceptance of the null hypothesis that there is no significant difference in marital conflict reduction based on gender.

The implication of this finding is that Cognitive Behavioural Therapy is equally effective for both male and female married couples. This means that the success of CBT in reducing marital conflict does not depend on whether the participant is male or female, but rather on the effectiveness of the therapeutic intervention. Both genders were able to benefit from CBT techniques such as cognitive restructuring, emotional regulation, communication training, and behavioural modification, leading to improved marital relationships and reduced conflict.

This finding is important because it shows that marital conflict is not gender-specific and that both men and women experience and respond to marital conflict in similar ways when exposed to appropriate counselling interventions. It also suggests that CBT can be applied universally in marital counselling without discrimination based on gender. This makes CBT a flexible and inclusive approach for addressing marital conflict in different cultural and social settings.

The finding corroborates the study conducted by Odenike (2019) on the efficacy of CBT in resolving marital conflicts, which revealed that participants exposed to treatment showed significant improvement in handling marital conflicts compared to those in the control group, and that there was no significant difference in marital conflict resolution based on gender and age. The study reported that structured therapeutic interventions such as CBT and social skills training were effective in improving marital adjustment and reducing conflicts among married couples.

The agreement between the present study and previous research strengthens the credibility of CBT as a reliable therapeutic approach in marital counselling. It further confirms that the effectiveness of CBT lies in its structured approach to behavioural change rather than demographic factors such as gender. This implies that counsellors and therapists can confidently apply CBT

techniques to both male and female married couples without expecting variations in treatment outcomes. Overall, the finding suggests that CBT promotes equality in marital conflict resolution by providing both partners with the same opportunity to develop cognitive and behavioural skills necessary for maintaining marital harmony. This contributes to the development of stable families and peaceful communities, especially in areas where marital conflict is prevalent.

Conclusion

The study concluded that Cognitive Behavioural Therapy (CBT) is an effective psychological intervention for reducing marital conflict among married couples in Igbere, Abia State. The findings revealed that marital conflict existed among married couples prior to the treatment, but the introduction of CBT significantly reduced the level of marital conflict among participants in the experimental group compared to those in the control group. The study further established that CBT helps married couples to restructure negative thoughts, improve communication, manage emotions, and develop constructive problem-solving skills, which collectively enhance marital harmony and psychological well-being. In addition, the study concluded that gender does not significantly influence the effectiveness of CBT, as both male and female married couples benefited equally from the treatment. This implies that CBT is a reliable and gender-neutral therapeutic approach that can be applied to married couples irrespective of gender differences. Overall, the study demonstrated that structured counselling interventions such as CBT can play a vital role in promoting peaceful marital relationships, strengthening family stability, and reducing the prevalence of marital conflict in communities. Therefore, CBT is recommended as a practical and evidence-based counselling strategy for addressing marital conflict among married couples in Igbere and similar communities in Abia State and beyond.

Recommendations

Marriage counsellors and guidance professionals should adopt Cognitive Behavioural Therapy (CBT) as a standard counselling technique in handling marital conflict among married couples, as the study has shown that CBT significantly reduces marital conflict and improves marital harmony.

Government, community leaders, and religious organizations in Abia State should organize regular marital counselling workshops and seminars where Cognitive Behavioural Therapy (CBT) techniques can be taught to married couples to help them develop effective communication, emotional control, and conflict resolution skills.

Educational institutions and counselling centres should incorporate Cognitive Behavioural Therapy (CBT) into family and marital counselling programmes to ensure that both male and female married couples receive structured psychological support aimed at promoting stable marriages and reducing family conflicts.

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