

## Effectiveness of Marital Counselling on Marital Quality among Young Adults: A Pre-Post Intervention

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**ABSTRACT:** In view of the significance of improving marital quality among young adults is necessary in today's world, the present study focused on the effectiveness of marital counselling on marital quality among young adults. The present study investigated marital counselling especially in Kerala state, its present status and significant trends that are already manifesting themselves to the point of reshaping the field. The participants (N=60) couples were selected from different parts of the state of Kerala, who came for counselling in the institute, and were administered marital quality scale by Shah (1995) in the pretest and consideration also is given to those significant innovations, skills and techniques have adopted by counselor as an intervention with in a three months period of time. The obtained data were analyzed by using paired 't' test and ANOVA. The results revealed significant differences in most of the dimensions of marital quality, before and after marital counselling. Males are found to be less dominant, better in self disclosure and in the less despair when compared to females. Higher marital quality is found better among couples whose duration of marriage is less than five years when compared to couples whose duration of marriage is greater than ten years. There is no significant difference in marital quality among young adults based on locality and family type.

**KEYWORDS:** Intervention, Young adult, Marital counselling, Marital quality, Pre-post

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### I. INTRODUCTION

Marriage is an institution which admits man and woman in to family life. It is a stable relationship in which a man and a woman are socially permitted to have children. In India marriage is the holy performance of religious duties. The marriage is considered a union between two joint families rather than between two young people. The psychological framework views marriage as an occurrence that makes it possible to have a close intimate relationship with a member of opposite sex. The marital relationship and patterns of interaction determine the quality of marital life of the couples.

Marriage counselling includes a very broad range of technical interventions for reduction of marital disharmony. The focus and goals of the marriage counselling are generally the resolution of the immediate presenting problems and the provision of the spouses with emotional support and enhancement of their self-esteem and optimism. Marriage counselling is a type of psychotherapy for a married couple or established partners that try to resolve problems in the relationship. Typically, two people attend counselling session together to discuss specific issues.

Marriage counselling is based in psychotherapy and family systems, and focus on understanding their clients' symptoms and the way their interactions contribute to problems in the relationship. It is usually a short term therapy that may take only a few sessions to work out problems in the relationship. Typically, marriage counselors ask questions about the couple's roles, rules, goals, and beliefs. Therapy often begins as the couple analyzes the good and bad aspects of the relationship. The marriage counselor then works with the couple to help them understand that, in most cases, both partners are contributing to problems in the relationship. When this is understood, the two can then learn to change how they interact with each other to solve problems. The partners may be encouraged to draw up a contract in which each partner describes the behavior he or she will be trying to maintain. Marriage is not a requirement for two people to get help from a marriage counselor. Anyone wishing to improve his or her relationship can get help with behavioral problems, relationship issues, or with mental or emotional disorders. Marriage counselors also offer treatment for couples before they get married to help them understand potential problem areas (premarital counselling). Here in this study marriage counselling denotes post marital counselling only.

The young adult years (20 to 45 years) are often referred to as the peak years. Young adults experience excellent health, vigor, and physical functioning. Young adults have not yet been subjected to age related physical deterioration, such as wrinkles, weakened body systems, and reduced lung and heart capacities. Their strength, coordination, reaction time, sensation (sight, hearing, taste, smell, touch etc.), fine motor skills, and

sexual response are at a maximum. Additionally, both young men and women enjoy the benefits of society's emphasis on youthfulness. They typically look and feel attractive and sexually appealing. Young men may have healthy skin, all or most of their hair, and well defined muscles. Young women may have soft and supple skin, a small waistline, and toned legs, thighs, and buttocks. Early in adulthood, neither gender has truly suffered from any double standard of aging: mainly, the misconception that aging men are distinguished, but aging women are over the hill. Young adults dream and plan with their good looks, great health, and plenty of energy. Adults in their 20s and 30s set many goals that they intend to accomplish from finishing graduate school, to getting married and raising children, to becoming a millionaire before age 30 years. Young adulthood is a time when nothing seems impossible; with the right attitude and enough persistence and energy, anything can be achieved. In early adulthood, an individual is concerned with developing the ability to share intimacy, seeking to form relationships and find intimate love. Long-term relationships are formed, and often marriage and children result. The young adult is also faced with career decisions.

According to the theory of Erikson's (1959) successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Basic virtues are characteristic strengths which the ego can use to resolve subsequent crises. Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a more unhealthy personality and sense of self. These stages, however, can be resolved successfully at a later time.

In his psycho-social theory of development, early adulthood is a stage of intimacy vs isolation, where development is mainly focused on maintaining relationships. In this age we begin to share ourselves more intimately with others. We explore relationships leading toward longer term commitments with someone other than a family member. Successful completion of this stage can lead to comfortable relationships and a sense of commitment, safety, and care within a relationship. Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness, and sometimes depression. Success in this stage will lead to the virtue of love. Development takes on new meaning in adulthood because the process is no longer defined by physical and cognitive growth spurts. Adulthood, which encompasses the majority of a person's life span, is marked instead by considerable psychosocial gains that are coupled with steady but slow physical decline.

Marital quality is often used in a sense that includes marital adjustment as well as happiness and satisfaction. However, it is better to conceive of marital adjustment as something that may affect marital quality but is not part of it, since adjustment is an aspect of the relationship between spouses rather than a feeling experienced by each of them. Such indicators of adjustment as conflict, communication, and sharing of activities may relate differently to the spouses' feelings in different marriages, or even differently to the husband's and wife's feelings in the same marriage. Marital quality refers to the married couples' subjective evaluation of their marriage relationship. The range of evaluation may constitute a continuum reflecting low to high marital quality. High marital quality is thought to be associated with good adjustment, adequate communication, a high level of married happiness and a high degree of satisfaction with the relationship. When people are asked to rate or rank their life goals, having a happy marriage is usually among the most important. People in most other modern societies seem to be somewhat less enamored of marriage than those in the United States, but with the possible exception of Scandinavians, who have often chosen non-marital cohabitation over marriage, most adults throughout the modern world devote much effort to striving for a happy and satisfying marriage. Given the prominence and prevalence of this goal, family social scientists and psychologists could hardly avoid trying to assess the extent of its attainment and to identify the conditions under which it is likely to be attained. These efforts have been extensive, and the academic and clinical literature that deals with marital happiness and/or satisfaction is huge, with the number of relevant books, articles, and chapters published in the United States alone since the 1960s numbering in the thousands.

According to Campbell, Converse, and Rodgers (1976), marital happiness is based on an affective evaluation, whereas marital satisfaction seems to have a more cognitive basis that involves a relation of one's circumstances to some standard. They found that marital happiness varied positively with formal education, while the most highly educated persons reported somewhat less marital satisfaction than those with less education. However, marital happiness and satisfaction are highly correlated and generally have been found to bear a similar relationship to other variables. However, it is better to conceive of marital adjustment as something that may affect marital quality but is not part of it, since adjustment is an aspect of the relationship between spouses rather than a feeling experienced by each of them. Such indicators of adjustment as conflict, communication, and sharing of activities may relate differently to the spouses' feelings in different marriages, or even differently to the husband's and wife's feelings in the same marriage.

The couple relationship forms a fundamental stabilizing unit in society, with 64% of Australian adults living in couple relationships in 2010, 53% in registered marriage and 11% in de facto relationships. Nevertheless, there is an increasing divorce rate of more than 50% in most developed countries. In Australia, the median length of marriage before separation is 8.8 years, and approximately half of all divorces involve couples with children.

These high rates of relationship breakdown have been consistently associated with negative health consequences for both adults and children following divorce/separation. These include isolation from support networks, and reduced income and standard of living for both adults and children, dilemmas of loyalty over children for men, and depression and loss of identity for women.

Although the effects of divorce and separation can be detrimental, research indicates that high relationship discord in intact couples is also likely to have negative outcomes. For example, a large-scale study in India found that relationship discord, regardless of marital status, significantly predicted a higher incidence of mental disorders such as mood and anxiety disorders in adults and negative social outcomes. Specifically, high discord was associated with lower social interactivity with family and friends, and lower work satisfaction. These results are congruent with those from previous reviews. Therefore, merely 'staying together' is unlikely to prevent negative outcomes if relationship discord and conflict persist. Such findings indicate a pressing need for research that evaluates relationship services designed to improve relationship quality. In this study we focus on couple counselling and relationship enhancement/education programs. Furthermore, factors that influence the outcomes of these services need thorough investigation. Research to date has identified both couple and individual factors that may contribute to relationship discord. These include relationship satisfaction and commitment at the couple level, and depression at the individual level. However, robust research to evaluate relationship-enhancing interventions in the community is scarce.

Recently, the effectiveness of marriage counselling has been called into question. Findings from recent findings it was reported that marriage counselling helps seven out of ten couples and finds great satisfaction in their marriage. However, not all research is that optimistic. For marriage counselling to be effective, both partners need to be willing to take responsibility for their part in the problems, to accept each other's faults, and to be motivated to repair the relationship. It's important for couples to have realistic expectations because it takes many sessions to shed light on the dynamics and to begin the process of change. There are many factors that can impact the potential success or failure of marriage counselling for any given couple. Understanding these factors is important in determining whether or not seeking counselling for problems in a marriage.

This study will contribute to this development by examining distressed marriage relationships, as they have appeared for marital therapy, through an interpersonal and systemically focused lens and thus explore the extent to which such marriages can be classified using such psychological-systemic concepts. It will thus constitute an exploration of both the structural 'architecture' and the dynamic processes of these relationships. It will contribute toward a more sophisticated understanding of the differences between couples, the nature of marital distress, and how relational patterns and dynamics may constitute discreet diagnostic categories. As Kaslow (1996) put it: "Relational diagnosis is a concept whose time has come."

## **II. REVIEW OF LITERATURE**

Marriage is a social system through which a man and a woman come closer to each other and start living together. Intact and harmonious marital relationships are required not only for the psychic health of the individual, but also for progeny and thus, for the society in the broader sense. But unsatisfying and stressful marital relations lead to increased emotional disturbances and marital disruption.

Kepler (2015) conducted a study on Marital Satisfaction: The Impact of Premarital and Couples Counselling. The purpose of this study was to examine the connection between premarital and marital counselling and marital satisfaction for couples. The findings were in a trend was detected showing that individuals who took part in premarital counselling indicated greater marital satisfaction than those who did not take part in premarital counselling.

Evans, Turner and Trotter (2012), in their study on the effectiveness of family and relationship therapy, found that there is evidence to support the effectiveness of a number of approaches with couples and families, including Multi-Systemic family Therapy (MST) and family problem solving. The findings have resulted in the ability to predict the permanence of marriages with only 10% error. In particular, he found that the use of four attitudes or Four Horsemen (i.e., criticism, contempt, defensiveness, and stonewalling) seemingly forecasted relationship failure with great accuracy.

Shapiro and Guttman (2005) conducted a study on effects on marriage of a psycho-communicative-educational intervention with couples undergoing the transition to parenthood, evaluation at 1-year post intervention. Results showed that, in general, the preventive intervention using a psycho-communicative-educational format was effective compared to a control group for wife and husband marital quality, for wife and husband postpartum depression, and for observed wife and husband hostile affect scored from videotapes of marital conflict.

Hampson, Prince and Beavers (1999) conducted a study to assess the effectiveness of couple's therapy and to establish the characteristics and qualities of couples who do best in treatment. Significant family functioning qualities were found to be associated with success, and more competent couples did better in therapy. Furthermore, it is noted that couples without children fared better in treatment than did those with

children. Overall, it was observed that remarried couples without children fared best in treatment, followed by first-married couples with no children, first-married couples with children, and remarried couples with children.

Srivastav, Singh and Nigam (1988) studied the effect of certain demographic characteristics such as age differences, duration of marriage, education, occupation, socio-economic status and number of children on marital adjustment. The analysis indicated that the age differences between husband and wife highly contributed toward marital adjustment.

Johnson and Talitman (1997) conducted a study to examine the client variables expected to predict success in emotionally focused marital therapy presently the second most validated form of marital therapy after the behavioural approaches. The association of attachment quality, level of interpersonal trust, level of self-disclosure, and traditionality with the therapy outcome variables marital adjustment, intimacy, and therapist ratings of improvement was examined. It was found that, overall, therapeutic alliance predicted successful outcome and that, in particular, a couple's satisfaction was predicted by the task dimension of the alliance

Shah (1995), in her study tried to establish the clinical validity of marital quality scale (MQS) administered the scale to a clinical group of 15 males and 15 females with marital disharmony and compared them with a matched normal sample in the age range of 20-40 years. The result shows that there was significant difference between the two groups on the mean total score and in scores on 11 factors of MQS. The clinical group had higher scores on the scale in the form of lack of understanding in the marital unit, feeling greater rejection from the spouse, lower degree of satisfaction in sexual and security needs, with unfulfilled affectionless needs contributing the lack of concern and unhappiness. The results show the presence of despair due to helplessness along with regret about the relationship.

Johnson, Amoloza and Booth (1992) did an analysis of a longitudinal study of the stability of and the developmental changes of marital quality over an eight year period. They measured marital quality using five dimensions: one an intra-personal one that taped the personal evaluation of the relationship and four interpersonal ones: amount of interaction, amount and intensity of disagreement, behavioural attributes that cause a problem in the marriage and divorce proneness.

Zuo (1992), used the typical two major dimensions of marital quality (marital happiness and marital adjustment) as separate constructs and investigated the reciprocal relationship between marital interaction and marital happiness. Marital interactions consist of the following components: frequency that spouses shared the following activities together: eating, going shopping, visiting friends, doing household projects, and going out. The components of marital happiness are: the amount of understanding received from the other spouse, the happiness with the spouse's companionship, the happiness of the amount of love and affection received h m the spouse, and the strength of love for the spouse.

Spanier and Cole (1976) are of the opinion that marital quality is not only a subjective evaluation but also a process in a dyad. They included four aspects of marital quality as dyadic cohesion, dyadic consensus, dyadic affection, and dyadic satisfaction. They claim that marital adjustment is a general term, typically defined as the functioning and success of the marital satisfaction and happiness.

In his research on marital counselling by Gurin, Veroff and Feld (1960) found that advice on how to settle a dispute or resolve an issue was the benefit clients frequently reported. Another benefit is therapeutic intervention. Here the counselor helps the patients to gain insights in to their emotional difficulties and gradually restore their confidence and love, thus creating conditions for decisions and co-operation.

The interpersonal or family-systems perspective suggests that the source of a psychological disturbance may not be entirely within the person. The relationships the person has with others may also be a cause of maladaptive behavior. The socio-cultural perspective looks for the source of psychological disturbances in the society in which a person lives. It suggests that conditions such as overcrowding and poverty may produce undesirable behavior. The poor are also less prepared to cope with severe stress, and research shows that mental illness is more prevalent among the poor

### **III. METHODOLOGY**

#### **1.1 Participants**

The participants for the study was couples who comes for counselling sessions from different districts of Kerala for the duration of three months were selected randomly. The sampling frame of this study consisted of previously married and currently married early adults between the age group of 20 and 45 years who requested counselling for marital distress. Pre-test was taken for more than 50 couples, 30 couples participated in the post test. Those participants who satisfied inclusion criteria were selected in the study. That is, subjects who have approached counselling center for the resolution of their marital issues. Subjects who have age between 20 to 45yrs old Subjects lived with their husband for a minimum period of 6 months and they should be healthy/normal couples. Participants who are suffering from psychiatric problems , participants who are having the habit of consuming alcohol, participants whose age less than 20 and more than 45 years, and subjects who are not having any marital problems were excluded from the study.

## **1.2 Materials**

The investigator used Marital Quality Scale (Shah, 1991; 1995) to measure the marital quality of the participants. It is a multidimensional measure of marital quality that gives global and specific scores. It was developed and standardized with the Indian population. Over 800 married persons from the community and psychiatry clinics provided data for different phases of item generation, reduction, and validation. Content analysis and factor analysis were used to retain 50 items in a statement form with a 4 point rating scale, in male/female forms. The range for the total score is 50-200. Higher scores are indicative of poorer quality of married life. It also measures 12 dimensions: affection, decision making, despair, dissolution potential, discontent, dominance, rejection, role function, satisfaction, self-disclosure, trust, and understanding. The scale has an internal consistency of 0.91 and a test-retest reliability of 0.83.

## **1.3 Maritalcounselling**

Marital counselling provided to the participants was eclectic in nature: When a counsellor deliberately tries to incorporate in his practice both directive and non-directive methods, the result is eclecticism. According to Thorne (2002), who is the exponent of this view, finds that it is possible for a counsellor to alternate between directive and non-directive permissive relationship with the counselee. Some of the techniques which was employed by the investigator are the following during intervention, Observation, Summarizing, listening skills, open-ended questions, paraphrasing, note taking, homework, spheres of influence, clarification, client expectations, confrontation, congruence, core conditions, encouraging, engagement, focusing, immediacy, positive asset search, reflection of feeling, miracle question, stages of change, trustworthiness, capping, working alliance, proxemics, self-disclosure, structuring, hierarchy of needs, time constraints, immediacy of conflict, neutrality, split agendas, unrealistic expectations, ethical dilemmas, transferable skills, empathy combined with neutrality, a non-expert stance, reflexivity and professional development, and counsellor awareness of socialization .

## **1.4 Procedure**

In order to undertake the study, the investigator approached the authority of the institution and explained the purpose of the study. After obtaining permission, met each couples individually. Average 3 or 4 cases were attended weekly. The counselling process was conducted in 3 stages – Pretest, Intervention and Posttest. In the pre-test session, soon after self-introduction and rapport built up, a brief explanation regarding the study was given. The tools were given to the subjects. They were assured about the confidentiality that the results will only be used for research purpose, so that they won't feel any apprehension and could freely give out the response. Doubts regarding questionnaire was clarified. In the second session, marital counselling Interventions were given to the participants. However, eclectic counselling along with unstructured counselling Schedules was implemented. Post test was conducted after 2 or more months of pretest. Minimum 2 months of time gap was given to the couples. But within 2 months some couples have attended 2 or 3 sessions. The tools were administered according to the instruction. Although instruction for responding to the scale was given, meaning and doubts about some statements was explained to the subject. No time limit was given, but told to complete the scale as fast as possible. Relevant information was also collected.

## **1.4 Ethics and confidentiality**

The research was conducted with the consent of the participants. The participants were assured about their confidentiality. Code numbers were used to protect the privacy of the participants. Also, the researchers stated to the participants that they could withdraw from the study at any time without any prejudice.

## **IV. RESULTS AND DISCUSSION**

This section describes the major objective of the study. This gives the comparison between pre and post intervention (marital counselling) of couples who have marital problems. Comparison is also made between male and females in marital quality after the marital counselling and also provides comparison in different dimensions of marital quality like understanding, rejection, satisfaction, affection, despair, decision making, discontent, dissolution potential, dominance, self-disclosure, trust and role functioning. Descriptive statistics and test of significance were computed by using IBM SPSS 20. Paired t-tests were done in order to observe any significant difference between the effectiveness of marital counselling in improving marital quality in general and among different study variables. Table 1 shows the Mean and SD of the group who have undergone marital counselling in different sessions, for this a pretest were taken from the couples and post-test of marital quality also were taken and corresponding t-scores were given in the Table 1. From the table it can be inferred that the mean scores of understanding has a difference in values before and after the task. It reveals that the mean score (12.05) of understanding after task is lower when compared to mean score (15.92) of understanding before task. However, lower score on marital quality scale shows better marital quality. In order to test the significance of difference between two states, t-test was employed. It was found that there is a significant

difference in the dimension understanding, in the case of emotional rejection, It reveals that the mean score of (18.78) rejection after task is lower when compared to mean score (24.20) of rejection before the task before and after successfully completing marital counselling. The mean scores of satisfaction has a difference in values before and after the task. It reveals that the mean score of (7.97) satisfaction after task is lower when compared to mean score (9.88) of satisfaction before task. The mean scores of affection has a difference in values before and after the task. It reveals that the mean score of (9.60) affection after task is lower when compared to mean score (12.40) of affection before task. In the case of despair has a difference in values before and after the task. It reveals that the mean score of (3.77) despair after task is lower when compared to mean score (4.50) of despair before task. The mean scores of decision making has a difference in values before and after the task. It reveals that the mean score of (9.23) decision making after task is lower when compared to mean score (10.98) of decision making before task. The mean scores of discontent has a difference in values before and after the task. It reveals that the mean score of (3.47) discontent after task is lower when compared to mean score (4.27) of discontent before task. Lower score indicates better marital quality. In the case of dissolution potential has a difference in values before and after the task. It reveals that the mean score of (1.38) dissolution potential after task is lower when compared to mean score (1.70) of dissolution potential before task. The mean scores of dominance has a difference in values before and after the task. It reveals that the mean score of (4.33) dominance after task is lower when compared to mean score (4.58) of dominance before task. The mean scores of self-disclosure has a difference in values before and after the task. It reveals that the Mean score of (4.08) self-disclosure after task is lower when compared to Mean score (5.13) of self-disclosure before task. The mean scores of role functioning has a difference in values before and after the task. It reveals that the mean score of (5.80) role functioning after task is lower when compared to mean score (7.02) of role functioning before task. Most of the dimension of marital quality is also found to be significant.

In general, the mean score (102.02) of overall marital quality of young adults in pretest is found to be lower when compared to the mean score (81.7) of marital quality in post-test. It reveals that it has increased the marital quality of young adults after the intervention, marital counselling. However, lower score of marital quality scale indicates better marital quality.

**Table 1: Mean, SD and corresponding t - value of the different dimensions of marital quality before and after intervention.**

Variables	Pretest (60)		Posttest (60)		t value
	Mean	SD	Mean	SD	
Understanding	15.9167	5.61261	12.0500	5.91300	3.67**
Rejection	24.2000	6.31060	18.7833	7.32789	4.33**
Satisfaction	9.8833	4.42677	7.9667	4.12502	2.45*
Affection	12.4000	4.50687	9.5500	4.45476	3.50**
Despair	4.5000	1.68241	3.7667	1.58774	2.45*
Decision Making	10.9833	3.45671	9.2333	2.95942	3.00**
Discontent	4.2667	1.92984	3.4667	1.59943	2.50*
Dissolution Potential	1.7000	1.01347	1.3833	.80447	2.00*
Dominance	4.5833	2.19623	4.3333	2.20682	0.62
Self-disclosure	5.1333	2.12704	4.0833	1.93357	2.80**
Trust	1.4333	.88999	1.3000	.74333	1.00
Role Functioning	7.0167	2.78915	5.8000	2.43422	2.54*
Total	102.0167	27.75528	81.7167	30.66831	3.80**

*\*significant at the 0.05 level; \*\*significant at the 0.01 level*

**Table 2: Pre and post counselling mean marital quality scores and standard deviation of males and females**

Variables	Male (60)		Female (60)		t value
	Mean	SD	Mean	SD	
Understanding	13.6000	6.40762	14.3667	5.71933	0.70
Rejection	21.1500	7.81095	21.8333	6.86965	0.50
Satisfaction	9.0833	4.58181	8.7667	4.17566	0.40
Affection	10.9167	5.14960	11.0333	4.21445	0.14
Despair	3.8167	1.66206	4.4500	1.63048	2.11*
Decision Making	9.9000	2.33398	10.3167	4.09005	0.69
Discontent	3.9333	1.96466	3.8000	1.65499	0.40
Dissolution Potential	1.4500	.74618	1.6333	1.07304	1.10
Dominance	3.7667	2.04497	5.1500	2.13784	3.62**
Self disclosure	4.2167	1.40329	5.0000	2.55781	2.10*
Trust	1.3500	.73242	1.3833	.90370	0.22
Role Functioning	6.1500	2.83934	6.6667	2.50198	1.10
Total	89.3333	31.09671	94.4000	30.66561	1.00

*\*significant at the 0.05 level; \*\*significant at the 0.01 level*

Table 2 shows means and standard deviation of gender differences in different dimensions of marital quality of young adults who have participated in marital counselling and corresponding t-value is also given. It shows that the mean score of female participants is 4.45 and the mean score of male participants is 3.82 in despair dimension of marital quality. This indicates that there exists difference in mean score of male and female participants in the case of despair dimension. Table 2 shows that the mean score of female participants is 5.15 and the mean score of male participants is 3.77 in dominance dimension of marital quality. This indicates that there exists difference in Mean score of male and female participants in the case of dominance dimension. Table 2 shows that the mean score of female participants is 5.00 and the mean score of male participants is 4.22 in self-disclosure dimension of marital quality. This indicates that there exists difference in mean score of male and female participants in the case of self-disclosure dimension. In order to test the significance of the difference between two groups, t-test was employed and was found to be significant in 0.05 level.

Table 2 shows that the mean score of female participants is higher than the mean score of male participants in dimensions understanding, (male 13.60, female 14.37), rejection (male 21.15, female 21.83), affection (male 10.92, female 11.03), decision making (male 9.90, female 10.31), dissolution potential (male 1.45, female 1.63), trust (male 1.35, female 1.38) and role functioning (male 6.15, female 6.67). Lower score indicates better marital quality. This indicates male participants have high understanding, low feeling of rejection, less unfulfilled affectionate needs, low level of exclusion of the spouse from decision making process, low consideration of separation or divorce as an alternative, ability to obtain spouse's trust and adequate role functioning than the female participants. Table 2 shows that the mean score of male participants is higher than the mean score of female participants in dimensions satisfaction (male 9.08, female 8.77) and discontent (male 3.93, female 3.80). Table 2 shows that the total mean score of female participants is 94.40 and the total mean score of male participants is 89.33 in marital quality. This indicates that there exists only slight difference in total mean score of male and female participants. I.e. male participants are higher in marital quality than the female participants.

**Table 3: One way analysis of the three groups (below 5 years, 5-10 years, above 10 years) in marital quality**

Variable	Sum of squares		Mean square		F	Sig.
	between groups	within groups	between groups	within groups		
marital quality	11119.733	44372.450	5559.867	778.464	7.142*	0.002

**\*Significant at the 0.05 level**

The One-way ANOVA results given in the Table 3 shows three groups (below 5, 5-10, above 10 years of marriage) of couples differ significantly in marital quality. It is found to be significant at 0.05 level. Table 4: Post hoc analysis of three groups (below 5 years, 5-10 years, above 10 years) in marital quality

Years of marriage	N	Subset for alpha = 0.05	
		1	2
Below 5	28	67.2500	
Above 10 years	12		91.7500
5-10 years	20		95.9500
Sig.		1.000	0.656

Table 4 shows Post hoc analysis, that is the mean score of participants below 5 years of marriage (67.25) is found to be lower in score and is found to be higher among couples in 5-10 years of marriage (95.95) and is found to be significant.

**Table 5: One way analysis of the three groups (SSLC or below SSLC, Pre-degree or Degree, Post-Graduation or above) in marital quality**

Variable	Sum of squares		Mean square		F	Sig.
	between groups	within groups	between groups	within groups		
marital quality	2724.669	52767.514	1362.335	925.746	1.472	0.238

The One-way ANOVA results given in the table:5 shows three groups (SSLC or below SSLC, Pre-degree or Degree, Post-Graduation or above) of couples differ but not significantly in marital quality

**Table 7: One way analysis of the three groups (Rural, Suburban, Urban) in marital quality**

Variable	Sum of squares		Mean square		F	Sig.
	between groups	within groups	between groups	within groups		
marital quality	2460.732	53031.451	1230.366	930.376	1.322	0.275

The One-way ANOVA results given in the Table:7 shows three groups (Rural, Suburban, Urban) of couples differ but not significantly in marital quality. In order to see the mean difference between the three groups post hoc analysis was done and it is given in the table 8.

**Table 9 :One way analysis of the three groups (Nuclear, Extended, Joint family) in marital quality**

Variable	Sum of squares		Mean square		F	Sig.
	between groups	within groups	between groups	within groups		
marital quality	23778.236	31713.948	11889.118	556.385	21.369**	0.000

**\*\*Significant at the 0.01 level**

The One-way ANOVA results given in the Table:9 shows three groups (Nuclear, Extended and Joint family) of couples differ significantly in marital quality. It is found to be significant at 0.01 level. In order to see the mean difference between the three groups post hoc analysis was done. Table 10: *Post hoc analysis of three groups (nuclear, extended and joint family) in marital quality*

Type of family	N	Subset for alpha = 0.05		
		1	2	3
Joint	22	59.1818		
Nuclear	30		88.2000	
Extended	8			119.3750
Sig.		1.000	1.000	1.000

Table 10 shows Post hoc analysis, which is the mean score of couples who are residing in joint family (59.18) is found to be lower in score than couples who are residing in nuclear families (88.20) and score is higher among couples residing in extended families (119.38). Lower score indicates better quality. i.e couples who are in joint families are better in marital quality than couples in nuclear families.

## V. DISCUSSION

The present study highlighted the effectiveness of marital counselling on marital quality among young adults from different parts of Kerala. The effectiveness of marital counselling was statistically significant in most of dimensions and over all marital Quality. Statistics clearly indicated that the participants immensely and

intensely benefited from the psychological counselling sessions that they received. Significant statistical difference was found in marital among all the participants on before and after intervention. This finding supports previous studies which demonstrate the effectiveness of marital counselling on marital quality among young adults. (Kepler 2015; Shapiro and Gottman 2005; Markman 1991)

The second hypothesis was established as significant difference (Tables 2) was found between the two groups (males and females) in marital quality after the intervention. It indicates that participants who have undergone marital counselling have some changes in different dimensions of marital quality. This indicates male participants have high understanding, low feeling of rejection, less unfulfilled affectionate needs, low level of exclusion of the spouse from decision making process, low consideration of separation or divorce as an alternative, ability to obtain spouse's trust and adequate role functioning than the female participants. In order to test the significance of the difference between two groups, t-test was employed and not found to be significant. This is in accord with previous literature identifying that psychological treatment and other support should be provided hand in hand, there will be better changes in both females and males (Jackson, Miller, Oka and Henry 2014; Shek 1995; Spotts, Prescott and Kendler (2006)

The investigator also explored the significant differences in marital quality among young adults based on years of marriage (Table 3). Length of marriage is another potential moderator of the relationship between marital quality and personal well-being. It was found that marital quality declines after the first few years of marriage. These findings are in line with many previous findings. (Glenn 1998; Amato & Cheadle, 2005).

From the Table (9 and 10), it was found that couples who are residing in joint family was found to be have better marital quality than couples who are residing in nuclear and extended families. Lowest mean score for nuclear family indicate that joint families had higher marital quality than nuclear and extended family. This may be due to the sharing of stress and responsibilities with grand-parents or any significant people. These findings are in line with many previous findings. (Dacey and Travers 2004; Feldman, 2003)

## VI. CONCLUSION

The study revealed that marital conflict resolution strategies of married people are many. This ranged from talking over the conflict, consulting family / marital counsellor, use of performance based treatment, consulting extended family members, avoidance of negative factors use of personality options, to the use of characteristic options. This implies that as a result of individual differences, there is bound to be widespread of the strategies. This is because no two individuals alike, which account for observable differences in our behavioural traits. Married people have the option of trying out the strategies to know the one that will work for them during conflict situation. The findings on the effectiveness of the identified strategies indicate that all of the strategies are accepted as being effective for married people during conflict situation. This implies that couples should not be stereotype in a particular strategy. There is the need to try out different strategies for early and quick resolution of conflict so as to prevent associated consequences of a prolong crisis. The strong or positive relationship of such personal factors as gender, age, length of marriage, educational qualification and occupational status and marital conflict resolution strategies implies that married people within such group are likely to adjust quickly in conflict situation more than those in the other group.

The research findings have implications for policy, practice and future research. For example, while marital counselling research has expanded to study a wider range of couples, such as those with lower incomes, unmarried couples who have children together, couples where one partner has an illness or couples who have fostered or adopted a child, this still may not be reflective of the diversity of couples in the wider community. There is potential to expand this wider application of marital counselling many groups who still remain under-served, such as older couples, gay, lesbian or transgendered couples, separated and divorced people, cohabiting couples, individuals looking for a relationship, couples with ageing parents, couples forming stepfamilies and couples transitioning to retirement. Couples in these diverse groups are still not well understood or represented in marital counselling. These findings can be extended to marital counselling research where there has also been limited research focusing on these groups.

The findings from the two large-scale trials of counselling programmes in the United States, building strong families and supporting healthy marriages, highlight implications for policy makers. Relationships for lower-income couples can come under added stress from a range of other factors such as "lack of economic resources, poor educational opportunities, stable or unstable jobs, unsafe neighbourhoods, drug addictions, traumatized childhoods, and so on". A more effective policy tool would be to direct funding towards some of these underlying causes of relationship instability, rather than toward the relationship itself. However, still see the value in supporting marriage and relationship programs for disadvantaged groups, where the intervention "is intended to supplement other antipoverty efforts, not replace them". Furthermore, there is potential for counselling programs to act as a gateway for program participants who may need help from other services.

Further to this, with the high co-occurrence and cyclical nature of relationship distress and psychopathology (such as depression, anxiety and substance misuse), there is merit in mental health workers

assessing for relationship difficulties and practitioners working with couples assessing individual psychopathology. There is opportunity for workers in these areas to provide referrals to relationship counselling or mental health services as required, thus potentially increasing the likelihood of positive outcomes for clients.

Further research is required to understand why effective interventions work and, importantly, why there are people for whom these interventions do not work in order to potentially increase the overall effectiveness of relationship education and counselling interventions in the future.

The findings of this study have indicated that marital counselling may be associated with levels of marital satisfaction. The findings in this study cannot be generalized to the greater population of married couples. Therefore, it will be important to do further research, review previous research, and use the results when working with couples. Although this study is not generalized to the overall population, the findings from this study are useful for interventions in future. This study and previous research has indicated that families do experience discord. Couples are reached to counselling centres as a last resort before divorce mostly forced by relatives. Awareness programmes on effectiveness of counselling can help the couples to seek support earlier as possible. In this study also it is clear that more participants are from Christian families and least from Muslim families. Christian families are aware of counselling from premarital counselling. Therefore, marital counsellors can help introduce couples to coping strategies and provide education that fits into their specific circumstances and moves the attention away from divorce and towards reconciliation. Counsellors need to use this information to promote couples counselling in a judgment-free manner. They should work hard for couples that participate in couples counselling and help them to avoid divorce. It is often found that faith-based communities are the first line of support for couples in terms of marital discord. Counsellors could benefit from collaborating with faith-based organizations to bring together the strengths and areas of support for couples, as well as de-stigmatizing couples counselling. This holistic approach can promote overall relationship wellness. There are a lot of different steps that counsellors can take to promote happy and supportive marriages. Their ability to provide, encourage, advocate and collaborate with other premarital counselling providers can assist in targeting a higher population of couples. As for couples counselling, marital counsellors can continue to support the impact of couples counselling, as well as provide judgment-free settings where couples feel comfortable and willing to discuss their areas of concern as an alternative to divorce.

With this knowledge, counsellors can work to strengthen relationships and avoid divorce and all of the burdens that come with it. In order to encourage more couples to participate in premarital counselling, many states are implementing incentives. Unfortunately, there is not a lot of research in Kerala on why there is a stigma attached to couples counselling. Assumptions can be made that the stigma is around embarrassment, fear of being judged by other couples, or even the fear of being seen as a dysfunctional couple.

So it is found that the results of the present study can be applied on different levels (e.g., academic, professional, and policy-maker levels) to improve marital quality among young adults. The present study revealed that marital counselling has effectiveness among young adults who have marital issues. It points to the possibility of identifying the specific factors like finding an effective marital counsellor before the discord end in divorce. Divorce may contribute to or exacerbate certain mental health conditions, such as depression, anxiety, or personality diagnoses, physically and mentally unhealthy nurturing of children etc. In rare cases, even separation of couples may be healthy for the family especially for children. Many people perceive marital discord as a personal failure. Marital counselling can help one work through those feelings, make sense of the effectiveness and need of healthy marriage life, and obtain a new perspective. Since different dimensions of marital quality is significantly and positively different before and after marital counselling, it is necessary for academicians and professionals to encourage marital counselling and arrange programmes for improvement of marital counsellors and hence fostering overall development of couples.

In spite of every effort to make the study, as precise and objective as possible, certain limitations has been found in this study. And the researcher was able to identify the following limitations. The study did not focus much more psychological variables. Inclusion of more psychological variables would have helped at better prediction of variables. For example communication among couples, mistrust etc. And clarity also should be given whether the mistrust is because of extra marital relationship or as a part of suspiciousness. A lack of or inadequate communication has been identified as one of the major reasons for couples to experience conflict. Limited demographic variables are taken into consideration for the study. This could be a main limitation. Needs inclusion of equal participants from all main religions. The sampling process carried out for the present study may not adequately represent the couples population and situations prevailing in the whole population of married couples. Lack of experience, it was for the first time the researcher do this type of research. The respondent themselves gave the data, thus the data may be biased. The study was confined to a particular group only.

The study was constrained by a number of other factors also. Getting the same couples for post test was so difficult. It was unknown that why don't they come for follow up sessions. Whether it is because of the experience they got from the first counselling session, i.e they are experienced in handling future issues or any

disagreement with the first counselling. Due to the sensitive nature of the study, there is the probability that some of the respondents may fake some of their responses or withhold information in responding to the items of the instrument. This, the researcher suspects may have made the findings less authentic. The above limitations notwithstanding, the randomizations in the sample and the rapport built in the course of administering the instrument are enough safeguards that can guarantee the validity of the findings. Another limitation to consider in this study is the fluctuation that occurs in marriage. This survey was taken at one point in time. For the participants who took part, the level of marriage satisfaction might fluctuate to some degree as marriages often experience ups and downs as stress and changes occur in life. If the sample was larger, this would not be a concern but in this study, again, the sample size was relatively small and the circumstances of what was going on in the participants' lives as they were taking the survey may impact the results.

There is no end point or a complete solution to the problem, so some important suggestions can always be made in order to make some positive steps toward betterment of successful marriage life. This study was limited to in and around Kochi city in Kerala state. There is need for similar study in other geographical zones and culture. Further study could be carried out on the same topic using qualitative data collection method. More research work on problems faced by the other family members of discarded families, which may affect their total achievement, may be undertaken. A cross-state or cross-cultural study can be undertaken to study the impact of marital discord on children of this family. Higher level training programmes can be given to marital counsellors with modern techniques and strategies for the improvement of their performance. The researchers who are interested can go deep into different aspects of marital counselling and even study other behaviors and influence of home environment in marital conflict. Some more samples would have helped for wide generalization of the results. Future researchers may include larger geographical areas. Further researchers may include couples with personality disorders.

The following recommendations were made based on the findings and conclusions of this study.

There is need for counsellors to create awareness for married people on available conflict resolution strategies. This awareness can be done during pre-marital education, through seminars, workshops. In view of the need for creating awareness on the available conflict resolution strategies, there is need for collaborative efforts as it is involving. The government, churches, NGOs and social clubs should team up in realization of the above objectives. Counselling centers aimed at helping married couples in conflict situation should be established in our different communities by the government. The idea of seeing counselling services as associated to student's growth should be disabused to allow for full patronage. In view of the findings that educational qualification and occupational status as a factor correlate with conflict resolution strategies, it is recommended that government should implement free education for girl-child to university level. This will prevent many marriages from conflict and eventual collapse. The effectiveness of marriage counselling is directly related to many factors like timing, personality of counsellor and counsellee, communication skill, counselling skills of the counsellor, skill of counsellor to view matters in different perspectives, level of understanding of counsellee, the motivation level of partners, general awareness of the counsellor etc. When a couple comes to counselling together, it is the marriage counsellor's job to decipher what really is going on behind the complaints, to mediate discussions and get the couple to agree on rules and boundaries in order to get the marriage back on track. Training is needed to help the couple talk to each other in a way that gets real results without the other person getting fired up. For some couples, marriage counselling is really divorce counselling because they've already thrown in the towel. For instance, one or both partners may have already decided to end the marriage and he/she uses the counselling as a way to announce this to their partner. Sometimes, the problems in a marriage can be too ingrained and longstanding for the counselling to be effective. For others, they don't honestly share their concerns with the counsellor. I believe that as a counsellor I could provide clients a safe, neutral place for couples to talk openly about what is disrupting the marriage. Special effort was taken to bring the clients into track and making sure each person fights or discusses fairly, without the sense that one person is bullying the other or dominating the discussion. One difficult area was, helping the couple to cope with emotions, such as feeling betrayed, that are revealed during counselling sessions. It is the marriage counsellor's responsibility to bring couples back to being considerate and thoughtful of the other person. For example, one husband complained that he fell in extra marital relationship because wife was not willing in physical relationship. During counselling, the issues behind her hesitation was discussed i.e. Her fibroid problems, hormonal changes, mild depression etc. The wife was also unaware that these were the reasons behind her lack of interest in physical relationship and so not communicated to husband also. Making insight is prime important in marital life. Awareness is cure. Understanding the other partner is very important in marital life. As a counsellor I was so happy seeing them together in further sessions. And husband disclosed that he was ignorant about wife's mental condition, left her to suffer it alone and support was taken by him from another woman. Sometimes, it's the little issues that make a big mountain in a marriage, and it is the counsellor's job to get the couple to focus on what is really important. A couple concludes together that the marriage was not working and attended sessions together in order to better understand what led them to discord. However, I

could help them making aware about what are underlying issues, such as substance use, childhood experiences or mild emotional issues; which are seen as the contributing factors to the couple's troubles. In certain cases I referred the person to the appropriate homeo doctor also. Once treatment is started, the marriage counselling continued with discussions about what needs to be done to mend the marriage. It was also found that sometimes marriages get lost when a family is rushing around, or if spouses pursue individual, not mutual goals. Psycho-education on physical and mental weakness, awareness on effective parenting etc can bring a great change in marital life.

To succeed as a marriage counsellor, must possess certain qualities. Counsellor must be compassionate, and have strong listening and organizational skills. Counsellors must be able to work with many types of people, and be attentive and empathetic. In the initial sessions, attempts are made to evaluate their relationship and try to find out what keeps them together, what stresses their relationship, the nature of their conflicts, behavioral and communication patterns, strengths and weaknesses, the power structure, what qualities are missing or dysfunctional in their relationship. An effective counsellor can make awareness about need and importance of love and romance among couples in marital life.

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