

Effect of MBRAT on marital relationship

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ABSTRACT

Marriage as an institution plays a pivotal role in the harmony of family as well as society. A successful marital relationship is the outcome of channelization of behavior toward the achievement of common family goals of the couple. Various factors may lead to marital discord which can further impact the whole family. The increasing incidence of divorce in almost all cultures is alarming and calls for active intervention for couples. The present study utilizes the newly developed Mindfulness-Based Relationship Augmentation Therapy (MBRAT) for the management of discordant marital relations. Fifty (50) community-based married couples were taken for the study. Pre, post, and follow-up assessment using Revised Dyadic Adjustment Scale. Psychological management of 25 couples was done using MBRAT and 25 were given supportive psychotherapy. Preliminary analyses indicated a positive significant correlation in scores of all three measures. Outcomes of ANOVA statistics were indicative of an incremental trend in reporting among couples who received MBRAT compared to the supportive therapy group. Needless to say, focusing on the management of distress in a couple's relationship through mindfulness-based practices was far-reaching positive outcomes.

Keywords: MBRAT, couple's therapy, marital relationship, supportive therapy

INTRODUCTION

Marriage is one of the most important social institutions associated with the foundation of society. A couple's relationship contributes to the overall well-being and happiness of an individual (Holt-Lunstad et al., 2008; Robles et al., 2018). A distressed marriage can lead to devastating outcomes on the personal, occupational, and social front of the individual, it is important to seek intervention if distress is experienced in marriage (Whisman, 2001). There are several forms of psychotherapies used to treat couple distress.

Marital distress is a common issue experienced by couples across diverse backgrounds, and it can have a detrimental impact on the well-being of individuals and families (Whisman, & Uebelacker, 2003). Couples therapy, also known as marital therapy has emerged as a prominent approach to address relationship difficulties and enhance the overall quality of a partnership. Couples therapy draws from various theoretical models, such as Emotionally Focused Therapy (EFT), Cognitive-Behavioral Therapy (CBT), Integrative Behavioral Couple Therapy (IBCT), and Gottman Method Couples Therapy. Researchers (Gottman & Gottman, 2015; Johnson, 2004) have highlighted the importance of understanding underlying emotional dynamics and communication patterns within relationships. Couple's therapy mainly focuses on a) enhancing communication and emotional intimacy, b) conflict resolution and problem solving.

Communication and Emotional Intimacy: Effective communication is a cornerstone of successful relationships. Couples therapy focuses on enhancing communication patterns and promoting active listening and constructive dialogue (Baucom et al., 2011). By facilitating open and empathetic communication, couples can express their needs, desires, and concerns more effectively, thereby reducing misunderstandings and emotional disconnection. As a result, increased emotional intimacy and trust develop, leading to a reduction in marital distress (Schwartz & Finley, 2019).

Conflict Resolution and Problem-Solving: Marital distress often arises from unresolved conflicts and disagreements. Couples therapy equips partners with valuable conflict resolution skills, such as compromising, problem-solving, and finding win-win solutions (Dattilio & Padesky, 1990). These techniques empower couples to manage conflicts constructively, minimizing negative interactions and promoting relationship satisfaction.

Numerous techniques are employed by therapists during couples therapy sessions to address specific issues that contribute to marital distress. These include communication skills training (Markman et al., 2013), conflict resolution strategies (Christensen & Jacobson, 2000), emotional regulation exercises (Johnson & Whiffen, 2003), and forgiveness interventions (Fincham & Beach, 2007). Integrating these techniques enables therapists to foster empathy, understanding, and emotional attunement between partners, reducing distress and improving relationship satisfaction.

Research on the long-term effects of couples therapy indicates promising results. Couples who engage in therapy report higher marital satisfaction and a reduction in negative communication patterns and emotional distress (Johnson et al., 2019). Moreover, couples therapy has been associated with decreased divorce rates and increased relationship stability (Snyder & Balderrama-Durbin, 2016), highlighting its potential in preventing marital dissolution. Mindfulness-Based Couples Therapy (MBCT) is an innovative therapeutic approach that combines mindfulness practices with principles from couples therapy. MBCT aims to cultivate both partners' present-moment awareness, empathy, and non-reactivity, fostering a more compassionate and attuned connection. This review aims to explore the effectiveness of MBCT in reducing distress and promoting a positive relationship dynamic. Our therapy module of Mindfulness-Based Relationship Augmentation Therapy (MBRAT) is based on principles of Mindfulness-based couple's therapy (MBCT).

Mindfulness-Based Couples Therapy draws upon principles of mindfulness from traditional meditation practices and integrates them with key elements of couples therapy. Rooted in Mindfulness-Based Stress Reduction (MBSR) and Mindfulness-Based Cognitive Therapy (MBCT), this approach emphasizes self-awareness, acceptance, and non-judgmental awareness of one's emotions and thoughts (Shapiro, 2011). Integrating these principles into the context of a couple's relationship provides a foundation for attuned and compassionate interactions.

Key Components of MBCT:

MBCT sessions typically involve guided mindfulness exercises, meditation practices, and couples-based dialogue to enhance emotional attunement (Carson & Langer, 2016). Mindfulness exercises aim to increase each partner's awareness of their own thoughts, emotions, and physical sensations, promoting emotional regulation and empathy. The couples-based dialogue encourages open communication and active listening, facilitating a deeper understanding of each partner's needs and feelings and aiming at

Improving Communication and Emotional Intimacy: Mindfulness practices in MBCT help couples cultivate active listening and non-defensive communication (Carson & Langer, 2016). By becoming more attuned to their own emotions and reactions, partners can respond to each other with increased empathy and understanding. This heightened emotional intimacy can lead to decreased emotional distance and reduced conflicts within the relationship (Wachs & Cordova, 2007).

Reducing Marital Distress: Studies exploring the effectiveness of MBCT have demonstrated its potential in reducing marital distress and improving relationship satisfaction. A randomized controlled trial by Wachs and Cordova (2007) found that couples who participated in an 8-week MBCT program reported decreased levels of stress and negative emotions, leading to a significant improvement in overall marital satisfaction.

Enhancing Conflict Resolution: Mindfulness-based practices promote emotional regulation, enabling couples to approach conflicts with greater calmness and self-awareness (Carson & Langer, 2016). Partners who engage in MBCT are more likely to adopt constructive problem-solving strategies, such as compromise and collaboration, which can lead to more effective resolutions and reduced relationship discord (Carson & Langer, 2016).

Mindfulness-Based Couples Therapy hence holds promise as an effective intervention for reducing marital distress and enhancing relationship satisfaction. The integration of mindfulness principles and couples therapy techniques empowers partners to cultivate emotional intimacy, improve communication, and engage in constructive conflict resolution. As the body of research in this area continues to grow, further investigations should explore the long-term benefits of MBCT and its potential applications across diverse populations and relationship contexts.

Mindfulness-Based Relationship Augmentation Therapy (MBRAT):

The therapy module of MBRAT is a short therapy of 8 sessions. The main components of the therapy are:

The main components of the therapy are:

- A) Awareness about self, being non-judgmental and compassionate about self
- B) Relationship rebonding and expression of gratitude
- C) Being non-judgmental and compassionate towards the partner as the person is to himself/herself
- D) Communication rebuilding

The therapy is divided in the following sessions:

Session 1- Augmentation

Session 2&3 - Relationship rebonding with compassion and gratitude

Session 4 - Compassionate view of self and the partner

Session 5 - Non Judgemental expression of emotions

Session 6-Appreciating yourself

Session 7- Forgiveness of self and others

Session 8- Daily mindfulness of self and relationship: Seeing Yourself as You Are

Hypotheses:

On the basis of the available literature, following hypotheses were framed:

- (a) The effect of MBRAT is not known on Dyadic Adjustment in married couples across the therapy phases.
- (b) Couple receiving MBRAT would score better on Dyadic Adjustment across the therapy phases in comparison to supportive therapy.

METHODOLOGY

The present study planned to introduce a new mindful based intervention to improve the relationship among married couples. The was a non-experimental, exploratory, randomized control pre-post design. There were two groups in the study. The case group included couples on which AMBRAT will be administered and the Control group consisted of couples on which Emotion Focused therapy will be administered. 25 married couples (age group 25 to 45 years married for more than 2 years) were taken in the case group and 25 married couple will be taken for therapy in controlled group (N=50). The sample was selected using random sampling technique.

Tool

Revised Dyadic Adjustment Scale (RADs)

It is a 14-item scale constructed to assess relationship satisfaction. The RDAS is a revised version of the original Dyadic Adjustment Scale (Spanier, 1976). The RDAS takes the same hierarchal structure as the DAS (Busby et al., 1995). The revised version offers better psychometric properties, is shorter, and includes 3 of the original four subscales: (1) Dyadic Consensus – the level of the agreeableness of the spouse with the partner. (2) Dyadic Satisfaction -- /marital/ relationship satisfaction with the partner (3) Dyadic Cohesion – the degree to which individual and partner participate in conjoint activities. Busby et al. (1995) demonstrated the RDAS to have an adequate model fit and an instrument's internal consistency with a Cronbach's alpha of .90.

RESULTS

The main objective of this study was to examine the effect of AMBRAT technique on variables of this study, measurement of variance was calculated. ANOVA statistics was utilized to see the effect of AMBRAT at different phases on dyadic adjustment. The result of analyses are presented in upcoming tables.

Table 1: Mean scores of groups on DAS (Pre Assessment)

Group	Dependent Variable	Female		Male	
		Mean	SD	Mean	SD
Clinical	Consensus	10.54	2.47	15.17	3.54
	Satisfaction	8.77	1.87	13.33	2.29
	Cohesion	6.92	2.98	12.17	1.95
Control	Consensus	9.83	2.55	16.50	4.54
	Satisfaction	9.83	2.72	13.08	2.42
	Cohesion	9.00	1.65	12.67	2.99

The results indicate that males from both group (clinical and control) scored higher on all three sub-scales (Consensus, Satisfaction, and Cohesion) of Revised Dyadic Adjustment Scale in comparison to females who included in pre assessment phase of intervention.

Table 2: Outcome of MANOVA to see the Effect of Treatment and group on DAS (Pre Assessment)

		Sum of Squares	df	Mean Square	F	Sig
Group	Consensus	1.20	1	1.20	.11	.746
	Satisfaction	2.02	1	2.02	.175	.544
	Cohesion	20.31	1	20.31	3.30	.076
Gender	Consensus	390.22	1	390.22	34.46	.000
	Satisfaction	186.77	1	186.77	34.50	.000
	Cohesion	242.85	1	242.85	31.55	.000
Gender* Group	Consensus	12.71	1	12.71	1.22	.295
	Satisfaction	5.28	1	5.28	.976	.328
	Cohesion	7.61	1	7.61	1.23	.272

Outcomes of MANOVA analysis in pre assessment conditions indicate a significant difference in all three sub-scales (Consensus, Satisfaction, and Cohesion) of Revised Dyadic Adjustment Scale between male and female respondents. No significant difference was found for both groups (Clinical and control) for all three sub-scale. Neither the interaction effect was found insignificant for sub-scales of Revised Dyadic Adjustment Scale.

Table 3: Mean scores of groups on DAS (Post Assessment)

Group	Dependent Variable	Female		Male	
		Mean	SD	Mean	SD
Clinical	Consensus	15.73	2.34	13.67	1.30
	Satisfaction	14.33	3.32	15.00	1.54
	Cohesion	13.20	2.78	13.58	2.58
Control	Consensus	11.33	.985	10.79	3.72
	Satisfaction	9.17	1.33	10.36	2.44
	Cohesion	9.25	1.76	9.93	1.86

Table 3 suggests that in post-assessment phase scores of females on all three sub-scales (Consensus, Satisfaction, and Cohesion) of Revised Dyadic Adjustment Scale increased and scored similar to males. The scores of respondents from clinical group was found much higher than control group in all three sub-scales.

Table 4: Outcome of MANOVA to see the Effect of gender and group on DAS (Post Assessment)

		Sum of Squares	df	Mean Square	F	Sig
Group	Consensus	173.95	1	173.95	29.74	.000
	Satisfaction	315.74	1	315.74	83.08	.000
	Cohesion	189.76	1	189.76	41.79	.000
Gender	Consensus	22.43	1	22.43	3.99	.050
	Satisfaction	11.31	1	11.31	2.98	.091
	Cohesion	3.70	1	3.70	.815	.371
Gender* Group	Consensus	7.57	1	7.57	.43	.830
	Satisfaction	.900	1	.900	.237	.629
	Cohesion	.286	1	.286	.063	.803

Outcomes of MANOVA analysis in post assessment conditions indicate a significant difference in all three sub-scales (Consensus, Satisfaction, and Cohesion) of Revised Dyadic Adjustment Scale between respondents of clinical and control. Interestingly, significant difference for both gender (males and females) in all three sub-scale turn insignificant. The interaction effect was found insignificant for sub-scales of Revised Dyadic Adjustment Scale.

Table 5: Mean scores of groups on DAS (Follow up Assessment)

Group	Dependent Variable	Female		Male	
		Mean	SD	Mean	SD
Clinical	Consensus	16.91	3.61	19.33	4.41
	Satisfaction	12.55	2.16	12.82	2.04
	Cohesion	12.91	2.42	13.00	1.80
Control	Consensus	12.50	2.16	13.08	1.60
	Satisfaction	13.77	1.40	11.92	3.82
	Cohesion	12.17	1.47	11.23	3.36

Results suggest that in follow up phase male respondents score higher in comparison to females in all three sub-scales (Consensus, Satisfaction, and Cohesion) of Revised Dyadic Adjustment Scale for clinical condition. Whereas, female respondents score higher in comparison to females in all two sub-scales (Consensus, Satisfaction) of Revised Dyadic Adjustment Scale for control condition.

Table 6: Outcome of MANOVA to see the Effect of Treatment and group on DAS (Follow-up Assessment)

		Sum of Squares	df	Mean Square	F	Sig
Group	Consensus	340.07	1	340.07	37.83	.000
	Satisfaction	.250	1	.250	.080	.778
	Cohesion	18.86	1	18.86	5.89	.019
Gender	Consensus	26.93	1	26.93	2.30	.090
	Satisfaction	7.01	1	7.01	2.52	.354

	Cohesion	2.13	1	2.13	.667	.419
Gender* Group	Consensus	10.20	1	10.20	1.13	.293
	Satisfaction	7.01	1	7.01	2.52	.141
	Cohesion	3.15	1	3.15	.984	.327

Outcomes of MANOVA analysis in follow up condition indicate a significant difference in two sub-scales (Consensus and Cohesion) of Revised Dyadic Adjustment Scale between respondents of clinical and control. Gender difference was found insignificant for all three sub-scales. Similar to the pre and post assessment condition the interaction effect was found insignificant for sub-scales of Revised Dyadic Adjustment Scale.

DISCUSSION

The aim of this study was see the effect of newly developed AMBRAT therapy on community couples marital adjustment. It was hypothesized that those couples who are receiving the newly developed AMBRAT therapy will have improved couple relationship in comparison to those receiving supportive therapy. Dyadic Adjustment Scale was used to evaluate the consensus, satisfaction and cohesion among the couples. Multivariate Analysis of Variance (MANOVA) statistics was used to analyse the response from community couples. As the efficacy of new therapy was planned to check, the analysis was performed at three different phases of therapy (Pre, post, and follow up).

Mean and SD was calculated to understand the nature of response from respondents. Mean scores indicated that in pre-assessment phase male participants from both clinical and control group scored higher on all three sub-scales (consensus, satisfaction, and cohesion) of Dyadic Adjustment Scale. MANOVA outcomes revealed that gender has effect on the reporting of all three sub-scales of Dyadic Adjustment Scale, but neither group differences were found nor interaction effects comes significant in pre-assessment phase. Findings of different researches suggest due to persistent power struggle in relationship women are more likely to have low satisfaction in marriage and will experience low happiness (Ball et al. 1995; Breznsnyak & Whisman, 2004; Gray-Little et. al., 1996) which indicates that women tend to experience less satisfaction than men in a married relationship.

Mean scores in post-assessment phase suggested a reverse finding for all three sub-scales of Dyadic Adjustment Scale. Females from both groups (clinical and control) scored higher than pre-assessment phase and reporting of males and females from clinical group found significantly higher than control group. MANOVA outcomes indicate a significant difference between clinical and control groups, but the effect of gender turned insignificant besides consensus sub-scale. The interaction effect again found insignificant at post-assessment phase. Studies conducted effect of mindfulness on relationship satisfaction reported a significant increase in relationship quality for both partners after the intervention (Birnie et al., 2010; Carson et al., 2004; Khaddouma et al., 2017).

On the other hand, few studies reported benefits only for one partner (Berk et al., 2019; Gambrel & Piercy, 2015a). If only one partner was enrolled in the intervention, mindfulness increased more notably for

them compared with their partners (Khaddouma et al., 2017; May et al., 2020). Similarly, only the meditating partner noted a significant increase in the facets of mindfulness (May et al., 2020). Following studies partially supports findings of our study the significant role of gender in mindfulness therapy. Gender is not always instrumental while receiving the counselling for improvement in relationship.

Mean scores at follow up phase indicate consistent higher reporting from clinical group in comparison to control group. Interestingly, females of clinical reported lower in comparison to post-assessment phase, whereas males reported similar to it. Male and female respondents of control group reported higher in this phase comparing to earlier to phases. MANOVA outcomes indicated continuous improvement in consensus and cohesion sub-scales but the difference found insignificant for satisfaction sub-scale. The possible explanation of such results suggest that women are found to be favouring and beginning divorce proceedings during or after treatment (Doss et al., 2003, Miller et al., 2003, Montenegro, 2004; Rokach et al., 2004). This is indicative of more dissatisfaction and built-up frustration in women. Chipperfield and Havens (2001) reported decrease in marital satisfaction in women with the change of marital status and going through different levels of marriage. The effect of gender at this phase was again found insignificant and the interaction effects were non-significant for all three sub-scales of Dyadic Adjustment Scale.

Conclusion and future directions

Couples therapy is a valuable intervention in minimizing marital distress. The incorporation of theoretical frameworks, evidence-based techniques, and strategies that target communication, emotional intimacy, and conflict resolution contribute to improved relationship dynamics and overall marital satisfaction. Future research should continue to explore the efficacy of couples therapy in different cultural contexts and with diverse populations, to further refine and enhance this essential therapeutic approach. The efficacy of couples therapy in different cultural contexts and with diverse populations also needs to be tested to further refine and enhance this essential therapeutic approach.

Acknowledgements

This work is based on the thesis work of Ms. Priyanka Samuel and the submitted paper is the part of same.

Conflict of interests

The authors declare that no competing interests exist.

Author's contributions

Both the authors contributed equally to writing of the manuscript. Theoretical development and data collection was done by first author and analysis and interpretation of result was done by second author.

Funding information

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

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