

The Effectiveness of Dattilio Cognitive Couple Therapy on Interpersonal Cognitive Distortions in Conflicting Couples in Mashhad

Atefe Rezaian¹, MSc; Ali Mashhadi², PhD; Elham Rezaian³, MSc; Ebrahim Nazarifar³, MSc; Seyed Ali Kimiaee⁴, PhD

¹Family Counseling, University of Ferdowsi, Mashhad, Iran
²Department of Psychology, University of Ferdowsi, Mashhad, Iran
³Health Ageing, Development University Medical Science Shiraz, Iran
⁴Education University of Ferdowsi, Mashhad, Iran

Correspondence:
 Seyed Ali Kimiaee, PhD;
 Assistant Professor of Education
 university of Ferdowsi, Mashhad, Iran
Tel: +98 9155008538
Email: kimiaee@um.ac.ir
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Abstract

Background: The objective of this study was to evaluate the effectiveness of Dattilio cognitive couple therapy on interpersonal cognitive distortions in conflicting couples in Mashhad.

Methods: This quasi-experimental study was conducted in 2017 and the participants included all conflicting couples admitted to Psychology Faculty Clinic of Ferdowsi University; also, among them 28 subjects (14 couples) were randomly selected, using convenient sampling method. They were randomly divided into two groups, including experimental (7 couples) and control groups (7 couples). The couples in the experimental group received Dattilio Cognitive Couple Therapy for 10 sessions, each lasting 90 minutes. The sessions were held individually in the presence of the couples. During this period, the control group did not receive any treatment. The research tools included interpersonal cognitive distortion scale (ICDS) and marital conflict inventory (CCI), implemented in pretest and posttest stages. Data were analyzed using single-variable analysis of covariance and Chi-square; the data were analyzed using SPSS- 22.

Results: The research results revealed that interpersonal cognitive distortions as well as marital conflicts decreased significantly in the experimental group compared to those in the control group in the posttest ($P > 0.05$).

Conclusion: Thus, it can be concluded that Dattilio Cognitive Couple Therapy is effective in reducing interpersonal cognitive distortions and marital conflicts of conflicting couples.

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Introduction

The family is the cornerstone of the great human community and plays a vital role in maintaining the social relations and growth of individuals in community. Efforts to maintain the family and its health enhances the public health and prosperity.¹ The family structure and interactive patterns are shaped by the relationship between the husband and wife, and the level of their consistency affects the future performance of the family.² Disagreement in any marital relationship is natural, and in some cases, conflict in important issues in the family

and marital relationship seems to be necessary. Marital conflict results from the inconsistency of the husband and wife in the type of needs and the way they are satisfied, self-orientation and differences in wants, behavioral patterns, and irresponsible behaviors related to the marital relationships.³ Marital conflicts negatively influence marital quality and can lead to negative physiological, psychological, social, and spiritual consequence among couples.⁴ It can have negative effects on parenting responsibilities.⁵ In addition, marital conflict can result in more conflict appraisals, physiological stress, and mental health problem in children.⁶

Marital conflict is defined as “the existence of stressful and hostile differences and interactions between husband and wife and disrespect, which may be accompanied by cursing”.⁷ The prevalence of marital conflicts among Iranian couples is reported to be 95%, which is severe in 16% of cases.⁸ Nevertheless, the satisfied couples are those who have found effective ways to solve the conflict.⁹ Studies have indicated that if couples can manage conflicts positively and have the ability to solve them, it will not be harmful.¹⁰ In contrast, inconsistent couples think on negative cases and spend much time for unpleasant aspects of their spouses, and they have problems in understanding their compensatory and positive characteristics. Therefore, they use the inefficient conflict resolution style.¹¹ Also, we examined the effect of cognitive-behavioral couple therapy on marital conflicts using quasi-experimental method with pretest-posttest design.¹ The research results revealed that cognitive-behavioral therapy can reduce interpersonal tension by changing the negative beliefs of couples and helping them prevent marital conflicts. Studies show that the way the conflicts are solved is related to cognitive distortions.¹²

Paying attention to the role of non-rational beliefs in marital discomfort and dissatisfaction began with Isenberg and Sigel’s research (1975), and it became a turning point for researchers, counselors, and couple therapists to realize the importance of the couples’ mentality in adapting or satisfying in marital life.¹³ Cognitive distortions appear when information is processed falsely or ineffectively. In other words, information analysis is sometimes distorted in the minds of people. Cognitive distortions appear in various forms. Cognitive distortions or information processing errors are involved in transforming cognitions into the sources of concern and conflict in the lives of individuals. These distortions lead to more deficiencies in one’s adaptation to situations,¹⁴ and if they occur frequently, they can lead to discomforts or even psychological disorders.¹⁵

The results of the research showed that by correcting the cognitive distortions of couples, enhancing the sexual satisfaction, and teaching the appropriate conflict resolution styles, we can help them solve their conflicts and indirectly increase their marital commitments. In addition, a study examined the effectiveness of emotional-focused couple therapy on interpersonal cognitive distortions and reduction of marital conflicts among couples admitted to Isfahan family cultural centers.¹⁶ The results revealed that emotional-focused couple therapy reduced interpersonal cognitive distortions and marital conflict. As marital conflict reduces love and increases hostile behaviors, there are nowadays various family therapy approaches developed to reduce the conflicts among the couples. The goal of couple therapy is to help couples better adapt to

current problems and learn effective communication methods.¹⁷ Cognitive-behavioral couple therapy has been recognized as a powerful and effective approach in the area of communication problems in the last two decades.¹⁸

The cognitive approach considers marital problems, distorted perceptions and thoughts, and cognitive distortions as important factors for the emergence and continuation of ineffective behaviors and the main cause of disruption and problems among the couples.¹⁹ Recently, Frank Dattilio presented a comprehensive cognitive-behavioral-emotional couple therapy model, in which, in addition to two dimensions of cognition and behavior, the emotional dimension of couples is also considered in the treatment process. One of the most important aspects of this model is related to understanding the interactions among the thoughts, emotions, and behavior of couples. As a result, the conceptualization process of this model is very important.¹⁶ This approach considers negative interactions, couples’ communicative failure, distorted perception, and irrational thoughts as the root cause of marital problems and conflicts.^{20, 21} Therefore, given the close relationship between this therapeutic method and the treatment of problems between couples, this research was conducted to evaluate the effectiveness of Dattilio cognitive couple therapy on the interpersonal cognitive distortions of conflicting couples in Mashhad.

Methods

Given the objectives of the research, the method of this study is quasi-experimental with pretest and posttest design with one control group. After obtaining ethics number ED PSY612 from the National Committee of Ethics in Research and presenting from Ferdowsi University of Mashhad, the researcher started the study in May 2017. The written informed consent form was provided to the participants. Then, they were ensured that their names would not be disclosed, their information would remain confidential, and that their information would not be used individually. The research population included conflicting couples in Mashhad city. According to the formula of the mean difference of the two groups with the same volume in randomized clinical trials, using a standard deviation obtained from the study of Safarina et al. (2019),²² considering the 95% confidence level and 80% study power, the sample size was determined to be 28 individuals (14 couples) in each of the experimental and control groups ($Z_{1-\alpha/2}=1.96$, $Z_{1-\beta}=0.84$).

$$n = \frac{2\delta^2 \left(Z_{1-\frac{\alpha}{2}} + Z_{1-\beta} \right)^2}{(\mu_1 - \mu_2)^2}$$

A sample of 28 subjects (14 couples) was selected among the couples admitted to the Ferdowsi University

Clinic through convenience sampling method. They were randomly assigned into two groups of experimental and control. The experimental group received Dattilio cognitive couple therapy, and the control group did not receive any therapy. Because of ethical consideration, the control group received Dattilio cognitive couple therapy after completion of the study.

Inclusion criteria for this study were: Couples participating with superficial conflict (score above 81 of the Marital Conflict Questionnaire), willingness to attend meetings, no official divorce request being made, couples' conflict not caused by infidelity, the duration of marriage being at least 1 year, and no acute psychiatric disorder and personality disorder. Exclusion criteria included having an acute physical illness or personality disorder, absence of more than two sessions in training sessions, and withdrawal of one of the couples.

Research Tools

Marital Conflicts Questionnaire

The goal of this questionnaire is to measure the conflicts of the husband and wife and some of its main dimensions. The questionnaire was developed by Sanayi, Barati, Boustanipour.²³ It assesses eight dimensions of marital conflicts including reduction of cooperation, reduction of sex, increase of emotional reactions, gaining children support, increase of personal relationships with relatives, reduction of family relationships with relatives of spouse and the friends, separation of finances from each other, and reduction of effective communication. This questionnaire contains 54 questions with 5-point Likert scale (never=1, rarely=2, sometimes=3, most of time=4, always=5). The questions 3, 11, 14, 26, 30, 33, 45, 47, 54 are scored reversely. Cronbach's alpha for the whole questionnaire was obtained 0.96 on a group including 270 members. It was also obtained 0.81, 0.61, 0.70, 0.33, 0.86, 0.89, 0.71, and 0.69 for the dimensions of reduction of cooperation, reduction of sex, increase of emotional reactions, gaining children support, increase of personal relationships with own relatives, reduction of family relationships with relatives of spouse and the friends, separation of finances from each other and reduction of effective communication, respectively.²⁴ In this study, the reliability of the whole questionnaire was calculated 0.67 through Cronbach's alpha (internal consistency).

Interpersonal Cognitive Distortion Scale (ICDS)

The goal of Interpersonal cognitive distortion scale (ICDS) is to measure the overall cognitive distortions, which anyone shows in his or her relationships with others. This questionnaire was first developed by Hamachi and Buyukozturk¹⁶ and included 19 questions with a 5-point Likert scale (I strongly disagree=1, disagree=2, no idea=3,

I agree=4, and strongly agree=5). All of the items are scored reversely. The high scores on this scale suggest high interpersonal cognitive distortions and low scores suggest low interpersonal cognitive distortions. The total scores of the questionnaire range from 19 to 95. This scale examines the severity of interpersonal distortions and their dimensions, interpersonal exclusion, interpersonal unrealistic expectations, and interpersonal misunderstandings. The validity of this test was reported desirable and the reliability of the questionnaire was reported 0.81, using Cronbach's alpha.²⁴ This test was translated into the Farsi language in Iran by Bahari in 2009 and then implemented on 60 (male and female) students. The reliability coefficient of the whole questionnaire was reported 0.79, using Cronbach's alpha in this research.²⁵ It should be noted that in the present study, the reliability of the questionnaire was calculated 0.78 through the Cronbach's alpha (internal consistency).

Data Analysis

The normality of data was assessed using Kolmogorov-Smirnov test. The results of Kolmogorov-Smirnov test showed that the data distribution in this study was normal ($P=0.87$). Independent t-test and univariate covariance were used to compare the experimental group with the control group and for quantitative demographic variables. Chi-square was used to evaluate qualitative demographic variables. The significance level in this study was considered 0.05. Data analysis was performed using SPSS software version 22.

Results

In this section, the demographic characteristics of the participants in the study are examined.

Based on Table 1, the highest frequency is related to the age group of 26- 30 years. The frequency of this age group is 35.7% and 42.9% in the experimental group and control group, respectively. The lowest frequency is related to the age group of 36-40 years. In this age group, it is 7.1% and 14.3% in the experimental and control groups, respectively. In terms of education, the frequency of high school level of education in the experimental and control groups was 28.6% and 0%, respectively. The frequency of associate degree in the experimental and control groups was 21.4% and 28.6%, respectively. The frequency of bachelor degree in the experimental and control groups was 35.7% and 50%, respectively; also, the frequency of master's degree in the two groups was 14.3% and 21.4%, respectively.

Table 2 shows the descriptive general information such as mean, standard deviation in the experimental and control groups in pretest and posttest stages in marital conflicts and cognitive interpersonal distortions.

Table 1: The age and education status of participants in the experimental and control groups

	Age	Experimental		Control	
		N	%	N	%
Age	20-25	2	14.31	2	14.30
	26-30	5	35.70	6	42.90
	31-35	3	21.45	3	21.39
	36-40	1	7.10	2	14.31
	41-45	3	21.44	1	7.10
	Total	14	100	14	100
Education	High school	4	28.60	0	0.00
	Associate	3	21.41	4	28.60
	Bachelor	5	35.70	7	50.00
	Master	2	14.29	3	21.40
	Total	14	100	14	100

Table 2: Mean and standard deviation of the scores obtained from research components in the two groups of experimental and control

Variable	Stages	N	Group			
			Experimental		Control	
			mean	SD	Mean	SD
Marital conflicts	Pretest	14	123.64	11.29	130	11.76
	Posttest	14	104.57	10.14	132.07	10.97
Interpersonal cognitive distortions	Pretest	14	51.71	6.88	52.21	2.51
	Posttest	14	43.42	5.09	52.50	2.59

Table 3: Results of single-variable analysis of covariance for comparison of groups in the marital conflicts test

Variable	Source of variations	Sum of squares	df	Mean of sum of squares	F	P	Effect size
Marital conflicts (Post-test)	Pretest	2357.45	1	2357.45	108.15	0.001	85.00
	Group	3203.45	1	3203.45	146.97	0.001	87.00
	Error	544.90	25	21.79			
	Total	400195	28				

Table 4: Results of single-variable analysis of covariance for comparison of groups in interpersonal cognitive distortion test

Variable	Source of variations	Sum of squares	df	Mean of sum of squares	F	P	Effect size
Interpersonal cognitive distortions (posttest)	Pre-test	518.45	1	518.45	70.27	0.003	77.00
	Group	505.47	1	505.47	68.51	0.003	80.00
	Error	20.20	27	74.00			
	Total	6569	28				

Before presenting the results of single-variable analysis of covariance, the presumptions of this test were examined. The first presumption suggests that distribution of dependent variables is normal. Kolmogorov-Smirnov test results for marital conflicts variable showed that this test was not significant ($P > 0.05$). The results of Levin's test used to examine the homogeneity of variances were not statistically significant (posttest: $P = 0.063$, $F_{(1, 26)} = 3.76$). This means homogeneity of all variances. Regression collinearity has been observed for the relationships of marital conflicts with a randomized auxiliary variable (pre-test). Regression homogeneity was also observed (posttest marital conflicts: $P = 0.26$, $F = 1.30$).

As shown in Table 3, there was a significant difference between the experimental and control group in terms of marital conflicts; therefore, the first

hypothesis is confirmed. In other words, a significant difference was seen in the marital conflicts in the experimental group participants who received Dattilio cognitive therapy and the control group participants, who did not receive any treatment ($P = 0.001$, $F = 146.97$). As shown in Table 3, marital conflicts in the experimental group reduced significantly compared to the control participants in the posttest. The level of difference was 87; that is, 87% reduction in marital conflicts scores in the posttest is related to the effect of Dattilio cognitive couple therapy. Before presenting the results of a single-variable analysis of covariance test to compare the two test groups of experimental and control in the total score of interpersonal cognitive distortions, it should be noted that the results of the Kolmogorov-Smirnov test showed that this test was not significant for interpersonal cognitive distortions

($P > 0.05$). Non-significance result indicates that the data are normal. The results of the Levine test to examine the homogeneity of the variances were not significant (posttest: $P = 0.16$, $F =_{(1,26)} = 0.02$), which means homogeneity of variances. Regression collinearity was observed for the interrelationships between interpersonal cognitive distortions and a randomized auxiliary variable (pretest). Regression of homogeneity was also observed (post-test interpersonal cognitive distortions ($P = 0.65$, $F = 0.20$)).

As shown in Table 4, there was a significant difference between the experimental group who received cognitive couple therapy, and the control group participants in terms of interpersonal cognitive distortions. Thus, the second hypothesis is confirmed. It means that there was significant difference between the experimental group who received Dattilio cognitive couple therapy and control group who underwent no therapy ($P = 0.001$, $F = 68.51$). As seen in Table 4, the interpersonal cognitive distortions decreased significantly in the experimental group compared to the control group in the post-test. The level of effect or difference was 80; that is, 80% reduction of cognitive distortions in the posttest scores of cognitive distortions was related to the impact of Dattilio cognitive couple therapy.

Discussion

The present study was conducted to examine the effectiveness of Dattilio cognitive couple therapy on interpersonal cognitive distortions of the conflicting couples. The results indicated that marital conflicts and interpersonal cognitive distortions significantly decreased in the experimental group compared to before receiving the Dattilio cognitive couple therapy. In addition, the significant reduction in the experimental group compared to the control group indicated that the Dattilio cognitive couple therapy had reduced marital conflicts and cognitive interpersonal distortions of the couples. This result is line with the se of several other studies, which showed the effectiveness of cognitive-behavioral couple therapy on reducing marital conflicts.^{1, 26, 27} This result is also consistent with those of various studies, which showed the effectiveness of cognitive couple therapy on reducing cognitive distortions these.^{8, 10, 12}

In explaining the results of this study, it can be stated that there are at least 3 points for applying the interventions in the interactive cycle of couples: the perception of each of the couples from other party's behavior and intention (cognition), behavior of each of the couples, and emotions experienced by each of them. Accordingly, Dattilio cognitive couple therapy model for changing the interactive cycle of the couples works in three areas: 1- Helping the couples to have different interpretations of different behaviors (changing the cognitions), 2- Acting in a

way that leads to improvement in problems, rather than exacerbating them (change of behaviors), 3- Changing the emotions of couples to themselves and the spouse (change in emotions).²⁸ Thus, it could be stated that Dattilio cognitive therapy skills restrict the negative thoughts and reduce the negative perceptions of each couple from the inappropriate behavior of the other party by replacing adaptive interpretations, and when couples do not have negative perception, they will surely experience a pleasant feeling towards the other party; finally, they couples behavior will be less impulsive, negative, and maladaptive. As a result, they can adopt a more appropriate style for their differences, problems, and conflicts.²⁹ One possible reason that Dattilio cognitive couple therapy had a positive effect is that couples' problems were more interpersonal rather than intrapersonal. In other words, a small problem caused conflicts in the couples' relation, and eventually, the severity of these conflicts increased over time.³⁰

Hence, one of the reasons that Dattilio cognitive couple therapy could be effective in these couples is that these interventions changed the irrational and unreasonable beliefs, reconstructed the negative and bad communication practices in couples, and reconstructed the unrealistic thoughts.³¹ Thus, it can be said that the Dattilio cognitive couple therapy helped the couples cope with problems and conflicts by solving the conflicts between them through problem-solving skills, defining expectations and rules, intimacy skills, positive thinking, communication skills and empathy, and conflict resolution, and negotiation. Based on this research results, Dattilio cognitive couple therapy reduces interpersonal cognitive distortions of couples. Moreover, it can be argued that root of problems is complex and has several causes, the cognitive factor being one these factors. In the cognitive-behavioral model, there is emphasis on emotional and behavioral responses of individuals to life events, mediated by interpretations based on their viewpoints. These interpretations may be distorted or improper.³²

In the interpersonal cognitive distortion, conflicting couples focus on false and irrational thoughts. In other words, they suffer from distortions such as overgeneralization, optional inference, personalization, polarization, etc. Stable and uncontrollable inner attributes can be involved in these negative thoughts. Cognitive distortions are also involved in transforming the cognition into a source of concern and conflict in the lives of people, leading to defect in the adaptation of couples to high-pressure situations, and lack of adaptation to situations increases the conflict.³³ Dattilio cognitive couple therapy helps clients develop skills to change the behavior, communicate with others, solve problems, discover distorted thoughts and beliefs, challenge and transform the inappropriate beliefs and attitudes,

and reconstruct the cognition, since cognitive couple therapy considers the negative interaction, couples' communicative failure, distorted perceptions and irrational thoughts as the root of marital conflict.³⁴ In the review of articles, we did not find a study with different results. In fact, previous studies have all emphasized the effectiveness of Dattilio Cognitive Couple Therapy in reducing marital conflicts.

Conclusion

The present study showed that Dattilio Cognitive Couple Therapy is effective in reducing interpersonal cognitive distortions and marital conflicts of conflicting couples. Therefore, in this approach, negative thoughts and cognitions are identified, the link among negative cognition, emotion, and behavior is determined, and opposing and distorted thoughts are examined to replace the realistic interpretation. Thus, it is effective in solving marital conflicts and increasing the adaptability.

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