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The effectiveness of metacognition therapy on the marital quality of the women

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Abstract:

INTRODUCTION: Marital quality is an important predictor of marital continuity, which can lead to mental health, well-being, and happiness for couples, and marital quality is equivalent to marital satisfaction and adjustment. This study was carried out to purpose the effectiveness of metacognition therapy on marital quality of women in the city of Isfahan.

MATERIALS AND METHODS: The research method was quasi-experimental with a pretest–posttest and control group design. The study population included all married women visiting consultation centers in the city of Isfahan during March 2018–March 2019. The sampling method was nonrandom voluntary sampling used to select 30 participants who were then randomly divided into experiment and control groups (15 individuals each). The research tool was the Revised Dyadic Adjustment Scale (RDAS). The experiment group participated in eight sessions of metacognition therapy, each lasting 90 min. Covariance analysis method was used to analyze the data via SPSS21.

RESULTS: The result of covariance analysis showed that metacognition therapy has been effective in improving the marital quality of the women in the city of Isfahan ($P < 0.01$).

CONCLUSION: The results of this study emphasize that metacognition therapy is effective on the marital quality of the women in the city of Isfahan. Using this treatment plan can result in improved marital quality and marital satisfaction and therefore improve the relationship of couples. Therefore, the results of the current study can provide empirical support for the use of metacognition therapy to improve marital quality.

Keywords:

Marital quality, metacognition therapy, women

Introduction

The World Health Organization believes that family is the first social factor in improving health and wellbeing. When family presents a healthy and warm environment, filled with intimate interpersonal relations, then it can result in development and growth of all family members. Findings of recent studies indicate that the percentage of individuals experiencing happy marital lives is decreasing in recent decades.^[1]

Furthermore, investigating the divorce statistics worldwide easily shows that families are facing a serious threat. In most

societies, marital quality has an important role in evaluating the general quality of family interactions. Marital quality is one of the most important life quality measures among married individuals. The concept of marital quality has been used in various studies regarding marriage life due to its great importance. Lawrence *et al.* defined marital quality as the general feeling of happiness and quality regarding married life among married couples.^[2] Marital quality is one of the most important aspects of family life which results in a better health situation. Studies have shown that marital quality is correlated with mental health, marital satisfaction, and better physical health and lower depression.^[3] Having a

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high satisfaction in the relationship, a positive attitude toward one's spouse, and low levels of hostility and negative behaviors are among indicators of suitable marital quality. Marital quality is one of the important predictors for the sustainability of married life. Various factors can affect marital quality which include personal factors (gender, childcare method, social and economic status, etc.), relationship factors (interactions, length of marriage, number and presence of children, etc.), and outside factors (parents characteristics, parents' divorce, etc.).^[4]

Attention to cognition and metacognition is one of the important studied factors regarding marital satisfaction, intimacy, and marital quality. One of the approaches used in the couple therapy is the use of metacognition therapy. Today, metacognition approach is considered as one of the novel approaches in the majority of psychological concepts which has gained increased attention. Metacognitive approach is a novel school of thought going back to 1970s. Jun Flavell was the first person to introduce the discussion regarding metacognition. Metacognition is defined as any knowledge or cognitive processes involved in assessment, monitoring, or control of cognitive processes.^[5] Metacognition is defined as processes used for conscious selection of suitable methods, monitoring their effectiveness and, if necessary, changes in the current processes and replacing them with new ones.^[6] In various disorders, it is possible for individuals to suppress their thoughts or attempt to change their thought processes. Unlike cognitive therapies, metacognition therapies focus on metacognitive beliefs regardless of the nature of the disorder, and do not attempt to fix other areas except cognition about cognition. This treatment approach teaches couples to look at their problems from different perspectives and instead of being trapped in maladaptive behavior, learn the main problem and cooperate with each other to provide a novel and intelligent solution with a positive outlook. Studies in the metacognition area indicate the effectiveness of this therapy approach. For example, Wells in their study investigated the effectiveness of metacognition therapy on women and concluded that this therapy method can result in increased marital satisfaction.^[7] Furthermore, Bahrami and Samadi, in a study titled "Comparing the Effectiveness of Mindfulness and Meta-Cognitive Family Therapy Approaches on the Quality of Marital Relationships in Divorce Clients" concluded that using metacognition therapy results in improvements in marital quality and satisfaction.^[8]

The current study is practical. The results of this study can help expand research dimensions and perspectives about marital quality. Due to the consequences of marital problems for family and society, the use of modern

methods to decrease marital conflicts and improve marital quality has become necessary. Furthermore, attention to the basis of family, especially marital relations, can help strengthen families in a society. Therefore, the main purpose of the present study is to determine the effect of metacognition therapy on the marital quality of the women in the city of Isfahan. The research hypothesis is that metacognition therapy influences the marital quality of the women in the city of Isfahan.

Materials and Methods

This study was carried out to purpose the effectiveness of metacognition therapy on marital quality of women in the city of Isfahan. The research method was quasi-experimental with a pretest-posttest and control group design. The study population included all married women visiting consultation centers in the city of Isfahan in the March 2018–March 2019 period. Sampling was carried out using voluntary method.

For sampling, notices regarding metacognition therapy sessions were posted in several consultation centers. Volunteers were first registered and then were interviewed by the researchers to investigate inclusion criteria included (lack of acute conflict or being close to divorce, minimum education of high school diploma, lack of simultaneous participation in other psychological interventions, and having a marriage length of at least 1 year) and exclusion criteria included (absence for more than three sessions, lack of filling the assigned works during the session and lack of desire for further participation) and participated in the pretest (Revised Dyadic Adjustment Scale [RDAS]). Using this method, 30 participants were selected who were then divided into control and experiment groups, each group containing 15 participants. After the pretest, a total of 8 training sessions were held for the experiment group, while the control group received no intervention and was placed on the waiting list for intervention.

The research tool was a questionnaire of RDAS. Marital quality in this study was measured through the scores in RDAS^[9] with higher scores indicating higher marital quality.^[10] In the current study, RDAS was used for data gathering. This scale was first introduced by Busby *et al.*^[9] The main form of this scale is created by Spanier.^[11] Bradbury and Fincham also confirmed the use of this scale for measuring marital satisfaction after introducing their marital satisfaction theory.^[12] This 14-item scale is based on the 32-item scale proposed by Spinner. The items in this questionnaire are scored using a 6-level scale from 0 to 5 with 5 indicating full agreement and 0 indicating full disagreement and the

Table 1: Summarizes the metacognition therapy sessions

Session	Therapy goals and method	Assignment
1 st	Member introductions, determination of aims, introducing the logic behind metacognition therapy and creation of life chart, familiarity with other members, attention to inclusion criteria, explaining each member's aims for participation, introducing therapy session's aims, providing therapy rules, acquiring written consent forms, group selections and pre-test	Pretest, taking a third person view of one's life movie
2 nd	Using the use of white hat and distancing from thoughts and comparing it to drowning in thoughts, studying previous session's assignments, identification of anxiety and contemplation without interpretation, the effect of beliefs and experiences on previous decisions, teaching relaxation, comparing drowning in thought to distancing from them	Looking at daily happenings without judgment
3 rd	Attention Training Technique (ATT), evaluating pervious assignments, familiarity with the effect of attention in relations, training in reorientation techniques	Techniques for externalization of learning material
4 th	Red hat (emotions and feelings) training and introduction of emotional states. The evaluation of previous assignments, introduction of different emotional states, evaluating the effect of emotions on our thoughts, repeating emotions and feelings under red hat	Using different masks and describing emotions according to them Investigating various communication areas
5 th	Training in the use of black and yellow hats, building metacognition approaches and teaching of metacognitive techniques, evaluation of previous assignments, familiarity with useless thoughts during bad emotions such as anger, identification of barriers for achieving one's goals using black hat, application of positive and constructive thoughts using yellow hat, building of metacognitive methods, teaching of metacognitive techniques	Application of metacognitive techniques
6 th	Training in the use of green hat and challenging coping strategies during conflict. The evaluation of previous assignments, teaching the use of new solutions for challenging situations, investigating coping solutions used by members to overcome conflicts, investigating metacognitive beliefs confirming coping mechanisms, labeling of coping strategies used by the participants	Using coping methods and stating related feelings and levels of success
7 th	Training in the use of blue hat and teaching repression and lack of repression and the unruly child metaphor, evaluating previous assignments, teaching of blue hat with the aim of management, control and monitoring as the most effective actions in metacognitive therapy, teaching of repression and lack of repression and the unruly child metaphor	Using the blue hat during the week
8 th	Review of previous sessions and evaluation of marital intimacy and quality and planning for the future, evaluation of previous assignments, summary of introduced topics, future planning, posttest	Participants were asked to create a plan for their near future (3 months). Posttest was carried out

total score measuring marital quality. The reliability of this scale was investigated in the study by Holist and Miller using Cronbach's alpha coefficient which was reported to be between 0.80 and 0.90.^[10] The psychometric characteristics of this questionnaire in Iran were measured by Isanezhad *et al.*^[13] The calculated Cronbach's alpha for this questionnaire was equal to 0.82. The experimental group participated in eight ninety-minute sessions of metacognition therapy. The intervention process in the experiment group was carried out through metacognition therapy proposed by Wells(2000) and Debono's six thinking caps.^[14] Table 1 summarizes the metacognition therapy sessions.

The descriptive (mean and standard deviation) and inferential (covariance analysis) statistical methods were used for the analysis of the gathered data. The data were analyzed via SPSS software version 21 (SPSS Inc., Released 2007 SPSS for Windows, Version 21. Chicago, SPSS Inc.). Ethical considerations were observed during filling questionnaires. The participants were informed regarding the aim and method of the study. They were also ensured regarding the confidentiality of their personal information and received an interpretation of final results if they were willing to.

Table 2: The average marital quality scores in experiment and control groups in pre- and post-test stages

Factor	Group	Stage, average ± SD	
		Pretest	Posttest
Marital quality	Experiment	28±3.20	31±4.85
	Control	41.46±4.50	31.46±3.54

SD=Standard deviation

Results

Demographic findings indicated that the largest age cohort in the experiment group was individuals above 36 years (33.3%), while the largest age cohort in the control group was individuals between 20 and 25 years (33.3%). The majority of participants in both experiment and control groups had Bachelors' degree (40%), the most frequent marriage length was 11 years (53.3%) for the experiment group and under 5 years (66.7%) for the control groups had under 5 years (66.7%). Table 2 shows the mean marital quality scores in the pretest and posttest stages.

The results presented in Table 2 indicate that the average marital quality scores of the experiment group in the posttest after metacognition therapy increased compared

Table 3: Covariance analysis for the effect of group membership on marital quality

Variables	Statistical variables	Sum of squares	Degree of freedom	Mean squares	F	Confidence interval	Effect size	Test power
Marital quality	Pretest	82.07	1	82.07	6.41	0.0001	0.19	0.68
	Group membership	1318.16	1	1318.16	102.96	0.0001	0.79	1
	Error	345.66	27	12.80				
	Total	37,980	30					

to that of the control group. The statistical significance of this increase was investigated using inferential statistics. Before presenting the results of covariance analysis, the assumptions for the parametric tests were evaluated. The results of the kolmogorov-smirnov test indicated that the assumption of normal sample distribution is upheld ($P > 0.05$). Furthermore, the assumption of variance homogeneity was investigated using Levene's test, the results of which indicated that the assumption of variance homogeneity is upheld ($P > 0.05$). In the inferential statistics section, Table 3 shows the analysis of covariance of marital quality.

Based on the results presented in Table 3, training of the independent variable (metacognition therapy) resulted in a significant difference in the score of dependent variables (marital quality) between in the posttest stage at the confidence level of 0.01. The effect size of metacognition therapy on marital quality in the posttest was 0.79. This means that 79% of the changes in marital quality variable in women in city of Isfahan can be explained due to being a member of the experiment group. Therefore, metacognition therapy was effective on the marital quality of the women in the city of Isfahan and the research hypothesis was confirmed.

Discussion

The research findings showed that there is a significant difference between the experimental and control groups in marital quality. As a result, metacognition therapy was effective on the marital quality of the women in the city of Isfahan and the research hypothesis was confirmed. These results are similar to the results reported by Olia *et al.*,^[15] Namani *et al.*,^[14] Barzegar and Samani,^[16] Lawrence *et al.*,^[2] Khanjani Vashaki *et al.*^[17] Regarding the reason for these results, it can be said that metacognition therapy solves interpersonal conflicts through techniques such as identification of negative thoughts and emotions, delaying worries and diverting attention, recounting one's emotions and feelings, positive judgment, investigating strategies for achieving goals and confronting challenges, creating methods for confronting challenging situations, and managing of challenges, which in turn helps women deal with their problems in an effective and suitable manner while also preventing formation of any other potential problems. Furthermore, the metacognition approach indirectly

results in a reduction of ineffective strategies in women which can also improve their quality of life and their effectiveness in all aspects of their lives. In family interventions, metacognition therapy emphasizes on modification of illogical beliefs and thought patterns and unrealistic expectations. Furthermore, participants in these therapy sessions learn to use stating their emotions and thoughts along with effective listening, challenging and restructuring of illogical thoughts to find positive meanings for their life events.

All studies have several limitations which affect their results. Among the limitations of the current study were the voluntarily participation in control and experiment groups and the limited number of samples which has led to uncontrolled demographic and personal characteristics including type of marriage and socioeconomic status which can affect the final results. Another limitation was the lack of follow-up tests to investigate the sustainability of changes created in married women.

We suggest for consultation and family psychology centers to use metacognition approaches to improve marital quality and marital satisfaction in married women. Furthermore, we suggest for urban cultural and mental health centers to use group therapy sessions with metacognition approach to improve marital quality in married women.

Conclusion

The results of this study emphasize that metacognition therapy is the effective on the marital quality of women in the city of Isfahan. Therefore, this third generation of metacognition therapy can be the basis of personal therapies and interventions. This is due to the fact that current results and their positive effects, it can be stated that women who make better use of marital quality factors and constantly improve their agreement, and solidarity with their spouse can improve life satisfaction in themselves as well as in their partner.

This therapy can also be used to enhance marital life skills. This study emphasizes on enhancing capabilities such as a positive attitude to life and understanding beliefs. By applying the suggested therapeutic approach on couples who are involved with different issues, they can be helped to show better performance in life

problems and reach a higher level of mental health. Psychotherapists and counselors can use this approach to increase the intimacy and quality marital among married women.

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Conflicts of interest

There are no conflicts of interest.

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