

# Analytical Study on Family Counselling for the Advantage of Marital Conflicts

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**Abstract** - Professionals in mental health in India have traditionally included treatment families. The concept of family dynamics is the system for connections and interactions between family members, encompassing many essential aspects (family arrangements, hierarchies, rules, and patterns of family interactions). The objective of this study was to examine influencing family therapy on marital disputes. Many individuals hope that they escape their family and childhood issues once they leave home. However, many discover that, even after they left the familial setting, they are experiencing identical issues and similar emotions and relationship patterns. In India, families are an essential component of the social structure and support system and thus are a vital element of a mental disease treatment and therapy process. Mental disorders can affect people and their families. Family issues may occur in the healthiest of families, which leads to difficult, unpleasant and hurtful relationships amongst families. Often our families bring the most intense emotions we feel, for better or for worse, from small annoyance to hidden resentment, from spectacular fights to sentiments of culpability, deception and fury that we didn't even realize we had. Family counseling is a technique for developing and maintaining healthy and functioning family connections. This study examines the significance of family counseling for the benefit of marital conflicts.

**Index Terms** - Family Counselling, therapy, Marital Conflicts, Marital Relationships, relations, etc.

## I. INTRODUCTION

Ideally, our families are people who we can always count on for assistance, draw strength and feedback from, for whom we feel love and care and with whom we feel close and comfortable and freely shared emotions and ideas. In fact, few families fulfill 100% of the time this expectation, and in certain instances, the family of a person is far from perfect, but is connected with stress, misunderstanding, rage,

alienation and unsatisfied needs. We acquire our expectations for people from our own family, communication skills, life views, the capacity to give and receive love and the ability to cope amongst countless other characteristics and persistent family issues may have permanent consequences. Families are usually not aware of mental disorders and lack knowledge on how it is handled and may eventually sustain or perpetuate the disease too.

Family issues from moderate to severe will at some time confront every family. These may be due to behavioral and mental health problems in the family or certain traumatic situations. Common issues with the family include:

- Grief
- Financial issues
- Behavioral issues and academic concerns in children and adolescents
- Substance abuse
- Chronic illness
- Separation, divorce, or blended family adjustments
- Mental health concerns

## Types of Family Counseling

- Concurrent family counseling: One counselor sees all family members in parallel family counselling but in separate sessions. The general objective is the same as in family therapy. In certain cases, the counselor may perform conventional psychotherapy with the index client and may additionally occasionally visit other family members.
- Collaborative family counseling: Each family member sees a separate counselor in collaborative family counselling. Then the counselors meet to discuss their separate customers and the entire family. In variance of this method, a counselor

may delegate his co-therapists to work with particular family members under the supervision of the main counselor. In order to figure out the intervention objectives and tactics, each member and family will be addressed.

- Conjoint family counseling: In conjunction with family therapy, one counselor sees the whole family at the same time. In some ways this consultant performs a fairly passive, non-directive role, but in other others he could be an active force, leading the discussion, assigning duties to different families, teaching people directly, and so forth. Satir (1967) has utilized this method and has seen the family counselor as a resource person and a communicator who watches in action the family process and becomes a model for communication with the family by means of a clear and crunchy communication.

#### Benefits of family counseling

The benefits of counseling vary from family to family. They can include:

- improving communication
- developing healthy boundaries
- improving family dynamics and relationships
- defining someone's role within the family
- improving the family's problem-solving abilities
- addressing dysfunctional interactions
- providing strength and coping tools for family members

A 2020 study Trusted Source suggests families might find counseling useful for the following reasons:

- conflicts between siblings
- difficulty communicating or expressing emotions
- marital problems
- inconsistent parenting
- dealing with a chronic illness or death in the family
- adapting to a major change
- developing a functional and healthy relationship following a divorce

Divorce questions in couple and family therapy are frequently difficult and complicated, and issues for clients are becoming more prevalent. "A nationwide study shows that the divorce rate remains near 50%." In fact, a household with two parents with children

lawfully married is no longer indicative of the average American family.

## II. REVIEW OF LITERATURE

Shalini Anant and Ahalya Raguram (2005)Stresses the significance of marital conflict between parents in the development and maintenance of adolescent behavior issues. Case studies from India highlight the significance of familial therapy in the management of adolescent behavioral illness. Parent's marital connection is an essential component of the adaptive functioning of the family. Lack of attention to disagreement between parents may significantly hinder progress in adolescent behavioral disorder treatment. Therefore, the quality of relationships between parents needs special assessment when dealing with behavioral disorder and treatments in order to address marital disputes should be included into the overall management plan. It is also very essential to be aware of the problems that may influence the marriage relationship in a broad family system and to decide if an effort must be made to involve the extended family in the therapy.

Geeta Joshi and Dr. B. T. Lawani (2020)The journal 'Pratibimb' is an open eye for society in general and especially the younger generation. This newspaper reflects familial human relationships that eventually assist the scientific efforts of content analysis. This publication is an excellent effort of family court marital counselors representing society or stakeholders working on marriage and family matters. It thus becomes extremely broad in character and encompasses all elements of the modern day. In comparison to other stakeholders, marriage counselors published more articles. Madhya Maharashtra and Konkan participate more in different kinds of writing than in other areas. More publications have been based on experience rather than scientific study. Book evaluations mostly address contribution and imitation in other marriage and family nations. This is a state-level publication, therefore there were more articles published in the language of Marathi.

Aaron Hogue et al (2021)Updates evidence-based treatments in couple and family therapy for disorders in drug use (SUD) since earlier JMFT evaluations were published in 2012. It initially sums up prior reviews together with results from later reviews and meta-analytical research. It provides research design

and methodology criteria for selecting 13 couples and family therapy studies to evaluate the support level. For selected therapeutic methods, cumulative levels of support designations are then established. Findings suggest that systemic family therapy is established as stand-alone, and behavioral family therapy and behavioral couple therapy are probably effective as stand-alone and well-established therapies for multicomponent. The paper then proposes recommendations on practical concerns and implementation difficulties with respect to treatment mode. It ends with future guidelines for couples and families taking part in regular SUD care systems.

Pauline Goger and V. Robin Weersing (2021) anxiety disorders are the most prevalent and affected lifelong mental health issues. Family variables are heavily involved in starting and maintaining anxiety, although accessible therapies based on research are generally individual. The goal of this study was to assess the existing evidence base (2010–2019) of family-based therapies treating adolescent and adult anxiety, and to draw conclusions that compare family-based and individual treatments. A systematic search of literature has been carried out. Articles were selected when mainly anxiety problems were addressed and a randomized, controlled trial design was used, resulting in 22 juvenile research. No adult studies meet inclusion requirements. Family-based therapies overall were more effective than non-treatment controls and individual interventions, with some indication that family-based interventions may outdo person interventions in certain groups (i.e., autism). Family-based treatments may be a viable option for adolescent anxiety therapy. Additional study on family-based anxiety therapy is required for adults.

Abelneh Shemaye Tasew and Koye Kassa Getahun (2021) The incidence, causes, effects and methods for dealing with marital disputes in Durbete City were examined. The study used a hybrid method to descriptive cross-sectional survey research. A total of 390 participants: 386 (193 men and 193 women) interviewed and four interviewed. Survey respondents had been chosen using the random sample method stratified and proportionate. Intentionally, four of the interviewees were chosen from elders, attorneys and the office for women and children. Data were gathered utilizing, interviewing, questionnaire and documentation. As methods for quantitative data analysis, one t-test, weighted mean and rank were

employed. Qualitative data were examined using quotations, paraphrases and narratives. The results indicated a significant prevalence of marital conflict and a growing tendency from year to year. The main reasons of marital conflict were psychological, sexual, socio-cultural and economic. The five main effects of marital conflicts were tension, a sense of sadness and complaint, concern about what others think, and a feeling of desperation and hopelessness. The often-used conflict coping methods competed, collaborated, compromise, avoided, accommodated and interfered with other parties. Finally, the conclusion is that marital conflict is one of the main social issues in the field of research which required the participation of social work specialists, advice and legislation to reduce marital disputes.

### III. OBJECTIVES OF THE STUDY

The main Objective of the Research study is to analyze the importance of Family Counselling for the Advantage of Marital Conflicts.

### IV. RESEARCH METHODOLOGY

It is a Descriptive Study in nature. In this study, clinical interview and ENRICH marital satisfaction scale were used. Also, via pretest posttest with control group (18 couple) and experimental group (21 couple), marital conflicts were evaluated.

### V. ANALYSIS AND INTERPRETATIONS

The research data is analyzed in this section. "First, the demographic data of the sample group is presented." Then, statistical tests are carried out and then analyzed to study the research hypotheses.

Table 1: Age Frequency of the Couples

| Particulars | Gender |        | Frequency | %    |
|-------------|--------|--------|-----------|------|
|             | Male   | Female |           |      |
| 70-74       | 1      | -      | 1         | 1.3  |
| 65-69       | 1      | 2      | 3         | 3.8  |
| 55-59       | 2      | -      | 2         | 2.6  |
| 50-54       | 3      | -      | 3         | 3.8  |
| 45-49       | 3      | 4      | 7         | 9    |
| 40-44       | 4      | 7      | 11        | 14.1 |
| 35-39       | 4      | 2      | 6         | 7.7  |
| 30-34       | 10     | 6      | 16        | 20.5 |
| 25-29       | 7      | 8      | 15        | 19.2 |
| 20-24       | 4      | 10     | 14        | 17.9 |
| Total       | 39     | 39     | 78        | 100  |

This table, that is gathered based on sex and age groups, shows that the highest frequency belongs to the age group of 20-24 for the females, including 10 subjects, and the age group of 30-34 for the male, including 10 subjects.

Table 2: Experimental and Control Groups Marital Life Time

| Particulars (Marital Life, in Years) | Groups  |      | Frequency | %    |
|--------------------------------------|---------|------|-----------|------|
|                                      | Control | Test |           |      |
| 35-39                                | -       | 1    | 1         | 2.6  |
| 30-34                                | -       | 1    | 1         | 2.6  |
| 25-29                                | 2       | 1    | 3         | 7.7  |
| 20-24                                | 2       | 4    | 6         | 15.4 |
| 15-19                                | 2       | 2    | 4         | 10.3 |
| 10-14                                | 2       | -    | 2         | 5.1  |
| 5-9                                  | 2       | 2    | 4         | 10.3 |
| 0-4                                  | 8       | 10   | 18        | 46.2 |
| Total                                | 18      | 21   | 39        | 100  |

The greatest frequency of married couples was during the 0-4th year of their marriage existence. In their early years of married life, 10 pairs of the experimental group and 8 pairs of the control group were. Disagreements are often noticed in the beginning of marital life. The pair's attentive support in their early years of married life is thus extremely essential. Interestingly, there is a reasonably high frequency of 20-24 years of married life. This means that when we see our children leaving us, the Middle Ages may worsen the crisis. Even a lengthy married life experience will not ensure the absence of discrepancies and compliance.

Table 3: Experimental and Control Groups Number of Children

| Number of Children | Groups  |              | Total | %    |
|--------------------|---------|--------------|-------|------|
|                    | Control | Experimental |       |      |
| 0                  | 1       | 0            | 1     | 2.6  |
| 6                  | -       | 6            | 1     | 2.6  |
| 5                  | -       | 5            | 4     | 5.1  |
| 4                  | 3       | 4            | 7     | 17.9 |
| 3                  | 4       | 3            | 7     | 17.9 |
| 2                  | 5       | 3            | 8     | 20.5 |
| 1                  | 5       | 8            | 13    | 33.3 |
| Total              | 18      | 21           | 39    | 100  |

As can be seen in Table 3, marital difficulties diminish as the number of children rises. The presence of children is thus an impediment to the worsening of marital difficulties. Families without children are more susceptible and prone to crises and worsening marital difficulties. As a consequence, greater care is needed.

Table 4: Marital Satisfaction Score

| Groups       | Sample Size | Post-Test | Pre-Test | Subtraction |
|--------------|-------------|-----------|----------|-------------|
| Control      | 36          | 38.22     | 30.50    | -0.28       |
| Experimental | 42          | 37.26     | 30.83    | 6.43        |

As it can be seen in the above table, the pre-test scores are very close in both experimental and control groups; however, post-test scores of the experimental group have considerably increased, while post-test scores of the control group decreased to some degree.

Table 5: Comparison of marital satisfaction scores for the pre-test

| Groups       | Sample Size | Mean  | t    | SD   | P<   |
|--------------|-------------|-------|------|------|------|
| Control      | 36          | 30.50 |      | 8.28 |      |
| Experimental | 42          | 30.83 | 1.91 | 7.15 | None |

Table 6: Comparison of marital satisfaction scores for the post-test

| Groups       | Sample Size | Mean  | t     | SD   | P<    |
|--------------|-------------|-------|-------|------|-------|
| Control      | 36          | 30.22 |       | 8.72 |       |
| Experimental | 42          | 37.26 | 3.976 | 6.91 | 0.001 |

Table 7: Comparison of changes in marital satisfaction scores

| Groups       | Sample Size | Mean  | t    | SD   | P<    |
|--------------|-------------|-------|------|------|-------|
| Control      | 36          | -0.28 |      | 1.48 |       |
| Experimental | 42          | 6.43  | 3.75 | 5.19 | 0.001 |

The comparison, using independent t-test, of marital satisfaction after testing for the experimental and control group reveals that there is a significant difference between the experimental and control group. In view of all the variations in the pre-test, the outcome of family therapy treatments is such a difference. All significant differences between the mean post-test and pre-test values in control and experimental group indicate that introducing an independent variable into the experimental group results in this group significantly and the difference noted is by chance. This is an indication of the efficacy of the technique of strategic family treatment in increasing marital satisfaction and decreasing marital difficulties. The first hypothesis is confirmed, taking into account the statistical resources and the substantial difference in the group exhibited in pre-test and post-test scores. Strategic family therapy minimizes disputes between individuals.

Table 8: Problem Solving scores for the experimental group

| Situations | Sample Size | Mean | t | SD | P< |
|------------|-------------|------|---|----|----|
|------------|-------------|------|---|----|----|

|           |    |       |       |      |       |
|-----------|----|-------|-------|------|-------|
| Post-Test | 42 | 17.71 |       | 4.09 |       |
| Pre-Test  | 42 | 13.26 | -9.30 | 3.53 | 0.001 |

The findings of Table 8 indicate that treatments in the experimental group in family therapy result in substantial changes in outcomes for the experimental group after testing. The number of solved issues has improved. In other words, strategic familial therapy treatments contribute to the interpersonal solution of the issue between spouses, thus reducing spousal interpersonal difficulties.

Table 9: Problem Solving variable

| Groups       | Sample Size | Mean  | t    | SD   |
|--------------|-------------|-------|------|------|
| Control      | 36          | 12.25 |      | 3.48 |
| Experimental | 42          | 13.26 | 1.27 | 3.53 |

Table 10: Changes in the problem-solving scores in the experimental group and control group

| Groups       | Sample Size | Mean  | t     | SD   |
|--------------|-------------|-------|-------|------|
| Control      | 36          | 12.31 |       | 3.56 |
| Experimental | 42          | 17.71 | 6.175 | 4.09 |

A comparison of post-test scores in the experimental and control groups using t-test reveals that the experimental group and control group are significantly differing. The resultant difference is the outcome of the observations, given the homogeneity of variances in the pre-test. In other words, the treatments impacted the experimental group and decreased interpersonal difficulties. However, the post-test results for the control group which was exposed to an independent variable are not significantly changed.

Table 11: Marital Satisfaction Changes after Interventions

| Gender | Sample Size | Mean | t     | SD   | P<    |
|--------|-------------|------|-------|------|-------|
| Male   | 21          | 3.81 |       | 3.80 |       |
| Female | 21          | 9.05 | 8.093 | 5.13 | 0.001 |

5.1 Findings of the Study

The findings indicate that although strategic family therapy treatments on spouses led to substantial improvements in their level of satisfaction, these interventions were more successful for the females and differences in the experimental group were more important than differences for males. In other words, various strategic family therapy treatments have been more successful and effective for women. In this approach, strategic family therapy was utilized in the treatment of couples in the experimental group with marital difficulties. In the experimental group and control group, the findings for independent variable

effects have been examined. The findings achieved by analyzing the data include:

- Strategic family therapy is more effective for the female subjects than the male subjects.
- Strategic family therapy interventions have resulted in a significant increase in the marital satisfaction of the spouses with marital problems in the experimental group, as compared with the control group.
- Strategic family therapy led to significant increase in the interpersonal problem solving of the spouses in the experimental group, compared with the control group.

VI. CONCLUSION

Family plays an important part in the lives of everyone, as a place to raise children, aid through crises, relying on members and a place to stay at the end of the day. In everybody's life, family is given importance. But chances to tackle problematic circumstances have still to be established in proportion to the contribution each family makes in the lives of individuals. Even with current services in mind, there is a small number of specialists with the right knowledge and ability to comprehend and include a person inside the family. In India, the marriage system is seen to be a union of two families and a solid contract. But when it comes to seeking help or getting out of marriage, particularly for women, there are problems throughout the whole family which lead to disturbance and instability. Family or couple treatment options are seldom chosen. People's help, elders, advisers are more likely to be sought before contacting professionals in mental health. Any sort of therapy is thus probably not very helpful and prevailing views stay intact. Mental health resources are scarce; therefore, families are an important support system for issue management and for different circumstances. However, the existing materials sometimes often fail to educate people about the condition or disease and the medicines, aside from the therapeutic information. In this research, the effort was made to utilize a technique for the families to produce good cultural outcomes. Given that the communication difficulties are the reason behind many marital problems, the research have also shown that problems among spouses are communicative issues. This shows that

effective communication skills have not been acquired for starting a married life. It is essential that we concentrate on this key topic before marriage in order to avoid future marital difficulties. The religious teachings reveal this essential truth. "The focus is placed on the contact between family members in the family setting and on visiting families which enhances their feeling of connection to a group and promotes contentment and serenity." Revival and promotion of religious and spiritual values may help us build a harmonious family atmosphere. In recent years, therapists, psychologists and counselors have been trained on family therapy in India, but a broader range of perspectives are urgently required (experiential, systemic, play therapy, attachment-based approaches, emotional therapy and more), as well as crisis intervention and trauma training, appropriate monitoring and consultation opportunities. Family therapy has to be practiced and made a phenomena that everyone can readily choose, particularly in many areas of Indian cities since there are just a few facilities in South India.

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