

**When Relationship Maintenance Flounders, Then Blossoms: Acceptance-Change Dialectics among *Mbopo*-Performing, *Ibibio*-Speaking Couples in Therapy**

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**Abstract**

*The study investigated the efficacy of the Integrative Behavioural Couple Therapy (IBCT) among marital couples in the Ibibio socio-cultural setting of Nigeria using a quasi experimental design. The conception was driven by a framework of behavioural and cognitive theories that draw on participants' self-construal, self-evaluation and perspective taking within the context of a pre-marital cultural socialization process known as Mbopo, perceived to be helpful in equipping would-be brides with relevant skills to sustain their marital relationship. Based on the outcome of a cross-sectional study that evaluated the influence of performance ecology, dialectical harmony, empathic accuracy and alternative partner perceptions of relationship maintenance among 664 couples, 36 couples who scored low in relationship maintenance and empathic accuracy were randomly selected for therapeutic intervention using the Integrative Behavioural Couple Therapy. Results indicate that the integrative Behavioural Couple Therapy improved relationship maintenance among empathically accurate ( $F(2, 17) = 25.57; p < .05$ ) and empathically-inaccurate ( $F(2, 17) = 6.63; p < .05$ ) participants. Since all empathically-inaccurate participants that attended therapy were spouses with poor relationship maintenance scores from the cross-sectional survey, the significant results represents a proof of the therapeutic approach at enhancing relationship maintenance. However, a comparison of the efficacy of IBCT and TBCT subsections of the therapy showed that they were not significantly different therapies within the population. The test for impact of marriage duration and spouse-type (gender) on relationship maintenance showed no significant results. It was concluded that both IBCT and TBCT were useful in resolving marital distress depending on the distress levels of client treated. On the whole empathic accuracy played important role in how couples shaped their worldview about marriages.*

**Keywords:** Relationship Maintenance, Integrative Behavioural Couple Therapy, Acceptance-Change Dialectics, *Mbopo*, *Ibibio*-Speaking, Couples, Nigeria.

## **Introduction**

Relationship maintenance can sometimes be difficult to the point where marital partners get stuck with appropriate decisions. When relationship maintenance becomes problematic due to unfavourable performance ecology brought into the relationship by partners from their families of origin, or when partners are tossed in different directions trying to find harmony among several dialectical thoughts and persuasions, the relationship remains threatened and needs maintenance behaviours for relational renewal. Apart from these, modern social entrapments have made infidelity easier than when our forebears were young. The issues are no longer whether people are tempted to engage in infidelity, rather it appears as if the question has been reviewed to “what other innovative approaches should people use to cheat on their partners? This dimension of relational transgression is one of the greatest threats to the marital institution, especially when marital partners show some level of mental accuracy called empathic accuracy.

Empathic accuracy can be a plus or minus for relationship maintenance, depending on whether issues at stake are strikingly emotional for couples or are ordinary and mundane (Ickes & Simpson, 1997). These issues were examined in a preceding study which called for the use of some interventions to address problematic dimensions of partner behaviours, hence this study. The acceptance-change behavioural choice within the Integrative Behavioural Couple Therapy is an important behavioural intervention for marital conflicts, but sometimes may appear as dilemma. Acceptance is the effective alternative to denying or fighting reality, wishing things were otherwise or fixating on how they should be (Barrett, 2013). When stuck, dialectical thinking and strategies can change the relationships according to Koerner (2011), who relies on Fitzgerald’s (1936) popular quote that “the test of a first rate intelligence is the ability to hold two opposed ideas in mind at the same time, and still function”.

There is considerable evidence that behaviour can be effectively modified through behaviour change interventions (Albarracin, Gillette, Earl, Glasman, Durantini & Ho, 2005). Apart from the general attempt at modifying human behaviour in numerous spheres of life, which usually involves efforts at attitude change; couple relationship maintenance behaviours have recently come under renewed assessment. The institution of marriage has consistently been threatened due to a number of misgivings and discontent by participating partners in marriage and such threats emanate from relational transgressions and discontent such as

emotional violence, infidelity, incompatibility, marital dissatisfaction, relational conflicts and physical violence. Relationship maintenance, which encompasses a broad array of activities that partners may engage in so as to preserve their romantic relationships (Ogolsky, Monk, Rice, Theisen & Maniotes, 2017), has been greatly challenged by numerous irreconcilable differences among couples. Relational scientists therefore rely on relevant interventions to assist couples adjust and fight these anomalies in their relationship. However, current evidence about the effectiveness of theory-based interventions to change health-related behaviours is inconsistent (Gourlan, Bernard, Romain, Lareyre, Careyol, Ninot & Boichie, 2016). This more or less depends on the nature of behaviours in question and how long such situation has remained unattended to.

Regarding marital problems, a number of interventions have been advanced based on relevant theories to explore numerous ways which people need to work on their relationship. According to Ogolsky et al. (2017), who reviewed 1149 studies on how and why people work on their relationships, romantic relationship maintenance centres on two principal “macro motives” of staying together in a relationship including threat mitigation and relationship enhancement. Concerning threats, the study emphasizes the importance of relationship and situations and how circumstances can challenge its functioning:

“We know that relationships are key. We spend all of our time in these relationships [...] so, it’s critical that we carefully and methodically understand what’s going on in relationships and what is unique that two individuals bring that you can’t get from studying person ‘X’ and person ‘Y’ separately”

“Threats to the relationship come from all kinds of different places. Generally, there are many threats early in relationships that can cause problems, but that is not to say that these disappear later. We know couples cheat in the long-term, people end up in new work places and in new stations where possible alternative partners show up. Conflicts arise, or a lack of willingness to sacrifice time for your partner emerges”.

On relationship enhancement, the author submitted as follows:

“Relationships have ups and downs. I never go into my work saying people should stay together or they should break up. Relationships are individualized, a unique pairing of people that comes with a unique history. What we are talking about here are processes that exist across different kinds of couples, some of which work very well for some people and some of

which may not work with some people. I am interested in understanding processes that keep relationships moving”.  
(Ogolsky, et al, 2017)

From these submissions, it is evident that partners in marital relationship routinely go through what is similar to the “group formation” stages advanced by Tuckman (1965) who proposed that group development go through four stages – forming, storming, norming and performing, which were necessary and inevitable in order for the team to grow, face up the challenges, tackle problems, find solutions, plan work and deliver results. On this note, can we envisage that marital partners make up a team? Tuckman and Jensen (1977) later added the adjourning stage which is when the team is completing the current project. They will be joining other teams and moving on the work in the near future. Can marital partners happily complete “the current project” and move on to join other teams in the near future? When marriage, for instance, undergoes the first four stages, there is likely to be conflict and discontent by the parties involved.

For a long time, the concept of performance ecology has variously examined partner self-evaluation and decision making in terms of competition (comparison) and cooperation (reflection) in marital relationships (Beach, Tesser, Mendolia, Anderson, Crelia, Whitaker, Fincham, 1996, Beach, Whitaker, O’Mahen, Jones Tesser, & Fincham, 2002) while relational tensions and contradictions have severally led to relationship maintenance problems (Baxter & Simpson, 1993; Baxter & Montgomery, 1996; Baxter, 2004; Baxter, 1988). There are also issues associated with emotional structure of spousal personalities, especially empathic accuracy, which means partners’ ability to correctly identify the internal states of their spouses (Zaki, Bolger & Oshsner, 2009; Ickes, 1993) and the endemic relational disease called infidelity-the transgression that challenges the sexual as well as emotional exclusivity of marriage (Blow & Hartnet, 2005; Fife, Weeks & Gambescia, 2008). These situations and similar others normally call for restorative interventions which are many and varied ranging from the assumed scientifically ‘ambivalent’ and controversial role of prayer and spirituality in marital issues (Beach, Fincham, Hurt McNair & Stanley, 2008; Holden, 2001) to “time out” or variously designed emotion regulation interventions adjudged as empirically effective in many situations.

In the Nigerian setting, marital interventions are practically a little more above organized settlements either with family members or church authorities which, most times,

may be avenues to further escalate already existing differences and conflicts. Though there are many ways a therapist can provide intervention to a conflicted couple, including relationship inventories, partner pleasing exercises, forgiveness and sex, only some of these will prove useful for any given couple (Dombeck, No date). Research programmes have identified the Integrative Behavioural Couple Therapy (Jacobson & Christensen, 1998), as an exciting new area of therapeutic application where people undergoing therapy are made to engage in change and acceptance techniques with the goal of cultivating relational acceptance towards stability in marriage. After one of such studies, Doss (2009) has recommended empirically-based marital interventions as novel and exciting new areas of research. In response, researchers are increasingly examining the social effects of evidence-based couple therapies a typical example being the Integrative Behavioural Couple Therapy; working on the assumptions that human thoughts and feelings are antecedents of actions, while the behaviour of individuals on the other hand may provoke certain thoughts and feelings.

The intervention method has been used in several marital programmes and found to be effective in reducing marital distress and, by extension, preserve relationships (e.g. Baucom, Atkins, Simpson & Christensen, 2009). The Integrative Behavioural Couple Therapy (IBCT) focuses on the emotional context between partners and strives to achieve greater acceptance and intimacy between partners in distress as well as make deliberate changes in target problems (Doss & Christensen, 2006). Seen as a psychologically derived couple intervention rooted in functional analysis, the IBCT falls into two broad categories: the Traditional Behavioural Couple Therapy (TBCT) based on conventional change strategies and the Integrative Behavioural Couple Therapy based on deeply-rooted and carefully cultivated acceptance strategies. The therapy is said to be integrative in two ways: first it links the twin concepts of acceptance and change as positive outcomes of therapy, and second, it combines a variety of treatment strategies under a consistent behavioural theoretical framework (Jacobson & Christensen, 1998).

According to Doss and Christensen (2006), relationship acceptance is an adaptive and constructive, affective-cognitive reaction to an event, usually an aversive behaviour by a partner. A central premise of IBCT therefore is that acceptance-oriented strategies produce therapeutic change above and beyond the change-based intervention that characterize TBCT. On the whole, findings from comparative studies of IBCT and TBCT provide widespread support for the intervention programme.

### **The Integrative Behavioural Couple Therapy (TBCT & IBCT): Premise and Assumptions**

The module of the TBCT intervention (Jacobson & Margolin, 1979) is based on the premise that the emotional and behavioural responses to relational events are influenced by cognitive processing errors such as distorted appraisals and unrealistic expectations (Baucom, Epstein, LaTaillade, & Kirby, 2008). It has three assumptions: (1) Thoughts and feelings are antecedents of actions. (2) actions by one person lead to reactions by his or her mate and (3) the behaviours of an individual lead to thoughts and feelings. Located in the social learning theory (Adams, 1965) many researchers have proven the efficacy of the intervention in several studies (e.g. Baucom, Atkins, Simpson, & Christensen, 2009; Christensen, 2010; Christensen, Atkins, Baucom & Yi, (2010); Cordova, Jacobson and Christensen, 1998; Jacobson & Christensen, 1996; Wiedeman, 2011). TBCT is one of the skill building approaches to treatment and contains two primary foci namely, behavioural exchange and communication/problem solving. In behavioural exchange, therapy focuses directly on increasing the frequency of positive behaviours, thereby reducing the frequency of negative behaviours (Doss, Thum, Sevier, Atkins & Christensen, 2005).

The second primary focus is communication and problem solving training which is intended to cause noticeable changes in behaviour to become mechanisms for increased satisfaction in relational exchange and interactions. TBCT is seen as a “couple relationship normalization strategy” since it is used when a couple is mildly distressed and the therapist only needs to help them “strengthen the edges” in their relationship, using change strategies. On the other hand, IBCT consists of two phases: evaluation and treatment in a two dimensional strategy towards acceptance: “letting go the struggle to change one’s partner” as well as “using problems to create intimacy”. In the evaluation phase, the therapist meets and interacts with the couple in one session to talk about why they are there and then individually in different (i.e. two other) sessions with each partner before meeting the couple again in another session to provide feedback, which is made up of the concerns and goals of the couple and the therapist’s interpretation of these concerns in relation to therapy. When a couple is severely distressed, the therapist uses this approach to prepare the couple for the hard work of therapy involving the integration of acceptance and change treatments.

However, for the clinician, in order to decide how to integrate change and acceptance in a particular case, certain indicators must be considered such as commitment, compatibility,

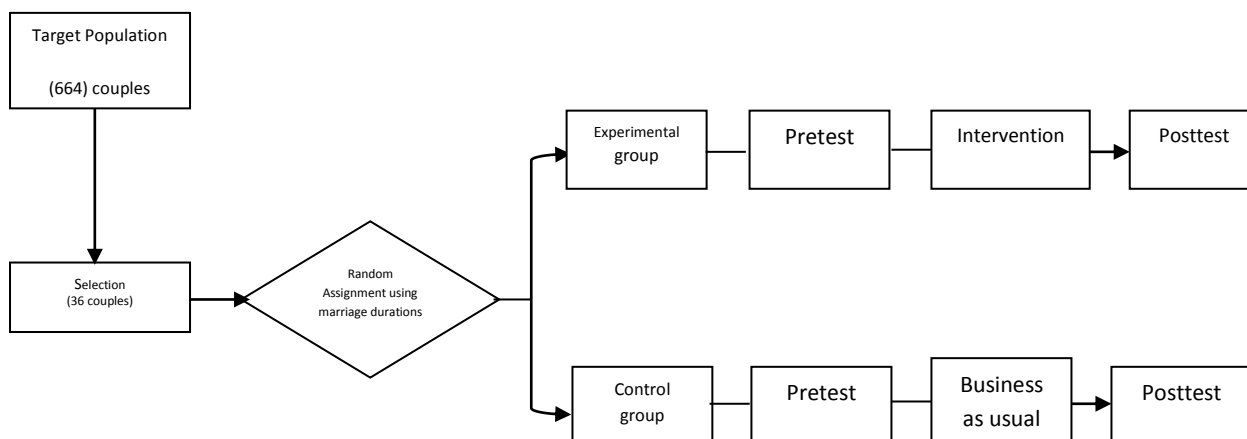


collaboration, emotional engagement and level of distress. If those indicators tend towards the positive, an emphasis on change is suggested. If they tend towards the negative, it calls for the use of acceptance. However, if mixed, an integration of change and acceptance strategies would serve a better purpose. The purpose of the present study therefore is to (1) examine the comparative independent effect of IBCT and TBCT interventions in relationship maintenance among couples and (2) examine influence of marriage durations and spouse type on relationship maintenance as a result of the integrative behavioural couple therapy intervention. The salient problems of the present study centres of the following research questions (1) will there be significant therapeutic effect of the Integrative Behavioural Couple Therapy intervention on relationship maintenance among couples? (2) will IBCT participants report higher relationship maintenance than TBCT participants after the intervention? (3) will empathically inaccurate partners in the experimental groups experience better relationship maintenance than empathically-inaccurate in the control groups after the intervention?

Based on these questions, the following hypotheses are presented: (1) there will be significant therapeutic effects of the Integrative Behavioural Couple Therapy, spouse type and marriage duration on couples' relationship maintenance after intervention, (2) couples in the IBCT treatment group will report significantly higher relationship maintenance than couples in the TBCT group after intervention and (3) empathically-inaccurate couples in the TBCT and IBCT groups will significantly score higher in relationship maintenance than empathically-inaccurate couples in the control groups.

### **Design**

The study was an intervention to test the efficacy of IBCT in enhancing relationship maintenance among couples in Nigeria's collectivist culture which the Ibibios represent. It utilized the quasi experimental design (Campbell & Stanley, 1963), based on a 3x2x3 factorial design. The intervention was at three levels: TBCT, IBCT and Control. The design of the study is shown graphically below.



**Fig. 1. Quasi-Experimental Design for the Study**

Based on the outcome of an explorative study, participants (couples) were randomly selected, (based on their empathic-accuracy and relationship maintenance scores), into the TBCT, IBCT and control groups; taking cognizance of partner’s collaborative set, marriage durations and spouse type. Jacobson and Margolin (1979) described collaborative set as a couple’s willingness to cooperate with each other in an attempt to improve their relationship. Cordova and Jacobson (1993) reported that less collaborative couples respond more positively when exposed first to acceptance strategies while highly collaborative couples do better with change strategies immediately. The design involved two studies in a series, one for empathic-accuracy group and the other for empathic-inaccuracy group.

**Participants**

Participants in this study were 36 couples selected from the original sample of 1328 participants using Curry’s (1984) Rule of the Thumb method. They included 18 empathically-accurate couples (50%) and 18 empathically-inaccurate couples (50%) systematically (every fifth participant from a prepared list) assigned into the TBCT, IBCT and control groups based on their ‘below the mean’ relationship maintenance scores and marriage durations grouped as 1-7 years, 8-14 years and 15 and above years. Some of the empathically-accurate participants had relationship maintenance scores slightly above the mean. Twenty-four participants each (33.3%) were assigned into the TBCT, IBCT and control groups as well as the three marriage durations. Couples were contacted on phone and efforts were made to trace those without phone numbers using their identification codes. Couples who scored low (either as individuals or couple) in relationship maintenance were



selected and randomly assigned to empathically-accurate or empathically-inaccurate groups. Mostly couples who scored low in empathic-accuracy correspondingly had low relationship maintenance scores.

In the same way, empathically-accurate couples selected had correspondently high scores in relationship maintenance. For this study, a make-shift laboratory setting was created at the CBN Hall, University of Uyo and QIC Primary School, Eket where couples attended the intervention sessions. A table, one therapist's chair and two other chairs for a couple formed the set up. However, couples who could not complete their intervention sessions after preliminary sessions were visited in their homes to complete the exercise. The general population for the study comprised of couples who correspondingly scored below the mean in relationship maintenance except for empathic accurate group where some participants scored marginally above the mean. To get the true effects of the intervention in the study, it was important that both the treatment groups and control group were of equal size. While the size of the sample ought to be determined by specific scientific methods, a general rule of thumb is that each group ought to have at least 30 participants. Therefore, Curry's (1984) Rule of Thumb method was used to determine the sample size for this study.

Based on population size of 735 empathically inaccurate (and 593 empathically-accurate) and 621 and 707 participants with low and high relationship maintenance scores respectively, a proportional percentage of participants was selected for intervention since all low relationship maintenance participants could not undergo intervention due to large size and concern for relapse prevention (Witkiewitz & Marlatt, 2004; Hart & Kritsonis, 2006). Relapse may place persons in recovery in high risk situations. In this study, six hundred and twenty-one (621) persons which falls between 100-1000 persons in Curry's groupings, served as the population size. To calculate the sample size, the researcher used the sampling percent (10%) as follows:  $\frac{10}{100} \times 621 = 62.1$ . In order to ensure that the experimental and control groups had equal number of couples in each cell of the 3x2x3 design, this number was increased to 72 participants.

Mostly, concurrent low scores in relationship maintenance by a husband and wife was used as qualifying indices for the recruitment of couples into therapy. Thus, the researcher decided on the equivalent percentage of distressed couples based on Curry's 1984 method to be invited into therapy. Such couples were purposively but systematically drawn/assigned into the three therapeutic (TBCT, IBCT and Control) experimental groups.

Here, every second distressed participant was drawn into therapy from three separate lists of marriage durations generated during the intervention training sessions. In the end 72 persons were assigned to undergo therapy as indicated in the experimental design. The influence of the intervention was therefore compared between the empathically-accurate/inaccurate participants in the resultant 6 conditions.

### **Instruments**

The Integrative Behavioural Couple Therapy (IBCT & TBCT) were the therapeutic instruments for the study. However, during the exploratory study, participants were screened using the performance ecology scale, Dialectical Harmony Scale (constructed by the researchers) Infidelity proneness scale (Drigotas, Safstrom & Gentilia, 1999), the Attributional Complexity Scale which measured Empathic Accuracy of participants (Fletcher, Danilovics, Fernandez, Peterson & Reeder, 1986) and the Relation Maintenance Strategies Measure (Stafford, Dainton & Haas, 2000).

### **Procedure**

#### **Ethical Approval**

The University of Ibadan and University College Hospital Ibadan Institutional Review Board advised on the Suitability of the study.

The procedure for the study involved the selection of a number of respondents from the general pool of those who were found to show marital distress after the explorative study. This was possible because participants were given identification codes earlier at the cross-sectional study stage. For example, NSUB 0004 identifies “couple number four” sampled in Nsit Ubium Local Government Area. A husband was identified as NSUB 0004H, while the wife was NSUB 0004W. The numbering procedure was crafted such that throughout the whole sample, there will be no other “0004” in another Local Government Area. Moreover, within the sample frame, respondents were randomly and equitably stratified into each of the three empirically-verifiable marriage durations of 1-7, 8-14 and 15 and above years. Research (e.g. Carrere, Buehlman, Gottman, Coan & Ruckstuhl, 2000; Gottman, 1993; Gottman & Levenson, 2000) documents that half of all divorces are known to occur during the first seven years of marriage while midlife (approximated in this study as 8-14 years of marriage) – a period when most couples have teenage children – is the lowest point of marital satisfaction, with accompanying high rate of divorce.

Research has also shown that couples who have been in marriage between 4-6 and 7-9 years have 87% and 81% marital stability respectively indicating that early years of marriage are somewhat favourable relationship maintenance periods (Carrere, 2000). Moreover, Atkins Eldrige, Baucom & Christensen (2005) found strongest improvement in IBCT therapy compared to TBCT among those married 18 years and above. Concerning the administration of therapy, participants in Esit Eket, Eastern Obolo, Nsit Ubium and Ibeno visited the Eket Centre while Uruan, Ikono, Itu, Nsit Atai and Ibiono Ibom attended the Uyo Centre. Due to difficulties of attending individual therapy, couples in each of the intervention centres were allowed three days in a week to attend therapy once. The therapist (researcher) crosschecked the intervention module to administer the prescribed programme to respective couples. Therapy for Uyo was held on Mondays, Tuesdays and Wednesdays while couples for Eket Centre attended on Thursdays, Fridays and Saturdays. Even though couples were encouraged with some transportation allowances, there were still series of absenteeism, waitings and researcher frustrations.

In fourteen cases, the researcher had to retrace and visit the couples' homes to complete therapy and post-test. Four previously selected couples were substituted due to illness or travel of one or both of them. At week 7, all couples were invited and contents of session 6 were revised with them. The couples in the control group received no treatment but merely described their family life during Christmas. After the behavioural intervention sessions, a post-test survey was carried out. This involved a post-intervention test of relationship maintenance through the administration of the Relationship Maintenance Scale. Differential scores from previous (Pre-test) scores indicate the influence of Integrative Behavioural Couple Therapy on relationship maintenance. In other words, an improvement in relationship maintenance scores after the intervention indicates the efficacy of the intervention in relational improvement. The two experimental groups met on separate days within the week. Therapeutic sessions were agreed on all six days in a week (except Sundays) depending on when each couple has the opportunity to attend. The researchers sent numerous phone reminders to participants.

## Results

**Table 1: Summary Table of 3x2x3 ANCOVA showing main and interaction effects of Integrative Behavioural Couple Therapy, marriage durations and spouse-type on Relationship Maintenance among couples in the empathically-accurate experimental group**

Source	Type III SS	MS	Df	F	P
Corrected model	3218.72	178.82	18	7.66	.000
Intercept	725.83	725.83	1	31.09	.000
Pre-Relationship Maintenance (A)	680.58	680.58	1	29.15	<.001
Intervention (TBCT + IBCT) (B)	1193.36	596.68	2	25.57	<.001
Spouse type (C)	101.52	101.52	1	4.35	ns
Marriage duration (D)	96.35	48.17	2	2.06	ns
BxC	77.57	38.78	2	1.66	ns
BxD	22.91	5.73	4	.25	ns
CxD	16.85	8.43	2	.36	ns
BxCxD	13.82	3.46	4	.15	ns
Error	396.92	23.35	17		
Total	672467.00		36		
Corrected Total	3615.64		35		

Table 1 shows the ANCOVA effect of the Integrative Behavioural Couple Therapy on relationship maintenance, spouse type and marriage duration at the post-test level among empathically-accurate participants. In the empathically-accurate condition with pretest relationship maintenance as the only covariate, relationship maintenance significantly improves from a non-significant pre-test result to a significant status ( $F=25.57$ ,  $df=2, 17$ ,  $P<.01$ ).

**Table 1b: Table of means showing differences statistical among TBCT, IBCT and Control on Relationship Maintenance**

Groups	Intervention	$\bar{X}$	N
Empathically-Accurate	TBCT	141.16	12
	IBCT	139.65	12
	CONTROL	128.11	12

Table 1b shows mean differences among the Traditional Behaviour Couple Therapy, Integrative Behavioural Couple Therapy and Control.

**Table 1c: Post hoc (LSD) Tests showing performance of TBCT, IBCT and Control participants in the empathically-accurate condition**

Type of Intervention (1)	Type of Intervention (j)	I-J	P
TBCT	IBCT	1.51	ns
	CONTROL	13.06*	<.5
IBCT	TBCT	-1.51	ns
	CONTROL	11.54*	<.05
CONTROL	TBCT	-13.06*	<.05
	IBCT	-11.54*	<.05

The post hoc LSD table shows that there is a significant difference between each of TBCT, IBCT and Control. The result shows no significant difference between TBCT and IBCT as each therapy type shows differential efficacy among participants.

**Table 2: Summary of 3x2x3 ANCOVA Showing main and Interaction Effects of Integrative Behavioural Couple Therapy, marriage durations and spouse-type on relationship maintenance in the empathically-inaccurate condition**

Source	Type III SS	ms	df	F	P
Corrected model	2589.52	143.86	18	2.08	.070
Intercept	905.69	905.69	1	13.07	.002
Pre-Relationship Maintenance (A)	261.52	261.52	1	3.77	ns
Intervention (TBCT + IBCT) (B)	918.69	459.34	2	6.63	<.01
Spouse type (C)	17.74	17.74	1	.26	ns
Marriage duration (D)	10.95	5.47	2	.08	ns
BxC	230.23	115.12	2	1.66	ns
BxD	53.72	13.43	4	.19	ns
CxD	121.53	60.76	2	.88	ns
BxCxD	166.83	41.71	4	.60	ns
Error	1178.48	69.32	17		
Total	578332.00		36		
Corrected Total	3768.00		35		

In the empathically-inaccurate condition, the result shows that relationship maintenance improves to a significant result with the highly-correlating (single) pretest measure ( $F=6.63$ ,  $df=2, 17$ ,  $P<.05$ ).

**Table 2b: Table of means showing difference Performance of TBCT, IBCT and Control on Relationship Maintenance**

Groups	Intervention	$\bar{X}$	N
Empathically-Inaccurate	TBCT	132.18	12
	IBCT	127.95	12
	CONTROL	118.86	12

Mean differences (Table 2b) and post hoc table (Table 2c.) indicate that TBCT is a better intervention package compared to the IBCT in both the Empathically Accurate

( $\bar{X}$  =13.06 for TBCT vs  $\bar{X}$  =11.54 for IBCT) and Empathically-Inaccurate ( $\bar{X}$  =13.33 for TBCT vs  $\bar{X}$  =9.10 for IBCT) conditions. With these results, the hypothesis which stated that there will be significant therapeutic effects of the Integrative Behavioural Couple Therapy on couples' relationship maintenance after intervention was confirmed.

**Table 2c: Post hoc (LSD) Tests showing performance of TBCT, IBCT and Control participants in the empathically-inaccurate condition**

Type of Intervention (i)	Type of Intervention (j)	I-J	P
TBCT	IBCT	4.23	ns
	CONTROL	13.33*	<.5
IBCT	TBCT	-4.23	ns
	CONTROL	9.10*	<.05
CONTROL	TBCT	-13.33*	<.05
	IBCT	-9.10*	<.05

**Hypothesis Two:** Hypothesis three states that couples in the IBCT treatment group will report significantly higher relationship maintenance than couples in the TBCT group. This hypothesis was tested using One Way ANOVA (Tables 3) .TBCT is compared to IBCT in terms of efficacy in increasing relationship maintenance (Tables 3).

**Table 3: Summary of One Way ANOVA results comparing couples' responses to TBCT and IBCT as independent intervention programmes**

Stages	SS	Ms	df	F	P
Between groups	3142.361	1571.181	2	17.975	
Within groups	6031.292	87.410	69		<.05
Total	9173.653		71		

From the results above (Table 3) although TBCT and IBCT are significantly different types of therapy from control groups as shown,  $F = (2, 69) = 17.96$ ;  $P <.05$  (TBCT = 137.92; IBTC = 133.75, control = 122.29), the table of means (Table 3b) and the Scheffe Post hoc analysis (Table 3c) show that TBCT is not significantly different from IBCT as an independent intervention programme since the mean differences for TBCT ( $\bar{X}$  =137.92) and IBCT ( $\bar{X}$  =133.75) are not statistically significant ( $t=1.61$ ;  $df=46$ ;  $P>.05$ ). This observation can also be made from Tables 1c and 2c.



**Table 3b: Table of Means Showing Mean Differences Between TBCT, IBCT and Control Groups after Intervention**

Intervention levels	$\bar{X}$	N
TBCT	137.92	24
IBCT	133.75	24
CONTROL	122.29	24
TOTAL	131.32	72

**Table 3c: Post-Hoc (LSD) Multiple Comparison of Relationship Maintenance among TBCT, IBCT and Control Groups**

Intervention (i)	Intervention (j)	(I – J)	P
TBCT	IBCT	4.17	ns
	CONTROL	15.63*	<.05
IBCT	TBCT	-4.17	ns
	CONTROL	11.46*	<.05
CONTROL	TBCT	-15.63*	<.05
	IBCT	-11.46*	<.05

\* Mean difference is significant at .05 level.

Following from these results therefore the hypothesis which stated that couples in the IBCT group will report significantly higher relationship maintenance than couples in the TBCT group was not supported.

### **Hypothesis Three**

This hypothesis states that empathically-inaccurate couples in the TBCT and IBCT groups will significantly score higher in relationship maintenance than empathically-inaccurate couples in the control group after the intervention.

This hypothesis was tested using the 3x2x3 Analysis of Covariance (ANCOVA) (Tables 2a) and post hoc analysis (Table 2c).

As indicated in Table 2 there was significant influence of TBCT and IBCT on the relationship maintenance scores of empathically-inaccurate participants ( $F=6.63$ ,  $df=2$ ,  $17$ ,  $p<.05$ ). A comparison of means (see Table 2b) shows that the TBCT intervention participants ( $\bar{X}=132.18$ ) and IBCT participants ( $\bar{X}=127.95$ ) have higher mean scores compared to control participants ( $\bar{X}=118.86$ ). Further post hoc analysis (Table 2c) shows that

empathically-inaccurate participants in the TBCT and IBCT groups reported statistically significant relationship maintenance scores compared to control group.

Following from this, the third hypothesis which stated that empathically-inaccurate participants in the TBCT and IBCT intervention groups will significantly score higher in relationship maintenance than participants in the control condition was accordingly supported.

## **Discussion**

The first hypothesis stated that there will be significant therapeutic effects of TBCT and IBCT treatments, spouse type and marriage duration on couples' relationship maintenance. This hypothesis was confirmed in the two empathic accuracy groups. There was a significant positive effect of IBCT and TBCT on couples' relationship maintenance among the empathically-accurate and empathically-inaccurate participants. This is because the pre-test measure was covaried with the outcome in line with Trochin and Donnelly (2008). Thus, both aspects of the intervention had significant effects on couples' relationship maintenance in both the EA and EIA conditions. In addition to this, an important observation from the study was that the TBCT appears to be a more suitable intervention for the empathically-accurate and empathically-inaccurate couples based on larger mean value against those of the IBCT and control. For the role of empathic accuracy, these findings appear to verify Simpson et al's (2003) two-way interaction of empathic accuracy which explained that greater empathic accuracy on the part of the perceiver was either associated with pre-to-posttest declines in perceiver's feelings of subjective closeness or that greater empathic accuracy led to pre-to-posttest increases in perceiver's feelings of closeness.

With these results, and even with threat-related issues such as performance ecology, dialectical harmony and exploration of infidelity, empathically-accurate partners showed increased relationship maintenance, which may be attributed to either of two interrelated issues. It is either relational partner regarded these issues as less threatening to their marital relationship – which is an indication that they were happy in their marriages on the average – or that these results may, to a greater extent, be attributed to the efficacy of the Integrative Behavioural Couple Therapy. But the ratio of participants who were high on relationship maintenance to those who were low – which were comparatively similar – tends to support the former proposition. This confirms that the IBCT may be a more efficacious therapy for

intervention among seriously distressed couples while the TBCT works better in a group of mildly or moderately distressed couples.

Another explanation could be that the predominantly rural and collectivist setting of the participants, their middle-level educational and occupational training and the passive *Mbopo* injunctions may have made the TBCT package more familiar and adaptable than the entire IBCT package, which involves deep and complex psychological behaviour modification practices like ‘empathic joining’ and ‘unified detachment’. This finding, excluding empathic-accuracy explanations, is similar to that of Christensen et al. (2004) who found that TBCT and IBCT are effective treatments for moderately and seriously distressed couples respectively, and that of Cordova et al. (1998) who also reported that TBCT and IBCT result in identifiably different types of change over the course of treatment. Christensen et al. (2004) demonstrated that couples in overall and comparative treatments made clinically and statistically significant improvements. Our finding among empathically-inaccurate couples corroborated the work of Christensen et al. (2010), a 5-year randomized clinical trial which found that pre- to post treatment effect sizes of IBCT and TBCT were not significantly different.

A proper evaluation of the variation in this result may be attributed to the role of empathic accuracy which identifies differential cognitive states of individuals during interaction. This finding however does not support the work of Jacobson et al (2000) who, while working to establish preliminary data on IBCT, found that IBCT demonstrated to be a distinct and effective marital treatment compared to TBCT. Culturally, Sevier & Yi (2008) corroborated that IBCT, being more emic (culturally intrinsic) than TBCT, was potentially more adaptable to different cultures than the TBCT which was less culturally adaptable due to its etic (culturally extrinsic) nature. The IBCT was, in this study, not a more effective and culturally compliant marital intervention than the TBCT.

Also, the intervention failed to establish the strength of husbands over wives (spouse type) in responding differentially to the therapy programme as have been established by some studies in the western world. It also failed to show the strength of marriage durations as seasons of marital growth or deterioration to corroborate similar studies in the wider world. It means therefore that the conception and perception of marriages in Nigeria (and Africa) may be quite different from what obtains in other cultures. It can be deduced from these findings that African marriages are deeply rooted in the African collectivist fabric and all its

entrapments than are marriages in the cultures where these propositions were significant. It can however not be controverted that happy marriages in the late marriage years may appear universal due to obvious state of liberty and freedom (empty nest) experienced by couples in the concluding years of their marital life. But this can only be applicable to couples who were successful at child upbringing, assuming all other life variables (see Erikson's Eight Stages of life) are fairly constant and equal.

The second hypothesis stated that couples in the IBCT treatment groups will report higher relationship maintenance than couples in the TBCT groups after the intervention. This hypothesis was not confirmed among couples in the empathically-accurate and empathically-inaccurate groups. However, results indicated that there was a tendency for couples to recover faster with TBCT than IBCT. As Christensen et al (2004) observed, despite being different treatments, both TBCT and IBCT performed in trajectory: TBCT couples making early improvements that would plateau at the end of therapy, while IBCT couples make steady gains after treatment. Our result corroborates Atkins et al (2005) finding that both IBCT and TBCT can be effective for couples dealing with relational problems. It is also in line with Christensen et al (2010) suggestion that IBCT and TBCT couples appear to engage in similar amounts of TBCT behaviours after treatment. Considering the result, Sevier et al (2008) also found no evidence of difference between TBCT and IBCT in changes regarding communication and marital satisfaction over time. Therefore, an important finding provided by this study is that therapeutic efficacy of the intervention is partly a function of the empathic state of clients during therapy and partly a function of their level of distress. This outcome is supported by Noller and Ruzzene's (1991) observation that happy couples are more accurate at identifying both the kind of affect experienced by their partner's during conflict resolution discussions as well as their partner's specific goals and intentions.

Though Cohen et al (2012) found similar support of empathic accuracy on relationship satisfaction, men in their study were more satisfied when they were more accurate on positive emotions and women were more satisfied when they were relatively accurate on negative emotions. Our finding also touches on Gottman's (1979) work which reported that non-distressed couples tend to exhibit better empathic understanding than clinically-distressed couples. It may therefore be suggested that couples in our empathic-accuracy group were confronted with relatively more benign issues compared to couples in

the empathically-inaccurate group as suggested by Simpson et al. (2003). It is therefore important that empathic assessments become an important part of marital preparation and intervention.

The third hypothesis stated that empathically-inaccurate couples in the TBCT and IBCT intervention groups will significantly score higher in relationship maintenance than empathically-inaccurate couples in the control group after the intervention. This hypothesis was confirmed. From preliminary results of this study, it was found that couples who scored low in relationship maintenance were correspondingly those who scored low in empathic-accuracy. The hypothesis was purposely evolved to test the prediction that the TBCT and IBCT interventions could aid relationship maintenance by helping couples increase the frequency of positive behaviours and at the same time reduce the frequency of negative behaviours. From the results, it can be observed that empathically-inaccurate couples in the Traditional Couple Therapy (TBCT) and IBCT expressed higher relationship maintenance than their counterparts in the control condition. This result indicates that the Integrative Behavioural Couple Therapy in part (TBCT) and in whole (IBCT) appears as an efficacious intervention for couples in distress. However the moderate outcome in this study may be due to the short time span between training and post test.

It may be possible that a prolonged intervention and follow-up could reveal more interesting findings. Further explanations could centre on the vulnerability – stress – adaptation model (Karney & Bradbury, 1995), which suggests that there may be a limit to what behavioural interventions can accomplish as individuals coping with significant personal vulnerabilities may not be able to change their behaviours rapidly. This is where resilience comes to play. Our finding also gives support to the works of Ickes (2000, 1993), Ickes et al, (2000) and Zaki et al, (2009) which reported differential effects of empathic-accuracy on relational outcomes depending on whether the situation was mild or severe. It means therefore that one of the important ways of increasing relationship maintenance in the short run could be to teach couples strategies to reduce cognitive processing errors in their day-to-day interactions and in the long run, the complex rudiments of empathic joining and unified detachment. Baucom et al. (2008) had reported that TBCT was based on the premise that the emotional and behavioural responses to relational events are influenced by cognitive processing errors such as distorted appraisals and unrealistic expectations. Empathic accuracy is all about these cognitive processing and appraisal. These are some of the reasons the

Integrative Behavioural Couple Therapy (IBCT) was selected to match factors implicated in the present study as well as the *Mbopo* cultural practice.

The experiment revealed that couples who participated in the intervention training reported impressive relationship maintenance with IBCT and TBCT in both empathic situations. It was therefore ascertained that the IBCT and TBCT were comprehensive interventions suitable for reducing couples' distress and improving communication in their relationships. As found in this study, TBCT appeared to be more suitable to the collectivist environment of the Ibibios in reducing cognitive processing errors than the IBCT based on its behavioural exchange and communication/problem solving content. It is suspected that the demographic outlook of the participants and the prevailing cultural synergies epitomized in the *Mbopo* may also have their hidden implications.

### **Implications and Recommendations**

The present study confirmed the Integrative Behavioural Couple Therapy intervention as a useful tool in addressing marital problems in the Nigerian environment. The noticeable improvements in relationship maintenance among empathically-inaccurate couples after the IBCT intervention and their empathically-accurate counterparts reveals the important place of cognition in empathic understanding of couples. Researchers and practitioners in Nigeria may therefore adapt and use the intervention to further examine its efficacy in more studies in the Nigerian environment. It is also important that similar and varied studies be carried out to further test the efficacy of the module in more of Nigerian and African communities, using differentiated levels of education and more follow-up studies.

The study's salient findings are that relationship maintenance among Ibibio couples is mixed and diverse depending on implicating factors. Other evidence indicates that some couples report differentially on variables affecting relationship maintenance with their spouses. These results implies that relational researchers are likely to explore diverse cross-cultural indices of relationship maintenance as well as socio-cultural constraints inhibiting expressive behaviours between spouses. This will necessitate continuous search for improved models of intervention that can be modified to address relational deficits and increase relational activities between spouses. It is therefore recommended that relational researchers pay more attention to sensitive variables of relationship maintenance among couples since



relational dynamics appear contagious and may adversely affect society through direct and subtle processes of socialization.

### Suggestions for Further Research

A task for future research, which is beyond the scope of this study is to further optimize the relationship between the Integrative Behavioural Couple Therapy and Relationship Maintenance using clinical trials in a longitudinal study of newly-weds for an estimated period of five years. Furthermore, future research should work towards the translation and validation of the IBCT to establish their cultural potency and by so doing, optimize their validity and reliability.

**Conflict of Interest:** There is no conflict of interest about this publication.

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