

**Effectiveness of Treatment based on Wish-Actualization Doctrine and its Comparison with
Cognitive-Behavioral Therapy in Couples with Marital Problems Due to Differences of Beliefs
and Religious Conflicts**

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Abstract

Undoubtedly, the basis of a healthy society is healthy families and solving marital problems helps the development of peace in the society remarkably. Today, many problems of those couples seeking help from therapists are due to differences of beliefs and religious cognitive conflicts. On the other hand, religious issues and their application in families are welcomed by therapists. However, there is a need for a theory that can teach the therapists to interpret and respond to religious differences of the couples. The purpose of the present research is to use a treatment protocol based on ultra-religious *wish actualization* view and compare its results with cognitive-behavioral view. Effectiveness of the view is confirmed in exploratory qualitative studies. In a clinical trial in Tehran, 30 couples confirmed through clinical interviews to have problems due to beliefs were chosen by convenience sampling and classified randomly into three equal groups. The first group received 8 sessions of classical cognitive-behavioral therapy, the second group received 8 sessions of treatment based on *wish actualization* and the third group did not receive any intervention. Inventory of Enrich marital satisfaction and general health questionnaire were completed at the beginning and end of intervention and all groups were measured again in the follow up study one month later. The scores of the test were analyzed using *ANCOVA*. Findings show that differences between scores of three groups were significant ($P < 0.01$). Post hoc test showed that although both groups being treated (cognitive-behavioral and *wish actualization* treatments) showed significant improvement compared to the control group ($P < 0.01$), significant differences were not observed between both groups with different treatments ($p > 0.05$). However, in a one-month follow up, *wish actualization* doctrine had more stable results than classical cognitive-behavioral therapy significantly. The results of the study showed that treatment based on *wish actualization* not only has an effect similar to classical cognitive-behavioral treatment, but it is also more stable in long term and couples treated by this technique reported more marital satisfaction after one month

Keywords: wish-actualization, cognitive-behavioral therapy, marital problems, religious conflicts

Introduction

One of the issues that couples may face after marriage is religious differences. Although religious beliefs are a matter for which two people discuss it before marriage, the two sides think that nothing can overcome their love for each other, but when the life shows its real face and families have to decide what religion to raise their children, or which religious ceremonies to celebrate and which they will not observe, religious differences become a big problem. While marrying a person from different cultures and religions can bring specific challenges, at the same time, it can be a great opportunity for growth and development. Couples, while learning how to live together every year, have to adjust themselves in many ways. When these changes involve cultural and religious discussions, new dimensions will be added to their process of trying to strengthen their marital relationship. According to Paula (2008), cultural differences play a very important role in marital relations, and cultural tensions are a factor of instability among families.

Today in America, most people marry people from different religions and races. According to the Pew Research Center's Forum on Religion & Public Life, nearly 37% of Americans are married to a person with different religious beliefs. In addition, the 2010 US Census estimates that 10% of Americans are married even with people of different nationalities and backgrounds (Toelle & Harris, 2017).

Research shows that couples who are more similar in beliefs are generally more satisfied with their marriage. In fact, scientific findings show that divorce rates are lower among couples with the same religion. So, it is predicted that as much as the couple have different religious beliefs, they are more likely to face conflicts and problems and are likely to experience divorce (Larson & Elson, 2004). It is very interesting that there is more incompatibility even among very religious couples but with different religious beliefs.

Generally, religiosity and religious prejudice are used as indicators to predict the degree of satisfaction in couples. For example, a common presence in religious ceremonies for couples with the same religion leads to much more satisfaction and increases the compatibility between them (Fies & Tamcho, 2001). With regard to gender differences, if a husband attends more religious ceremonies, marital conflicts are less likely and, as already mentioned, this increases the level of compatibility. This is true of both conditions - the first marriage and the subsequent marriages. But for women, the level of religiousness in their second marriage will not affect their adaptation in marital life. In fact, religious beliefs for both men and women in their second marriages are not a strong indicator of predicting adaptation in marital life. Studies show that the risk of divorce increases in the first marriage if the husband participates more than once in a religious ceremony. Although theories suggest that the presence of both husbands and wives in the church strengthens marital relations.

These findings suggest that as much religious and behavioral relationships are higher in a couple, their marital relationships will also be happier and religious commonalities will lead to more satisfaction, adoption and acceptance of the culture of the opposite, although not easy. These factors also make the parties very sensitive to their differences, but at the same time extend their worldviews.

In sum, intercultural and interpersonal marriages can become tense at different levels, and these complexities can be treated by providing an ultra-religious based treatment approach. However, there is no theory that can teach the therapist how to interpret and correct the religious and ideological differences between couples. The purpose of this study is to use a therapeutic protocol based on the *wish*

actualization approach and compare its results with cognitive-behavioral therapy. The effectiveness of this view has been confirmed in qualitative studies.

Methodology

In a clinical trial in Tehran, 30 couples confirmed through clinical interviews to have problems due to beliefs were chosen by convenience sampling and classified randomly into three equal groups. The first group received 8 sessions of classical cognitive-behavioral therapy, the second group received 8 sessions of treatment based on *wish actualization* and the third group did not receive any intervention. Inventory of Enrich marital satisfaction and general health questionnaire were completed at the beginning and end of intervention and all groups were measured again in the follow up study one month later. The scores of the test were analyzed using *ANCOVA*.

Instruments

1. GHQ

The GHQ is among the most thoroughly tested of all health measures. It is a self-administered screening instrument designed to detect current diagnosable mental disturbances and disorders. It is used in surveys or in clinical settings to identify potential cases, leaving the task of diagnosing actual disorder to a psychiatric interview. It is also widely used internationally and locally to measure mental health status especially in detection of emotional disturbances such as distress. Ever since Goldberg introduced the GHQ in 1978, it has been translated into 38 different languages, testimony to validity and reliability of the questionnaire. Reliability coefficients of the questionnaire ranged from 0.78 to 0.95 in various studies. Goldberg reported that the average area under the ROC curve was 0.88, range from 0.83 to 0.95, which reflects its validity.

2. Enrich Marital Satisfaction Scale

This questionnaire was introduced to the world of science about 31 years ago and has 125 questions. The version used in Iranian studies has 44 questions, which is based on original Enrich questionnaire, and has been used in many studies in Iran. This questionnaire, EMS (ENRICH Marital Satisfaction Scale) 21 years ago, was evaluated and approved by the inventor of the original version of the questionnaire for validity and reliability (Fowers & Olson, 1993).

Findings

Data Analysis

The data were analyzed via SPSS-22 software. Mean and variance were used to express the descriptive statistics and the relevant hypothesis were analyzed through Box's M test and Levene's test. In addition, univariate analysis of covariance (ANCOVA) was used to test the hypotheses.

Findings of the Study

Data collected were analyzed via SPSS software as shown in the tables below.

Table 1 Average and standard deviation of test scores and posttest control group of public health

| Type of intervention | group | Average | The standard deviation | Moderated average | Modified standard deviation |
|-------------------------------------|----------------|---------|------------------------|-------------------|-----------------------------|
| Wish actualization | Control | 45.10 | 6.03 | 44.95 | 1.20 |
| | the experiment | 55.35 | 7.29 | 55.23 | 1.20 |
| Cognitive behavioral therapy | Control | 45.10 | 6.03 | 44.95 | 1.20 |
| | the experiment | 54.55 | 6.32 | 54.81 | 1.20 |

Table 2 shows results of analysis of covariance

| Source of change | Sum of squares | Degrees of freedom | Average squares | F | Significance level | Effect size |
|------------------|----------------|--------------------|-----------------|-------|--------------------|-------------|
| pre-test | 844.366 | 1 | 844.366 | 29.24 | 0.001 | 0.34 |
| group | 1353.98 | 2 | 676.99 | 23.44 | 0.001 | 0.45 |
| Error | 1616.93 | 56 | 28.87 | | | |

As seen from the table, the effect of pre-test scores on post-test scores is significant [F (1, 56) = 29.24, p <0/001] The effect of the group's post-test scores is significant with effect sizes 45/0 [F (2.56) = 23.44, p <0/001] so you can be concluded between at least one pair of means

Table 3 shows the post hoc test results

| Intervention | Interventions | difference in averages | The significance level |
|-------------------------------------|------------------------------|------------------------|------------------------|
| Wish actualization | Cognitive Behavioral therapy | 0.41 | 1 |
| | Control | 10.28 | 0.001 |
| Cognitive Behavioral therapy | Wish actualization | 0.41- | 1 |
| | Control | 9.86 | 0.001 |

As can be seen from the table of general health scores are significantly higher in the treatment group *Wish actualization* in comparison with control ($P < 0/05$). So, it can be concluded that treatment would significantly enhance the general health in the post.

As can be seen from the table of general health scores on cognitive behavioral group therapy are significantly higher than the average of the control group ($P < 0/05$). So, it can be concluded that cognitive-behavioral therapy significantly enhances general health in the post-test.

As can be seen from the table of general health scores on cognitive behavioral group therapy and treatment prosperity would not be significantly different ($P > 0/05$). So, it can be concluded that no difference between two therapies.

Table 4 shows the mean and standard deviation scores of experimental and control groups after marital satisfaction test

| Type of intervention | group | Average | The standard deviation | Moderated average | Modified standard deviation |
|-------------------------------------|----------------|---------|------------------------|-------------------|-----------------------------|
| Wish actualization | Control | 39 | 3.06 | 38.70 | 0.788 |
| | the experiment | 45.85 | 4.32 | 46.08 | 0.785 |
| Cognitive behavioral therapy | Control | 39 | 3.06 | 38.70 | 0.788 |
| | the experiment | 46.85 | 3.48 | 46.90 | 0.780 |

Table 17-4 Test results of analysis of covariance

| Source of change | Sum of squares | Degrees of freedom | Average squares | F | Significance level | Effect size |
|------------------|----------------|--------------------|-----------------|--------|--------------------|-------------|
| pretest | 82.46 | 1 | 82.46 | 6.78 | 0.01 | 0.10 |
| group | 792.80 | 2 | 396.40 | 32.614 | 0.001 | 0.53 |
| Error | 680.639 | 56 | 12.15 | | | |

As seen from the table, the effect of pre-test scores on post-test scores is significant [$F(1, 56) = 6.78, p < 0/01$] Also, the effect of the group on post-test scores is significant [$F(2, 56) = 32.614, p < 0/001$]

And the effect size is 0.53.

As seen from the table, there is a significant difference at least in one pair of means.

Table 5 shows the post hoc test results compare test scores marital satisfaction in two groups

| Intervention | Interventions | difference in averages | The significance level |
|-------------------------------------|------------------------------|------------------------|------------------------|
| Wish actualization | Cognitive behavioral therapy | 0.82 - | 1 |
| | Control | 7.37 | 0.001 |
| Cognitive Behavioral therapy | Wish actualization | 0.82 | 1 |
| | Control | 8.20 | 0.001 |

As can be seen from the table, marital satisfaction scores are significantly higher in the treatment group *wish actualization* in comparison to control group ($P < 0.05$). So, it can be concluded that treatment significantly increased marital satisfaction.

Apparently differences between scores of three groups were significant ($P < 0.01$). Post hoc test showed that although both groups being treated (cognitive-behavioral and wish actualization treatments) showed significant improvement compared to the control group ($P < 0.01$), significant differences were not observed between both groups with different treatments ($p > 0.05$). However, in a one-month follow up, *wish actualization* doctrine had more stable results than classical cognitive-behavioral therapy significantly.

Conclusions: The results showed that treatment based on *wish actualization* not only has an effect similar to classical cognitive-behavioral treatment, but it is also more stable in long term and couples treated by this technique reported more marital satisfaction after one month.

Discussion

While marrying a person of different cultural and religious backgrounds may have unique challenges, it can also provide an opportunity for growth and improvement in the lives of the parties. One of the factors that has a lot of effect on tensions in the family and causes many conflicts in life is the difference in taste and difference of interest. So, if a couple learn how to behave in dealing with these religious issues, undoubtedly many of their problems will be solved and they will have a good family atmosphere.

Post hoc test showed that although both groups being treated (cognitive-behavioral and wish actualization treatments) showed significant improvement compared to the control group ($P < 0.01$), significant differences were not observed between both groups with different treatments ($p > 0.05$). However, in a one-month follow up, *wish actualization* doctrine had more stable results than classical cognitive-behavioral therapy significantly.

The results of this research on cognitive-behavioral therapy (CBT) are in consistent with Sa'ami (2005). These results not only illustrate the effectiveness of the therapy, but also reflect the flexibility of families who are struggling to solve their problems in spite of severe conflicts. The lack of positive changes in the control group reveals a crisis in some families and the need for specialized intervention.

In explaining the findings of the research on the effectiveness of cognitive-behavioral family therapy in increasing marital satisfaction, two points can be noted. In the family therapy system, on the one hand, by providing practical assignments in the sessions, and on the other hand by teaching effective methods for solving marital conflicts, is provided the bases of increasing the satisfaction of marital relationships. In this study, couples were helped to simultaneously reveal existing religious conflicts and to resolve existing contradictions.

The efficacy of *wish actualization* treatment has already been confirmed in qualitative research. The present research is the first quantitative research that studied this school and its impact on the religious problems of couples. According to the results of this study, therapists can use this method to treat religious problems.

References

- Larson, G. K., & Olson, D. H. (2004). Spiritual beliefs and marriage: A national survey based on Enrich. *The family Psychologist*, 20(2), 4-8.
- Fiese, B. H., & Tomcho, T. J. (2001). Finding meaning in religious practices: The relation between religious holiday rituals and marital satisfaction. *Journal of Family Psychology*, 15(4), 597-609. <http://dx.doi.org/10.1037/0893-3200.15.4.597>
- Fowers, B. J., & Olson, D. H. (1993). ENRICH Marital Satisfaction Scale: A brief research and clinical tool. *Journal of Family Psychology*, 7(2), 176-185. <http://dx.doi.org/10.1037/0893-3200.7.2.176>
- Saemi, H. (2005). *The effectiveness of cognitive behavior family therapy on marital satisfaction* (Doctoral dissertation). Tehran, Iran: University of Allameh Tabatabai.