Psikiyatride Güncel Yaklaşımlar-Current Approaches in Psychiatry 2021; 13(1):1-22
Doi: 10.18863/pgy.708061

Cognitive-Behavioral Approach in Marital Therapy

Evlilik Terapilerinde Bilişsel Davranışçı Yaklaşım

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Abstract

Marital relationship is considered as a positive and life-enriching factor. Nevertheless, there exist disagreements and conflicts in marriage, which could also be serious stressors that affect the lives of the individuals. Effective solutions for prevailing problems ensure the functional continuity of the family. Cognitive-behavioral therapies developed to resolve marital problems were commonly intended to modify the unrealistic expectations, problematic cognitions and behaviors of the spouses and to improve their interaction, using direct skill-based methods such as problem-solving and communication skills. Certain objectives of cognitive-behavioral marital therapy, which focus on the feelings, behaviors and cognitions of spouses, include decreasing problematic behavioral interactions and increasing mutual emotional support between the spouses. In recent years, cognitive-behavioral marital therapy was adapted to address a wide range of individual, psychological, and medical problems. Cognitive-behavioral marital therapy studies based on marital conflict and individual psychopathologies are expected to be effective both for relationship compliance and for the improvement of psychopathological symptoms of the spouses.

Keywords: Cognitive-behavioral therapy, marital therapy, psychotherapy

Öz

Evlilik ilişkisi olumlu ve yaşamı zenginleştiren bir faktör olarak kabul edilmektedir. Bununla birlikte, bireylerin yaşamlarını etkileyen ciddi stres faktörlerinin de kaynağı olabilen evlilik yaşantısı içinde anlaşmazlıklar ve çatışmalar görülebilmektedir. Mevcut problemleri etkili yollarla çözebilmek, aile içindeki fonksiyonların işlevsel şekilde devamlılığını sağlamaktadır. Evlilik sorunlarını çözümlemeye yönelik geliştirilen bilişsel davranışçı terapilerde genel olarak, eşlerin gerçekçi olmayan beklentilerinin değiştirilmesi, hatalı bilişlerin düzenlenmesi ve etkileşimi geliştirmek amacıyla problem çözme, iletişim kurma becerileri gibi doğrudan beceriye dayalı yöntemler kullanılarak olumsuz davranışların değiştirilmesi amaçlanmaktadır. Genellikle eşlerin duyguları, davranışları ve bilişleri üzerinde durulan bilişsel davranışçı evlilik terapilerinde, olumsuz davranışsal etkileşimleri azaltmak, eşlerin karşılıklı duygusal desteğini artırmak öncelikli amaçlar arasında yer almaktadır. Son yıllarda bilişsel davranışçı evlilik terapilerinin çok çeşitli bireysel, psikolojik ve tıbbi sorunları ele alacak şekilde uyarlandığı görülmektedir. Evlilik çatışması ve bireysel psikopatolojiler temelinde uygulanan bilişsel davranışçı evlilik terapisi çalışmalarının, umut verici şekilde hem ilişki uyumu açısından hem de eşlerin sahip olduğu psikopatolojinin belirtilerinin iyileşmesi açısından etkili olduğu dikkat çekici bir sonuç olarak karşımıza çıkmaktadır.

Anahtar sözcükler: Bilişsel davranışçı terapi, evlilik terapisi, psikoterapi

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Received: 25.03.2020 | Accepted: 22.05.2020 | Published online: 11.01.2021

MARRIAGE is a relationship that has emotional, behavioral, biological dimensions, that provides mutual sexual satisfaction, and helps the development of intense emotional sharing through companionship (Çakır 2008). Marriage, which has a legal basis, is also considered as an approval in law, religion and society (Akdemir et al. 2006). Hence, marriage, defined as a close relationship, is also delineated as a form of dependency that prevails longer periods, similar to other close relationships (Kelley 1983). Circumstances such as becoming a parent, increased psychological and physical resilience, and overcoming economic problems in unity stand out either as the constructive or problematic factors in a marriage (Waite and Lehrer 2003). Despite its advantageous and/or disadvantageous aspects and difficulties, marriage is considered as a relationship that should be maintained by a majority of the individuals (Mussatayeva 2018). Seligman (2007) considered marriage as a deep relationship, beyond the fact that it comprised social elements, and defined it as the capacity of individuals to establish meaningful connections with each other. Bradbury et al. (2000) argued that successful progress and positive evaluation of a marriage by the spouses contributed to a peaceful family life and to the development of physical and psychological resilience of the spouses. A balance is established by the spouses over time. Such balance is affected by positive and negative factors that affect the relationship. These factors often are the indicators for the course of a marriage (Şahin 2017).

Literature on the relevant research domain signifies several factors and components that affect the marital relationship. Variables such as marital adjustment, marital satisfaction, marital conflict, and communication difficulties are the frequently addressed and studied issues within the scope of marriage. Hence, the studies, which examined the factors affecting the positive progress of a marriage, elucidated concepts such as marital adjustment and marital satisfaction and the combination of these concepts, thus enabled the means to evaluate the quality of a marriage. According to Kışlak and Çabukça (2002), marital adjustment refers to the ability of the spouses to mutually agree on matters related to their marriage through communication and to act constructively while resolving existing problems. It is stated that marital adjustment occurs as the spouses complement each other in the marital relationship and such circumstance leads to a content marriage (Kalkan and Ersanlı 2008, Fincham and Beach 2010). Martial adjustment is identified through effective communication, shared decision-making, shared objectives and values, and agreement on income and expense management in family relations (Kocadere 1995, Şener and Terzioğlu 2002, Kışlak and Göztepe 2017).

Variables such as becoming a parent (Callan 1984), predisposition of the spouses to attribution (Tezer 1994), problem-solving skills (Winemiller and Mitcher 1994, Güven and Sevim 2016), duration of the marriage (Karney and Bradbury 1997, Rosen-Grandon et al. 2004, Lavner et al. 2014, Çağ and Yıldırım 2016), communication skills (Finkenauer and Hazam 2000, Noller and Feeney 2002), level of education (Erci and Ergin 2005), self-disclosure (Joseph and Afifi 2010, Quek and Fitzpatrick 2013), personality traits (Young and Klosko 2016) and support received from the spouse (Çiftçi et al. 2019) affect marital satisfaction. Studies on marital adjustment indicate that individual and socio-economic

variables (Özgüven 2000), ability to reach to a consensus on matters related to marriage and family (Yılmaz 2001), emotional skills (Mirgain and Cordova 2007), manners in communication and conflict resolution (Soylu and Kağnıcı 2015), personality traits, conflict resolution approaches and opinions on the relationship (Çakmak Tolan 2015), automatic thoughts of the spouses (Güvener 2018), empathy skills (McDonald et al. 2018) and various stress factors (Katz et al. 2018) were associated with marital adjustment.

A different viewpoint indicated that conflict was an unavoidable circumstance in human relations. Yavuzer (2002) argued that interpersonal conflict was a natural process that occurred due to incompatible and uncompromisable requirements, impulses and expectations. Disagreement between spouses might result with increased conflicts. Weingarten and Leas (1987) argued that conflict was not only observed in problematic relationships yet was a necessary condition for development and growth within the marriage. In order to perceive conflict as a circumstance that leads to agreement, rather than perceiving it as a problematic situation to avoid, the demands that appear due to conflict could be realized through mutual consensus (Özgüven 2000). Effective problem-solving in marriage enables the functions in the family to continue successfully (Epstein et al. 1993). Faulkner et al. (2005) reported that males exhibited non-verbal behaviors, whereas females resorted to expressionistic means of solution in conflict situations. Mahoney (2005) stated that spouses also exhibited behaviors such as avoidance, verbal or physical violence in conflict situations. Avoidance and occasional denial to talk about the expectations in the marriage might lead to conflicts (Juvva and Bhatti 2006). Epstein et al. (1993) suggested that dysfunctional thoughts and cognitions of spouses on the relationship could lead to marital conflict. Nevertheless, several factors such as level of realism in spouses' happiness expectations, non-overlapping role expectations, economic challenges, communication problems, relationship problems with the family and relatives, sexual problems, parenting and tendency to new interests and new social environment might result with conflict between the spouses (Canel 2007).

Spouses in conflict receive marital therapy to solve the communication problems in marriage and to maintain their relationship in a constructive way. Family therapy, on the other hand, addresses problems experienced by other members of the family, beyond the married spouses (Rivett 2003). Marital therapy differs from family therapy based on its therapeutic interventions, developed solely for married spouses. Therapy, that focuses on the relationship established by emotional bonds between unmarried individuals and the conflicts that occur in their close relationships, is called the couple therapy and differ from marital therapy. Given the scope above, the present study was intended to review the literature on marital therapy, which aims to improve communication and problem-solving skills of spouses and to address existing problems, with limiting the scope to married individuals.

Marital therapy

Conflict and disappointment between spouses are among the factors that impair a marriage and occasionally lead to divorce (Onur 1986). The intensity of the problems in marriage varies based on factors such as the personality traits of the spouses and the duration of

the marriage. Until the 1950s, psychoanalytic and behavioral approaches rejected marriage therapy with the reason that more than one individual in a therapy process would impair therapeutic relationship and individual-oriented development within psychotherapy emerged as the dominant view (İkizoğlu 2019). Later in the 1950s, system perspective developed by Ackerman (1958) and the works of Whitaker (1976) led to the development of family therapy and several approaches (behavioral approach, systemic approach, psychodynamic approach, etc.) became prominent in time. Review of the relevant literature indicated that marital and couple therapies were detached from family therapy after 1980s due to the development of practices for couples, which did not include other members of the family.

Marital therapy is a type of psychotherapy that aims to alter and regulate the interactions of spouses in conflict (Akdemir et al. 2006). Literature suggested that marital therapy and marital relationship development programs were not carried out differently (DeMaria 2005). One of the objectives in marital therapy was to improve the communication and problem-solving skills of the spouses. The studies that investigated increasing the communication ability between spouses to improve the marital relationship demonstrated that skills, such as interaction, gaining awareness and flexibility, were the obtained (Wampler and Sprenkle 1980, O'Leary and Smith 1991). Furthermore, there exist numerous studies that suggested a decrease in the marital problems due to the involvement of the spouses in a marital relationship development program (Dunn and Schwebel 1995, Burchard et al. 2003, Stith et al. 2003, Dargahi et al. 2017, Masoumi et al. 2017).

Communication skills are particularly significant for marital satisfaction (Miller et al. 2003, Litzinger and Gorden 2005). Training the spouses on issues such as communication skills, reconciliation, joint decision-making and problem-solving might be a preventive factor for conflict in marriage (Worthington et al. 1989). Instructing spouses on the means to deal with conflicts and existing incompatibilities is suggested to have a positive reflection on the skills essential to solve future problems and to maintain a healthy relationship. Respectively, there were studies that established the effectiveness of programs such as relationship development, marriage and family education on domains such as communication, marital adjustment and marital satisfaction (Ripley and Worthingon 2002, Jakubowski et al. 2004). Similar studies were also conducted in Turkey, investigating the effectiveness of marital relationship development programs. Studies that employed marital relationship development programs reported development in communication and conflict resolution skills and increase in the spouses' skill to cope with irrational beliefs (Sevim 1996, Kalkan 2002, Ersanlı 2007, Sevim 2016). The results obtained from relationship development studies using behavioral and social learning principles indicated that spouses' skills on emotion awareness, empathy, problem-solving, reconciliation, conflict resolution, changing habits and satisfaction in marriage increased (Ross et al. 1985).

The most significant objective of marital therapy is to address and solve the problems and conflicts experienced by the spouses in a therapeutic context. Furthermore, the concept of divorce, which is expressed as the legal termination of a legally founded marriage (Ozguven 2000), is also considered within the scope of marital therapy. Nevertheless, it was also

clinically argued that marital therapy could be used with the purpose to develop the process of a healthy divorce. Marital therapies include different approaches such as emotion-oriented therapy, solution-oriented therapy, holistic marital therapy, psychodynamic marital therapy, behavioral therapy, and cognitive-behavioral therapy. The present study was intended to examine cognitive-behavioral marital therapy and review the studies on the research domain.

Cognitive-behavioral therapy

Cognitive-behavioral therapy is an effective and structured approach within psychotherapy and is used in the treatment of a wide range of psychological and psychiatric disorders (Padesky and Greenberger 2008). Cognitive theory, an extensively employed approach, currently continues its development (Beck 2001). It is acknowledged to be highly effective in the treatment of psychiatric disorders such as depression, anxiety, and phobic disorders (Hawton et al. 1989). Despite the fact that cognitive-behavioral therapy was created by Beck in the 1960s for treatment of depression, the approach pioneered the field of psychotherapy and currently it is effectively used in the treatment anxiety and personality disorders (Süler 2017). Cognitive-behavioral therapy is prominent due to its effectiveness and being used in a broad range of psychotherapy approaches (Butler et al. 2006, Hofmann et al. 2012). The bases of CBS rely on learning theories and cognitive psychology and include cognitive and behavioral principles, besides the approaches towards problem-solving skills (Özcan and Çelik 2017). Behaviorist school, which had a strong influence in the 1960s, yielded to the cognitive model in the 1970s (Bengisoy et al. 2019). A. Beck and A. Ellis, who interpreted cognitive approach into a regular and systematic psychotherapy method, also shaped the background of cognitive theory (Şirin 2013). Cognitive-behavioral therapy, which emerged based on Ellis' Rational Emotive Behavioral Therapy and Beck's Cognitive Therapy, became more robust in time, especially in 1980s, and received its current form (Türkçapar 2007).

Cognitive theory claimed that mental processes such as emotions and behaviors were affected through the way events were interpreted in life. Rather than the event itself, the meaning attributed to an event by an individual determined emotions and opinions (Çelebi and Odacı 2018). It is important that an individual perceives and interprets a circumstance or event through own emotional and behavioral responses developed (Süler 2017). Cognitive theory examines the mental processes of an individual through conceptualizing these processes as the schemas of automatic thoughts (Özcan and Çelik 2017). Automatic thoughts are verbal or imaginary fragments that suddenly appear in the flow of the mind. They are on the surface of the mind and mostly exist in the form of words and visual images. These thoughts are far from reality and can often be disproven with objectively presented evidence.

According to the topological model of the cognitive theory, there are intermediate beliefs, assumptions, rules, and core beliefs beneath the automatic thoughts. Such structure, expressed as schemas in several sources, is defined as the perpetual rules and expectations of an individual towards oneself and the outside world. On the other hand, intermediate beliefs, assumptions, and rules are acknowledged as the structures used by the individuals to

protect oneself from negative core beliefs. Core beliefs based on individual experiences and childhood practices are generalized and consist of certain judgments (Beck 2001).

Another concept explained in the cognitive theory is cognitive distortion. Cognitive distortions include unrealistic evaluations and automatic thoughts in an individual's perception system on oneself and on the outside world (Fair 1986). According to Beck (2001), there are cognitive distortions such as arbitrary inference, selective abstraction, overgeneralization, polarized thinking, exaggeration, minimization, labeling and mind reading. Yılmaz et al. (2011) argued that cognitive distortions formed a large part of an individual's life and affected his/her current and future self-assessment. According to cognitive theory, negative biases, erroneous thinking, and unreasonable conclusions in the thinking system cause unpleasant emotions for individuals (Hackney and Cormier 2005).

In summary, cognitive-behavioral therapy involves the systematic study of an individual's automatic thoughts, assumptions, and beliefs. Cognitive distortions created by unrealistic automatic thoughts are reorganized with logical, functional, and realistic thoughts, emotions and behaviors and expected to change in the positive direction. Hence, a therapist employs an array of techniques to demonstrate an individual that his/her feelings and thoughts are interrelated, and several thoughts constitute several other feelings. In addressing problems and conflict situations in a marriage, it is essential to evaluate mental processes such as beliefs about the relationship, cognitive distortions and automatic thoughts as the factors related with the current problem in the relationship (Bradbury et al. 2000, Woodward et al. 2001). The following section provides knowledge on the cognitive processes observed in marriage.

Cognitive processes in marriage

Literature review indicates that there existed studies that examined the behavior and cognition of spouses with difficulties in marriages since the 1970s. Especially after 1980s, cognition was frequently emphasized and studies focusing on components such as attributions, irrational beliefs, problem solving skills increased. In such framework, it was evident that the irrational beliefs individuals have about themselves, their spouses and marriages significantly affected incompatibility and conflict in marriage (Epstein and Eidelson 1981, Huber and Milstein 1985, Sharp and Ganong 2000). Epstein (1982) argued that there were false perceptions, generalized thinking, and illogical assumptions in the roots of the problematic relationships and intense conflicts. Kayser and Himle (1984) established that irrational and dysfunctional beliefs were the sources of difficulties in establishing intimacy between spouses. Dattilio and Padesky (1990) stated that irrational beliefs also reduced marital adjustment.

Marital satisfaction was suggested to be influenced by the beliefs developed based on marital relationship (Fincham and Bradbury 1990). It is acknowledged that problem-solving and communication skills, often discussed within the cognitive model, also affected marital satisfaction (Metis and Cupach 1990). Debord et al. (1996) stated that spouses who defined themselves unhappy in marriage had more unrealistic thoughts and cognitive distortions compared to other individuals. Moller et al. (2001) concluded that the intensity

of cognitive distortions in spouses predicted the level of conflict in marriage. Similar studies conducted in Turkey demonstrated that dysfunctional beliefs of spouses were associated with the number and frequency of conflicts in marriage (Hamamcı 2005) and cognitive distortions affected problem-solving skills and marital satisfaction of the spouses (Güven 2005).

Cognitive-behavioral therapy oriented marital therapy

Development

Marital therapy, which started long ago and continued its development to the current day, is an important form of psychotherapy (Northey 2002). In the 1950s, Albert Ellis developed Rational Emotive Behavioral Therapy oriented marital therapy and indicated that irrational beliefs and thoughts caused emotional challenges, which the spouses became aware of during the therapy process (Nazlı 2013). Behaviorist school, which argued that dysfunctional behaviors decreased due to changed environmental conditions in time, started to focus on mental processes such as thought patterns and self-regulation in individuals, along with the significance they attached to cognitive factors. Thus, developing communication skills, focusing on problem-solving skills and altering erroneous thinking patterns in spouses became the focal points in resolving conflicts (Efe and Türkçapar 2013). In the 1960s, Patterson (2005), who studied marital and family problems within the framework of behavioral theory, suggested that marital problems were maintained based on the results of a behavior, as in classical behavioral theory, and factors such as reward and reinforcement were significant for attenuation or continuation of the behavior of spouses.

Early approaches to cognitive-behavioral martial therapy focused on endorsing behavioral change. Jacobson and Margolin (1979) and Liberman's (1970) studies were the examples to such approaches. However, it is remarkable that marital therapy expanded the limits to include cognition and emotions that directly addressed emotions (Dattilio 2001, Dattilio 2005, Patterson 2005).

Theoretical view

Cognitive-behavioral marital therapy is an approach with robust empirical foundations established to alleviate relationship problems, address individual challenges in relationship and assist married couples (Fischer et al. 2016). The objectives of the cognitive-behavioral marital therapy are to increase relationship satisfaction and address and resolve conflicts, communication difficulties and incompatibilities (İkizoğlu 2019). The behavioral aspect of marriage therapies focuses on the fact that individual behavior is learnt in the family and maintained through the use of previous reinforcers and behavior changes (Demirbilek 2016). The cognitive aspect of marital therapies focuses on the core beliefs, schema, perceptions, and the impact of these factors on the emotions, and emphasizes that personal schema and relevant thoughts are the sources of conflict between the spouses (Dattilio 2005). According to Beck (2011), cognitive systematic problems that often exist in married couples are as

follows:

- **Selective abstraction:** Selecting of certain details of the circumstance that creates the conflict in the relationship and continuing conflict over such details.
- **Arbitrary inference:** Reaching certain conclusions, accepting them as the absolute truth and judging the spouse, despite having no objective evidence.
- **Overgeneralization:** Inferring generalized and extreme results based on one or more events.
- **Polarized thinking:** Perceiving experiences or circumstances as absolutely successful, absolutely unsuccessful, absolutely good or bad.
- **Exaggeration/minimization:** Perceiving a circumstance not through its actual dimensions and magnitude bur through exaggerated or minimized dimensions. Spouses might have the tendency to create disastrous circumstances through exaggerating each other's characteristics.
- **Mislabeling:** Spouses with such cognitive problem, which arises from biased attributions, exhibit a negative and critical attitude towards the partner's behavior.
- Personalization: Interpreting and taking personally the results of any circumstance that took place. In certain cases, spouses might perceive that the behavior of the other partner is self-directed.
- **Mind reading:** Spouses might have the belief that they always understand what their partner thinks. Such belief might lead to the attribution of incompatible thoughts.
- Emotional reasoning: Spouses have the belief that the emotion they feel should be confirmed. A spouse who undertakes the majority of the responsibilities might feel downtrodden, thus might tend to blame the partner based on the thought that he/she is not helping.

According to Ellis (2003), a disturbed married life continues until the spouses realize and resolve their cognitive errors in marriage. Epstein et al. (2002) state that spouses accept own thoughts real, since they usually are not capable of evaluating the validity of own cognition on their partners and relationship. It is argued that such circumstance affects the emotional and behavioral responses of the spouses to each other and causes the emergence of problems in the relationship.

Treatment principles and strategies

cognitive-behavioral marital therapy focuses on the modification of behaviors through direct skill-based methods such as treatment interventions, constructive handling of problematic behaviors, problem-solving, and communication skills. Further typical cognitive interventions such as guided discovery or Socratic inquiry are used to address cognitive distortions within the relationship (Fischer et al. 2016). The therapist monitors the interactions of the spouses with each other during a session, identifies erroneous cognitions and guides the spouses for evaluation. The identification of a distorted or overgeneralized cognition allows the therapist to help spouses in using several cognitive therapy methods to

modify such cognition. For instance, when a spouse makes an unrealistic extreme comment on the cause of the partner's behavior, the therapist can guide that spouse to develop alternative explanations for his partner's actions (Epstein and Zheng 2017). Furthermore, the therapist might also utilize behavioral training such as relaxation training and certain emotion regulation strategies to control spouses' feelings of anger, grief, anxiety during the therapy process. There are certain strategies used by the therapist to test, recognize, and regulate automatic thoughts, cognitive distortions and the assumptions spouses have. Beck (2011) explains these strategies as follows:

1. **Associating emotional responses with automatic thoughts:** At this phase, the main strategy is to identify the emotion that occurs when the conflict is encountered and to determine the automatic thoughts that an individual develops towards that event, through to associating it with the event.
2. **Using imagination in shaping thoughts:** It is assumed that automatic thoughts do not only appear in the face of a particular event or situation, but also appears due to similar life experiences. Spouses are asked to imagine similar experiences and note their thoughts based on these imagined experiences. Hence, the aim is to make the individual carefully re-observe the automatic thoughts that occur rapidly.
3. **Acknowledging automatic thoughts:** Automatic thoughts increase the emotional symptoms such as anger, grief, or communication difficulties between spouses. Spouses might fail to notice the fact that their emotions and expectations stem from automatic thoughts based on a conflict situation. Therefore, acknowledging automatic thoughts enables the spouses to become aware on own thought systems and develop emotion regulating skills. Given such scope, spouses are asked to note the emotional reactions and automatic thoughts that surface due to a conflict situation.
4. **Replay technique:** Subsequent to the identification of automatic thoughts, the conflict situation is replayed in mind and the spouses are requested to ask themselves "What is going on in my mind?" It is indicated that individuals realized automatic thoughts, which they missed while experiencing the real situation/event, through replaying the situation or event in their minds.

1. **Technique for testing automatic thoughts:** It is accepted that emotional reactions of spouses in marital conflict are commonly disproportionate and exaggerated. Testing whether the automatic thoughts are distorted or exaggerated is highly important for the spouses to modify their behaviors. Automatic thoughts can be tested via questions such as "What are the supporting or opposite evidence related to my thoughts?" "Could there be any other explanation for my partner's behavior?"
2. **Developing rational responses:** Rational responses are adaptive, functional, and realistic response that are developed once the spouse realizes that his/her automatic thoughts are based on distorted evaluations. The formation of a rational response enables the spouses to observe their thoughts as a reaction or remark to the situation. A person who interprets that his/her spouse, who does not call when late, acts negligently and does not value him/her, develops a rational response once he/she organizes the automatic thoughts

towards evaluating the situation as "being late does not show that my partner, who is often concerned and caring, does not care about me."

In cognitive-behavioral marital therapy, cognitive-behavioral techniques such as reinforcement, extinction, desensitization, psychoeducation, communication, conflict and problem-solving techniques, thought stopping, and tally keeping can be used to teach therapist how to think more functionally (Gladding 2012). Dattilio (2006) particularly emphasized that one of the most important components in marital therapy is the problem-solving skill, since spouses consider an existing problem as a circumstance that requires a solution and such circumstance is also considered as an important process through which spouses compromise and construct solutions. As in other therapy techniques, in cognitive-behavioral marital therapy, the therapist should absolutely be in cooperation with the spouses due to the established therapeutic relationship or alliance. Efe and Türkçapar (2013) suggested that dimensions such as ensuring the acknowledgement of the objectives through providing feedback after the session to confirm collaboration, reviewing the common objectives in therapy, ensuring participation in the given homework increased the motivation of the spouses and positively affected their participation in the treatment.

Relationship problems and psychopathologies addressed by the cognitive-behavioral marital therapy

Cognitive-behavioral marital therapy based on relationship problems

marital relationship can be the source of serious stressors that affect or enrich individuals' lives (Epstein 2017). Cognitive-behavioral marital therapy is an effective method for working with married couples with various internal and/or external stressors in the relationship (Baucom and Epstein 1991, Epstein and Baucom 2002, Baucom et al. 2015). Cognitive therapy for marital problems requires the use of self-education procedures to change unrealistic expectations in relationships, correct distorted cognitions in marital interaction and reduce destructive interaction (Epstein 1982). Individuals' expectations on the relationship and on the roles of their spouses constitute the focal points of cognitive interferences in conflicted marriages (O'Leary and Turkewitz 1981, Jacobson and Margolin 1979).

It is argued that unrealistic expectations inevitably led to disappointment, anger, and disruptive behavior (Ellis and Harper 1975). Stuart (1969) pointed out that the negative (or positive) expectations of the spouses were processed into behaviors and could simply become self-fulfilling prophecies. Negative self-fulfilling prophecies might result with conflicts in the marriage and marital dissatisfaction. Sager (1976) argued that each individual had a series of both conscious and unconscious expectations about the benefits he/she provided to and gained from the relationship. Such expectations, wither realistic or unrealistic, are not usually expressed, yet turn into reactions such as disappointment, anger and aggression once the interaction between the spouses do not meet these expectations.

Accurate evaluation of basic expectations during the therapy process is beyond the superficial definition of thoughts and requires the therapist to use carefully selected questions to reveal the meanings of events for the individual (Beck et al. 1979). It is stated that spouses become more motivated to alter and modify own beliefs, once the therapist presents the identified cognitions to the spouses, with the aim to let them understand the ways they intensify frustration and conflict in marriage (Epstein 1982). Conflicted relationships do not only include individual negative behavior cycles, but also include the spouses' tendencies to make negative remarks on each other's behavior. Such remarks are comonly related to having a negative opinion on the spouse and originate due to the tendency to notice or follow negative behaviors and not to notice positive behaviors (Jacobson and Margolin 1979). Gelles and Straus (1979) stated that such remarks increased the probability of conflict among family members.

As a result, adjusting erroneous traits of the spouses and their perceptions towards each other are essential steps in establishing and maintaining a mutually satisfying relationship. Doherty (1981) stated that attribution behaviors between spouses affected the therapy process and were possibly effective in revealing mutually destructive accusation. Baucom (1981) emphasized the importance of explaining how marital problems can be attributed to internal factors (self) or external factors (the individual's partner) during the therapy process, and to assess how cognition and behavior contribute to these attributions. It is possible to observe that the shared objective in these approaches was to alter and expand the viewpoint of each individual to interpret the meaning and causes of own behavior.

Interactions established in conflicted relationships are usually explicit due to emotional outbursts and amplified behaviors. Such behavior is related to distorted expectations and traits that reveal negative emotions such as anger and anxiety. Situations with emotionally negative effects also prevent systematic problem-solving skills that reduce the conflict between spouses (Epstein 1982). Trainings such as self-control and positive behavioral skills provided to the spouses demonstrate how to deal with stressors and help reduce the maladaptive responses of the spouses, such as anger and anxiety, which surface at the time of or due to the negative circumstance (Beck 1979). Furthermore, married individuals often experience emotional distress associated with objective financial conditions such as economic strain, subjective negative assessment, loss of job, or debt (Falconier and Epstein 2011). There is evidence that experienced economic challenges and the cognitive thinking on these challenges increase negative communication between spouses. It is identified that negative communication styles develop and satisfaction in the relationship decreases due to increased verbal and hostile expressions between the spouses due to economic distress (Falconier and Epstein 2011).

Several significant problems in marital relationship include the bilateral violence known as "common couple violence (CCV)", psychological violence and physical violence (Epstein et al. 2015). It is suggested that cognitive-behavioral marital therapy is the most commonly used therapy model to reduce violence in the marriages with aggression and violence and spouses can be safely and effectively be treated with cognitive-behavioral marital therapy

(Epstein 1982). Commonly, cognitive-behavioral therapy, which focuses on the type of violence and its negative effects on the relationship, includes interventions to change cognitive distortions related to aggression along with anger management (Epstein et al. 2015).

Infidelity is another major stressor experienced by married couples and traumatic symptoms are frequent in the betrayed spouse. Baucom et al. (2009) indicated that cognitive-behavioral therapy-oriented marital therapy program helped the spouses to cope with trauma symptoms, understand the factors that lead to betrayal, and constructively communicate on each other's thoughts and feelings. They argued that the program increased relationship satisfaction of the betrayed spouses yet had varied effects on the satisfaction of the spouses, who were disloyal.

Cognitive-behavioral therapy oriented marital therapy based on specific psychopathologies

In the last two decades, cognitive-behavioral marital therapy was adapted to address a wide range of individual, psychological, and medical problems. The idea of functionality and relationship quality remain as the basis of the development of these interventions (Fischer et al. 2016). A positive effect by the support received from the spouse contributes to the formation of an added well-being besides the individual interventions. Social support of a spouse was associated with further psychological well-being and reduced negative effects of various stressors such as serious health problems (Cutrona 1996, Dehle et al. 2001, Soulsby and Bennett 2015).

It is emphasized that one of the spouses might play a fundamentally supportive role when a stressor affecting marital relationship mainly affects the other spouse, however it is more functional for the spouses to undertake the problem-solving process in cooperation when they are both affected by the stressor (Revenson et al. 2005, Cutrona and Gardner 2006). Therefore, cognitive-behavioral marital therapy was conducted directly in the interpersonal context, where the individual problems occur. Basically, the aim in these applications is to work with married couples to intervene with the individual problems (e.g. depression, substance abuse, cancer, cardiovascular disease), instead of resolving conflicts and problems in the relationship. However, maladaptive interaction patterns such as high-level criticism that negatively affect an individual's disorder can also be addressed.

Baucom et al. (1998) stated that the healthy spouse can participate treatment as a supportive guide in cognitive-behavioral marital therapy for individual psychopathology and medical problems. Relevant literature indicated that the relationship problems were considered as a chronic stressor that adversely affected an individual's psychopathology or medical problem. However, addressing the relationship problems experienced during the therapy process suggested that psychological disorders had a strong effect on the spouses' interactions. Such viewpoint emphasized that spouses and the family members of the individuals with anxiety disorders, post-traumatic stress disorder (PTSD) or obsessive-compulsive disorder (OCD) need to develop certain behaviors to avoid anxiety. Main

interventions for a particular psychological disorder include efforts that focus on the critical significance of the modification of spouse and/or family relationships in solving existing problems (Boeding et al 2013, Fredman et al 2016).

Depression

Depression and substance abuse are the most studied psychiatric disorders within the scope of a functioning of the relationship. Both cross-sectional and longitudinal approaches indicate that problems such as communication difficulties, adaptation problems and depression symptoms were closely related (Whisman and Baucom 2012). Problems between spouses remain as an important risk factor since the disorder might surface again in the future (Whisman 2001, Whisman and Baucom 2012). Therefore, treatment of depression, which addresses both the depression symptoms and relationship functions, has a strong impact on the improvement of relationship problems of individuals. It is emphasized that cognitive-behavioral marital therapy is effective in the treatment of depression since it focuses on relationship problems along with depression (Baucom et al. 1998).

Considerable evidence indicates a two-way association between depression and relationship problems (Whisman 2013). Relationship problems are a risk factor for depression development while depression also causes a stressor on the relationship. Barbato and D'Avanzo (2008) conducted a meta-analytical study and concluded that marital therapy is as effective as individual therapy in reducing depression, since it significantly improves relationship problems, thus reduces the influence of an important risk factor for depression recurrence. Studies were conducted to improve both depression and relationship satisfaction through spouse-supported behavioral adjustments based on cognitive-behavioral and disorder-specific interventions (Bodenmann et al. 2008, Cohen et al. 2010). It was emphasized that interventions in depression-oriented cognitive-behavioral marital therapy reduced depression risk factors for both spouses. Studies, which provided psychoeducation on behavioral interventions with the intention to improve relationship quality, concluded that marriage therapy was effective for individuals with both depression and relationship problems, and cognitive treatment of only one individual did not result with improved relationship problems (Beach and O'leary 1992, Jacobson and et al. 1993). In summary, cognitive- and behavior-based marital therapies emerged as significant treatment opportunities for spouses with depression and contributed to the reduction of relationship problems, along with their application in individual treatment.

Post-traumatic stress disorder (PTSD)

Individuals, who suffer post-traumatic stress disorder (PTSD) often exhibit chronic symptoms that are challenging for themselves and others. Symptoms include behaviors (e.g., limited communication, aggression, avoiding situations that remind of the trauma), cognitions (e.g. self-blame for the traumatic event, exaggerated expectations of risk) and emotions (e.g. anxiety, anger, emotional numbness, depression). Monson and Fredman (2012) developed a type of cognitive-behavioral treatment method for PTSD that addressed

the negative effects of the disease on relationships and included both partners in the method employed to treat symptoms. Behavioral strategies such as cognitive restructuring and emotional regulation were used in the study that aimed to improve positive interaction, communication and problem-solving skills of the spouses through psychoeducation, which covered the causes and symptoms of PTSD. Studies that employed the method developed by Monson and Fredman (2012) indicated positive effects. Another study established that effective and positive results, based on the improvement of PTSD symptoms, were obtained when the beliefs on the trauma and thoughts on guilt were addressed via the cognitive model (Macdonald et al. 2016). In the adaptation study for the awareness interventions to cognitive-behavioral marital therapy conducted by Luedtke et al. (2015) found that there was an improvement in PTSD symptoms and partners' satisfaction with the marriage.

Obsessive-compulsive disorder (OCD)

Symptoms of obsessive-compulsive disorder (OCD) usually include cognitions (e.g., repetitive intrusive thoughts), emotions (e.g. anxiety) and behaviors (e.g. compulsive rituals such as control). These symptoms do not only interfere with the overall functioning of the individual but are also significant stressors in close relationships. Nevertheless, conflict between spouses is also known to worsen the OCD symptoms of an individual.

Abramowitz et al. (2006) developed a program, which emphasized the principles of cognitive-behavioral marital therapy, based on exposure and response prevention procedures for OCD. Given such scope, they prepared a psychoeducation program for both spouses, including exposure and relaxation exercises which informed them to deal with symptoms of and anxiety related to OCD. Abramowitz et al. (2006) determined that the program led to a significant decrease in OCD symptoms and the symptoms did not reappear at the 6th and 12th month follow-ups. Review of the relevant literature indicate that systematic exposure and disorder-specific behavior interventions are commonly applied in cognitive-behavioral marital therapy, which addresses disorders such as anxiety, PTSD and OCD. Daiuto et al. (1998) determined that intervention studies in which spouses play a supportive role during exposure were as effective as individual interventions for OCD and agoraphobia. Furthermore, significant improvement in OCD symptoms of an individual led to an increased level of satisfaction for both partners (Monson et al. 2012, Abramowitz et al. 2013, Schumm et al. 2013, Schumm et al. 2015).

Substance abuse

There exists a strong relationship between marital problems and alcohol and substance abuse disorders in married couples (Whisman 2007). Substance abuse is an important problem domain that creates permanent stress both for the individual and his/her intimate relationships. Symptoms that contribute to substance abuse problem include cognitions (e.g., rejecting that substance abuse is a problem), emotional responses (e.g. uncontrolled anger) and behavioral factors (e.g. aggressiveness, social withdrawal, non-fulfilment of the partnering role) (Birchler et al. 2008).

Cognitive-behavioral marital therapy utilizes spouses as a support strategy in the treatment of individuals with substance abuse problem. During the treatment process, it is essential to focus on the cognition of both spouses on substance abuse disorder, thus reduce relationship problems that occur due to the disorder. Powers et al. (2008) demonstrated that cognitive-behavioral marital therapy for spouses diagnosed with substance abuse disorder was more effective than individual treatment aimed to reduce both substance abuse and relationship problems. Furthermore, it was concluded that cognitive-behavioral marital therapy reduces negative communication patterns (O'Farrell and Fals-Steward 2000, McCrady et al. 2009) due to alcohol abuse disorders and positively affected both the improvement in alcohol consumption and the way the relationship worked (O 'Farrell et al. 1985, O'Farrell et al. 1992, Walitzer and Dermen 2004). In conclusion, it was stated that cognitive-behavioral marital therapy studies conducted on relationships with alcohol and substance abuse disorders were more effective compared to individual treatments in terms of relationship compliance (McCrady et al. 2009, Schumm et al. 2012, Schumm et al. 2014, Schumm et al. 2015).

Conclusion

Marital therapy is an effective type of psychotherapy based on regulating the interactions and communications of spouses who have conflicts in relationships. Cognitive-behavioral marital therapy, on the other hand, is an approach that aims to help spouses solve their individual difficulties and relationship problems through addressing automatic processes, schema, emotions, behaviors, and mental processes such as perception and interpretation. It is noteworthy that majority of individuals who seeking help from therapists for individual-based psychotherapy seek support for marital problems as well (Gurman and Fraenkel 2002). Therefore, cognitive-behavioral marital therapy became one of the most important and leading schools that rapidly developed in the last 20 to 25 years.

Cognitive-behavioral marital therapy, which targets challenges in a relationship, instructs the spouses to deal with conflict situations using functional coping mechanisms and positively affects the continuity of a relationship through enabling the spouses to develop skills for the incompatibilities that arise during the relationship. Conflict situations in marriage do not only surface as individual problems, but also approaches, emotions and behavior patterns of the spouses affect the relationship. It is acknowledged that one of the most important components of a functioning relationship is the cognitions of the spouses (Epstein and Eidelson 1981, Huber and Milstein 1985, Fincham and Bradbury 1990, Sharp and Ganong 2000). According to the cognitive model, problem-solving styles and communication skills of the spouses were also among the important factors that affected the relationship (Metis and Cupach 1990).

Cognitive therapy aims to regulate unrealistic expectations and distorted cognitions in spouses. However, the significance attributed to therapeutic collaboration, variation of the behavioral techniques applied and creating long-term and adaptive changes in certain traits of an individual's life through focusing on their cognitive processes are the other dimensions that renders the approach effective. The intervention results of cognitive-behavioral marital

therapy, which was intended to reduce negative behavioral interactions and increase mutual emotional support between the spouses, indicated that the approach could provide a wide range of positive transformations for married individuals who had problems in their relationships.

In cases where a stressor causes several problems in a marital relationship and affects one of the spouses, the support of the other spouse positively contributes to the resolution of the problem. Such framework led to another important trend in recent years, where cognitive-behavioral marital therapy intervention principles focused on relationship problems that developed on the basis of individual psychopathology and medical conditions (Daiuto et al. 1998, Vedel et al. 2008, Monson et al. 2012, Schumm et al. et al. 2013, Shnaider et al. 2014). On the other hand, empirical strength of the cognitive-behavioral marital therapies and their effectiveness was supported by plethora of research emerge as the factors that strengthen the theory (Bussod and Jacobson 1983, Baucom and Epstein 1991, Baucom et al. 1996, Barbato and D'Avanzo 2008, Epstein et al. 2016; Shokrollahzadeh et al. 2017).

Features such targeting substantial behavioral changes during therapy and the clarity of the objectives support the comprehensibility of the therapy by the spouses. Given such context, cognitive-behavioral marital therapy is as effective as individual psychotherapy in improving both psychopathology symptoms and the erroneous interaction patterns through facilitating spouse support. Furthermore, focusing on whether cognitive distortions were developed due to psychopathology is a significant solution that should be evaluated within the course of a problem, besides solely focusing on cognitive distortions, dysfunctional cognitions that are expected in married couples who seek psychotherapy support for their marital problems.

References

Abramowitz JS (2006) Understanding and Treating Obsessive-Compulsive Disorder: A Cognitive-Behavioral Approach. Mahwah, Lawrence Erlbaum.

Abramowitz JS, Baucom DH, Boeding S, Wheaton MG, Pukay-Martin, ND, Fabricant LE et al. (2013) Treating obsessive-compulsive disorder in intimate relationships: A pilot study of couple-based cognitive-behavior therapy. Behav Ther, 44:395-407.

Ackerman NW (1958) The Psychodynamics of Family Life: Diagnosis and Treatment of Family Relationship. New York, Basic Books.

Akdemir A, Karaoğlan A, Karakaş G (2006) Çift terapisi. Türkiye'de Psikiyatri, 8:122-128.

Barbato A, D'Avanzo B (2008) Efficacy of couple therapy as a treatment for depression: A meta-analysis. Psychiatr Q, 79:121-132.

Baucom DH (1981) Cognitive behavioral strategies in the treatment of marital discord. Paper Presented at The Annual Meeting of The Association for The Advancement of Behavior Therapy, Toronto.

Baucom DH, Epstein N (1991) Will the real cognitive behavioral marital therapy please stand up? J Fam Psychol, 4:394-401.

Baucom DH, Epstein N, Rankin LA, Burnett CK (1996) Understanding and treating marital distress from a cognitive-behavioral orientation. In Banff international behavioral science series. Advances in Cognitive-Behavioral Therapy, 2nd ed. (Eds KS Dobson, KD Craig):210-236. California, Sage.

Baucom DH, Epstein NB, Kirby JS, LaTaillade (2015) Cognitive-behavioral couple therapy. In Clinical Handbook of Couple Therapy, 5th ed. (Eds AS Gurman, JL Lebow, DL Snyder):23-60. New York, Guilford Press.

Baucom DH, Shoham V, Mueser KT, Daiuto AD, Stickle TR (1998) Empirically supported couple and family interventions for marital distress and adult mental health problems. J Consult Clin Psychol, 66:53-88.

Baucom DH, Snyder DK, Gordon K (2009) Helping Couples Get Past the Affair: A Clinician's Guide. New York, Guilford Press.

Beach SRH, O'Leary KD (1992) Treating depression in the context of marital discord:outcome and predictors of response for marital therapy vs. cognitive therapy. Behav Ther, 23:507-528.

Beck AT (1979) Cognitive Therapy and the Emotional Disorders. New York, International Universities Press.

Beck AT (2011) Aşk Asla Yetmez (Çeviri Ed. N Öztan). Ankara, Detamat.

Beck AT, Rush A, Shaw BF, Emery G (1979) Cognitive Therapy of Depression. New York, Guilford Press.

Bengisoy A, Özdemir MB, Erkıvanç F, Şahin S, Çelik İskifoğlu T (2019) Bilişsel davranışcı terapi kullanılarak yapılan araştırma makalelerinin içerik analizi 1997-2018. Türk Psikolojik Danışma ve Rehberlik Dergisi, 9:745-793.

Birchler GR, Fals-Stewart W, O'Farrell TJ (2008) Couple therapy for alcoholism and drug abuse. In Clinical Handbook of Couple Therapy, 4th ed. (Eds AS Gurman):523-544. New York, Guilford Press.

Bodenmann G, Plancherel B, Beach SR, Widmer K, Gabriel B, Meuwly N et al. (2008) Effects of copingoriented couples therapy on depression: A randomized clinical trial. J Consult Clin Psychol, 76:944-954.

Boeding SE, Paprocki CM, Baucom DH, Abramowitz JS, Wheaton MG, Fabricant LE et al. (2013) Let me check that for you: Symptom accommodation in romantic partners of adults with obsessive-compulsive disorder. Behav Res Ther, 51:316-322.

Bradbury TN, Fincham FD, Beach SR (2000) Research on the nature and determinants of marital satisfaction: a decade in review. J Marriage Fam, 62:964-980.

Burchard GA, Yarthouse MA, Kilian ME, Worthington EL, Jr Berry JW, Canter DE (2003) A study of two marital enrichment programs and couples quality of life. J Psychol Theol, 31:240-252.

Bussod N, Jacobson NS (1983) Cognitive behavioral marital therapy. Couns Psychol, 11:57-63.

Butler AC, Chapman JE, Forman EM, Beck AT (2006) The empirical status of cognitive-behavioral therapy: A review of meta-analyses. Clin Psychol Rev, 26:17-31.

Çağ P, Yıldırım İ (2016) Evlilik doyumunu yordayan ilişkisel ve kişisel değişkenler. Türk Psikolojik Danışma ve Rehberlik Dergisi, 4:39.

Çakır S (2008) Evli bireylerin evlilik uyumlarının ana-babalarına bağlanma düzeyleri ve demografik değişkenler açısından incelenmesi (Masters thesis). Ankara, Ankara Üniversitesi.

Çakmak Tolan Ö (2015) Evlilik uyumunun kişilik özellikleri, ilişkiye dair inançlar ve çatışma çözüm stilleri bağlamında yordanması (Diyarbakır ili örneği) (Doctoral thesis). Malatya, İnönü Üniversitesi.

Callan V J (1984) Childless and marital adjustment. J Marriage Fam, 5:210-214.

Canel AN (2007) Ailede problem çözme, evlilik doyumu ve örnek bir grup çalışmasının sınanması (Doctoral thesis). İstanbul, Marmara Üniversitesi.

Çelebi GY, Odacı H (2018) Bağlanma stilleri, ilişkilere ilişkin bilişsel çarpıtmalar, kişilerarası ilişki tarzları ve kişilik özelliklerinin evlilik uyumunu yordamadaki rolünün incelenmesi. Sosyal Politika Çalışmaları Dergisi, 18:89-120.

Çiftçi Arıdağ N, Erus SM, Ünsal Seydooğulları S (2019). Eş desteğinin evlilik doyumu ve psikolojik iyi oluş ile ilişkisi. Electronic Journal of Social Sciences, 18(71):1014-1024.

Cohen S, O'Leary KD, Foran H (2010) A randomized clinical trial of a brief, problem-focused couple therapy for depression. Behav Ther, 41:433-446.

Cutrona CE (1996) Social Support in Couples: Marriage as a Resource in Times of Stress. Thousand Oaks, SAGE Publications.

Cutrona CE, Gardner KA (2006) Stress in couples: The process of dyadic coping. In The Cambridge Handbook of Personal Relationships (Eds AL Vangelisti, D Perlman):501-515. New York, Cambridge University Press.

Daiuto AD, Baucom DH, Epstein NB, Dutton SS (1998) The application of cognitive-behavioral marital therapy to the assessment and treatment of agoraphobia: Implications of empirical research. Clin Psychol Rev, 18:663-687.

Dargahi S, Rezaiee Ahvanuiee M, Ghasemi Jobaneh R, Khorasani AH (2017) The effect of relationship enhancement approach training on job stress and quality of marital relationship among municipality staffs. Journal of Occupational Health and Epidemiology, 6:199-206.

Dattilio FM (2001) Cognitive-behavior family therapy: Contemporary myths and misconceptions. Contemp Fam Ther, 23:3-18.

Dattilio FM (2005) The restructuring of family schemas: A cognitive-behavior perspective. J Marital Fam Ther, 31:15-30.

Dattilio FM, Van Hout GCM (2006) the problem-solving component in cognitive behavioral couples' therapy. J Fam Psychother, 17:1-

19.

Dattilio, FM, Padesky, CA (1990) Cognitive Therapy with Couples. Florida, Professional Resource Exchange, Inc.

Debord J, Romans JSC, Krieshok T (1996) Predicting dyadic adjusment from general and relationship-specific beliefs. J Psychol, 130:263-280.

Dehle C, Larsen D, Landers JE (2001) Social support in marriage. Am J Fam Ther, 29:307-324.

DeMaria RM (2005) Distressed couples and marriage education. Fam Relat, 54:242-253.

Demirbilek M (2016) Aile danışmanlığı: Bir uygulama örneği. Turkish Journal of Family Medicine and Primary Care, 10:109-120.

Doherty WJ (1981) Cognitive processes in intimate conflict: I. Extending attribution theory. Am J Fam Ther, 9:3-13.

Dunn RL, Schwebel AI (1995) Meta-analytic review of marital therapy outcome research. J Fam Psychol, 9:58-68.

Efe C, Türkçapar H (2013) Bilişsel aile terapileri. Türkiye Klinikleri J Psychiatry-Special Topics, 6(1):38-43.

Ellis A (2003) Early theories and practices of rational emotive behavior therapy and how they have been augmented and revised during the last three decades. J Ration Emot Cogn Behav Ther, 21:219.

Ellis A, Harper RA (1975) A New Guide to Rational Living, 3rd ed. Englewood Cliffs, NJ, Wilshire Book Company.

Epstein N, Baucom DH, Rankin, LA (1993) Treatment of marital conflict: A cognitive-behavioral approach. Clin Psychol Rev, 13:45-57.

Epstein N, Eidelson RJ (1981) Unrealistic beliefs in clinical couples: Their relationship to expectations, goals, and satisfaction. Am J Fam Ther, 9:13-22.

Epstein NB (1982) Cognitive therapy with couples. Am J Fam Ther, 10:5-16.

Epstein NB, Baucom DH (2002) Enhanced Cognitive-Behavioral Therapy for Couples: A Contextual Approach. Washington, American Psychological Association.

Epstein NB, Dattilio FM, Baucom DH (2016) Cognitive-behavior couple therapy. In Handbook of Family Therapy, (Eds TL Sexton, J Lebow):361-386. Abingdon, Routledge.

Epstein NB, Werlinich CA, LaTaillade, JJ (2015) Couple Therapy for Partner Aggression. In Clinical Handbook of Couple Therapy, 5th ed. (Eds AS Gurman, JL Lebow, DK Snyder):389-411. New York, Guilford Press.

Epstein NB, Zheng L (2017) Cognitive-behavioral couple therapy. Curr Opin Psychol, 13:142-147.

Erci B, Ergin R (2005) Women's satisfaction with their marriage in Turkey. Marriage Fam Rev, 37:117-133.

Ersanlı E (2007) Evlilik ilişkilerinde eşlerin akılcı olmayan inançlarıyla başetmelerinde bilişsel davranışçı yaklaşıma dayalı evlilik ilişkisini geliştirme programının etkisi (Doctoral thesis). Samsun, Ondokuz Mayıs Üniversitesi.

Fair SE (1986) Cognitive content and distortion associated with mood-induced depressive and anxious states (Doctoral thesis). Arizona, Arizona State University.

Falconier MK, Epstein NB (2011) Couples undergoing financial strain: what we know and we can do. Fam Relat, 60:303-317.

Faulkner RA, Davey M, Davey A (2005) Gender-related predictors of change in marital satisfaction and marital conflict. Am J Fam Ther, 33:61-83.

Fincham FD, Bradbury TN, Scott CK (1990) Cognition in Marriage. In The Psychology of Marriage: Basic Issues and Applications, (Eds FD Fincham, TN Bradbury):118-149. New York, Guilford Press.

Fincham, FD, Beach SR (2010) Marriage in the new millennium: A decade in review. J Marriage Fam, 72:630-649.

Finkenauer C, Hazam H (2000) Disclosure and secrecy in marriage: Do both contribute to marital satisfaction? J Soc Pers Relat, 17:245-263.

Fischer MS, Baucom DH, Cohen MJ (2016) Cognitive-behavioral couple therapies: review of the evidence for the treatment of relationship distress, psychopathology, and chronic health conditions. Fam Process, 55:423-442.

Fredman SJ, Pukay-Martin ND, Macdonald A, Wagner AC, Vorstenbosch V, Monson CM (2016) Partner accommodation moderates treatment outcomes for couple therapy for posttraumatic stress disorder. J Consult Clin Psychol, 84:79-87.

Gelles RJ, Straus MA (1979) Determinants of violence in the family: Toward a theoretical integration. In Contemporary Theories About The Family, 1st ed. (Eds. WR Burr, R Hill, FI Nye, IL Reiss):549-581. New York, Free Press.

Gladding S (2012) Aile Terapisi Tarihi, Kuram ve Uygulamaları (Çev. Ed. İ Yıldırım). Ankara, PDR Derneği Yayınları.

Gurman AS, Fraenkel P (2002) The history of couple therapy: a millennial review. Fam Process,41:199-260.

Güven N, Sevim SA (2016) İlişkilerle ilgili bilişsel çarpıtmalar ve algılanan problem çözme becerilerinin evlilik doyumunu yordama gücü. Türk Psikolojik Danışma ve Rehberlik Dergisi, 3:49-61.

Güven, N. (2005). İlişkilerle ilgili bilişsel çarpıtmalar ve evlilikte problem çözme becerilerinin evlilik doyumu ile ilişkisi (Masters thesis). Ankara, Ankara Üniversitesi.

Güvener M (2018) Evlilik uyum durumuna göre çiftlerin depresif durumları ve olumsuz otomatik düşünceleri açısından karşılaştırılması (Doktora Tezi). Konya, Selçuk Üniversitesi.

Hackney H, Cormier S (2005) Psikolojik Danışma İlke ve Teknikleri: Psikolojik Yardım Süreci El Kitabı (Çeviri Ed. T. Ergene, S. Aydemir). Ankara, Mentis Yayıncılık.

Hamamci Z (2005) Dysfunctional relationship beliefs in marital conflict. J Ration Emot Cogn Behav Ther, 23:245-261.

Hawton K, Salkovskis PM, Kirk J, Clark DM (1989) Cognitive Behaviour Therapy For Psychiatric Problems. Oxford, Oxford University Press.

Hofmann SG, Asnaani A, Vonk IJJ, Sawyer AT, Fang A (2012) The efficacy of cognitive behavioral therapy: a review of meta-analyses. Cognit Ther Res, 36:427-440.

Huber CH, Milstein B (1985) Cognitive restructuring and a collaborative set in couples' work. Am J Fam Ther, 13:17-27.

İkizoğlu G (2019) Bilişsel davranışçı kuramda çift terapisi. Türkiye Bütüncül Psikoterapi Dergisi, 2:59-69.

Jacobson NS, Fruzzetti AE, Dobson K, Whisman M, Hops H (1993) Couple therapy as a treatment for depression. II:The effects of relationship quality and therapy on depressive relapse. J Consult Clin Psychol, 61:516-519.

Jacobson NS, Margolin G (1979) Marital Therapy: Strategies Based On Social Learning And Behavior Exchange Principles. New York, Brunner/Mazel.

Jakubowski SF, Milne EP, Brunner H, Miller RB (2004) A review of empirically supported marital enrichment programs. Fam Relat, 53:528-536.

Joseph AL, Afifi TD (2010) Military wives' stressful disclosures to their deployed husbands: The role of protective buffering. J Appl Commun Res, 38:412-434.

Juvva S, Bhatti RS (2006) Epigenetic model of marital expectations. Contemp Fam Ther, 28:61-72.

Kalkan M (2002) Evlilik î lişkisini geliştirme programının evlilerin evlilik uyum düzeyine etkisi (Doctoral thesis). Samsun, Ondokuz Mayıs Üniversitesi.

Kalkan M, Ersanlı E (2008) Bilişsel-davranışçı yaklaşıma dayalı evlilik ilişkisini geliştirme programının evli bireylerin evlilik uyumuna etkisi. Kuram ve Uygulamada Eğitim Bilimleri, 8:963-986.

Karney BR, Bradbury TN (1997) Neuritisim, marital interaction, and the trajectory of marital satisfaction. J Pers Soc Psychol, 72:1075-1092.

Katz LF, Fladeboe K, Lavi I, King K, Kawamura J, Friedman D et al. (2018) Trajectories of marital, parent-child, and sibling conflict during pediatric cancer treatment. Health Psychol, 37:736-745.

Kayser K, Himle DP, (1994) Dysfunctional beliefs about intimacy. J Cogn Psychother, 8:127-136.

Kelley, HH (1983) Close Relationships. New York, W.H, Freeman.

Kışlak ŞT, Çabukça F (2002) Empati ve demografik değişkenlerin evlilik uyumu ile ilişkisi. Sosyal Politika Çalışmaları Dergisi, 5:35-42.

Kocadere M (1995) İyi ve kötü evliliklerin özelliklerini belirlemeye yönelik betimsel bir çalışma (Masters thesis). İzmir, Ege Üniversitesi.

Lavner JA, Karney BR, Bradbury TN (2014) Relationship problems over the early years of marriage: Stability or change? J Family Psychol, 28:979.

Liberman R (1970) Behavioral approaches to family and couple therapy. Am J Orthopsychiatry, 40:106-118.

Litzinger S, Gordon KC (2005) Exploring relationships among communication, sexual satisfaction, and marital satisfaction. J Sex Marital Ther, 31:409-424.

Luedtke B, Davis L, Monson C (2015) Mindfulness-based cognitive-behavioral conjoint therapy for posttraumatic stress disorder: a case study. J Contemp Psychother, 45:227-234.

Macdonald A, Pukay-Martin ND, Wagner AC, Fredman SJ, Monson CM (2016) Cognitive-behavioral conjoint therapy for PTSD improves

various PTSD symptoms and trauma-related cognitions: Results from a randomized controlled trial. J Fam Psychol, 30:157-162.

Mahoney A (2005) Religion and conflict in marital and parent-child relationships. Journal of Social Issues, 61:689-706.

Masoumi SZ, Khani S, Kazemi F, Kalhori F, Ebrahimi R, Roshanaei G (2017) Effect of marital relationship enrichment program on marital satisfaction, marital intimacy, and sexual satisfaction of infertile couples. Int J Fertil Steril, 11:197.

McCrady BS, Epstein EE, Cook S, Jensen N, Hildebrandt T (2009) A randomized trial of individual and couple behavioral alcohol treatment for women. J Consult Clin Psychol, 77:243-256.

McDonald JE, Olson JR, Lanning AH, Goddard HW, Marshall JP (2018) Effects of religiosity, forgiveness, and spousal empathy on marital adjustment. Marriage Fam Rev, 54:393-416.

Metis S, Cupach WR (1990). The influence of relationship beliefs and problem-solving responses on satisfaction in romantic relationships. Hum Commun Res, 17:170-185.

Miller RB, Yorgason JB, Sandberg JG et al. (2003) Problems that couples bring to therapy: A view across the family life cycle. Am J Fam Ther, 31:395-407.

Mirgain SA, Cordova JV (2007) Emotion skills and marital health: The association between observed and self-reported emotion skills, intimacy, and marital satisfaction. J Couns Clin Psychol, 26:983-1009.

Moller AT, Rabe HM, Nortje C (2001) Dysfunctional beliefs and marital conflict in stressed and nonstressed married individuals. J Ration Emot Cogn Behav Ther, 19:259-270.

Monson C, Fredman SJ, Macdonald A, Pukay-Martin, N, Resick PA, Schnurr PP (2012) Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial. JAMA, 308:700-709.

Monson CM, Fredman SJ (2012) Cognitive-Behavioral Conjoint Therapy for Posttraumatic Stress Disorder: Harnessing the Healing Power of Relationships. New York, Guilford Press.

Mussatayeva M, (2018) Alt sosyo-ekonomik düzeydeki kadınların evlilik doyum ile aile işlevlerinin incelenmesi (Yüksek lisans tezi). Ankara, Hacettepe Üniversitesi.

Nazlı S (2013) Aile Danışmanlığı, 14th ed. Ankara, Anı Yayıncılık.

Noller P, Feeney JA (2002) Communication, Relationship Concerns, and Satisfaction in Early Marriage. Cambridge, Cambridge University Press.

Northey Jr, WF (2002) Characteristics and clinical practices of marriage and family therapists:A national survey. J Marital Fam Ther, 28:487-494.

O'Farrell TJ, Cutter HS, Choquette KA, Floyd FJ, Bayog RD (1992) Behavioral marital therapy for male alcoholics: Marital and drinking adjustment during the two years after treatment. Behav Ther, 23:529-549.

O'Farrell, TJ, Cutter HSG, Floyd FJ (1985) Evaluating behavioral marital therapy for male alcoholics: Effects on marital adjustment and communication from before to after treatment. Behav Ther, 16:147-167.

O'Leary KD, Smith DA (1991) Marital Interactions. Annu Rev Psychol, 42:191-212.

O'Leary KD, Turkewitz H (1981) A comparative outcome study of behavioral marital therapy and communication therapy. J Marital Fam Ther, 7:159-169.

Ofarrell TJ, Fals-Stewart W (2000) Behavioral couples therapy for alcoholism and drug abuse. J Subst Abuse Treat, 18:51-54.

Onur B (1986) Gelişim Psikolojisi-Yetişkinlik, Yaşlılık, Ölüm. Ankara, V Yayınları.

Özcan Ö, Çelik GG (2017) Bilişsel davranışçı terapi. Türkiye Klinikleri, 3:115-120

Özgüven İE (2000) Evlilik ve Aile Terapisi. Ankara, PDREM Yayınları.

Padesky C, Greenberger D (2008) Evinizdeki Terapist (Çeviri Ed. Stroup E). İstanbul, Altın Kitaplar.

Patterson T (2005) Cognitive behavioral couple therapy. In Handbook of Couples Therapy (Eds M Harway):119-140. New York, Wiley.

Powers MB, Vedel E, Emmelkamp PM (2008) Behavioral couples therapy (BCT) for alcohol and drug use disorders: A meta-analysis. Clin Psychol Rev, 28:952-962.

Quek KMT, Fitzpatrick J (2013) Cultural values, self-disclosure, and conflict tactics as predictors of marital satisfaction among Singaporean husbands and wives. Fam J, 21:208-216.

Rector NA, Beck AT (2001) Cognitive behavioral therapy for schizophrenia: an empirical review. J Nerv Ment Dis, 189:278-287.

Revenson TA, Kayser K, Bodenmann G (2005) Couples Coping with Stress: Emerging Perspectives on Dyadic Coping. Washington, American Psychological Association.

Ripley JS, Worthington EL (2002) Hope-focused and forgiveness-based group interventions to promote marital enrichment. J Couns Dev, 80:452-463.

Rivett M (2003) A thematic review. J Fam Ther, 25:443-454.

Rosen-Grandon JR, Myers JE, Hattie JA (2004). The relationship between marital characteristics, marital interaction processes, and marital satisfaction. J Couns Dev, 82:58-68.

Ross RE, Baker BS, Guerney GB (1985) Effectiveness of relationship enhancement therapy versus therapists preferred therapy. Am J Fam Ther, 13:11-21.

Sager CJ (1976) Marriage Contracts and Couple Therapy: Hidden Forces in Intimate Relationships. New York, Brunner/Mazel.

Şahin H (2017) Evli bireylerin otomatik düşünce kalıplarının evlilik uyumu üzerindeki etkisi (Masters thesis). İstanbul, Sabahattin Zaim Üniversitesi.

Schumm JA, Fredman SJ, Monson CM, Chard KM (2013) Cognitive-behavioral conjoint therapy for PTSD: Initial findings for Operations Enduring and Iraqi Freedom male combat Veterans and their partners. Am J Fam Ther, 41:277-287.

Schumm JA, Monson C, O'Farrell TJ, Gustin NG, Chard KM (2015) Couple treatment for alcohol use disorder and posttraumatic stress disorder: Pilot results from U.S. military veterans and their partners. J Trauma Stress, 28:247-252.

Schumm JA, O'Farrell TJ, Andreas JB (2012) Behavioral couples therapy when both partners have a current alcohol use disorder. Alcohol Treat Q, 30:407-421.

Schumm JA, O'Farrell TJ, Kahler CW, Murphy MM, Muchowski P (2014) A randomized clinical trial of behavioral couples therapy versus individually based treatment for women with alcohol dependence. J Consult Clin Psychol, 82:993-1004.

Seligman MEP (2007) Gerçek Mutluluk (Çeviri Ed. S Kunt Akbaş, E Köroğlu). Ankara, HYB Basım Yayın.

Şener A, Terzioğlu G (2002) Ailede Eşler Arasında Uyuma Etki Eden Faktörlerin Araştırılması. Ankara, T.C. Başbakanlık Aile Araştırma Kurumu Başkanlığı.

Sevim S (1996) Transaksiyonel analize dayalı bir eğitim programının evli çiftlerin ego durumları ve evlilik yaşamlarına ilişkin bazı değişkenlere (Doktora tezi). Ankara, Ankara Üniversitesi.

Sevim SA (2016) Evlilik ilişkisini geliştirme programları. Türk Psikolojik Danışma ve Rehberlik Dergisi, 2(11):19-25.

Sharp EA, Ganong LH (2000). Raising awareness about marital expectations: Are unrealistic beliefs changed by integrative teaching? Fam Relat, 49:71-76.

Shnaider P, Pukay Martin ND, Fredman SJ, Macdonald A, Monson CM (2014) Effects of cognitive-behavioral conjoint therapy for PTSD on partners' psychological functioning. J Trauma Stress, 27:129-136.

Shokrollahzadeh M, Forouzesh M, Hosseini H (2017) The effect of cognitive behavioral couple therapy on marital conflicts and marital burnout. Family Pathology, Counseling and Enrichment Journal, 3:115-131.

Şirin T (2013) Bilişsel davranışçı psikoterapi yaklaşımıyla bütünleştirilmiş dini danışmanlık modeli (Doctoral thesis). Sakarya, Sakarya Üniversitesi.

Soulsby LK, Bennett KM (2015) Marriage and psychological wellbeing: The role of social support. Psychology, 6:1349-1359.

Soylu Y, Kağnıcı DY (2015) Evlilik uyumunun empatik eğilim, iletişim ve çatışma çözme stillerine göre yordanması. Türk Psikolojik Danışma ve Rehberlik Dergisi, 5:44-54.

Stith SM, Rosen KH, McCollum EE (2003) Effectiveness of couples treatment for spouse abuse. J Mar Fam Ther, 29:407-426.

Stuart RB (1969) Operant-interpersonal treatment for marital discord. J Consult Clin Psychol, 33:675-682.

Süler M (2017) Çocuk ve ergenlerde bilişsel davranışçı terapi uygulamaları: bir gözden geçirme. Çocuk ve Medeniyet Dergisi, 2:29-42.

Tezer E (1994) Evli eşler arasındaki çatışmalar ile çeşitli demografik değişkenlerin evlilik doyumuna etkisi: kadın eşin bir işte çalıştığı ve çalışmadığı eşler üzerinde bir araştırma. Psikiyatri Psikoloji Psikofarmakoloji (3P) Dergisi, 2:209-217.

Türkçapar MH (2007) Bilişsel Terapi: Temel İlkeler ve Uygulamalar, Yedinci Baskı. Ankara, HYB Basım Yayın.

Kışlak Ş, Göztepe I (2017) Duygu dışavurumu, empati, depresyon ve evlilik uyumu arasındaki ilişkiler. Ankara Üniversitesi Sosyal Bilimler Dergisi, 3(2):27-46.

Vedel E, Emmelkamp PMG, Schippers GM (2008) Individual cognitive-behavioral therapy and behavioral couples therapy in alcohol

use disorder: A comparative evaluation in community-based addiction treatment centers. Psychother Psychosom, 77:280-288.

Waite LJ, Lehrer EL (2003) The benefits from marriage and religion in the United States: A comparative analysis. Popul Dev Rev, 29:255-275.

Walitzer KS, Dermen KH (2004) Alcohol-focused spouse involvement and behavioral couples therapy: Evaluation of enhancements to drinking reduction treatment for male problem drinkers. J Consult Clin Psychol, 72:944-955.

Wampler KS, Sprenkle HD (1980) The Minnesota couple communication program: A followup study, J Marriage Fam, 42:577-584.

Weingarten H, Leas S (1987) Levels of marital conflict model: A guide to assessment and intervention in troubled marriages. Am J Orthopsychiatry, 57:407-417

Whisman MA (2001) Marital adjustment and outcome following treatments for depression. J Consult Clin Psychol, 69:125-129.

Whisman MA (2007) Marital distress and DSM-IV psychiatric disorders in a population-based national survey. J Abnorm Psychol, 116:638-643.

Whisman MA (2013) Relationship discord and the prevalence, incidence, and treatment of psychopathology. J Soc Pers Relat, 30:163-170.

Whisman MA, Baucom DH (2012) Intimate relationships and psychopathology. Clin Child Fam Psychol Rev, 15:4-13.

Whitaker CA (1976) The Technique of Family Therapy. Springfield, Ill, Charles Thomas.

Winemiller DR, Mitchel EM. (1994) Development of a coding system for marital problem solving. Behav Res Theory. 32:159-164.

Woodward AJ, Carless SA, Findlay B (2001) A Psychometric Evaluation of the Irrational Beliefs Inventory in a Marital Context. Aust Psychol, 36:255-261.

Worthington EL, Buslon BG, Hammonds T (1989) A component analysis of marriage enrichment: Information and treatment modality. J Couns Dev, 67:555-560.

Yavuzer H (2002) Çocuk Eğitimi El Kitabı, 40. Baskı. İstanbul, Remzi Kitapevi.

Yılmaz A (2001) Eşler arasındaki uyum: Kuramsal yaklaşımlar ve görgül çalışmalar. Aile ve Toplum Dergisi, 4:49-57.

Yılmaz M, Çelik SB, Şanlı E, Gencoğlu C (2011) Samsun yazılı basında yer alan bilişsel çarpıtmalar: tarama çalışması. Samsun Sempozyumu, 576-583.

Young JE, Klosko JS (2016) Hayatı Yeniden Keşfedin. İstanbul, Psikonet Yayınları.

Authors Contributions: The authors attest that she has made an important scientific contribution to the study and has assisted with the drafting or revising of the manuscript.

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.