

Original Paper

Effects of Dyadic Psychotherapy and Self- Monitoring Strategy on Marriage Anxiety among Young Married Couples in Ibadan Baptist Conference

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Abstract

Sustaining a cordial relationship among married couples is a necessity for the marriage to fulfill its purpose. However, marriage anxiety often exerts force on married couples resulting in undesired behaviours. Evidences have shown that young married couples experience marriage anxiety which may lead to conflicts, separation, divorce, suicide and homicide. Previous studies had focused majorly on factors leading to marital anxiety with very few interventions to address the problem. This study, therefore, employed dyadic psychotherapy and self-monitoring strategy as interventions to reduce marriage anxiety among the participants. Ninety-four participants were selected in Ibadan Baptist Conference. Taylor Manifest Anxiety Scale ($r = 0.89$) was used as screening instrument while the main instrument for post test was Hamilton Anxiety Scale ($r = 0.86$). The experiment lasted eight weeks. Seven null hypotheses were tested at 0.05 level of significance. Analysis of Covariance (ANCOVA) and Scheffee post hoc test were used as tools of Analysis. The results show that there was a significant main effect of treatment on marriage anxiety ($F_{2,83} = 60.292$; $P < 0.05$, $\eta^2 = 0.592$). Dyadic psychotherapy and self-monitoring strategy were effective in reducing marriage anxiety. Thus, this paper recommended the effective management of marriage anxiety, the strategy involved as well as skills to reduce the marriage anxiety for married couples and professionals in the field of counselling to note in order to effectively treat marital anxiety among couples.

Keywords

Dyadic psychotherapy, Self-monitoring strategy, Marriage anxiety, Young married couples, in Ibadan Baptist Conference. PLEASE, KINDLY REMOVE "in" before Ibadan Baptist Conference

1. Introduction

In recent times, the institution of marriage is exposed to the gripping force of anxiety as undesired behaviours are manifested by married couples no sooner than the wedding took place. Though anxiety is inevitable but many young married couples are experiencing negative aspects of marriage anxiety when they fail in their commitment to marriage pledge. Young married couples usually experience marriage anxiety physiologically, psychologically, socially and even spiritually. No wonder young married couples under the influence of the attacks of marriage anxiety physiologically suffer from headaches, stomach aches, faster heart beats and high blood pressure. Psychologically, they are anxiously tensed, feeling like losing control, dizzy and choky. Socially, such young married couples withdraw from each other, avoid one another, abuse, and fight or flee. Spiritually, the young married couples suffer from marriage anxiety when it originates from demonic attacks, spell or enchantment. Though it is normal to be anxious in the face of danger, but it is abnormal when accompanied with sudden unexpected rapid heartbeats, phobia, chest pains and shortness of breath (Collins, 2005).

General marital problems that lead to anxiety in marriage include: lack of sexual satisfaction, barrenness, paucity, religious differences, personality incompatibility, lack of acceptance by in-laws and the likes. Anxiety has consequential effects on married couples which include relapsing to drugs, engaging in extra marital affairs, fighting violently, unfaithfulness in God's worship and service to others leading to inability to relax or sleep, fainting, separation and divorce or death (Afolabi, 2015).

Marriage which is usually preceded by a glamorous wedding ceremony especially church wedding is generally considered to be the first institution while wedding that ushers in marriage life is the happiest ceremony in life but the usual consequent anxiety is a factor for serious concern. Marriage is not just a mere institution, it is very important to get married in order to build a formidable family for life. With marriage every couple is licensed formally to joyfully begins a marital relation for procreation, that is rearing children, sex relation or pleasure and for companionship or partnership (Falade, 2009).

Despite these, the issue of anxiety has generated a substantial share of interest and confusion. Anxiety is used to describe an inner feeling of apprehension, uneasiness, worry, and fear or dread that is accompanied by a heightened physical arousal of an individual (Busari, 2000; Collins, 2005). Meanwhile, every couple is bound to experience anxiety in marriage life because it does not respect religion, race or status; no person is immunized against it. All is bound to have it at different points or occasion in life.

Anxiety related with marriage really starts before wedding ceremony. Pre-wedding anxiety features in the life of both the couples preparing for wedding and even their family members, friends and relations (Akinade, 2005). During wedding it is normal to experience anxiety at a moderate level. It is common for young couples to feel tense, nervous and perhaps, fearful at the thought of the stressful wedding occasion especially at the very point of making marriage covenant with each other since it is a decision which has impact throughout one's life. Other kinds of anxiety are those associated with unforeseen disappointments by engagers, food vendors, decorators, costume makers, drinks suppliers, as well as

journeys embarked by the guests (Collins, 2007). After wedding ceremony, anxiety seems to be more pronounced with peoples' comments on bride and bridegroom etiquette, appearance: bride's make-ups and general dressing of bridal trail, couples dancing style and mood during and after wedding. The increasing rate of security challenges is also making couples to panic.

Additionally, in the past, the newly wedded couples that are found pure especially when the bride's virginity is intact yields positive effect of marriage anxiety. Linda (2005) opined that couples' virginity (especially bride) is highly honored among the Yorubas in western Nigeria and; the Jews, majority of Muslims, Christians and other minorities living in Pakistan adhere to the ancient norms of chastity. Nowadays emphasis is no more placed on it.

Anxiety could be grouped into six categories of anxiety as normal, neurotic, moderate, intense, state and trait. To treat anxiety disorder in young married couples there are two main options: psychotherapy or medication, at the same time there could be a combination of both. The main form of psychotherapy used for anxiety disorder is Cognitive Behavioural Therapy (CBT). The cognitive methods (discovery errors in thoughts, and generating rational thoughts) while the behavioural methods (relaxation techniques, exposure, and rehearsal) to reduce anxiety. The main groups of medication used are the antidepressants, anti-anxiety, drugs beta-blockers like serotonine, menomine oxidase inhibitors (Collins, 2007). The major factors maintaining the risk of anxiety include: family transmission, genetic factors, temperamental factors, life events and cognitive biases.

The reality is that wedding which precedes marriage has its own unique problems. Therefore, married couples that have evidences of successful wedding or marriage life as desired, feel on top of the world while some who could not have it as cheap as expected may suffer great anxiety (Oladapo, 2012). No doubt the honour attached to evidences of successful married life could be the talk of the town and in this age of technology it could be posted to the internet for people to appreciate the giver of all things worldwide. One of the bitter experiences of marriage anxiety is the one on the issues of different religious background. From writers personal experience in the gospel ministry for more than a decade now has indicated that even after successful wedding some couples do face rigors of marriage anxiety as they encounter unresolved conflict on where and how to worship God (Oyerinde, 2016).

Marriage anxiety has a lot of bad implications or consequences on couple's well-being. Many couples, in order to prevent the shame of marriage anxiety, relapse to drugs, keeping late at night, attend night party, drug addict, alcoholism, extra marital affairs, then fighting violently. Unresolved conflict emanated from uncontrollable violence usually and finally results to separation and divorce within few weeks, months or years in marriage; adding more to societal problems. Akinade (1997) expressed his opinion that couples are expected to possess cordial interpersonal relationship and that could curb adverse effect of anxiety after wedding (Akinade, 1997; Oyerinde, 2016).

In the same vein, Osiki (1995) also submitted that evidence from literature indicates that factors that favor spousal happiness are yet to be fully understood by couples in Nigeria. Though, some researchers like Johnson and Whilffen (2003, 2005) have worked on some psychosocial factors and their effects on

pre and post marriage anxiety with due consideration to gender roles in marriage institutions yet the problems of marriage anxiety still persist. Worst still is the incidence of increase homicide and suicide among young married couples compounding Nigerian societal problems.

Considering the importance of marriage, the havoc caused by marriage anxiety and its implications among young married couples, there is need for quick intervention to overcome marital challenges as a result of marriage anxiety in order for couples to live a satisfactory life in marriage institution. It is surprising to note that anxiety has forced some youths to run away from marriage because of anxiety. What is the society turning to?

In the light of these, it is expedient of the counseling psychologists to deal with marriage anxiety realistically in order to focus on the aim of finding possible solutions to the problems caused by marriage anxiety before it turns wedding and marriage to a mirage in the society. Therefore, it is germane to quickly find a way of reducing the negative effects of marriage anxiety so that it will not make complete mess of the whole marriage institution in Nigerian society. The tools used to examine and manage the effects of marriage anxiety on young married couples were dyadic psychotherapy and self-monitoring strategy for peace and tranquility leading to fulfillment of wedding and marriage purposes among young married couples.

Management of anxiety must be thoroughly done to bring down the level of worries in stress, depression and anxiety disorder (Busari, 2000). Peaceful environment would be achieved with the use of dyadic psychotherapy and self- monitoring strategy to manage several of the problems caused by marriage anxiety. Having young Christian married couples with several challenges of marriage anxiety in the Nigerian Baptist Convention and Ibadan Baptist Conference churches especially easily reveals that some families in diverse troubles are in dear need of helps.

This study, therefore, employs dyadic psychotherapy and self-monitoring strategy as interventions in enhancing successful treatment of marriage anxiety among young married couples in Ibadan Baptist Conference in order to make marriage fulfill its purpose better for the young married couples in the Conference. The moderating variables in the course of the study are the economic status and sexual satisfaction. The economic status (high or low) of a given married couple usually has effects on their marriage anxiety as it may raise or lessen it.

2. Purpose of the Study

Generally, the study experimentally investigated the relative effects of two psychological strategies (dyadic psychotherapy and self-monitoring strategy) in managing marriage anxiety among young married Baptist couples in Ibadan Baptist Conference of Oyo State, Nigeria. Also, specifically the study:

- 1) investigated the effects of dyadic psychotherapy and self-monitoring strategy in managing marriage anxiety among young married Baptist couples in Ibadan Baptist Conference of Oyo State, Nigeria.

- 2) examined the effects of sexual satisfaction on marriage anxiety among young married Baptist couples in Ibadan Baptist Conference of Oyo State, Nigeria.
- 3) explored the effect of level of economic status on marriage anxiety among young married Baptist couples in Ibadan Baptist Conference of Oyo State, Nigeria.
- 4) identified the interaction effect of sexual satisfaction and level of economic status on marriage anxiety among young married Baptist couples in Ibadan Baptist Conference of Oyo State, Nigeria.
- 5) explored the interaction effect of treatments, sexual satisfaction and the level of economic status on marriage anxiety among young married Baptist couples in Ibadan Baptist Conference of Oyo State, Nigeria.

3. Research Hypotheses

The researcher tested the following null hypotheses at 0.05 level of significance

- H₀₁. There is no significant main effect of treatment on Marriage Anxiety of the participants.
- H₀₂. There is no significant main effect of number of sex on Marriage Anxiety of the participants.
- H₀₃. There is no significant main effect of level of economic status on Marriage Anxiety of the participants.
- H₀₄. There is no significant interaction effect of treatments and number of sex on Marriage Anxiety of the participants.
- H₀₅. There is no significant interaction effect of treatments and level of economic status on Marriage Anxiety of the participants.
- H₀₆. There is no significant interaction effect of number of sex and level of economic status on Marriage Anxiety of the participants.
- H₀₇. There is no significant interaction effect of treatments, number of sex and level of economic status on Marriage Anxiety among of the participants.

4. Methodology

4.1 Design

The study will employ a pre-test, post-test, control quasi experimental design using 3 x 2 x 2 factorial matrix.

4.2 Sample and Sampling Technique

Ninety-four participants were randomly selected from three Baptist Churches in Ibadan Baptist Conference to participate in the study.

4.3 Research Instruments

4.3.1 Hamilton Anxiety Rating Scale (HAM-A)

Hamilton Anxiety Rating Scale developed by Psychol J. Med (1959) was adapted for the study in order to determine the severity of symptoms of anxiety in the participants. It has fourteen (14) lists of phrases

that describe certain feeling that people (adult) may have. The participants are rated by finding the answer which best describes the extent to which he/she has the conditions considered. They are to select one of the five responses for each of the fourteen questions which are on Four Likert-type Scale as: 0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe. The instrument has internal consistency value (Cronbach's alpha = 0.893) and 0.99 test retest reliability value = 0.99). Also, the instrument was however re-validated and cronbach alpha value obtained after administering the instruments in a pilot study was 0.86.

4.3.2 The Dyadic Adjustment Scale

The dyadic adjustment scale was developed Spanier G.B. (1976). It is a scale for assessing the quality of marriage among the similar dyads. It has a list of 32-items, measure of relationship quality. The psychometric properties of the dyadic adjustment scale (DAS) show that the instrument has internal consistency value, Cronbach's alpha is 0.80 and for the subscales it ranged from .13 to .88. The instrument was however re-validated and cronbach alpha value obtained after administering the instruments in a pilot study was 0.87.

4.3.3 The Self-Monitoring Scale

The self-monitoring scale was developed by Mark Snyder (1974). The Scale was adapted in order to measure the extent to which the young married couples consciously manage themselves positively in their social interactions. It has a list of 25-items to measure the relationship quality of the young married couples. The scale is divided into 4 subscales. If a statement is true or mostly true as applied to him or her, he or she marks T as his or her answer. If a statement is false or not usually true as applied to him or her, he or she marks F as his or her answer. Self Monitoring Strategy has test-retest reliability (.83 for one month) and the original study is also reported to have evidence regarding the scale's validity. The instrument was however re-validated in a pilot study correlation is significant at the 0.01 level (2-tailed).

4.3.4 Sexual Satisfaction Scale

The sexual satisfaction scale was developed by Agnieszka Nomejko, Grażyna Dolińska-Zygmunt (2014). It was designed to measure the degree of sexual satisfaction among the married couples. It consists of 10 items of phrases describing sexual activities. The participants responds to the 10 positions with a four-point Likert scale:(1-strongly disagree, 2-rather disagree, 3-rather agree, 4-strongly agree). The result informs about the level of the young married couples' sexual satisfaction. The psychometric properties of the Sexual Satisfaction Scale (SSS) show that the instrument has the Cronbach Alpha indicated a high consistency: 0.83.

4.3.5 Salami Socio-Economic Status Scale

The socio-economic status scale developed by Salami (2000) was used to measure the participants' socio-economic status. This scale was developed to measure the educational, occupational and social status of the participants. The respondents were classified as into lower socio- economic status, middle socio-economic status and high socio- economic status. The Test retest reliability coefficient of 0.73 with

interval of three weeks was stated by the Author. The internal consistency was 0.83. The instrument was however pilot tested and the result yielded a reliability coefficient value Cronbach alpha value value after a pilot test was 0.74. Procedure: This study was carried out over a period of eight weeks. Voluntary participation was solicited for and only participants who felt that they would be able to complete the trainings were eligible to participate. Furthermore, there were four phases of intervention with the participants: recruitment, pre-test, treatment and post-treatment evaluation. A good conducive environment was provided for the treatment administration. Trained research assistants assisted in distributing and collecting the questionnaire. One hour thirty minutes were spent a day per week per when therapeutic sessions for each of the experimental groups were held for the period of eight weeks. All the participants were assured that responses were only for research purposes and not subjected to public consumption. All rules guiding good healthing living to prevent contacting pandemic were given and followed strictly.

4.4 Data Analysis

The Pre-Test data for the three groups were analyzed using mean and standard deviation to establish the similarities and prove that the groups are similar in their levels of reducing the attacks of anxiety. Analysis of Co-Variance (ANCOVA)—a parametric technique was used to test the hypothesis in order to determine the effect of the treatment on the experimental groups. Then the post hoc analysis was done for a comparison of the results.

5. Results

The results obtained are shown below:

5.1 Hypothesis One

There is no significant main effect of treatment on marriage anxiety of the participants.

Table 1. Analysis of Covariance (ANCOVA) of Pretests-Posttest Interactive Effects of Marital Anxiety of Participants in the Treatment Groups, Socio-Economic Status and Sexual Satisfaction

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	5415.211 ^a	10	541.521	27.495	.000	.768
Intercept	1876.146	1	1876.146	95.258	.000	.534
Prescore	.142	1	.142	.007	.932	.000
Trtgrp	2375.226	2	1187.613	60.299	.000	.592
Sexsatis	39.874	1	39.874	2.025	.159	.024
SES	.076	1	.076	.004	.951	.000
trtgrp * sexsatis	27.237	1	27.237	1.383	.243	.016

trtgrp * SES	10.299	2	5.149	.261	.771	.006
sexsatis * SES	9.900	1	9.900	.503	.480	.006
trtgrp * sexsatis * SES	6.599	1	6.599	.335	.564	.004
Error	1634.715	83	19.695			
Total	22497.000	94				
Corrected Total	7049.926	93				

a. R Squared = .768 (Adjusted R Squared = .740)

Table 1 above shows a significant main effect of treatment in reducing marital anxiety among participants ($F_{2,83} = 60.292$; $P < 0.05$, $\eta^2 = 0.592$). Hence, hypothesis one was not confirmed statistically.

Table 2. Scheffee Post-Hoc Test of Treatment Groups on Marital Anxiety among the Participants

Trtgrp	N	Subset for alpha = 0.05	
		1	2
Self monitoring strategy	34	7.8235	
Dyadic psychotherapy	32	8.0313	
Control	28		24.3571
Sig.		.983	1.000

Table 2 shows that the mean score of participants exposed to Self monitoring strategy (SMS) were not significantly different from those in the Dyadic psychotherapy (DP).

However, it was significantly difference to the control group. Also, the mean score of participants exposed to Dyadic psychotherapy (DP) was significantly different from those in the control group.

Figures 1 and 2 further shows that there is significant difference in the treatment packages in reducing the marriage anxiety among the participants.

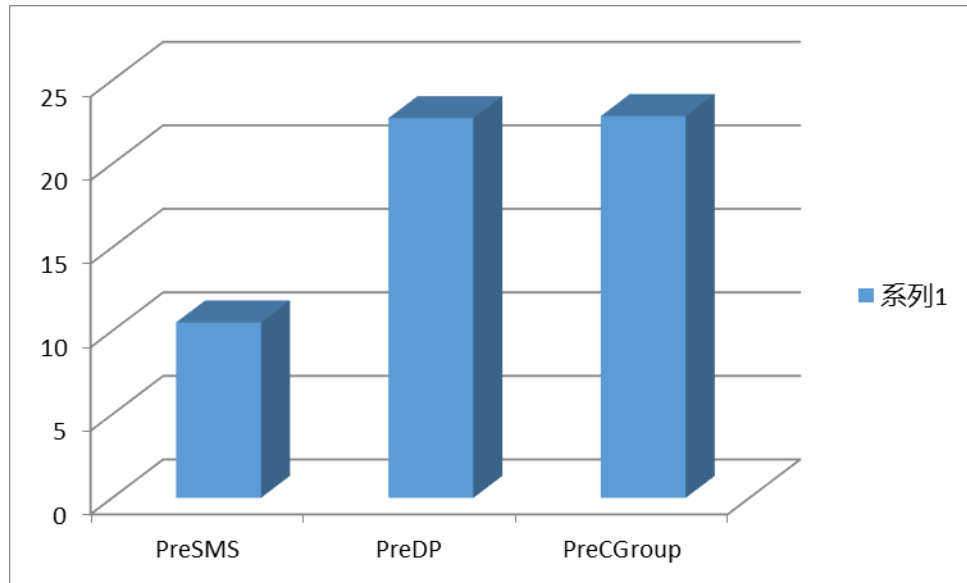


Figure 1. The Graph Showing the Pre Mean Scores of the Participants in the Three Groups

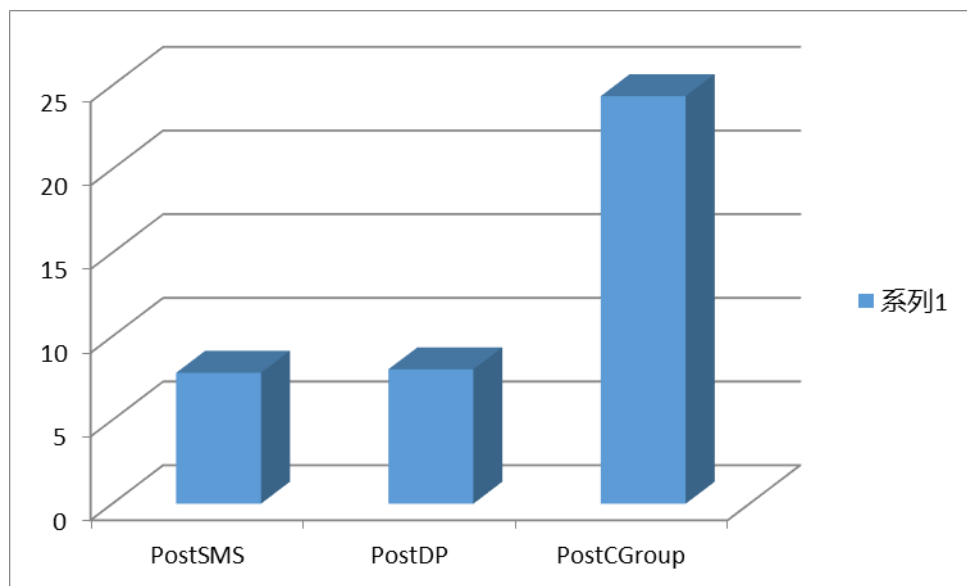


Figure 2. The Graph Showing the Post Mean Scores of the Participants in the Three Groups

5.2 Hypothesis Two

There is no significant main effect of the number of sex on marriage anxiety of the participants. Table 1 shows that number of sex has no significant effect in reducing marital anxiety of the participants ($F_{1,83} = 2.025$; $P > 0.050$, $\hat{\eta}^2 = 0.024$). Hence hypothesis two was statistically accepted.

5.3 Hypothesis Three

There is no significant main effect of level of economic status on marriage anxiety of the participants. Table 1 shows that socio-economic status has no significant effect in reducing marital anxiety of the participants ($F_{1,83} = 0.004$; $P > 0.050$, $\eta^2 = 0.000$). Hypothesis three was also accepted.

5.4 Hypothesis Four

There is no significant interaction effect of treatments and number of sex on Marriage Anxiety of the participants.

Table 1 shows that there is no significant interaction effect of treatment and number of sex in reducing marital anxiety among participants ($F_{1,83} = 1.383$; $P > 0.050$, $\eta^2 = 0.016$). Hence hypothesis four was statistically confirmed.

5.5 Hypothesis Five

There is no significant interaction effect of treatments and level of socio-economic status on Marriage Anxiety of the participants. Table 1 shows that there is no significant interaction effect of treatment and level of socio-economic status in reducing marital anxiety among participants ($F_{2,83} = 0.261$; $P > 0.050$, $\eta^2 = 0.006$). This means that there is no significant interaction effect of treatment and level of socio-economic status in reducing marital anxiety among the participants and hypothesis five was accepted.

5.6 Hypothesis Six

There is no significant interaction effect of number of sex and level of economic status on Marriage Anxiety of the participants.

Table 1 shows that there is no significant interaction effect of number of sex and level of socio-economic status in reducing marital anxiety among participants ($F_{1,83} = 0.503$; $P > 0.050$, $\eta^2 = 0.006$). There was no significant interaction effect of number of sex and level of socio-economic status in reducing marital anxiety among the participants; hypothesis six was also accepted.

5.7 Hypothesis Seven

There is no significant interaction effect of treatments, number of sex and level of economic status on Marriage Anxiety among the participants.

Table 1 shows that there is no significant interaction effect of treatment, number of sex and level of socio-economic status in reducing marital anxiety among participants ($F_{1,83} = 0.335$; $P > 0.050$, $\eta^2 = 0.004$). There was no significant interaction effect of treatment, number of sex and level of socio-economic status in reducing marital anxiety among the participants. Hence hypothesis seven was finally accepted statically.

6. Discussion

The study investigated the effectiveness of two therapeutic techniques (Dyadic Psychotherapy and Self Monitoring Strategy) in managing marriage anxiety among the young married couples in Ibadan Baptist Conference. The results of the study are therefore discussed one hypothesis after the other, based on those scores of the participants on the measure of anxiety in marriage.

The first hypothesis states that there is no significant main effect of treatments on Marriage Anxiety of the participants. As reflected on the *Tables 1 and 2*, there was a significant differences in the scores of participants exposed to treatment and the control group. It clearly shows that the treatments of dyadic psychotherapy and self-monitoring strategy foster the reduction of marriage anxiety of participants who took the therapeutic packages in the two groups was not confirmed ($F_{2,83} = 60.292$; $P < 0.05$, $\eta^2 = 0.592$). This findings showed that if young married couples with marriage anxiety problems are exposed to either of the two experimental strategies (dyadic psychotherapy and self-monitoring strategy) they would be supported by developing appropriate skill that would help them to manage marriage anxiety. The finding shows some level of consonance with the submissions of Collins, (2007) that cognitive behaviours interventions have potency to reduce anxiety. Precisely, the findings of the two psychological strategies were closely efficacious and were outstrageously displayed since the participants who used either of the strategies could record reduction of marriage anxiety.

The second hypothesis states that there is no significant main effect of treatments of number of sex on Marriage Anxiety of the participants. The hypothesis was accepted because the result in *Table 1* showed that the number of sex has no significant effect in reducing marital anxiety of the participants ($F_{1,83} = 2.025$; $P > 0.050$, $\eta^2 = 0.024$). This means that there was no significant main effect of number of sex in reducing marital anxiety among the participants.

Hypothesis three states that there is no significant main effect of level of economic status on marriage anxiety of the participants. As reflected in *Table 1* socio-economic status has no significant effect in reducing marital anxiety of the participants ($F_{1,83} = 0.004$; $P > 0.050$, $\eta^2 = 0.000$). The researchers then concluded that there was no significant effects social economics status has on marriage anxiety of the young married couples. The submission is in agreement with the views of Oladeni (2013) that connotes that since the young married couples do not have larger financial loads that can threaten them as at that very young age (1-5 years) in marriage economic status may not predict reduction of marriage anxiety (Paul, 2012).

Hypothesis four states that there is no significant interaction effect of treatments and number of sex on marriage anxiety of the participants. *Table 1* showed that the interaction effect of treatment and number of sex in reducing marital anxiety among participants ($F_{1,83} = 1.383$; $P > 0.050$, $\eta^2 = 0.016$) is not significant. This means that there is no significant interaction effect of treatment and number of sex in reducing marital anxiety among the participants. By implication the young married couples do not see sex as a reason to be panic.

Hypothesis five states that there is no significant interaction effect of treatments and level of socio-economic status on marriage anxiety of the participants. As reflected in *Table 1* the interaction effect of treatment and level of socio-economic status in reducing marital anxiety among participants ($F_{2,83} = 0.261$; $P > 0.050$, $\eta^2 = 0.006$) is not significant. Though the economic status could be measured using combination of indicators like income, wealth, education and occupation (Salami, 2000); the outcome of this study implies that joint effect of DP and SMS and the level of economic status was not potent enough to meaningfully control marriage anxiety among the young married couples. This happens probably because of Ayodele (2016) assertion that says if married couples plan their family budget properly they would not fail to meet their basic needs. Then there will be no need to worry or be anxious unnecessarily.

Hypothesis six states that there is no significant interaction effect of number of sex and level of economic status on marriage anxiety of the participants. *Table 1* shows that the two way interaction effects of number of sex and level of socio-economic status on marital anxiety among participants were not significant ($F_{1,83} = 0.503$; $P > 0.050$, $\eta^2 = 0.006$). The outcome of this finding might be due to the fact that most of the participants had acquired experiences during courtship before wedding. Though number of sex may be determined by economic status but it could be that their marriage anxiety had no relationship with the number of sex or that the higher their economic status is in marriage, the more the marriage depreciates.

The last hypothesis seven states that there is no significant interaction effect of treatments, number of sex and level of economic status on marriage anxiety among the participants. *Table 1* shows that interaction effect of treatment, number of sex and level of socio-economic status in reducing marital anxiety among participants ($F_{1,83} = 0.335$; $P > 0.050$, $\eta^2 = 0.004$), was not significant. This implies that the hypothesis was statistically confirmed. The result of the this finding is amazing as one might have thought that the interaction of the treatments, that is DP and SMS with the moderating variables, that is the number of sex and the level of economics status together would make significant interaction effect on the management anxiety of the participants. The implication and possible reason that could be deduced to this finding is that the two experimental groups possessed similar traits determinants and the moderating variables have strength and effects on the two participants. Hence they produced similar outcome.

7. Conclusion

On account of the findings of this study the conclusion are made as follows. It was discovered that both Dyadic Psychotherapy (DP) and Self- Monitoring Strategy (SMS) are effective in reducing marriage anxiety. In other words the training given to the young married couples with these strategies will go a long way in equipping the young married couples's skills to reduce marriage anxiety. Although both Dyadic Psychotherapy and Self-monitoring Strategy are almost equally effective, the latter is more effective. Number of sex is largely not determinant factor to reduce anxiety in marriage among young

married couples. Also, economics status is likely not to predict reduction of anxiety in marriage among young married couples.

Recommendation

It is therefore recommended that dyadic psychotherapy and self-monitoring strategy should be taught to young married couples in particular in order to reduce the negative effects of marriage anxiety which is inevitable.

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