

Efficacy of a Gestalt “Here and Now” Intervention for Marital Distress and Co-Existing Psychological Symptoms: Evidence from a Kenyan Quasi-Experimental Study

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Accepted: 22 March 2026 || Published: 01 May 2026

Abstract

This study examined the effectiveness of a Here-and-Now Gestalt-based intervention in reducing marital distress and related psychological symptoms among married individuals in Kikuyu Town, Kiambu County, Kenya. It specifically assessed whether a structured six-week, twelve-session program could improve marital adjustment, enhance emotional well-being, and reduce depression and alcohol-related risks. Marital distress is an emerging psychosocial and public health concern in Kenya, contributing to emotional disconnection, relationship dissatisfaction, and increased risks of depression, anxiety, and alcohol misuse. Access to culturally responsive counseling remains limited, and many existing interventions are based on Western models that may not adequately reflect African relational values and emotional processes. Despite the potential relevance of experiential approaches such as Gestalt therapy, there is limited empirical evidence supporting their effectiveness in Kenyan marital contexts. This highlights the need for culturally grounded, evidence-based interventions. A quasi-experimental repeated-measures design was used to evaluate the intervention among 86 participants (43 experimental; 43 control) experiencing marital distress. Assessments were conducted at baseline, midline, and post-intervention using standardized tools: the Dyadic Adjustment Scale, Beck Depression Inventory-II, and Alcohol Use Disorders Identification Test. Data were analyzed using independent-samples t-tests, repeated-measures MANOVA, linear mixed models, and difference-in-differences estimators. Ethical approval was obtained from the relevant authorities. Findings showed that the intervention led to significant improvements across all outcomes. Compared to the control group, participants in the experimental group demonstrated increased marital adjustment and reduced depressive symptoms and alcohol-related risks. Statistical analyses confirmed significant Time × Group effects ($p < .001$) with large effect sizes, while control group outcomes remained largely unchanged. The study concludes that the Here-and-Now Gestalt-based intervention is effective in improving marital and psychological outcomes. It recommends integrating culturally responsive, experiential therapies into Kenya’s mental health and family policy frameworks, expanding access to services, and strengthening community-based support systems.

Keywords: *Marital distress, Gestalt therapy, Psychological well-being*

How to Cite: Wanjiru, V., Munda, P., & Ileri, N. (2026). Efficacy of a Gestalt “Here and Now” Intervention for Marital Distress and Co-Existing Psychological Symptoms: Evidence from a Kenyan Quasi-Experimental Study. *Journal of Sociology, Psychology and Religious Studies*, 6(2), 26-41.

1. Introduction

Marriage is a foundational social institution that shapes individual well-being, family functioning, and community stability. When marital relationships are healthy, they foster emotional security, mutual support, and social cohesion; when they are distressed, they are strongly associated with adverse psychological outcomes, including depression, anxiety, substance misuse, and psychosomatic complaints (Whisman & Baucom, 2020). Consequently, marital distress has increasingly been recognized not only as a relational issue but also as a significant mental health and public health concern.

Globally, empirical evidence demonstrates a close and reciprocal relationship between marital satisfaction and psychological well-being (Randall & Bodenmann, 2017). In African contexts, including Kenya, marital distress is often intensified by rapid social change, economic pressure, urbanization, and shifting gender roles, which challenge traditional communication patterns and expectations within marriage (Obegi & Wango, 2022). National reports indicate rising levels of family conflict and separation, alongside limited access to affordable, accessible marital and mental health services (Kenya National Bureau of Statistics, 2023; Ministry of Health, 2022). As a result, many married individuals experience chronic relational dissatisfaction but rely primarily on informal or faith-based support systems that emphasize moral guidance rather than emotional processing and psychological healing (Wango, 2021).

Despite the growing burden of marital distress and its psychological consequences, most counseling interventions available in Kenya are adapted from Western models that prioritize cognitive restructuring or behavioral change. While empirically supported, such approaches may inadequately address the emotional depth, experiential processes, and communal values that characterize African relational life (Mbiti, 2019; Corey, 2021). This has created a critical gap between the nature of marital distress as experienced in Kenyan communities and the therapeutic models commonly employed to address it.

Gestalt therapy offers a promising alternative. Grounded in phenomenology and existential humanism, Gestalt therapy emphasizes present-moment awareness, emotional responsibility, and authentic contact as mechanisms for personal and relational change (Yontef & Jacobs, 2019). Through experiential techniques such as the Empty Chair, role-play, and responsibility statements, individuals are supported in accessing and integrating emotions that shape their current relational patterns. In marital contexts, this approach facilitates deeper awareness of unresolved emotional processes that underlie conflict and disengagement.

Complementing Gestalt therapy’s experiential focus is Dweck’s (2017) Implicit Theories of Marriage, which explain how beliefs about relationships shape responses to conflict. Individuals with fixed (destiny) beliefs tend to interpret challenges as evidence of incompatibility, whereas those with growth beliefs view conflict as an opportunity for learning and relational development (Finkel & Campbell, 2020). Integrating Gestalt therapy with this cognitive framework offers a dual approach that addresses both emotional experience and relational meaning-making.

Importantly, Gestalt therapy's emphasis on dialogue, awareness, and shared meaning resonates strongly with African communal traditions that value storytelling, presence, and relational engagement (Akotia & Oduro, 2022). In Kenyan communities, emotional distress is often managed through social gatherings, communal conversations, and shared activities—practices that parallel Gestalt principles but lack therapeutic structure. This convergence suggests that Gestalt-based interventions may be both culturally congruent and practical in resource-limited settings.

However, despite this theoretical and cultural alignment, there is a notable lack of empirical studies evaluating Gestalt-based marital interventions in Kenyan contexts. Few studies have examined integrated models that simultaneously address marital distress, depression, and alcohol-related risk using culturally responsive frameworks. This absence of locally generated evidence limits the development of effective counseling practices and the informed implementation of policy.

The present study addressed this gap by evaluating the effectiveness of a structured Here-and-Now Gestalt-Based Intervention among married individuals in Kikuyu Town, Kiambu County, Kenya. By integrating experiential Gestalt techniques with growth-oriented relational beliefs, the study sought to provide empirical evidence for a culturally grounded, evidence-based approach to improving marital adjustment and psychological well-being. In doing so, it advances locally relevant scholarship, counseling practice, and mental health policy in Kenya.

1.1 Problem Statement

Marital distress has emerged as a growing psychosocial and public mental health concern in Kenya, with increasing evidence linking relational dissatisfaction to depression, anxiety, alcohol misuse, and family instability. National reports and clinical observations indicate rising cases of emotional disconnection, chronic conflict, and breakdown of communication among married individuals, particularly within rapidly urbanizing communities (Kenya National Bureau of Statistics, 2023; Ministry of Health, 2022). Despite the central role of marriage in Kenyan social and cultural life, persistent marital distress continues to undermine individual well-being, parenting capacity, and community cohesion.

Although a number of studies have examined marital conflict and mental health outcomes in Kenya and the wider African region, existing research exhibits several critical deficiencies. First, much of the available literature is descriptive, documenting prevalence and correlates of marital dissatisfaction without testing intervention models capable of producing sustained relational and psychological change. Second, most intervention approaches applied in Kenyan counseling contexts are borrowed from Western therapeutic traditions, particularly cognitive-behavioral and skills-based models, with minimal cultural adaptation or empirical validation within African settings (Obegi & Wango, 2022). These models often emphasize behavioral compliance or rational problem-solving while inadequately addressing emotional awareness, relational meaning, and experiential processes that are central to marital functioning in collectivist cultures.

Third, existing studies frequently treat marital distress and psychological disorders, such as depression and alcohol misuse, as separate phenomena, despite strong evidence that they are deeply interconnected and mutually reinforcing. This fragmented approach limits the effectiveness of interventions, as unresolved emotional distress within marriage often fuels maladaptive coping strategies, including substance use, while psychological disorders further

erode relational functioning. Few studies in Kenya have evaluated integrated interventions that simultaneously target relational adjustment and co-occurring psychological symptoms.

Additionally, help-seeking for marital or psychological distress remains constrained by stigma, limited access to professional counseling services, and overreliance on informal or faith-based support systems. While these systems play an important social role, they often prioritize moral instruction or behavioral conformity over emotional processing and psychological healing (Wango, 2021). As a result, many married individuals endure prolonged distress, leading to escalating mental health problems, family breakdown, and intergenerational transmission of relational dysfunction.

The lack of culturally grounded, empirically tested therapeutic models represents a critical gap in both research and practice. Gestalt therapy, particularly its Here-and-Now experiential approach, aligns closely with African relational values emphasizing presence, dialogue, emotional expression, and shared meaning. However, despite its theoretical relevance, there is a notable absence of empirical studies validating Gestalt-based marital interventions within Kenyan contexts. Furthermore, few studies have integrated experiential approaches with cognitive frameworks such as Dweck's Implicit Theories of Marriage, which explain how fixed versus growth-oriented relational beliefs shape conflict resolution and emotional resilience.

If the current trend continues, characterized by untreated marital distress, inappropriate intervention models, and fragmented care, the consequences will extend beyond individual couples to affect children, community stability, and national mental health outcomes. Rising depression, alcohol misuse, domestic conflict, and family disintegration signal an urgent need to reverse this trajectory. Addressing marital distress through culturally responsive, evidence-based, and integrated interventions is therefore not optional but imperative for promoting family well-being and preventing long-term psychosocial harm.

This study directly addresses these deficiencies by empirically evaluating a structured Here-and-Now Gestalt-Based Intervention tailored to the Kenyan community context. By generating locally grounded evidence on its effectiveness in improving marital adjustment and reducing psychological distress, the study seeks to contribute to a necessary shift toward culturally congruent, integrative, and sustainable approaches to marital and mental health care in Kenya.

1.2 Research Question

To what extent is a Gestalt “Here and Now” intervention effective in reducing marital distress and co-existing psychological symptoms among married individuals in Kenya compared with no intervention?

2. Literature Review

2.1 Theoretical review

This study was anchored in an integrated theoretical framework combining Gestalt Theory, particularly its *Here-and-Now* orientation, and Dweck's Implicit Theories of Marriage (ITMI). The integration of these perspectives provided a robust conceptual basis for examining the efficacy of a Gestalt “Here and Now” intervention in reducing marital distress and co-existing psychological symptoms, specifically depression and alcohol-related risk, within a Kenyan community context.

At the core of the framework is the proposition that marital distress and psychological symptoms are sustained by the interaction between rigid relational beliefs and disrupted emotional awareness. Dweck's ITMI explains how deeply held cognitive beliefs about marriage shape individuals' interpretations of conflict, expectations of partners, and persistence in resolving difficulties. Individuals who endorse *destiny beliefs* tend to view marital challenges as evidence of incompatibility, which promotes emotional withdrawal, hopelessness, and maladaptive coping strategies such as alcohol use. In contrast, *growth beliefs* foster resilience, emotional regulation, and constructive engagement with conflict, protecting both relational and psychological well-being (Dweck, 2017; Finkel & Campbell, 2020).

While ITMI accounts for the cognitive foundations of marital distress, it does not sufficiently explain how belief change occurs in lived experience. Gestalt Theory addresses this limitation by emphasizing present-moment awareness, emotional expression, and personal responsibility as mechanisms of change (Yontef & Jacobs, 2019). From a Gestalt perspective, marital distress arises when individuals lose contact with their immediate emotional and bodily experiences, leading to unexpressed needs, unresolved emotions ("unfinished business"), and habitual patterns of blame or avoidance. These processes not only erode marital adjustment but also manifest as psychological symptoms, including depression and substance use, as individuals attempt to regulate emotional pain indirectly.

The *Here-and-Now* orientation of Gestalt therapy provides the experiential pathway through which rigid marital beliefs are confronted and transformed. By bringing attention to thoughts, emotions, and relational patterns as they emerge in real time, participants become aware of how destiny-oriented beliefs operate in their marriages and how these beliefs trigger emotional withdrawal, despair, or maladaptive coping. Experiential techniques, such as the Empty Chair, role-play, and responsibility statements, enable individuals to process suppressed emotions, reclaim projected feelings, and experiment with growth-oriented responses in a safe therapeutic space.

Anchored in the Kenyan context, this integrated framework recognizes that marital distress is shaped by cultural norms that emphasize endurance, hierarchy, and emotional restraint, particularly among men. These norms can reinforce destiny-oriented beliefs and discourage emotional expression, thereby intensifying relational dissatisfaction and psychological distress (Obegi & Wango, 2022). Gestalt therapy's relational and experiential emphasis aligns with African communal traditions of dialogue, presence, and shared meaning, making it culturally resonant and practically feasible. The intervention thus bridges Western theory and African lived experience by translating culturally embedded ways of emotional expression into structured therapeutic processes.

Within this framework, efficacy is conceptualized as simultaneous improvement in relational and psychological domains. Enhanced marital adjustment is expected to occur as participants develop greater awareness, emotional responsibility, and flexibility in beliefs. Reductions in depressive symptoms and alcohol-related risk are understood as downstream effects of improved emotional regulation, restored relational contact, and the replacement of maladaptive coping strategies with adaptive, growth-oriented responses.

In summary, the integrated Gestalt-ITMI framework posits that effective treatment of marital distress in Kenyan settings requires addressing both how individuals think about marriage and how they experience and regulate emotions in the present moment. By targeting these

interconnected processes, the Here-and-Now Gestalt-Based Intervention provides a theoretically grounded and culturally responsive model for improving marital functioning and co-existing psychological symptoms, thereby directly informing the study's evaluation of intervention efficacy.

2.2 Empirical Review

The Gestalt *Here and Now* approach is rooted in the central assumption that psychological and relational distress is maintained by a lack of awareness of present-moment emotional, cognitive, and behavioral processes. Rather than focusing primarily on historical explanations or abstract interpretations, Gestalt therapy emphasizes immediate experience, personal responsibility, and authentic contact as pathways to change (Yontef & Jacobs, 2019). In marital relationships, this approach is particularly relevant, as distress often arises from unexpressed emotions, habitual interactional patterns, and unresolved emotional experiences that are evident in present-day communication.

Empirical research across diverse contexts has increasingly demonstrated the effectiveness of awareness-based and experiential interventions in improving marital functioning. In a controlled study of couples receiving Gestalt-informed marital counseling, Leung and Khor (2020) found significant improvements in emotional regulation, communication clarity, and relationship satisfaction compared with couples receiving psychoeducation alone. The authors concluded that present-moment awareness enabled couples to recognize emotional triggers as they occurred, reducing reactive communication and fostering empathic engagement. Similarly, Corey (2021) reported that experiential interventions grounded in Gestalt principles led to deeper emotional insight and more sustainable relational change than purely cognitive or skills-based approaches.

Unlike traditional cognitive-behavioral marital therapies, which emphasize thought restructuring and behavioral contracts, the *Here and Now* approach allows couples or individuals to experience emotions directly rather than manage them intellectually. This distinction is critical in marital distress, where partners often understand relational problems cognitively but remain emotionally disconnected. Research by Greenberg and Goldman (2008) demonstrated that experiential processing of emotion within therapy predicted stronger relational outcomes than problem-solving strategies alone. Gestalt-based methods such as role play, dialogical exercises, and emotional enactments create opportunities for corrective emotional experiences that restructure relational patterns from within.

Several studies have also highlighted the impact of the *Here and Now* approach on co-existing psychological symptoms commonly associated with marital distress. Iweka and Anwana (2020), in a Nigerian study, found that Gestalt-based marital counseling significantly reduced depressive symptoms and emotional withdrawal among married participants experiencing chronic conflict. Participants reported increased emotional awareness, reduced blame, and improved self-regulation, suggesting that addressing present-moment experience has both relational and mental health benefits. Similarly, Akotia and Oduro (2022) observed that Gestalt-informed group interventions in Ghana improved interpersonal functioning and reduced psychological distress, particularly in collectivist community settings.

Despite this growing body of international evidence, empirical research on Gestalt therapy and the *Here and Now* approach within Kenyan marital contexts remains extremely limited. Most marital counseling programs in Kenya rely on eclectic, faith-based, or Western-derived

cognitive-behavioral models that are rarely subjected to systematic evaluation (Obegi & Wango, 2022). Moreover, existing African studies often focus on descriptive accounts of marital conflict rather than testing structured therapeutic interventions capable of producing measurable change. This gap is particularly concerning given the high prevalence of marital distress and its strong association with depression and alcohol misuse in Kenyan communities (Ndeti et al., 2020).

The current study contributes to this underdeveloped empirical space by systematically evaluating the efficacy of a structured *Here-and-Now* Gestalt-based intervention among married individuals in Kikuyu Town, Kenya. Consistent with findings from international studies, participants who received the intervention demonstrated significant improvements in marital adjustment alongside reductions in depressive symptoms and alcohol-related risk. These outcomes support the proposition that Gestalt-based experiential interventions are not only effective but also culturally adaptable within Kenyan settings, where communal values, emotional restraint, and indirect communication often shape marital dynamics.

Importantly, the study extends existing literature by demonstrating that the *Here and Now* approach can be successfully implemented in low-resource, community-based contexts, without reliance on costly infrastructure or long-term clinical engagement. By emphasizing awareness, responsibility, and relational contact, principles that resonate with African communal traditions, the approach bridges formal psychotherapy and indigenous modes of emotional expression. As such, the empirical evidence generated by this study strengthens the case for integrating Gestalt-based interventions into marital counseling, mental health services, and community programs in Kenya and similar contexts.

In summary, while international literature supports the efficacy of the *Here and Now* approach in improving relational and emotional outcomes, there has been a significant lack of rigorous empirical evaluation within Kenyan marital contexts. The present study addresses this gap by providing locally grounded evidence that Gestalt-based interventions can effectively reduce marital distress and co-existing psychological symptoms, thereby contributing meaningfully to both scholarship and practice.

3. Methodology

The study adopted a quasi-experimental repeated-measures design to evaluate the efficacy of a Gestalt “Here and Now” intervention in reducing marital distress and co-existing psychological symptoms among married individuals in Kenya. This design was selected to directly address the research question concerning whether participation in a Gestalt-based intervention leads to greater improvements in marital adjustment, depressive symptoms, and alcohol-related risk compared with no structured intervention. A quasi-experimental approach was appropriate given ethical and contextual constraints that limited random assignment, particularly the sensitivity of marital issues and the ethical obligation to avoid withholding support from individuals experiencing significant distress. Despite the absence of randomization, methodological rigor was enhanced through the inclusion of a control group, matched assignment, repeated assessments, and advanced statistical analyses.

The study involved two groups: an experimental group and a control group, each comprising 43 married individuals. Participants in the experimental group received a structured Here-and-Now Gestalt-based intervention delivered over six weeks, comprising twelve sessions conducted twice weekly. The intervention emphasized present-moment awareness, emotional

expression, personal responsibility, and experiential learning, which are core principles of Gestalt therapy. Techniques such as the Empty Chair, role play, projection exercises, and responsibility statements were systematically applied to help participants become aware of unexpressed emotions, recognize habitual relational patterns, and experiment with healthier ways of engaging in their marriages. Sessions were facilitated by the principal investigator to ensure consistency and treatment fidelity. Although the intervention was conducted in a group format, the therapeutic focus remained on individual awareness and responsibility rather than on dyadic interaction, consistent with Gestalt theory and practical considerations, given that spouses could not always participate together.

The control group consisted of married individuals who met the same inclusion criteria as those in the experimental group but did not receive any formal psychological or marital intervention during the study period. Control participants continued with their usual routines and any informal support systems they ordinarily accessed, including family guidance, religious counseling, or community-based support. Their inclusion made it possible to distinguish intervention-related change from natural fluctuations over time, regression to the mean, or external influences unrelated to the therapeutic process.

Participants were assigned to the experimental and control groups through matched assignment based on key demographic and psychological variables, including age, gender, duration of marriage, and baseline levels of marital distress, depressive symptoms, and alcohol use. Baseline equivalence between groups was confirmed using independent-samples *t* tests and chi-square analyses, which revealed no statistically significant differences on these variables. This comparability strengthened internal validity and increased confidence that observed differences at post-intervention were attributable to the Gestalt intervention rather than pre-existing disparities.

The study population comprised married individuals aged 25 to 60 years residing in Kikuyu Town, Kiambu County, Kenya. Eligibility required evidence of marital distress and co-existing psychological symptoms, as indicated by standardized screening instruments. Participants scored below 92 on the Dyadic Adjustment Scale, between 14 and 28 on the Beck Depression Inventory-II, and 8 or above on the Alcohol Use Disorders Identification Test. These thresholds identified individuals experiencing relational dissatisfaction, mild to moderate depressive symptoms, and clinically relevant alcohol-related risk while excluding cases requiring immediate psychiatric or specialized intervention. Individuals currently receiving psychotherapy, experiencing severe domestic violence, or presenting with active suicidal ideation were excluded to ensure participant safety and methodological coherence.

Data were collected at three time points: baseline (T_0), midline (T_1) after six sessions, and post-intervention (T_2) following completion of the twelve-session program. This repeated-measures structure examination of change trajectories over time and enabled both within-group and between-group comparisons. Marital adjustment was assessed using the Dyadic Adjustment Scale, while depressive symptoms and alcohol-related risk were measured using the Beck Depression Inventory-II and the Alcohol Use Disorders Identification Test, respectively. These instruments captured relational, emotional, and behavioral dimensions of marital distress consistent with the study's theoretical framework.

Data analysis was conducted using IBM SPSS Statistics Version 28. Independent-samples *t* tests were used to assess baseline equivalence between groups. Repeated-measures

MANOVA examined Time \times Group interactions to determine whether changes across assessment points differed significantly between the experimental and control groups. Linear Mixed Models were employed to account for within-subject correlations and to handle missing data under the assumption that data were missing at random. Difference-in-Differences estimators further quantified the causal impact of the intervention by comparing pre–post changes between groups. Effect sizes, including Cohen’s *d* and partial eta squared, were reported alongside significance values to assess both statistical and practical importance.

Ethical approval for the study was obtained from the relevant institutional ethics review committee and the National Commission for Science, Technology, and Innovation. All participants provided written informed consent and were assured of confidentiality, voluntary participation, and the right to withdraw at any stage without penalty. Participant well-being was monitored throughout the study, and appropriate referrals were made when necessary.

4. Results and Discussion

The analyses aimed to evaluate the effectiveness of the Here-and-Now Gestalt-Based Intervention in improving marital adjustment and reducing depressive symptoms and alcohol-related risk among married couples. Descriptive statistics summarized baseline characteristics, and preliminary assumption testing (normality, homogeneity of variance, and linearity) was conducted. Repeated-measures MANOVA, Linear Mixed Models (LMM), and Difference-in-Differences (DiD) estimators were then used to examine within- and between-group changes across three assessment points: baseline (T_0), midline (T_1), and endline (T_2). LMM analyses accommodated missing data, assuming they were Missing at Random (MAR). Effect sizes (partial η^2 , Cohen’s *d*) and significance levels ($p < .05$) were reported to reflect both statistical and practical significance.

4.1 Intervention Effects on Marital Adjustment (DAS)

At baseline, the mean DAS score in the experimental group was 86.2 (SD = 8.4), indicative of widespread marital distress. Following the intervention, mean scores increased to 96.1 (SD = 7.1) at midline and 103.8 (SD = 6.4) at endline. Repeated-measures ANOVA indicated a statistically significant improvement in marital adjustment over time, $F(2, 84) = 41.27$, $p < .001$, partial $\eta^2 = 0.50$. Between-group comparisons at endline demonstrated that the experimental group ($M = 103.8$) outperformed the control group ($M = 88.7$). The effect size was very large (Cohen’s *d* = 1.28), and the DiD analysis confirmed the intervention’s causal impact, with a DiD coefficient of +13.4 ($p < .001$). Table 1 summarizes the changes in DAS scores across time points

Table 1: Intervention Effects on Marital Adjustment (DAS) Across Time

Time Point	Exp Group Mean (SD)	Control Mean (SD)
T_0	86.2 (8.4)	85.9 (8.7)
T_1	96.1 (7.1)	87.4 (8.2)
T_2	103.8 (6.4)	88.7 (8.5)

These findings indicate that the intervention led to substantial improvements in marital adjustment beyond what would be expected over time or due to external factors

4.2 Intervention Effects on Depressive Symptoms (BDI-II)

The experimental group exhibited a marked reduction in depressive symptoms following the intervention, with mean BDI-II scores declining from 22.7 at baseline to 17.1 at midline and 11.8 at endline. Repeated-measures ANOVA confirmed a significant time effect, $F(2, 84) = 36.02, p < .001, \text{partial } \eta^2 = 0.46$. At endline, the experimental group's mean score was significantly lower than the control group's mean of 21.4, with a large effect size (Cohen's $d = 1.11$). DiD analysis corroborate the intervention's effectiveness, yielding a coefficient of -8.9 ($p < .001$; Table 2).

Table 2: Intervention Effects on Depression (BDI-II)

Time Point	Exp Mean (SD)	Control Mean (SD)
T ₀	22.7 (6.2)	22.5 (6.5)
T ₁	17.1 (5.7)	21.8 (6.3)
T ₂	11.8 (5.4)	21.4 (6.2)

These findings indicate that the intervention significantly reduced depressive symptoms in the experimental group compared with the control group

4.3 Intervention Effects on Alcohol Use (AUDIT)

The Here-and-Now Gestalt-Based Intervention was associated with significant reductions in alcohol-related risk in the experimental group. Mean AUDIT scores declined from 11.6 at baseline to 8.2 at midline and 5.7 at endline. Repeated-measures ANOVA indicated a significant reduction over time, $F(2, 84) = 28.44, p < .001, \text{partial } \eta^2 = 0.40$. At endline, the experimental group's mean score ($M = 5.7$) was significantly lower than that of the control group ($M = 11.4$), with a large effect size (Cohen's $d = 0.98$). A Difference-in-Differences (DiD) analysis confirmed the intervention's effectiveness (DiD coefficient = $-4.5, p < .001$) (Table 4.14). These findings indicate that the intervention significantly reduced alcohol related risk compared with the control group.

Table 3: Intervention Effects on Alcohol Use (AUDIT)

Time Point	Exp Mean (SD)	Control Mean (SD)
T ₀	11.6 (4.8)	11.3 (5.0)
T ₁	8.2 (4.2)	11.2 (4.9)
T ₂	5.7 (3.9)	11.4 (5.1)

Across all three outcomes, the intervention group demonstrated consistent improvement, whereas the control group's scores remained largely stable.

As illustrated in Figures 1–3, the experimental group exhibited consistent improvement in marital adjustment, depressive symptoms, and alcohol-related risk across the three time points, whereas the control group remained largely stable. This pattern indicates that the Here-and-

Now Gestalt-Based Intervention produced simultaneous gains in relational functioning and reductions in psychological and behavioral risk factors.

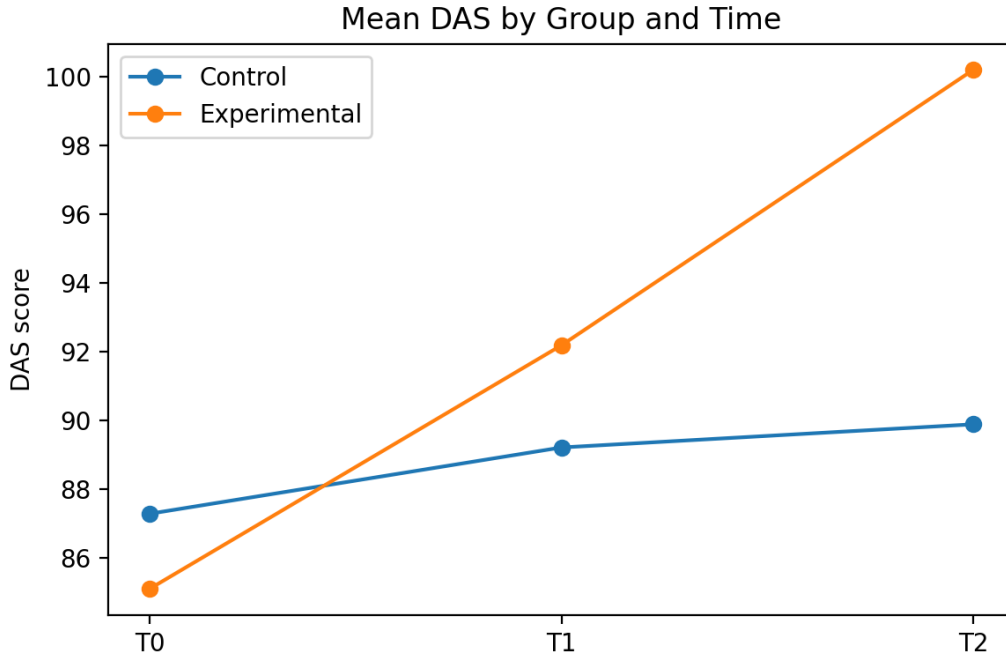


Figure 1: Mean DAS scores for experimental and control groups across T0, T1, and T2

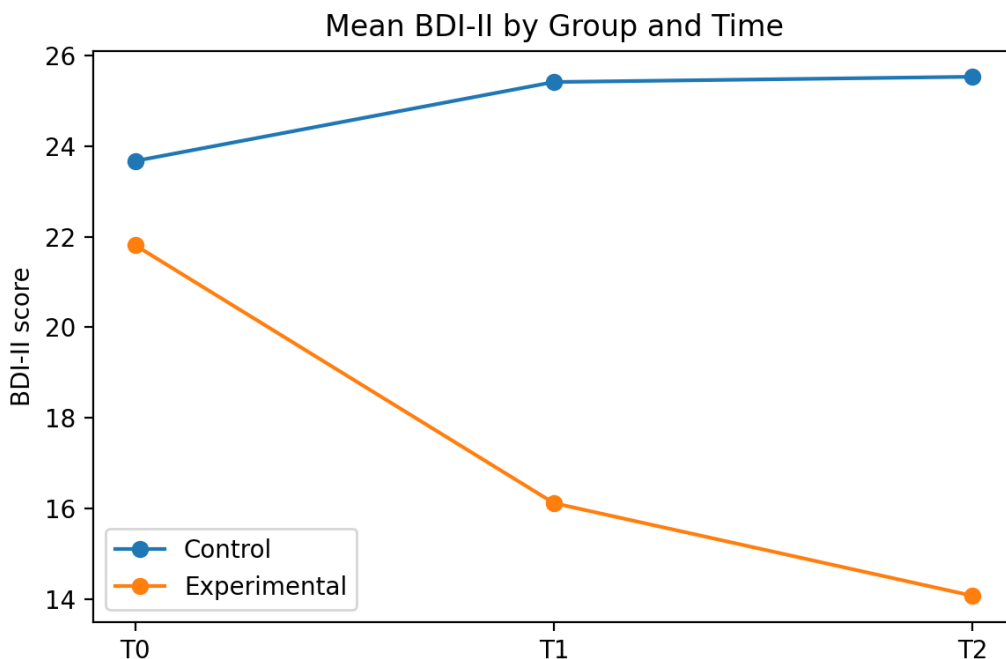


Figure 2: Mean BDI-II scores for experimental and control groups across T0, T1, and T2

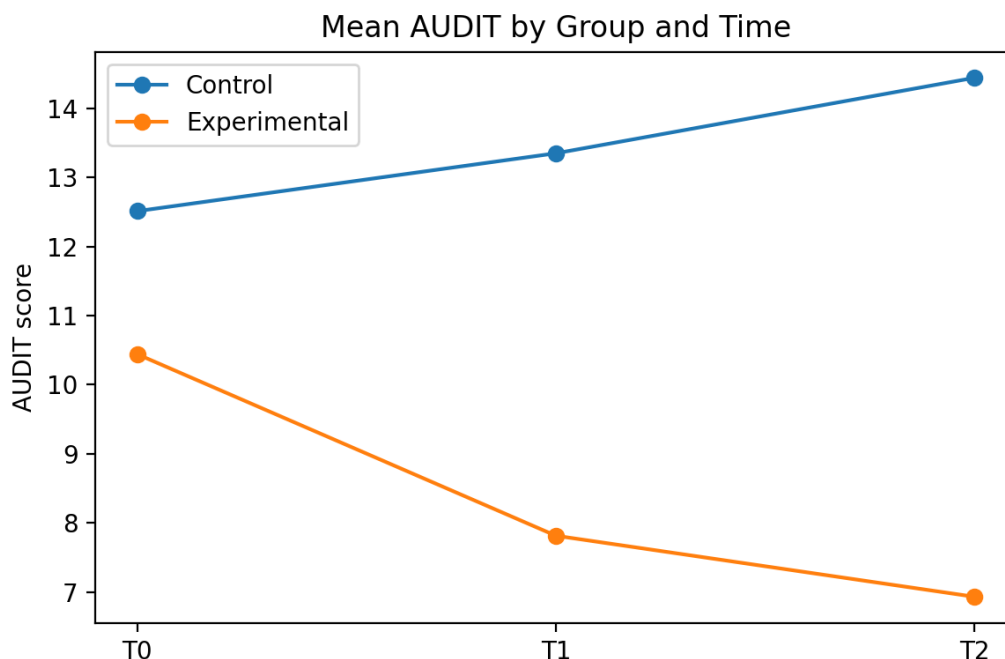


Figure 3: Mean AUDIT scores for experimental and control groups across T0, T1, and T2

Across all three outcomes, the experimental group exhibited consistent and meaningful improvements in DAS scores and declines in BDI-II and AUDIT scores between baseline (T₀) and endline (T₂). In contrast, the control group remained largely stable or showed slight deterioration.

5. Discussion

The study examined whether the Here-and-Now Gestalt-Based Intervention produced meaningful improvements in marital adjustment and reductions in depressive symptoms and alcohol-related risk among married individuals, compared with a non-intervention control group. Across all outcomes, the findings demonstrate a clear and consistent pattern: participants who received the Gestalt-based intervention experienced substantial improvements in relational and psychological functioning over time, whereas those in the control group showed minimal change. These results provide strong empirical support for the efficacy of the Here-and-Now approach within a Kenyan community context.

5.1 Effects of the Intervention on Marital Adjustment

At baseline, both the experimental and control groups exhibited pronounced marital distress, as reflected by low Dyadic Adjustment Scale (DAS) scores well below the clinical cutoff for marital satisfaction. This baseline equivalence strengthens the internal validity of the findings. Following the intervention, however, the experimental group demonstrated a marked and progressive improvement in marital adjustment, with mean DAS scores increasing steadily from baseline to midline and reaching clinically meaningful levels by endline.

The magnitude of change was both statistically and practically significant. The large effect size (partial $\eta^2 = .50$; Cohen's $d = 1.28$) indicates that the intervention accounted for a substantial

proportion of the observed variance in marital adjustment. Importantly, the Difference-in-Differences analysis confirmed that these gains were attributable to the intervention itself rather than to natural recovery, maturation, or external influences. In contrast, the control group's DAS scores remained largely unchanged across the same period.

From a theoretical perspective, these findings align with Gestalt theory's emphasis on awareness, responsibility, and authentic contact. By focusing participants' attention on present-moment emotional experience and relational patterns, the Here-and-Now approach appears to have disrupted habitual cycles of blame, avoidance, and emotional withdrawal—common features of marital distress. The results also support Dweck's Implicit Theories of Marriage framework, suggesting that experiential awareness may facilitate shifts from rigid, destiny-oriented beliefs toward growth-oriented interpretations of marital challenges.

5.2 Effects of the Intervention on Depressive Symptoms

In addition to relational gains, the intervention produced significant reductions in depressive symptoms among participants in the experimental group. Mean BDI-II scores declined from the moderate range at baseline to near-minimal levels by endline, representing a clinically meaningful improvement. The large effect size (Cohen's $d = 1.11$) and robust DiD estimate further underscore the strength of this effect.

These findings are particularly noteworthy given the strong bidirectional relationship between marital distress and depression documented in prior literature. Improvements in marital functioning likely reduced chronic relational stress, while enhanced emotional awareness and self-responsibility may have strengthened participants' capacity for emotional regulation. Gestalt therapy's focus on completing "unfinished business" and expressing previously suppressed emotions offers a plausible mechanism through which depressive symptoms were alleviated.

By contrast, the control group showed no comparable improvement, reinforcing the conclusion that depressive symptom reduction was not simply a function of time or repeated assessment. The results therefore support the use of relationally focused, experiential interventions as viable approaches for addressing co-existing psychological distress in married individuals.

5.3 Effects of the Intervention on Alcohol-Related Risk

The intervention was also associated with significant reductions in alcohol-related risk, as measured by the AUDIT. Participants in the experimental group moved from hazardous drinking levels at baseline to low-risk use by endline, whereas the control group's scores remained essentially unchanged. The large effect size (Cohen's $d = 0.98$) and statistically significant DiD coefficient indicate that these changes were both substantial and intervention-driven.

Within the Kenyan context, alcohol use is frequently employed as a maladaptive coping strategy for emotional distress and relational conflict. The observed reductions in alcohol use suggest that as participants developed greater emotional awareness, responsibility, and relational engagement, reliance on alcohol as an avoidance mechanism diminished. This finding highlights the broader psychosocial impact of the Here-and-Now intervention, extending beyond marital functioning to health-related behaviors.

5.4 Integrated Interpretation of Intervention Effects

Taken together, the results demonstrate that the Here-and-Now Gestalt-Based Intervention produced simultaneous and reinforcing improvements across relational, emotional, and behavioral domains. As illustrated in Figures 1–3, the experimental group showed rising marital adjustment scores alongside declining depressive and alcohol-use scores, indicating a coherent pattern of recovery and growth. The control group's relative stability or slight deterioration across outcomes further strengthens the causal interpretation of these effects.

The convergence of findings across multiple analytic approaches (repeated-measures MANOVA, LMM, and DiD) enhances confidence in the robustness of the results. More importantly, the pattern of change supports the study's central premise: that addressing present-moment awareness, emotional responsibility, and implicit relational beliefs can yield meaningful improvements in both marital and psychological well-being.

Overall, these findings provide compelling evidence that the Here-and-Now Gestalt-Based Intervention is an effective, culturally adaptable approach for addressing marital distress and co-existing psychological symptoms in Kenyan community settings. They also underscore the value of integrative interventions that move beyond symptom reduction to foster deeper relational awareness and emotional resilience.

6. Conclusion

The Here-and-Now Gestalt-Based Intervention demonstrated strong efficacy in improving marital adjustment and reducing depressive symptoms and alcohol-related risk among married individuals in Kikuyu Town, Kenya. The intervention produced consistent, clinically meaningful improvements across all outcomes, while the control group's scores remained largely unchanged. These findings provide empirical support for the effectiveness of culturally responsive, experiential therapeutic approaches in addressing marital distress and co-occurring psychological difficulties within Kenyan community settings.

7. Recommendations

The study recommended that Mental health and family policy frameworks in Kenya should prioritize integrating culturally grounded, evidence-based marital and psychosocial interventions into community and primary healthcare systems. Policies should support training of counselors in experiential and relational therapies, expand access to affordable marital and mental health services, and strengthen partnerships with faith-based and community organizations. Such measures are essential to addressing marital distress as a public health concern and to promoting relational stability and psychological well-being among Kenyan families.

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