Family and health Quarterly, vol13, Issu2, Summer 2023, ISSN: 2322-3065
http://journals.iau-astara.ac.ir, D.O.R. 20.1001.1.23223065.1402.13.2.6.5

Comparing the effectiveness of emotion-oriented approach and schema therapy on control and life satisfaction of infertile women

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Abstract

Introduction: Based on the large number of infertile couples and their family, personal, social, etc. problems, this research was conducted with the aim of comparing the effectiveness of two emotion-oriented approaches and schema therapy, the intervention of two effective approaches on control and life satisfaction of infertile women.

Method: The research method was semi-experimental, which was implemented with two experimental groups, a pre-test-post-test design and a control group with a one-month follow-up. From the statistical population of infertile women in Milad Infertility Center of Mashhad, 45 people were selected as available and were randomly selected in three groups of 15 people. The instrument used in this research was the control questionnaire and the life satisfaction questionnaire of Diener answered in the pre-test. Then, each of the experimental groups participated in eight 90-minute sessions with an emotion-oriented approach and schema therapy, and the control group did not receive any intervention. After the meeting, the questionnaires were answered again. The data were analyzed using SPSS-26 software and covariance analysis method.

Findings: The findings of the research showed that in the post-test and follow-up stages, there is a significant difference between the experimental groups, the emotion-oriented approach and the schema-therapy approach with the control group. The results of repeated measurement analysis showed that both emotion-oriented therapy and schema therapy are effective in increasing life satisfaction and reducing control ($p < 0.001$).

Conclusion: paired results showed the effectiveness of the schema therapy approach the emotion-oriented approach has had a greater effect on women's control and the emotion-oriented approach has worked better on life satisfaction.

Keywords: control, emotion-oriented approach, infertility, satisfaction life, therapy schema

Received: 10/ December/ 2022 **Accepted: 7/ February/ 2023**

Citation: ZamaniNia F., Asghari Ebrahin Abad M.J., Samari A.A. Comparing the effectiveness of emotion-oriented approach and schema therapy on control and life satisfaction of infertile women. Family and health, 2023; 13(2): 63-78

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Introduction:

Fertility and health Fertility is one of the important pillars of the public health of society and is necessary and necessary for the development and preservation of humanity (1). The rate of infertility in different countries is about 5 to 30 percent. Infertility in the United States has declined from 2.11% in 1965 to 9% (range: 5.3%-7.16%) in 2007. In addition, it is estimated that 10% to 15% of couples in the UK have infertility problems, including 2.4% of those with unresolved infertility. In addition, the average lifetime prevalence of infertility in Iran is 9.10%, with 3.3% of the population having common infertility. Therefore, the existence of infertility in the Middle East is estimated between 10% and 15% (1).

Infertility is almost a treatable disease in today's society. But infertile women face psychological problems while waiting for this complication to be resolved. The experience of infertility is more than a physiological defect, but also has psychological and social dimensions, which causes both sexes with a wide range of psychological damages, such as: reduction of intimate relationships, unpleasant feelings such as loneliness and lack of satisfaction and control. Marriage and many other issues are faced (2).

According to Goffman's burnout theory, infertility is considered a social burnout. An infertile person, like a mentally ill or physically disabled person, finds himself in a stigmatizing situation in the society. When cultural values and norms encourage reproduction and childbearing and celebrate parenthood, not having children causes stigmatization and stigmatization of infertile people, which can have a negative impact. In the identity of infertile people, the interpersonal relationship of couples undergoes deep negative effects. It seems that the social isolation of infertile people is in their deviation from traditional cultural norms, according to which the only real way for women to be considered normal and to prove themselves is to become a mother, and that every husband and wife should be able to have become a child Due to infertility, infertile people think that they have lost their goals in life and they consider their position and self-confidence to be lost (3). The social view of infertility states that the values and norms common in society have a significant impact on the experience of infertility and couples. In most cultures, giving birth to a child is considered a social value. Clear and explicit, unspoken and hidden norms indicate that couples want and should have children; So, when couples cannot have children, they are challenged in society's norms, in which case they may face stigma in society (4).

One of the things that has a serious impact on family relationships is controlling in marital relationships. Controlling is a trait in which a person tends to control the behavior of others. The word control was first used in 1974. This word is synonymous with domination (Webster and Marian, 2017). Control over other people has no boundaries and people of any age, gender, sexual orientation, or socio-economic status can be controlled or play the role of an inhibitor. Controlling is usually seen in couples' relationships (Bonier, 2015). Controlling is a special type of torment because it occurs in a relationship with commitment, hope and strong personal dreams. Controlling the opposite of an assault and insult that happens by a stranger in one moment It continues for a

period of one month, one year or even a decade. Control, self-control and health of the victim decreases over time (5).

One of the basic and important points in marital relations is familiarity and respect for the individual freedoms of couples, which unfortunately in our country, due to the lack of accurate knowledge of the relationship between people and the lack of acceptance of it, and perhaps wrong perceptions of beliefs, lead to controlling behaviors. It happens between husband and wife, which harms marital relations intentionally or unintentionally. This disorder has caused a series of negative feelings and emotions such as: feelings of loneliness, guilt, fear, hostility, dissatisfaction... on the part of the spouses, which in the long run will cause major problems in the relationship of the couple and its followers. Control of each other's behavior and dissatisfaction with life is observed (6).

One of the indicators of mental health is the level of satisfaction with life. Life satisfaction reflects the balance between personal desires and needs and his current situation, in other words, the greater the gap between a person's level of aspirations and his objective situation, the lower her satisfaction (7). Life satisfaction is a subjective and unique concept for every human being, which, together with positive and negative emotions, forms the three basic components of mental well-being and generally refers to a person's cognitive evaluations of her life. People with high life satisfaction experience more positive emotions, remember more positive events from their past and future and others, and have a more positive evaluation of their surroundings and describe them as pleasant. Life satisfaction originates from a person's general attitude and evaluation towards her life as a whole or some aspects of life such as family life, job, free time, income, etc. In fact, life satisfaction is a reflection of the distance between a person's ideals and her current situation (8).

Infertile women are generally less satisfied with their lives than their fertile counterparts. Now, if infertile women do not consider infertility as a basic and unsolvable problem in life, their satisfaction with married life will increase. Although different people agree with each other on the important categories of a good life such as health and healthy communication, but these options are given different values. In fact, infertility is a crisis that affects the mental health of infertile people and causes a decrease in intimacy, disruption in sexual relations, a decrease in self-esteem and anxiety, fear of divorce and separation, and ultimately a decrease in marital satisfaction and a decrease in the quality of life, it has (9).

In the treatment of these psychological problems of control and life satisfaction, many approaches have been used, such as: treatment based on acceptance and commitment is one of the new and effective treatments in solving psychological problems and disorders. It seems that therapy based on acceptance and commitment in a group way can increase life satisfaction in women (10). Among other psychological treatments that are very effective on the variables of life satisfaction and controllability, such as the emotion-oriented approach and schema therapy, the emotion-oriented approach, due to its integrative nature, helps by strengthening intrapersonal factors as well as interpersonal factors. It is useful to strengthen the positive interactive cycle of couples and as a

result the satisfaction of couples. In the emotion-oriented approach, people understand the effects of unconscious factors on their relationships and with self-differentiation, they protect their married life from its destructive effects. Part of the communication problems related to people's attachment style, to be aware of it and by considering its effects on their communication style and their satisfaction with the relationship, help each other in making their attachment as safe as possible and for this, the meaning is to start with the way of communication. In such a way that a woman or a man who usually uses the expected communication style and probably has an ambivalent attachment style will spend less energy in the relationship from now on, and on the other hand, a woman or a man who usually takes the role of aloof. And he probably has an avoidant attachment style, from now on he will be more involved in the relationship so that he can take a step towards intimacy and resolve conflicts and problems in the relationship while maintaining his independence, and in fact, the couple will play their roles for a while, and practice the new behavior (11).

The schema therapy approach also helps people with incompatible schemas to become aware of them by identifying the factors and situations that trigger schemas, primary schemas include people's beliefs about themselves, others and the environment, which are caused by not satisfying basic needs, especially emotional needs are formed (12). Cognitive schemas and beliefs are influential in the course of marital relationship and this issue has been taken into consideration for a long time. When one or both spouses have high levels of irrational beliefs and inflexible thoughts, their marital satisfaction decreases (Alice, 1985). Some unpleasant and stressful environmental situations such as infertility cause incompatible schemas that they are formed in a person and provide the basis for the occurrence of various forms of psychological distress such as depression, anxiety, inefficiency, substance abuse, interpersonal conflicts and personality disorders (13). So, by identifying those schemas that cause a decrease in satisfaction in the relationship and also identifying the emotional factors that cause dissatisfaction, they were able to gradually reduce this problem.

Schema therapy is an integrated approach to treatment that shows the best aspects of cognitive-behavioral, experiential, interpersonal and even psychoanalytic therapy models in a single model. The schemas that are the therapist's focus in schema therapy are persistent and destructive patterns that are usually formed in a person's early life. These patterns consist of negative and ineffective thoughts and feelings that are repeated many times in a person's life and prevent a person from reaching his goals and personal needs (14). In order to reduce the psychological problems of infertile people, the researcher seeks to compare two emotion-oriented approaches and schema therapy, the intervention of two approaches affecting ineffective feelings and thoughts, and to measure the ratio of the influence of each on infertility and its problems to be effective in improving their condition.

Infertility is a biological, psychosocial disorder, and the failure of fertility deeply affects various aspects of the infertile couple's life. Therefore, in the treatment of infertility, all aspects should be addressed. But because in medical matters, attention to the psychological and social issues of the disease is practically negligible. Therefore, considering the large number of these infertile couples

and their family, personal, social, etc. problems, this research aims to compare the effectiveness of two emotion-oriented approaches and schema therapy, the intervention of two effective approaches of control and life satisfaction of infertile women. Is the effectiveness of emotion-oriented approach and schema therapy in reducing control and increasing life satisfaction of infertile women different in the post-test stage?

Research method

The current research is a type of applied research that was conducted in a semi-experimental way with a pre-test-post-test design with two experimental groups and one control group. First, a pre-test was conducted from each of the three test and control groups. For the test group, 45 people were selected from among the volunteers who had been married for more than 3 years and were medically infertile,and in the three experimental groups, the emotional-oriented, schema therapy, and the control group were randomly replaced.

The statistical population of this research includes all infertile women who visited the Milad Infertility Center in Mashhad in the winter of 1400, as well as the call for a free workshop on virtual networks, which was sent to 240 people, and questionnaires were given to the clients to control the variables. A minimum sample of 45 women was selected, who were divided into two experimental groups and one control group using the available sampling method. Considering 15 people for each of the three research groups, after dropping the experimental group, all groups were closed to 12 people.

Criteria for entering and exiting the research: The conditions for entering the research included having at least a diploma, living together for more than 3 years, diagnosis of primary and secondary infertility based on medical data and not taking psychotropic drugs. The criteria for leaving the research will include unwillingness to cooperate, separation from the spouse during the meeting.

Research tools: The candidates answered the control questionnaire with 21 items and the life satisfaction questionnaire (Denier et al.) with 5 questions in the pre-test.

Marital control questionnaire: This scale was created in Iranian society by Amini et al. Factor analysis using varimax rotation revealed five factors. These five factors were confirmed with 21 items in confirmatory factor analysis, which includes five factors of emotional inhibition, inhibition through inattention, inhibition through verbal violence, inhibition through isolation and inhibition through concealment. Also, the convergent validity of this scale with the 16-factor Dominance-Obedience subscale of Kettle is 24%, which is significant at the 001% level and α = 933%, and the values of the Spearman-Brown and Guttman coefficients are 894% and 886%, respectively, and using exploratory and confirmatory factor analysis Internal consistency and criterion validity have high validity and reliability.

Life Satisfaction Questionnaire: This scale is prepared by Diener and others to measure the overall satisfaction with life and is used as an indicator of happiness in researches. This scale has

48 items. Consisting of 5 propositions that measure the cognitive component of subjective well-being, the subjects state, for example, how satisfied they are with their life or how close their life is to their ideal life. Factor analysis of this scale showed that it consists of three factors. Its 10 questions were related to life satisfaction, which after numerous reviews were finally reduced to 5 questions and used as a separate scale. For each question, a 7-point Likert scale was considered from completely agree (1 point) to completely disagree (7 points). The reliability and validity of the life satisfaction scale has been investigated in several studies. In a sample consisting of 176 undergraduate students, Diener et al. Two months of implementation was 82% and Cronbach's alpha coefficient was 87%. Diener and her colleagues have reported good validity (convergent and discriminant) and reliability (Cronbach's alpha 0.89) for the scale. Its use in Iran has been adapted and its validity and reliability evidences have been reported as favorable.

Group training: Johnson and Greenberg's emotion-oriented protocol (15) was held in 8 sessions, of 90-minute, and Gary Young's, Klasko and Wishar's (15) schema therapy was held in 8 sessions, of 90-minute. But for the control group, no intervention was done and they were waiting in line for treatment. The follow-up period was done after one month.

Therapy sessions based on the emotion-oriented approach (15, 16)

Meetings	content of meetings

The first meeting: general acquaintance with the people of the group. Introducing the therapist. Definition of concepts, their way of dealing with problems. Discovering barriers to attachment and emotional conflict, Intrapersonal and interpersonal test; Assignment: pay attention to emotions.

The second session (first step): initial identification and assessment of attention to the cycle of each other's daily interactions; Assignment: accurate identification of emotion, Emotions and feelings.

The third session: (second step): change; Clarifying key emotional responses; accepting the negative cycle of relationships, reviewing and revising relationships; Assignment: Expressing emotions and feelings.

The fourth session: deepening the emotional involvement of people based on attachment, including increasing the identification of attachment needs, improvement Inner psychological state and improving the interactive state of the task: expressing emotions and emotions and identifying the type of attachment

The fifth session: developing communication with others, including determining the appropriateness of the therapist's framing with the client's experience, accepting more people from Self-experience; Assignment, identification of underlying fears and expression of wishes and desires.

The sixth session: activation including reconstruction of interactions and changing events, more involvement of women with their husbands, clarification of desires and needs; Assignment: Identifying the strengths and weaknesses of relationship training

The Seventh session: (third step of establishing and consolidating relationships); finding new solutions for old problems, including rebuilding interactions; Assignment: Discovering new solutions for old problems and discussions

The Eighth session: using therapeutic achievements in daily life, identifying and supporting interactive constructive patterns, creating attachment safe; Assignment: Implementation of techniques

Schema therapy sessions

The first session: introduction, implementation of the pre-test, motivating participation among members, familiarization with the schema approach and group rules. To change and reduce control and increase life satisfaction.

The second session: Definitions of the concepts of primary uncompromised schemas, understanding how schemas are formed and continued, introducing styles Confrontational

The third session: the beginning of the experimental techniques of the approach, examining the component of parenting methods in creating schemas, encouraging the free expression of related events. With the formation of the schema

The fourth session: Encouragement in creating a change in disturbing emotional memories, examining the child's mood component in creating Schemas

The fifth session: Arousing the emotions related to the initial unreconciled schemas, examining the component of coping styles in strengthening and continuity. Schemas

The sixth session: focusing on the expression of emotions and healthy emotional discharge, examining the performance of the avoidance coping style component in strengthening and continuity. Schemas

The seventh session: encouragement to change the process of unpleasant emotional memories, focus on the factors that hinder the formation and continuation of schemas. Like (temperament) biological factors or heredity.

The eighth session: Post-test implementation, discussion and conclusion, emphasis on the role of individual agency in improving and restoring unhealthy behavior styles. End of meetings.

Findings:

Based on the descriptive characteristics, in the emotional group, the average age was 36.83 and the standard deviation was 6.422, and in the schema therapy group, the average age was 37.92 and

the standard deviation was 6.259, and in the control group, the average age was 35.92 and the standard deviation was 317. 7 is The job percentage of the emotional group was 58.3% housewives and 41.7% were employed, and in the schema therapy group 58.3% were housewives and 41.7% were employed, and in the control group 50% were housewives and 50% were employed. And the frequency of education in the excitement-oriented group is 58.3 diplomas and 41.7

Bachelor's degree and in the second experimental group 41.7 diploma and 58.3 bachelor's degree and in the control group 50% diploma and 50% bachelor's degree.

Table 1: (pre-test, post-test and follow-up) mean and standard deviation of marital control of infertile women according to study groups

	Study groups							
Test	**Emotion-oriented approach**	**Mean**	**schema-therapeutic approach**	**Mean**	**control group**	**Mean**	**Total**	**Mean**
	Standard Deviation		Standard Deviation		Standard Deviation		Standard Deviation	
Pre-test	7.141	42/63	8.827	50/67	7.230	65/50	7.733	47/65
Post-test	6.389	50/42	6.961	50/35	7.920	00/64	14.108	33/47
Follow up	10.594	67/40	9.478	75/39	7.412	75/64	14.785	39/48

Table 1 shows the mean and standard deviation of marital control of infertile women according to study groups in pre-test, post-test and follow-up. Also, the results of Table 1 show that the marital control of infertile women has decreased in the experimental groups compared to the control group in the post-test.

Table 2: Mean and standard deviation of infertile women's life satisfaction according to study groups (pre-test, post-test and follow-up)

	Study groups							
Test	**Emotion-oriented approach**	**mean**	**Schema-therapeutic approach**	**mean**	**control group**	**mean**	**Total**	**mean**
	standard deviation		standard deviation		standard deviation		standard deviation	

pre-test	10/25	1/138	9/17	1/403	10/17	1/030	9/86	1/268
Post-test	16/75	2/563	15/75	1/765	9/92	0/996	14/14	3/563
Follow up	15/75	1/815	14/75	1/545	9/42	0/793	13/31	3/152

Table 2 shows the mean and standard deviation of infertile women's life satisfaction according to study groups in pre-test, post-test and follow-up. Also, the results of Table 2 show that the life satisfaction of infertile women has increased in the experimental groups compared to the control group in the post-test.

Shapiro-Wilk test was used to check the normality of the distribution of observations. To make sure that the groups are equal in the variables of marital control, life satisfaction, their averages were compared. This comparison was done through one-way analysis of variance between three groups. The Mbox test is for the equality of the covariance matrix of the variables of infertile women in the study groups. The observed covariance matrices related to the dependent variables of marital control and life satisfaction are equal among the three groups.

Comparing the emotion-oriented approach and the schema-therapy approach, the results showed that clinically, the efficacy and effect size of the schema-therapy approach = 64% Eta on the control variable is better and more than the effectiveness and effect size of the emotion-oriented approach = 54% Eta. In order to examine and test the variables, two-factor (mixed) repeated analysis of variance was used.

Table 3: The results of covariance analysis of the interactive effects of group and time on the marital control variable of infertile women

Sources of changes	**Sum of squares**	**DF**	**mean square**	**F**	**Sig.**
repetition factor (within groups)	7463.685	2	3731.843	76.532	0.001
Group contrast factor and repetition	3632.037	4	908.009	18.621	0.001
intergroup factor	6585.407	2	3292.704	33.190	0.001

Table 3 shows that the repetition factor (within groups) (P=0.001, F=76.532). The contrast factor of group and repetition (P=0.001, F=18.621) as well as the intergroup factor (P=0.001, F=33.190) are significant on marital control of infertile women. To check which study groups (emotion-

oriented approach, schema-therapeutic approach and control) have differences. Ben-Ferroni's post hoc test was used to compare the variable of marital control in pre-test, post-test and follow-up. The results of Ben-Farouni's post hoc test showed that there is no significant difference between the study groups (emotion-oriented approach, schema-therapy approach and control) in the marital control variable in the pre-test stage, but in the post-test and follow-up stages. There is a significant difference between the emotion-oriented approach and schema-therapy approach groups with the control group (P=0.001).

Table 4: The results of covariance analysis of the interactive effects of group and time on the life satisfaction variable of infertile women

Sources of change	Sum of squares	df	mean square	F	Sig.
Repetition factor (within groups)	370/290	2	185.148	131.239	0.001
Group contrast factor and repetition	229.259	2	57.315	40.626	0.001
intergroup factor	384.574	2	192.287	44.906	0.001

Table 4 shows that the repetition factor (within groups) (P = 0.001, F = 131.239). The contrast factor of group and repetition (P=0.001, F=40.626) as well as the between-group factor (P=0.001, F=44.906) are significant on life satisfaction of infertile women. To check which study groups (emotion-oriented approach, schema-therapeutic approach and control) have differences, Ben-Froni's post hoc test was used to compare the variable of satisfaction with life in the pre-test, post-test and follow-up. The results of Ben-Froni's post hoc test showed that there is no significant difference in the life satisfaction variable between the study groups (emotion-oriented approach, schema-therapy approach and control) in the pre-test stage, but in the post-test stages and Follow-up There is a significant difference between the emotion-oriented approach and schema-therapy approach groups with the control group (P=0.001).

The level of life satisfaction of infertile women who were treated in experimental groups (emotional approach and schema therapy approach) has increased significantly in the post-test and follow-up phase, but the level of life satisfaction of infertile women who were in the control group and there was no increase in experimental groups (emotion-oriented approach and schema-therapy approach) that were not treated. Also, the results (Eta = 0.46) of 46% of the variance in life satisfaction of infertile women are explained by schema therapy approach. The effect of group membership is equal to (Eta = 0.57), in other words, 57% of the variance in the life satisfaction of infertile women is explained by the emotion-oriented approach. The emotion-oriented approach

compared to the schema-therapeutic approach has increased more in the level of life satisfaction of infertile women.

Discussion and conclusion:

The purpose of the research is to compare the effectiveness of emotion-oriented approach and schema-therapy in reducing control and increasing life satisfaction of infertile women, and the findings showed that in the schema-therapy group, controlling was reduced and in the emotion-oriented group, life satisfaction increased with infertile women. It has been effective. The findings of this research are consistent with the findings of research (18) that emotional-oriented couple therapy interventions with emphasis on attachment styles have increased the marital satisfaction of couples and improved the control of family behavior in couples. In the research of Suleiman-Abadi and Suleiman-Abadi (19), it has been shown that in the last decade, the prevalence of infertility in Iran has been reported as 24.9%. Although infertility is initially classified as a physiological disorder, the experience of infertility is more than a physiological failure, it has extraordinary psychological and social dimensions. Infertility is a factor that causes both sexes to face a wide range of psychological injuries, including: reduced quality of life, loss of self-esteem, sexual dysfunction and marital problems.

The results of Aghaei, Kohrazee and Farnam's research (20) showed the positive effect of schema-therapy and couple-therapy on irreconcilable schemas and life satisfaction of couples, and these two methods were able to be effective in the same way. Therefore, it cannot be said that one is superior to the other, it is equal. According to the results obtained from the research of Tanakochian, Zanganeh and Bayat(21) showed that the use of both schema-therapeutic and emotion-focused approaches in order to improve self-control and resiliency of ambiguity in women suffering from marital despondency has been effective and with the results of Gilki Nizami's research (22), which was conducted with the aim of comparing the psychological characteristics of fertile and infertile women, he came to the conclusion that infertile women have more primary incompatible schemas than fertile women and suffer from more psychological problems brand is similar.

In explaining the variable of life satisfaction with an emotion-oriented approach, it can be stated that one of the approaches that focuses on both family relationships and individual emotions is Timolak et al., (23). Emotion-oriented therapy is an integrative approach to deal with various types of anxiety disorders, a wide range of traumas and distresses caused by life events, etc. Ivanova, (24). Also, in the emotion-oriented approach, it is an attempt to integrate the intrapersonal and interpersonal worlds (Johnson, 2004). The change is that the emotional responses underlying the interaction are discovered and experienced and reprocessed, so the cycle a new interaction is formed. Acquiring and discovering this emotional experience is not for the purpose of emptying and awareness, but for experiencing new aspects of oneself that receive new responses from the other person (25).

Schema-therapy is a potentially efficient approach in solving problems that is largely ignored by the mainstream of cognitive therapy. This treatment gives great importance to the first maladaptive schemas that arise from dysfunctional patterns in intimate relationships and that have their roots in childhood strictures and lead to distorted and negative perception and irrational thinking of couples. Because schemas are always seen in the dynamics of a relationship, they influence the activism of the relationship and have a correlation with satisfaction and reduction of marital life conflicts (20). Infertility of women reduces their social dignity and is associated with the activation of primary incompatible schemas and emotional disturbances; finally, the ground for the formation of a vicious cycle that aggravates infertility is prepared (26). Incompatible schemas have been described as ineffective cognitive solutions that lead to unhappiness in marital relationships and provide grounds for separation (27). Women with initial dysfunctional schemas do not receive enough emotional support and protection from their husbands and feel abandoned by their husbands. Sometimes they assume themselves to be worthless or more valuable than their spouses, and this issue causes couples to distance themselves and reduce their marital satisfaction (12, 27).

Women and men in life want their spouse to have a controlled and calculated interaction with his family and friends. And in the same way, in relation to his wife's family and friends, he should behave respectfully. All of these are caused by the concern about the negative influence of others on their married life (8). Schema therapy helps infertile women to recognize the schemas related to their problems and then accept each schema without being disabled by it instead of avoiding them, it is one of the skills of schema therapy (28). Therefore, schema therapy helps people to accept them as an integral part of their lives and adopt a new perspective on them instead of suppressing their emotions and feelings.

Comparing the results of schema-therapy and emotion-oriented approach, schema-therapy was more effective in reducing control and emotion-oriented approach performed better in life satisfaction. Both of these treatments identify the roots of uncontrollable thoughts and emotions and reduce emotional disturbance. Therefore, being able to control one's emotional resources leads to greater mental health so that one can solve problems more calmly. Both emotion-oriented and schema-therapeutic approaches are effective in increasing people's life satisfaction and control, which have a positive effect on maintaining and continuing a successful marriage, and improving relationships with each other, leading to more life satisfaction.

People who have an abandonment schema have a high sense of possessiveness and turn to control. The remarkable thing is that if they do not get the appropriate and expected response to control, anger overcomes them. In explaining the controlling variable with schema-therapy, by performing exercises related to the situations of occurrence of schemas and external unconscious factors and its destructive effect on spouses' relationships, they can prevent tension and conflict by recognizing them. In explaining the variable of life satisfaction with an emotion-oriented approach, by identifying the type of attachment, changing the attachment style and coping styles, it helps to understand the secondary emotions that appear after the primary emotions. In the same way, when the couple's attachment style turns into a safe attachment style and gradually adjusts styles such as the expected confrontational style, they achieve more peace. The emotion-oriented approach by

strengthening intra-personal factors as well as interpersonal factors helps a lot in strengthening the positive interactive cycle between couples and also changing the interactive cycles, which make people tense in everyday communication and controls and reduces life satisfaction, they should become aware and try to correct their controlling behaviors, which implicitly leads to an increase in life enjoyment.

On the other hand, expressing issues in a group, alongside people similar to oneself, and receiving empathy from each other in the process of facing life's problems will reduce women's control. In fact, being in the group and receiving attention and empathy from members who are sympathetic and similar to each other, along with the safe environment of the group, makes women feel that they are noticed and understood, and as a result, the amount of their control will be reduced and they will have more satisfaction in life.

Limitation:

Regarding the limitations of the research, the research sample was limited to infertile women and the generalization of the results to infertile couples and infertile men, and it is suggested to conduct research on infertile couples and the reasons related to the infertility of both couples, and besides Medical treatments with psychological approaches help to improve the condition of infertile people. Also, in order to reduce the conflicts that exist in the life of infertile couples, such as: pathological control and lack of satisfaction with life, emotional-oriented psychological approaches and schema-therapy should be taught to help improve the quality of life of these couples. We thank all the participants in this study who helped us in doing this research. The authors state that there is no conflict of interest in this study.

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