

The Effect of Schema Therapy on Cognitive Avoidance, Anxiety, and Empathy in Couples Referring to Ahvaz Counseling Centers

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Abstract

Introduction: The family as one of the most important social institutions has an important role in shaping the personality of individuals. Satisfaction, desirability, contentment, quality and optimal functioning of the family are important and influential factors on the growth and prosperity of family members. The aim of this study was to investigate the effect of schema therapy on cognitive avoidance, anxiety and empathy in married women in Ahvaz.

Methods: The research method was quasi-experimental with pretest-posttest design and follow-up with a control group. The statistical population included all married women who referred to counseling centers in Ahvaz due to marital incompatibility in 2020. The sample consisted of 30 married women who were selected by available sampling and randomly assigned to experimental and control groups (15 people in each group). Data collection tools included Anxiety subscale questionnaire from SCL-90, Sexton and Dugas Cognitive Avoidance Questionnaire (CAQ) and Batson Empathy Traits Scale (BEA). The members of the experimental group underwent group therapy schemas in 9 sessions of 90 minutes and the control group did not receive any intervention program. Follow-up intervention was performed 45 days after post-test in experimental and control groups. Data were analyzed by multivariate and univariate covariance using SPSS software.

Results: The results showed that there was a significant difference between the experimental and control groups in terms of cognitive avoidance, anxiety and empathy ($p < 0.001$). Schema therapy effectively decreased anxiety and cognitive avoidance and also increased empathy among couples with low marital adjustment in the experimental group ($p < 0.001$).

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Conclusion: The results showed that there was a significant difference in the dependent variables (cognitive avoidance, anxiety and empathy) between schema therapy and control groups. Also, the results lasted for a period of 45 days. Also, according to the results of the present study, schema therapy program can be used to reduce cognitive avoidance and anxiety and increase empathy in couples with conflict.

Keywords: Anxiety, Cognitive avoidance, Empathy, Marital adjustment, Schema therapy

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Introduction:

The family as one of the most important social institutions has an important role in shaping the personality of individuals. Satisfaction, desirability, contentment, quality and optimal functioning of the family are important and influential factors on the growth and prosperity of family members. In addition, the interactions of these factors play an important role in the success and stability of marriage (1, 2). Low quality marital life is an experienced state of physical, mental and emotional fatigue, which results from a large difference between expectations and facts (3). Low quality of life has been defined as a symptom of emotional exhaustion, personality decline, and loss of personal virtue, and is the result of long-term involvement in situations that are highly emotionally demanding (4). Low quality of life is a state of emotional, mental and physical disability that affects the lives of couples with marital discomfort and is formed when they realize that despite all their efforts, their relationship has no meaning in life. In its most severe form, low marital quality leads to relationship breakdown and separation or divorce (5).

Anxiety is one of the most common problems among married people that affect their marital quality (6). Anxiety is one of the most common psychological disorders, which is known as an unpleasant and vague negative feeling with symptoms such as anxiety of vague origin and physiological arousal (7). Anxiety is a natural response to dangerous situations and is a warning sign that warns of impending danger and prepares a person to deal with it. In general, anxiety is a very unpleasant and often vague diffuse feeling that is accompanied by one or more physical sensations such as heartburn, chest tightness, palpitations, sweating, headaches, and so on. Almost all human beings have experienced some signs and symptoms of anxiety during their lifetime (8). These people constantly feel fear and anxiety, the reason for this fear and anxiety is not clear, the level of fear that exists in these people is more than the level of threat, and there is no logical proportion between the intensity of fear and threat in these people. The fear and anxiety that exist in these people makes them resentful and also makes them unable to move forward in their lives, keep their jobs and not be able to build long-term relationships with their friends and family

members (9). Dehghani Tafti, et al (2019) showed that anxiety is a predictor of increased divorce or separation.

One of the cognitive factors that can affect the relationship between couples is cognitive avoidance. Avoid Cognitive are types of mental strategies according to which people change their thoughts during social communication (10). Cognitive avoidance includes responses aimed at denying or minimizing the crisis and its consequences or accepting the situation with the belief that it cannot change the situation, and includes self-blame for various events, blaming others, rumination, catastrophe, evaluation. Refocus and refocus on programs. From the perspective of cognitive models, avoidant behaviors lead to withdrawal with a catastrophic look at events (11). Each person makes hypotheses about themselves and their environment when dealing with a situation. These hypotheses are perfectionist and biased criteria about performance that can lead to the formation of physical and psychological symptoms. Khodabakhsh Pirklani and Rahim Jarouni showed that cognitive avoidance plays an important role in reducing the quality of life and suffering from mental disorders (12). The results of other studies showed that there is a significant relationship between cognitive avoidance and mental health (13, 14, 15).

The existence of empathetic relationships between couples is a determining factor in the quality of marital life. Sympathy is defined as knowing and sharing another partner's emotional condition or context. Empathy is the ability to understand another person's mental state and organizes and regulates a wide range of behaviors (16). An empathetic person tends to focus on the experiences of others unselfishly rather than relying on his own experiences in a selfish way (17). Studies show that empathy is influenced by many factors related to personality and status of the individual such as genetic factors, gender, learning and cultural factors. In a healthy marriage, there is a certain amount of understanding and empathy between husband and wife, and if either party does not have the desired imagination, it will be very difficult for them to understand each other's experiences (18). People with high empathy have positive emotions and constructive interactions with others. They also show a high ability to listen, express emotions and communicate verbal and non-verbal communication (19). Schema therapy is a new and integrated therapy that is mainly based on the development of concepts and methods of classical cognitive-behavioral therapy. Schema therapy combines the principles and foundations of cognitive-behavioral schools, Gestalt attachment, object relations, constructivism, and psychoanalysis into a valuable therapeutic and conceptual model. This treatment provides a new system of psychotherapy that is particularly suitable for patients with chronic and refractory disorders that have hitherto been a complex issue in treatment (21).

One of the therapies that are used today in the field of various marital problems and disorders is schema therapy. Today, there is a lot of evidence based on the effectiveness of schema therapy for individuals, especially couple therapy and group therapy. Recent studies show that schema therapy is more effective than other approaches (19). This approach has the potential to address problems that are overlooked by other cognitive approaches, such as dysfunctional patterns in close relationships and changing troubled childhood memories (20). In the treatment of schemas, 5

theoretical structures are conceived: primary incompatible schemas 2- Schematic domains 3- Continuity of schemas 4- Avoidance of schemas and 5- Compensation of schemas. Typically, the main goals of this treatment are to identify early maladaptive schemas, validate inappropriate emotional needs, change dysfunctional beliefs and maladaptive schemas to improve performance, change maladaptive lifestyles and coping styles, and provide an environment for learning adaptive skills (21). Asgari and Goodarzi showed that schema therapy had an effect on marital intimacy and its components (22). Saeednia and Makvandi reported that schema therapy is effective in improving early maladaptive schemas and improving conflict resolution patterns (23). Therefore, the present study seeks to answer the question whether schema therapy is effective on anxiety, cognitive avoidance and empathy in married people referring to Ahwaz counseling centers or not?

Methods:

The design of the present study was a quasi-experimental type of pretest-posttest-follow-up with a control group. The statistical population consisted of married women with low marital adjustment referring to counseling and psychology centers in Ahvaz in 2020. The research sample of the present study consisted of 30 married women from the mentioned community who were selected from the clients using purposive sampling method. Individuals who had low and eligible marital adjustment according to the Spanier Marital Adjustment Questionnaire (DAS) were selected as the research sample. Inclusion criteria include having low marital adjustment (getting a lower score than the cut-off point in the marital adjustment test), minimum diploma education, passing two years before marriage, being 25-45 years old, signing research consent and The absence of stressful events such as divorce and the death of relatives or close friends in the past three months. Exclusion criteria included the use of psychiatric drugs, concomitant use of other therapies, participants' refusal to complete questionnaires, absenteeism for two sessions or more. In this study, three questionnaires were used as follows:

Anxiety subscale from SCL-90 questionnaire: This questionnaire was prepared in 1973 by Dragotis, Lippmann and Cowie. Dragotis et al. revised the questionnaire in 1984 and finalized it as the Revised R-90SCL Psychiatric Symptom Index. The list consists of 90 questions that are measured in a five-point range of 1 (none), 2 (slightly), 3 (somewhat), 4 (high), and 5 (very high). A high score on this test indicates more aggression. This tool examines the 9 dimensions of psychiatric symptoms including physical complaints, obsessive-compulsive disorder, interpersonal sensitivity, depression, anxiety, hostility, aggression, morbid fear, paranoid thoughts, and psychosis (24). The validity of this scale has been confirmed in domestic and foreign studies (25, 26). In their research, Dragotis, Lippmann and Cowie reported the reliability coefficients of this scale with Cronbach's alpha method between 0.84 and 0.89. The reliability coefficient of this questionnaire in the present study was calculated by Cronbach's alpha method which was equal to 0.87.

Sexton and Dugas Cognitive Avoidance Questionnaire (CAQ): The Cognitive Avoidance Questionnaire is a self-report questionnaire developed by Sexton & Dugas (27). This questionnaire has 25 questions and its purpose is to measure cognitive avoidance from different dimensions (rejection of worrying thoughts, substitution of positive thoughts instead of worrying thoughts, use

of attention to stop the process of worrying (distraction), avoiding situations and activities. Activating disturbing thoughts is changing mental images into verbal thoughts. Its response range is of the Likert type, which is the score for each option (from completely wrong 1, to completely true 5). To get the overall score of the scale, the sum of the scores of all the questions are added together. Scale scores will range from 10 to 110. A low score indicates low cognitive avoidance and a higher score means high cognitive avoidance. The reliability coefficient of this scale is reported between 0.71 to 0.91. Also in Iran, the reliability coefficient of the scale is 0.86. Also, the cognitive avoidance questionnaire has a better convergent and divergent validity compared to the scales of anxiety, thought suppression and coping style. The reliability coefficient of this questionnaire in the present study was calculated by Cronbach's alpha method which was equal to 0.79.

Batson Empathy Traits Scale (BEA): The Batson Empathy Traits Scale (BEA) Questionnaire was developed by Batson in 1983. This 8-item scale includes a list of empathetic feelings (empathy, empathy, worry, impact, compassion, warmth and intimacy, tenderness, and consideration). The subject expresses his or her current empathetic feelings toward his or her spouse in a Likert-grade rating ranging from 1 (not at all) to 6 (very severe). Subjects' scores on this scale range from 8 to 48. Fincham, et al (28) reported the reliability of this questionnaire by internal consistency method (Cronbach's alpha) in the range between 0.87 to 0.92 and its validity by retest method 0.61 to 0.82. Cooke reported the reliability of this questionnaire using internal consistency method (Cronbach's alpha) in the range between 0.87 to 0.92 (29). Also, the reliability of this questionnaire has been reported using the retest method in the range between $r = 0.61$ to $r = 0.82$. Lerner reported the reliability of this questionnaire in the range between 0.79 and 0.95 (30). In Farzadi et al.'s study, the internal consistency method (Cronbach's alpha) was used to evaluate the reliability coefficient of this scale. Reliability coefficients were obtained 0.95 using the mentioned method. The reliability coefficient of this questionnaire in the present study was calculated by Cronbach's alpha method which was equal to 0.87.

To conduct the present study, the selection process was such that before starting treatment, the researcher referred to specialized counseling and psychology clinics in Ahvaz and informed the authorities about the research process and while justifying them, the center officials were asked that women Refer low marital compatibility to the researcher. In the interview, low marital adjustment and high interpersonal problems were considered as the main complaints to refer to the counseling center. After the necessary studies, 30 people were identified as eligible to participate in the study, who was randomly assigned to two groups (15 people in each group). After assigning the subjects to two groups (experimental and control) on the experimental group, schema therapy was applied as a group. It should be noted that the treatment sessions of the experimental group were conducted once a week for each participant and the control group did not receive any intervention during the study; but immediately after the end of the treatment interventions, the experimental group underwent an appropriate treatment to resolve their incompatibility. Table 1 presents the therapeutic structure of schema therapy sessions in 10 90-minute sessions.

Table1. Summary of schema therapy sessions (21)

meetings	Goals and activities
First session	- After getting acquainted and creating a good relationship, the importance and purpose of the treatment plan was expressed and the problems of the clients were formulated in the form of a treatment plan approach. Emphasis has been placed on the following: Creating motivation for treatment, reviewing the structure of meetings, rules and regulations related to the treatment plan, reviewing the goals and general logic of treatment; Listening, etc.), recognizing the current problem of clients and assessing clients for treatment schemes focusing on individual history
second session	- Objective confirmation or rejection of the schemas is examined on the basis of evidence of present and past life, and the existing aspect of the scheme is discussed with the questionnaire. The specific objectives of this session include the definition of the treatment plan, the definition of the initial maladaptive plans, the definition of the characteristics of the initial maladaptive plans, and the definition of the evolutionary roots of the plans.
third session	Cognitive techniques such as design validity test, redefining existing evidence confirming existing design and evaluating the advantages and disadvantages of coping styles were taught. The objectives of this session include: introduction to the areas of schematic and early maladaptive schemas, brief description of the biology of early maladaptive schemas, and explanation of the functions of the scheme.
fourth Session	- The concept of healthy adulthood was reinforced in the patient's mind, their unmet emotional needs were recognized, and cognitions and strategies for expressing blocked emotions were taught. The objectives of this session include: Introducing inconsistent coping styles and responses that lead to the continuation of schemas, along with examples of everyday life, defining the concept of schematic mindsets and creating a patient on the path.
fifth meeting	- Has been trained in healthy communication and imaginary conversation. Other objectives of this session include preparing for change, assessing schemas through a questionnaire, and providing feedback for most cognitive schemas.
Sixth Session	- Provide cognitive strategies for change; In the sixth session, experimental techniques such as mental imagery of problem-solving situations and dealing with the most problematic ones are taught.
Seventh session	- Therapeutic relationship, relationship with important people living and role-playing were taught. Other objectives include establishing a dialogue between the healthy and patient aspects of the plan and training in completing the patient plan registration form.
Session eight	- Introduction of empirical leaders for change; In the eighth session, healthy behaviors were taught to practice through role-playing and homework related to new behavioral patterns. Other purposes of this session include having imaginary conversations (explained above), writing a letter as homework, presenting the rationale for using such techniques in therapy, and re-imagining parents at work.

The ninth session - (Behavior modeling); The advantages and disadvantages of healthy and unhealthy behaviors were examined and strategies for overcoming barriers to behavior change were taught. Identifying specific behaviors as potential targets for change, prioritizing behaviors for modeling, and preparing for behavioral modeling are other goals of this session.

The tenth session - Continuation of behavior pattern breaking); The material of the previous sessions was briefly reviewed and the learned strategies were practiced. Therapeutic goals include: increasing motivation for change, learning to practice healthy behaviors through mental imagery, role-playing, and learning to overcome barriers to behavior change and making important changes in life.

In addition to descriptive statistical methods such as mean, standard deviation, percentage, inferential statistical methods, multivariate and univariate analysis of covariance were used to analyze the data obtained from the study. Statistical analyzes were performed using SPSS statistical software. In addition, the confidence level for testing the hypotheses was considered equal to 0.95.

Results:

The aim of this study was to investigate the effect of schema therapy on cognitive avoidance, anxiety and empathy in married women in Ahvaz. The research method was quasi-experimental with pretest-posttest design and follow-up with the control group. The statistical population included all married women who referred to counseling centers in Ahvaz due to marital incompatibility in 2020. The sample consisted of 30 married women who were selected by available sampling and randomly assigned to experimental and control groups (15 people in each group). The members of the experimental group underwent group therapy schemas in 9 sessions of 90 minutes and the control group did not receive an intervention program. Follow-up intervention was performed 45 days after post-test in both experimental and control groups. Data were analyzed by multivariate and univariate covariance using SPSS software.

Table 2 shows the mean and standard deviation of cognitive avoidance, anxiety and empathy in the schema therapy groups and the control group in the pre-test, post-test and follow-up stages. As can be seen in Table 2, in the experimental group (schema therapy group), the mean and standard deviation of anxiety in the pre-test stage were 24.13 and 4.2, in the post-test stage were 20.80 and / 42. 3 and in the follow-up stage equal to 21.13 and 3.27, the mean and standard deviation of cognitive avoidance in the pre-test stage equal to 51.27 and 6.13, in the post-test stage equal to 46.67 and 6.02 and in the stage the follow-up was 47.2 and 5.64, respectively. Also, the mean and standard deviation of empathy were 26.00 and 2.64 in the pre-test stage, 30.53 and 3.24 in the test stage and 29.07 and 3.03 in the follow-up stage.

Table2. Mean and standard deviation of cognitive avoidance, anxiety and empathy in schema and control groups in pre-test, post-test and follow-up stages.

Variable	the level	examination Group	control group
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		Average	Standard deviation	Average	Standard deviation
Cognitive avoidance	pre-exam	51/27	6/13	51	5/9
	Post-test	46/67	6/02	51/4	5/98
	Follow up	47/2	5/64	51/7	6/18
Anxiety	pre-exam	24/13	4/2	23/67	2/92
	Post-test	20/80	3/42	24/27	2/96
	Follow up	21/13	3/47	24/4	2/66
Sympathy	pre-exam	26/00	2/64	27/07	3/15
	Post-test	30/53	3/24	26/13	3/02
	Follow up	29/07	3/03	26/23	3/22

Prior to data analysis, they were reviewed to ensure that the data in this study estimated the assumptions of analysis of covariance. For this purpose, four hypotheses of analysis of covariance including linearity, multiple alignment, homogeneity of variance and homogeneity of regression slopes were examined. The most fundamental assumption for analysis of covariance is the linearity of the relationship between the dependent variable and the auxiliary variable (covariate). One of the assumptions of the covariance test is that there should be a linear relationship between the auxiliary random variable and the dependent variable. Correlation coefficients between pretest and posttest (cognitive avoidance, anxiety and empathy) were 0.90, 0.75, and 0.94, respectively. According to the obtained correlations ($p < 0.05$), the assumption of linearity between the dependent auxiliary variables (covariates) has been realized. In this study, cognitive avoidance, anxiety and empathy tests were considered as covariates. The calculated correlation coefficients were obtained in the range between 0.09 ($p < 0.05$) to 0.010 ($p < 0.05$). Multiple between auxiliary variables (quantities) were confirmed. Before analyzing the data, Levin variance equality test was used to examine the homogeneity of variances. Table 3 shows the results of variance homogeneity test in dependent variables (cognitive avoidance, anxiety and empathy) in experimental and control groups.

Table3. Results of homogeneity of Levin variances in research dependent variables in the pre-test stage

Variable	Levine Statistics	Degree of intergroup freedom	Degree of freedom within the group	The significance level
Cognitive avoidance	1/37	1	28	0/26
Anxiety	1/41	1	28	0/25
Sympathy	2/14	1	28	0/12

The results of Table 2 showed the homogeneity of variances that according to the results of the above table ($p < 0.05$) and the lack of significance of Levin test, the analysis of covariance was

allowed. This means that the experimental and control groups were homogeneous in terms of variance before the experimental intervention (in the pre-test stage). To investigate the homogeneity of regression slopes, analysis of covariance and interaction between group factors and pretests were used. If the interaction between these two variables is statistically significant, the data do not support the hypothesis of homogeneity of regression slopes. Table 3 shows the homogeneity of regression slopes of dependent variables (cognitive avoidance, anxiety, and empathy).

Table4. Homogeneity of regression patterns of cognitive avoidance, anxiety and empathy pre-tests with their post-tests

Variable	Total squares	Degrees of freedom	Average squares	F	meaningful level
Cognitive avoidance group	5/29	2	2/64	0/92	0/51
Anxiety group	3/3	2	1/65	1/01	0/38
Empathy Group	7/43	2	2/47	1/30	0/28

According to Table 4, the results of group $F \times$ pretest of dependent variables showed that the regression slopes of pretest and posttest were not significant in experimental and control groups ($p < 0.05$). Therefore, the interaction of regression slopes of cognitive avoidance, anxiety and empathy variables with the group was not significant and the assumption of homogeneity of regression slopes was confirmed. To compare the experimental and control groups based on post-test scores, after controlling the effect of pre-tests, to determine the effect of schema therapy intervention on cognitive avoidance, anxiety and empathy, a multivariate analysis of covariance (Mankova) was performed on the data, then Research hypotheses were tested. The results of multivariate analysis of covariance are shown in Table 5.

Table5. Results of multivariate analysis of covariance (MANCOVA) on post-test scores of cognitive avoidance, anxiety and empathy in experimental and control groups

Test	Value	F	df Hypothesis	df error	The significance level
Pilay effect	0/928	98/2	3	23	0/001
Wilks Lambda	0/072	98/2	3	23	0/001
Hoteling effect	12/8	98/2	3	23	0/001
The largest root of roy	12/8	98/2	3	23	0/001

As can be seen in Table 5, the statistical tests of multivariate analysis of covariance (MANCOVA) in the groups of schema therapy and control groups show that these groups are significantly different in at least one of the related variables. Table 5 shows the results of univariate analysis of covariance in Mankova text for post-test scores in dependent variables.

Table6. Results of univariate analysis of covariance in Mankova text on post-test scores of cognitive avoidance, anxiety and empathy

Source	Variable	Total squares	Degrees of freedom	Average squares	F	The significance level	Effect size
group	Cognitive avoidance	119/01	1	119/01	74/63	./001	./74
	Anxiety	110/24	1	110/24	60/79	./001	./70
	Sympathy	117/68	1	117/68	29/45	./001	./60

As can be seen in Table 6, the F-ratio of univariate analysis of covariance was significant for all variables. These findings show that there was a significant difference in the dependent variables (cognitive avoidance, anxiety and empathy) between schema therapy and control groups. To compare the experimental and control groups based on follow-up scores, after controlling the effect of pre-tests, to determine the effect of schema therapy and schema therapy intervention on cognitive avoidance, anxiety and empathy, a multivariate analysis of covariance (MANCOVA) was performed on the data. The results of multivariate analysis of covariance are shown in Table 7.

Table7. Results of multivariate analysis of covariance (MANCOVA) on cognitive avoidance, anxiety and empathy follow-up scores in experimental and control groups

Test	Value	F	df Hypothesis	df error	The significance level
Pilay effect	./854	44/87	3	23	./001
Wilks Lambda	./146	44/87	3	23	./001
Hoteling effect	5/85	44/87	3	23	./001
The largest root of roy	5/85	44/87	3	23	./001

As can be seen in Table 6, multivariate analysis of covariance (MANOVA) statistical tests in the schema and control groups in the follow-up stage showed that these groups were significantly different in at least one of the dependent variables. Table 8 shows the results of univariate analysis of covariance in Mankova text for follow-up scores in dependent variables.

Table8. Results of univariate analysis of covariance in Mankova text on cognitive avoidance, anxiety and empathy follow-up scores

Source	Variable	Total squares	Degrees of freedom	Average squares	F	The significance level	Effect size
group	Cognitive avoidance	154/66	1	154/66	42/25	./001	./62
	Anxiety	97/35	1	97/35	46/6	./001	./65
	Sympathy	100/94	1	100/94	23/28	./001	./55

As can be seen in Table 8, the F-ratio of univariate analysis of covariance was significant for all variables. These findings showed that there was a significant difference in the dependent variables

(cognitive avoidance, anxiety and empathy) between the schema therapy and control groups in the follow-up stage.

Discussion and Conclusion:

The aim of this study was to investigate the effect of schema therapy on cognitive avoidance, anxiety and empathy in married women in Ahvaz. The results showed that there was a significant difference in the dependent variables (cognitive avoidance, anxiety and empathy) between the schema and control groups. The results also lasted for 45 days. The results of this research are consistent with the results of Asgari and Goodarzi (22) and Saeidnia and Makoundi (23). Schematic therapy uses empirical techniques, which reconstruct childhood cognitions and childhood memories, to express repressed emotions and feelings, which ultimately leads to emotional self-censorship and difficulty expressing emotions and emotional coldness. It helps a lot. Schema therapy establishes a good relationship between the past and the present. According to Young, Clesco, and Wieshar (21), schema-focused therapy is effective in treating psychological problems because it combines cognitive, behavioral, interpersonal, and empirical techniques to evaluate schemas, with an emphasis on the root cause. Problems and transformational processes involved in creating and maintaining schemas improve anxiety. Anxiety can reduce a couple's self-esteem and consequently impair the family's mental health. Anxiety is a widespread, very unpleasant, and often vague feeling of anxiety that signals a sudden and imminent danger and prepares a person to deal with a threat (31).

Modifying and regulating them through psychological training, such as a therapeutic plan, can play an effective role in provoking the destructive actions of individuals; because emotions act as solutions to the challenges, stresses and problems of life (32). In other words, because emotions play an important role in life, and teaching these techniques to people suffering from marital conflicts is intended to regulate emotion as a positive approach to recreation, it's a way to counteract positive interaction. This leads to effective follow-up with challenging situations of marital and stressful life and increased activity in response to social situations. Therefore, training in treatment planning can play an important role in reducing destructive behaviors and increasing good behaviors by being aware of positive and negative emotions, accepting and expressing them in a timely manner.

Cognitive avoidance is the way couples choose to respond to stressful situations in the face of social events and interpersonal relationships. According to this strategy, human beings change their mentality during social relations. Cognitive avoidance uses a wide range of strategies, including deliberate attempts to suppress thought, thought substitution, avoidance of frightening stimuli, distraction, and conversion. These are strategies to divert the mind from worrying topics to other topics. Treatment plan by working on the multidimensional dimensions of the individual creates the ground for change, which includes cognitive, empirical, emotional and behavioral dimensions. The cognitive dimension, schema therapy by working on humans inner voice Myq-Tryn parents and the excitement level of the schemas helps to unhappy marital couples

should be aware of the roots of his emotions and using the correct credentials and finding schemas. A new definition of evidence that approves or disproves the plan, the plan, and the resulting emotions, and finds a new perspective on marital relationships (33). For many hours, people highlight information that is consistent with the plan and ignores the information that is inconsistent with it fighting. Schema therapy that Khlash-Ayy of a healthy individual response, identify root schema and dysfunctional thoughts is the best tool helpful in motivating a person to identify the location of the schema, diagnosis and how to replace negative behaviors and healthy behaviors in marital relationships, which makes knowledge. The individual becomes attuned to the patterns and creates the ground for change in the individual and consequently in the couple's relationship (34).

Empathy allows us to be aware of people's feelings and predict them, and is the key to growing and maintaining human relationships. It can be said that empathy is the ability to enter the world of others or in other words to look through the eyes of others. Jahandoust Dalanjan, et al. believes that empathy organizes and regulates a wide range of behaviors (35). An empathetic person tends to focus on the experiences of others unselfishly rather than relying on his own experiences in a selfish way (34). Studies show that empathy is influenced by various factors related to a person's personality and status such as genetic factors, gender, learning and cultural factors. In a healthy marriage, there is some understanding and empathy between husband and wife, and if either party does not have the desired imagination, it will be very difficult for them to understand each other's experiences (36). The schema-based approach is useful in correcting their beliefs and thoughts because it works on psychological themes or the same initial maladaptive schemas in people with a desire for divorce and are effective in reducing the desire for divorce and divorce. In the emotional dimension, schema therapy uses empirical cognitive-ideological strategies that are tied to emotional belief so that couples in the treatment session with their schemas in addition to the cognitive level at the emotional level. This technique helps to empty the person emotionally in the marital relationship so that the person recognizes his / her unsatisfied emotional needs that lead to the formation of maladaptive schemas. An interesting technique of empirical strategy, writing a letter to the spouse, helps the person to use it as an opportunity to realize the rights, feelings, anger and expression of the person who seems to cause conflict and problems in the couple's communication pattern.

Undoubtedly, any research faces limitations that have a negative effect on the results, so paying attention to these limitations will help other researchers to do their job with a more accurate knowledge, and the present study also faces limitations to which It should be noted: 1- The limitation of the statistical population to incompatible women referring to counseling centers in Ahvaz city limits the possibility of generalizing the results to other areas. Repeated use of repetitive research tools with short intervals may create a bad feeling in the subjects and make them reluctant to actively participate in treatment. However, in the present study, by explaining the process of treatment and the need to be aware of the results of the effects of treatment during the treatment process, the need to implement research tools in repeated times were justified. Therefore, repeated use of research tools was another limitation of this research. 3- In this study, it was not possible to use random sampling due to the application of criteria for selecting incompatible women.

Another limitation of the study was that this approach was applied to married women. Therefore, it is suggested that in other studies, this treatment be performed and studied on groups of men and women separately or in pairs. Another limitation of this study was due to the epidemic conditions of Quaid 19 disease, in which therapists and participants were forced to follow approved protocols. According to the results of the present study, it is suggested that therapists and counselors use therapeutic schema to improve marital and marital variables. Researchers can also examine the effectiveness of this approach on other variables of couples' married life.

Among the suggestions of the present study, the following can be mentioned: 1- Considering the positive effect of the therapeutic approaches used in this study, it is suggested that psychologists and family and marriage counselors are not unaware of the issue of acceptance, commitment and schema therapy in marital relationships. . Psychologists and family and marriage counselors recommend the treatment protocol presented in this study, which is based on an approach based on acceptance, commitment, and schema therapy, when working with couples to improve problems such as anxiety, cognitive avoidance, and flexibility. Use action and empathy. 2. Considering that acceptance and commitment therapy has been effective on anxiety, cognitive avoidance, action flexibility and empathy, therapists are advised to use acceptance and commitment therapy. Consider along with other treatment models. Since acceptance and commitment therapy is a relatively new method, it is desirable to study other socio-cultural groups. 3- Considering that schema therapy has been effective on anxiety, cognitive avoidance, action flexibility and empathy, it is suggested that family psychologists, in addition to other therapies, also use schema therapy to improve anxiety, cognitive avoidance, Use action flexibility and empathy. 4 - Working mothers may be under a lot of pressure due to poor housekeeping skills, so it is necessary to receive training for housekeeping and sharing of household chores by the spouse and children.

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