

## Investigating the effectiveness of couple therapy based on schema therapy on couples' marital satisfaction

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### Abstract

**Introduction:** Marital relationship in life like any other relationship has positive and negative aspects. Marital satisfaction is one of the most important determinants of success in marriage, so this research was conducted with the aim of investigating the effectiveness of couple therapy based on schema therapy on marital satisfaction of couples.

**Research method:** The current research was a semi-experimental type of pre-test and post-test with a control group. The statistical population of the research includes all couples who have been married for 1 to 5 years and had referred to Mehrdostan Counseling Center in Tehran due to marital dissatisfaction. 60 people (30 couples) were selected by available sampling and assigned to two experimental (15) and control (15) groups. In order to collect data, Enrich's Marital Satisfaction Questionnaire was used. Couple therapy based on schema therapy was held in 8 sessions of 90 minutes for the experimental group. SPSS-24 software was used to analyze the data.

**Results:** The results show that couple therapy based on schema therapy is effective in increasing and improving marital satisfaction of couples ( $p < 0.01$ ).

**Conclusion:** The findings of this research acknowledge the importance of using couple therapy based on schema therapy in increasing and improving the marital satisfaction of couples. This approach can be used to reduce the damage in marital relationships.

**Keywords:** couple therapy, marital satisfaction, satisfaction, schema therapy

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## Introduction:

Marriage has always been considered as the most important and the highest social custom to achieve the emotional needs of people. Marriage is a voluntary and conscious relationship and currently it is understood as a conscious choice of a spouse. Demographers consider the first year of marriage or a little later as the most difficult adjustment period in marriage (1). In the first weeks and months of marriage, there are serious and frequent disagreements that, if not resolved, can threaten marital satisfaction and stability (2). Divorce is the most reliable indicator of marital turmoil (3) and it indicates that marital satisfaction is not easily achieved. In Iran, in the 1960s, the ratio of divorce to marriage was 3.6%, in the 1970s it was 3.8%, in the 1980s, it was 3.10%, and in 2016, it was 22.6%, and in the first six months of 2018, this figure was higher. According to United Nations statistics, the divorce rate is higher in our country compared to other countries in the region, and it is either the same or lower than in developed countries. 14% of divorces currently occur in the first year and 50% of divorces occur in the first 5 years of life (4).

The high quality of marriage is generally related to physical and mental health (5) and brings higher levels of success and reduction of behavioral problems in families (6). This makes clear the importance and necessity of the attention and intervention of couples therapy specialists in the early years of marriage, as a measure to change the growth process of dissatisfaction and separation of couples. In general, the first stages of a couple's relationship are characterized by idealism, and it is natural that it will not last (7) and due to the conflict of ideals and ideals with reality, dissatisfaction with cohabitation and marriage will appear. Unreal fantasy love confronts reality and some couples do not replace their romantic love with developed intimacy and realistic expectations, and for this reason, they suffer from feelings of disappointment, growing resentment, and reclaiming individuality (8).

In the field of couple therapy, there are various approaches to improve the marital satisfaction of couples, and many researches have been conducted regarding the effectiveness of these methods (9). One of the approaches that focuses on both behavior control and emotion control and ultimately leads to couples' satisfaction with life is the schema therapy approach. Schema therapy deals with the deepest level of cognition and targets the initial maladaptive schemas and by using cognitive, experiential (emotional), behavioral and interpersonal strategies, it helps patients to overcome the said schemas. The primary goal of this psychotherapy model is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schemas and coping styles (10). The results of Hosni's research (2015) showed that the schema therapy method is effective on the marital satisfaction of couples. The results of Taghiyar's research (2015) showed that teaching the schema therapy approach has reduced women's marital frustration.

Iraqi (2015) showed in a research that schema therapy increases intimacy, desire and commitment as well as the overall love score. Also, schema therapy has increased marital satisfaction. Calot et al. (2013), in a research, showed that the initial incompatible schemas according to the cognitive

hierarchical models of social isolation affected the levels of layers of thoughts and reciprocally these levels of thoughts play a role in the continuity of schemas. Dmitrescu and Russo (2012) showed that the levels of early maladaptive schemas were able to predict the levels of marital satisfaction. In their findings, researchers have confirmed the effectiveness of schema therapy in increasing the quality and satisfaction of life and improving initial maladaptive schemas (11). Based on this, according to the studies conducted and the theories proposed in this research, the effectiveness of couple therapy based on schema therapy on the marital satisfaction of couples was considered. Therefore, the researcher is looking for an answer to the question of whether couple therapy based on schema therapy is effective on the marital satisfaction of couples.

### **Reserch method:**

The current research was a semi-experimental type of pre-test and post-test with a control group. The statistical population of the research includes all couples who have been married for 1 to 5 years and had referred to Mehrdostan Counseling Center in Tehran due to marital dissatisfaction. 60 people (30 couples) were selected by available sampling and assigned to two experimental (15) and control (15) groups. In order to collect data, Enrich's Marital Satisfaction Questionnaire was used. Couple therapy based on schema therapy was held in 8 sessions of 90 minutes for the experimental group. SPSS-24 software was used to analyze the data. The criteria for entering the study include 1- couples with conflict and marital problems 2- education level of at least cycle 3- no participation in previous treatment program 4- no psychological disorder or history of mental illness and hospitalization in psychiatric wards. 5- Failure to take medication drugs and alcohol (in order to reduce the effects of the interfering factors of drug, narcotic and alcohol consumption, even in the form of tefanani) And the exclusion criteria included 1- not attending treatment sessions.

**Enrich Couple Scale (ECS):** Enrich Couple Scale (ECS) is a tool to check the level of marital satisfaction. This is a 35-question scale instrument that measures marital satisfaction in 4 areas: ideal distortion, marital satisfaction, communication, and conflict resolution on a 5-point Likert scale from completely agree (1) to completely disagree (5). The original form of this scale was implemented in 2000 on 25,501 married couples and the alpha coefficient of the scale for the subscales of marital satisfaction, communication, conflict resolution and ideal distortion was obtained as 0.86, 0.80, 0.84, 0.80 respectively. The retest reliability of this scale was calculated as 0.86, 0.81, 0.90, 0.92 respectively for each subtest. The alpha coefficient of this scale in Asoodeh's research (2009) with the number of 365 couples; 730 people have obtained 0.68, 0.78, 0.77 respectively. The correlation coefficient of Inrich scale with marital satisfaction scales is from 0.32 to 0.42 and with family satisfaction scales from 0.41 to 0.60, which shows the construct validity of Inrich scale (12) All subscales of Inrich scale separate satisfied and dissatisfied couples and this shows that this scale has a good criterion validity.

**Schema therapy session summary:** In the first session, after getting to know each other and establishing a good relationship, the importance and goal of schema therapy was formulated to

express the client's problems in the form of schema therapy approach. In the second session, the objective evidence confirming and rejecting the schemas was examined based on the current and past life evidence, and there was a discussion about the aspect of the existing schema with a healthy schema. In the third session, cognitive techniques such as the schema validity test, a new definition of evidence confirming the existing schema, and the evaluation of the advantages and disadvantages of coping styles were taught. In the fourth session, the concept of a healthy adult was strengthened in the patient's mind, their unsatisfied emotional needs were identified, and strategies to release blocked emotions were taught. In the fifth session, healthy communication and imaginary conversation were taught. In the sixth session, experimental techniques such as mental imaging of problematic situations and confronting the most problematic ones were taught. In the seventh session, relationship therapy, relationship with important people in life and practicing healthy behaviors were taught through playing roles and doing tasks related to new behavioral patterns, and in the eighth session, the advantages and disadvantages of healthy and unhealthy behaviors were examined and solutions to overcome Barriers to behavior change were taught.

### Results:

**Table (1) - Mean and standard deviation of marital satisfaction scores in experimental and control groups, pre-test and post-test**

level	group	Statistical index	variable (marital satisfaction)
pre-exam	experimental	Average	119/92
		standard deviation	7/42
	control	Average	120/00
		standard deviation	6/39
post-test	experimental	Average	123/22
		standard deviation	5/81
	control	Average	119/42
		standard deviation	6/61

The results of the significance tests of multivariate covariance analysis, including Pillai's effect and Vickers' lambda, indicated that the experimental and control groups differed from each other in at least one dependent variable. To check the assumptions of Mankova, first, the homogeneity of the slope of the pre-tests with the post-tests was calculated. Investigations showed that there is no difference between the pre-test and the post-test of marital satisfaction in the experimental and control groups. Also, the significant level of marital satisfaction of the group indicated that the slope between the linear combination of the pre-tests and the linear combination of the post-tests is the same for the experimental and control groups. Based on this, the most important condition of covariance analysis is that the pre-tests and post-tests are the same. To find out this difference,

two single-variable covariance analyzes were performed in the text of Mankwa, the results of which are presented in Table 2.

**Table (2) - The results of single variable covariance analysis in the Mankva text on the mean scores of the post-test of marital satisfaction**

Source of changes	SS	df	MS	F	Significance level
Marital satisfaction	398/34	1	398/34	58/92	0.001

The results of Table 2 show that there is a significant difference between the two groups in terms of marital satisfaction (F: 58.92) at the  $p < 0.01$  level.

### **Discussion and conclusion:**

This research was conducted with the aim of investigating the effectiveness of couple therapy based on schema therapy on the marital satisfaction of couples. Analysis of the results showed that the couple therapy approach based on schema therapy in the post-test stage had a significant effect on the marital satisfaction of couples and led to a significant increase in marital satisfaction. The findings of this research are consistent with the researches of Yousefi (13), Shakhmgar (14), Aghaei, Hatamipour and Ashuri (15), Panahi Far, Yousefi and Armani (16). The results of the findings show that schema therapy causes changes in cognitive and experimental, emotional and behavioral fields. This approach has been effective by challenging incompatible schemas and ineffective responses and replacing them with appropriate and healthier thoughts and responses. By improving some basic and destructive components such as emotions and negative thoughts, schema therapy seems to be able to improve psychological health in general and thus mental health in people. Schema therapy techniques help the patient to improve schemas by emotional reorganization, self-evaluation of new learning, interpersonal emotion regulation, and self-relaxation. These schemas operate at the deepest level of cognition, usually outside the level of consciousness (17). In further explanation of these findings, it can be said that the schema therapy approach is an approach consisting of cognitive, behavioral, interpersonal, attachment and experimental approaches in the form of an integrated therapeutic model that uses four main cognitive, behavioral, relational and experimental techniques in people in addition to the following Questioning incompatible schemas, which is the main cause of the formation of ineffective and irrational thoughts, emotionally drains buried negative emotions and emotions, such as anger caused by not satisfying the needs of spontaneity and secure attachment to others in childhood, which can lead to peace and reduce anxiety. Low negative rumination results in fewer experiences of physical arousal, which can be a beneficial determinant of health.

**Limitations:**

due to the corona situation, the opportunity to examine the long-term effects of the research was not provided. Among other limitations were the small number of subjects and their evaluation tools. Therefore, it is better to be cautious in generalizing the results.

**Conflict of interest:**

The authors hereby declare that this work is the result of an independent research and does not have any conflict of interest with other organizations and persons.

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