

# Comparing the effectiveness of schema therapy and solution-oriented therapy in marital satisfaction of couples applying for divorce

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## ABSTRACT

**Objective:** This research was conducted to compare the effectiveness of schema therapy and solution-oriented therapy in improving the marital satisfaction of couples applying for divorce.

**Methods and Materials:** In this research, a quasi-experimental design with pre-test, post-test and follow-up was used. The statistical population included all divorce applicants in Bojnord city in 2021 who had applied to the court of justice of this city. The statistical sample included 48 people who were selected as available sampling. Then, they were randomly placed into 3 groups: schema therapy (8 couples), solution-oriented therapy group (8 couples) and control group (8 couples). The data collection tool was Enrich Marital Satisfaction Questionnaire (1989). The data was analyzed by repeated measures analysis of variance in SPSS.

**Findings:** The results of the research showed that there is a significant difference between the mean of pre-test and post-test scores of the experimental and control groups ( $P < 0.01$ ). That is, both treatment methods had a significant effect in improving couples' satisfaction. Also, comparing the means of experimental groups indicated no significant difference between schema therapy and solution-oriented therapy in improving couples' satisfaction ( $P < 0.05$ ). Also, in the follow-up period, compared to the pre-test and post-test, the effect of reducing dissatisfaction was significant.

**Conclusion:** Based on the obtained results, it can be said that schema therapy and solution-oriented therapy can improve satisfaction and improve the relationship of couples seeking divorce.

**Keywords:** Schema therapy, solution orientation, marital dissatisfaction.

## 1. Introduction

Marital conflicts and divorce are one of the most important family and social dysfunctions that, unfortunately, have been on the rise in today's societies. A close marital relationship requires couples to learn how to

communicate with each other and be different from each other (Pirzadeh & Parsakia, 2023). Dissatisfaction with marriage and marital incompatibility are common problems in many families that not only lead to an increase in divorce rates in many progressive societies but also increase

psychological problems and disorders in couples and their families. According to various family and couples therapy approaches, various factors can lead to marital dissatisfaction and incompatibility (Parsakia, Rostami, & Saadati, 2023). These factors include communication patterns, getting stuck in the past or future, getting caught in maladaptive thought patterns, avoiding confrontation with stressful life events, lack of understanding of individual and interpersonal processes, and other similar reasons (Janbozorgi, Darbani, & Parsakia, 2020; Law et al., 2019; Raley & Sweeney, 2020). The combination of these factors can lead to turmoil and inflexibility in marital relationships and affect interpersonal and intrapersonal processes, such as intimacy and psychological flexibility, which are two important elements of marital relationships (Hoshmandi, Fatolahzadeh, & Rostami, 2019). The issue of marriage satisfaction is crucial for couples, as dissatisfaction can lead to serious problems for the family (Ahmadi, Maredpoor, & Mahmoodi, 2019).

Given the physical and psychological consequences of marital conflicts, it is necessary to identify the factors that contribute to them. One psychological intervention that is effective in treating the root causes of marital conflicts is schema therapy. Schemas are self-defeating emotional and cognitive patterns that originate from childhood and repeat throughout a person's life. Within the framework of schema therapy, these patterns are referred to as early maladaptive schemas (Kiaee Rad et al., 2020). Failure to meet basic needs for identity, self-esteem, pleasure, security, acceptance, and self-care can lead to the formation of maladaptive schemas in childhood (Young, Klosko, & Weishaar, 2003). Early maladaptive schemas always manifest themselves in relationships and have an impact on them. These maladaptive schemas usually come to the surface when individuals act in a way that confirms their schemas in their life journey and interactions with others, especially in marital relationships, even if their initial interpretations are incorrect (Ghorbani et al., 2022).

The goal of family and marriage counselors is to develop patterns for examining factors affecting the quality of marriage and creating compatibility and understanding between couples, which serves as a preventive function for maintaining the foundation of the family and is also useful in treating communication problems (Ghorbani et al., 2022). The results of the study by Rahil and Vakili (2013) showed a significant negative relationship between early maladaptive schemas and marital satisfaction in married women, and early maladaptive schemas can predict marital

dissatisfaction. Additionally, the results of Soleimannezhad & Hajizadeh's (2022) study showed that schema therapy intervention had an impact on increasing marital satisfaction and compatibility between couples (Soleimannezhad & Hajizadeh, 2022).

Schema therapy has been discussed as a cognitive-behavioral treatment with a strong emphasis on childhood experiences and cognitive personality damage (Nenadić, Lamberth, & Reiss, 2017). The schema therapy model was developed by Young, Klosko, and Weishaar (2003) with the primary goal of changing and improving early maladaptive schemas and creating a healthy schema if possible. Accordingly, early maladaptive schemas are deep cognitive structures that include beliefs about oneself, others, and the environment that originate from unmet primary needs, especially emotional needs in childhood (Yaarmohammadi Vassel, Mehrabi Pour, & Zoghipaidar, 2021). Early maladaptive schemas are patterns or deep-seated internal states that are formed by memories, emotions, physical sensations, and cognitions and are entangled with destructive aspects of childhood experiences. They are repeated throughout life in an organized manner in the form of patterns. It seems that schema therapy, with an emphasis on changing incompatible coping styles and schemas formed in childhood and explaining how they affect processing and dealing with life events, can provide an opportunity to reduce dissatisfaction and improve relationships between couples (Paknejad, Mirzahouseini, & Monirpour, 2020).

One of the effective methods for improving couple relationships is solution-focused therapy (Rostami, Saadati, & Yousefi, 2018). The study by Rostami et al. (2018) showed that solution-focused couple therapy has an impact on reducing marital incompatibility and increasing sexual satisfaction. Solution-focused therapy was developed in the early 1990s by Steve de Shazer. The approach of solution-focused therapy starts with good assumptions: individuals are capable and healthy (Jonidi, Zandi, & Kayvan, 2021; Rostami, Saadati, & Yousefi, 2018), they have the power to create solutions to improve their lives and live happily. In this approach, individuals do not resist change. They truly want to change and it is enough to simply shift their focus from the severity of the situation towards the actions that currently contribute to sustaining this severity, discovering and utilizing resources that are the ultimate goal of solution-focused counseling (Tashvighi & Aghamiri Aliabadi, 2020). Therefore, each client finds their own path toward a solution that is based on their defined goals, strategies, strengths, and specific resources. Solution-focused therapy is appealing to

individuals who are struggling to establish an effective relationship with their therapist (Pavandi et al., 2022; Tashvighi & Aghamiri Aliabadi, 2020).

Zimmerman et al. (1996) suggested that couples who participated in solution-focused therapy showed improvement in empathy on a small scale. In solution-focused therapy, it is believed that problems may continue to exist in the interpersonal world due to certain maintaining behaviors. If the maintaining behavior changes, so will the behavior itself. Solution-focused therapists help clients find a different way of looking at their problems and can be a crucial step in the process of change (Zimmerman et al., 1996). Various studies confirm the effectiveness of solution-focused couple therapy (Ahmadi, Maredpoor, & Mahmoodi, 2019; Jonidi, Zandi, & Kayvan, 2021; Rostami, Saadati, & Yousefi, 2018). Thus, the present study aims to test the effectiveness of a treatment plan and solution-focused therapy in improving marital satisfaction in married individuals who are seeking divorce.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study was an applied and quasi-experimental pretest-posttest design with a control group, aiming to determine the effectiveness of schema therapy and solution-focused therapy on marital dissatisfaction. The statistical population of the study consisted of all individuals seeking divorce at the judiciary of Bojnourd City in 2021. After selecting the participants and random allocation into two experimental groups (schema therapy and solution-focused therapy) and one control group, a pretest was administered for each group. Then, the treatment variable (10 sessions of schema therapy and 7 sessions of solution-focused therapy) was applied for each experimental group. After the end of the treatment period, a posttest was administered, and a follow-up was conducted after two months. Due to the nature of the research population, a convenience sampling method was used to select the sample. Accordingly, 48 individuals

(24 couples) were randomly assigned to the two experimental groups (schema therapy and solution-focused therapy) and the control group (each consisting of 8 couples). The inclusion criteria were being between 20 to 50 years old, being married for at least one year, not having any psychological disorders or substance abuse, and the exclusion criteria were providing incomplete or invalid information and missing more than two sessions.

### 2.2. Measures

#### 2.2.1. Marital Satisfaction

The Enrich Marital Satisfaction Questionnaire, consisting of 47 questions, was administered to those willing to participate in the study and signed a therapeutic contract. The original version of this questionnaire contains 115 items; however, a short form was developed by Fowers and Olson (1989), which includes 47 items and 10 scales (Fowers & Olson, 1989). The reliability of this questionnaire was reported to be 92% based on Cronbach's alpha coefficient and its validity was found to be 95% in Iran. The subscales of this questionnaire include personality traits, marital communication, conflict resolution, financial management, leisure activities, marriage and children, sexual relationships, relatives and friends, gender equality roles, and belief orientation. The test-retest reliability ranged from 0.65 to 0.97, and the internal consistency based on Cronbach's alpha coefficient was between 0.69 to 0.97 (Pirzadeh, Benisi, & Vatankhah, 2019).

### 2.3. Interventions

#### 2.3.1. Schema Therapy

Schema therapy training program was held as a group for 10 sessions of 90 minutes, two sessions a week (Young, Klosko, & Weishaar, 2003). The summary of the sessions is presented in Table 3.

**Table 1**

*Schema Therapy Sessions*

Session	Objective	Content
1	Introduction and establishing a positive relationship, the importance and goal of schema therapy are expressed, and clients' problems are formulated in the framework of the schema therapy approach.	Creating motivation for treatment, reviewing the structure of sessions, rules and regulations related to the therapy group, reviewing the goals and general logic of treatment, identifying the current problems of the clients, assessing clients for therapeutic schemas with a focus on personal history.
2	Concrete evidence confirming or rejecting schemas based on current and past life experiences.	Defining therapeutic schemas, early maladaptive schemas, characteristics of early maladaptive schemas, and the evolutionary roots of schemas.

3	Cognitive techniques such as schema validation tests, redefining existing schema-confirming evidence, and evaluating the pros and cons of coping styles.	Introducing the area of early maladaptive schemas, explaining the functions of schemas and identifying and naming them, identifying coping styles and creating patient temperament.
4	Identification of early maladaptive schemas.	Identifying areas, processes, behaviors, and schema styles, conceptualizing the patient's problem according to the schema approach, examining thoughts, antecedents, and consequences, identifying distorted thoughts, identifying compulsions, avoidance, and fundamental beliefs.
5	Evaluation of clients' thought and behavior cycles and teaching about cognitive distortions.	Providing evidence emphasizing schemas to childhood experiences and ineffective parenting styles, discussing schemas and healthy aspects.
6	Documentation of evidence.	Strengthening the concept of a healthy adult in the minds of clients, identifying unmet emotional needs and fighting against schemas, creating an opportunity to identify one's own feelings towards parents and unmet needs.
7	Presentation of logical techniques.	Using cognitive techniques, examining evidence that contradicts schemas, the technique of position-against-position, preparing illustrated educational cards that contradict schemas, and analyzing the benefits and harms of schemas.
8	Correction through cognitive techniques.	Using emotional techniques, imaginary conversations, visualization of harmful events, writing letters to parents, and mental visualization to model behavioral and teamwork.
9	Correction through emotional techniques.	Using behavioral techniques, eliminating schema-maintaining behaviors, avoidance, and increasing healthy coping behaviors, changing behavior, motivation, reviewing the pros and cons of continuing behavior, and practicing healthy behaviors.
10	Correction through behavioral techniques and preparing individuals for the end of sessions.	Creating motivation for treatment, reviewing the structure of sessions, rules and regulations related to the therapy group, reviewing the goals and general logic of treatment, identifying the current problems of the clients, assessing clients for therapeutic schemas with a focus on personal history.

2.3.2. *Solution-focused Therapy*

The structure of solution-oriented counseling sessions for couples is derived from Zimmerman et al.'s (1996) couple

therapy model (Zimmerman et al., 1996), which is implemented in seven ninety-minute sessions (Table 4).

**Table 2**

*Solution-focused therapy sessions*

Session	Objective	Assignment
1	Conducting a pre-test, introducing the group to each other and the group therapist, stating the group rules and setting the framework and principles of short-term solution-focused couples therapy.	Participants were required to write down their desired goals for attending the sessions in the next session and bring them to the group. These goals should focus on the changes that will be made in the group.
2	Assisting participants in formulating their goals in a positive, specific, measurable, and achievable way.	Participants were asked to write down their expectations and other positive, specific, tangible and measurable goals for their spouse, themselves and their lives for the next session and bring them to the next session.
3	Helping participants understand that there are different interpretations of an event in the family and helping them change their perception of the problems in a more helpful way. Helping them discover their strengths and resources and be able to praise each other.	Group members were asked not to criticize their spouse in any way during the current week and instead to praise and appreciate any positive actions they see from their spouse, and report it to the session.
4	Helping participants identify positive exceptions in their relationship with their spouse and creating hope in them based on that, so they can reduce their problem areas.	Participants were asked to think more about the questions asked and identify exceptional positive moments in their lives and bring them to the next session.
5	Disrupting the dysfunctional behavioral patterns that participants have designed using questioning.	Participants were asked to think about the question raised at home and bring the answers to the next session.
6	Assisting members in finding alternative ways of thinking, feeling, and behaving instead of what they are currently doing and experiencing new emotions.	Participants were asked to throw a coin in the air at a specific time each day and the winner would complain about their spouse for 10 minutes, and when 10 minutes were over, another person would complain for 10 minutes, and then they would think about solutions. In the next session, they would report the results of this activity and analyze its results.
7	Summarizing and concluding whether members have achieved their goals. Conducting a post-test.	

2.4. Data analysis

The data was analyzed by repeated analysis of variance with repeated measurements in SPSS.

3. Findings and Results

After the end of therapy sessions and a two-month follow-up, the scores of pre-test and post-test were compared among the three groups, and descriptive statistics (mean, standard deviation) related to the satisfaction scores of the participants were presented in Table 3.

Table 3

Descriptive statistics (M= Mean; SD= Standard Deviation)

Variable	Group	Pre-test		Post-test		Follow-up	
		M	SD	M	SD	M	SD
Personality issues	Schema	15.53	5.57	18.22	4.84	17.13	5.33
	Solution	32.15	78.4	53.18	43.5	43.17	24.4
	Control	14.46	5.33	13.66	5.2	13.86	5.18
Equality	Schema	16.13	3.04	18.46	2.92	17.67	3.24
	Solution	46.15	84.4	37.17	32.3	13.17	36.3
	Control	15.65	2.02	15.83	2.19	15.46	2.13
Relationship	Schema	22.21	3.34	24.87	2.88	2532.	2.53
	Solution	48.21	33.4	45.24	31.4	16.24	33.4
	Control	22.66	3.41	21.93	3.41	21.86	3.46
Conflict solution	Schema	16.06	5.41	18.73	4.65	18.42	5.35
	Solution	52.15	45.4	68.17	47.4	23.18	32.4
	Control	16.53	3.68	16.43	3.9	16.64	3.58
Financial	Schema	19.32	6.75	14.23	5.11	15.13	5.54
	Solution	35.19	57.5	46.16	21.5	66.16	37.5
	Control	18.26	3.79	14.13	3.61	14.82	4.03
Leisure time	Schema	14.21	3.34	17.87	2.88	1532.	2.53
	Solution	33.14	44.4	32.18	54.4	27.18	42.4
	Control	14.66	2.41	14.93	2.51	14.86	2.46
Children	Schema	17.26	5.41	18.93	4.65	18.42	5.35
	Solution	25.16	43.4	37.18	58.4	48.18	32.4
	Control	16.23	3.68	16.63	3.9	16.67	3.58
Families	Schema	14.32	4.75	16.23	5.13	15.73	5.54
	Solution	73.14	68.4	31.17	59.4	39.16	28.5
	Control	16.53	3.68	16.43	3.9	16.64	3.58
Religion	Schema	22.66	2.41	25.93	2.74	24.86	2.46
	Solution	46.21	32.3	38.24	77.3	49.23	85.3
	Control	22.66	2.42	22.92	2.71	21.82	2.46

The results in Table 3 showed that the mean scores of the experimental groups in the sub-scales of personality traits, gender equality roles, marital communication, conflict resolution, financial supervision, leisure time, marriage and children, family and relatives, and religious agreements were different in the post-test compared to the pre-test.

To test the hypotheses and determine the significance of differences between the satisfaction scores (and its components) of the experimental group and control group, a multivariate analysis of covariance was used. Before analyzing the data, Levene's test was used to examine the homogeneity of variances, which showed no significant differences ( $p > 0.05$ ). To test the assumption of normality of

distribution, the Kolmogorov-Smirnov test was used. The significance level of the Kolmogorov-Smirnov test was greater than 0.05, thus confirming the assumption of normality of distribution.

Therefore, based on the assumptions, a repeated measures analysis of variance was performed. Table 4 shows the results of comparing the post-test scores in the two experimental and control groups after participating in schema therapy sessions and solution-focused approach.

**Table 4**

*Results of analysis of variance with repeated measurements*

Source	SS	Df	MS	F	Sig.	Effect size
Group	18.223	2	18.223	96.7	090.0	228.0
Error	87.21	2	12.14			

**Table 5**

*Comparison of means (Within-groups)*

Group	Comparison	Mean diff.	SE	p
Schema	Pre-test – Post-test	43.12	15.2	001.0
	Pre-test – Follow-up	26.11	79.3	001.0
	Post-test – Follow-up	26.3-	22.1	119.0
Solution	Pre-test – Post-test	80.11	54.2	001.0
	Pre-test – Follow-up	93.8	05.3	001.0
	Post-test – Follow-up	86.2-	50.1	096.0
Control	Pre-test – Post-test	60.2	12.1	057.0
	Pre-test – Follow-up	33.1	34.1	353.0
	Post-test – Follow-up	26.1-	03.1	334.0

According to [Table 5](#), the mean satisfaction scores in the schema therapy and solution-focused therapy groups were significantly different from the pre-test in the post-test and follow-up stages, indicating the effectiveness of these interventions ( $p < 0.05$ ). No significant difference was found between the mean satisfaction scores in the post-test and follow-up stages, indicating the sustainability of the effects of schema therapy and solution-focused therapy on marital satisfaction ( $p < 0.05$ ). It should be noted that there was no significant difference in the satisfaction scores among the pre-test, post-test, and follow-up stages in the control group, indicating no difference in the effects of schema therapy and solution-focused therapy compared to the control group ( $p < 0.05$ ).

**Table 6**

*Results of Tukey's post-hoc test*

Variable	Group	Post-test		Follow-up	
		1	2	1	2
Marital Satisfaction	Schema	00.40		26.43	
	Solution	33.39		20.42	
	Sig.	978.0		944.0	

Based on the [Table 6](#), there was no significant difference in the post-test and follow-up scores between schema therapy and solution-focused therapy on marital satisfaction. These results indicate that both treatment methods were equally effective and had no significant impact on improving marital satisfaction.

The results showed that both schema therapy and solution-focused therapy had a significant effect on marital satisfaction of couples in the post-test and follow-up stages. Both treatments had a similar effect on improving marital satisfaction ( $p > 0.05$ ).

#### 4. Discussion and Conclusion

The present study aimed to compare the effectiveness of schema therapy and solution-focused therapy in improving marital satisfaction among couples seeking divorce. The results of the analysis showed that both schema therapy and solution-focused therapy affected the dependent variable (marital satisfaction). In other words, there was a significant difference between the experimental and control groups in at least one of the variables of marital satisfaction ( $p < 0.001$ ). This finding is consistent with the research of previous studies which showed that schema therapy had a significant effect on early maladaptive schemas in couples seeking divorce ([Ahmadi, Maredpoor, & Mahmoodi, 2019](#); [Soleimannezhad & Hajizadeh, 2022](#)).

However, in comparing the two experimental methods with the follow-up test, no significant difference was observed between the effectiveness of schema therapy and solution-focused therapy on dependent variables in the post-test and follow-up stages. Therefore, the main hypothesis of the research was not confirmed, and no significant difference in the effectiveness of the two experimental methods on marital satisfaction was observed. This may be due to the similarity of these two methods in using cognitive changes. It can also be said that the participants were able to respond similarly to the interventions, and therefore, the effectiveness of both methods was equally beneficial for them.

In explaining these findings, it should be noted that in schema therapy, patients' deep problems are defined more precisely, and the footprint of schemas is followed by emphasizing interpersonal relationships, and patients can find more motivation to get rid of their problems (Soleimannezhad & Hajizadeh, 2022). The identified schemas of couples are addressed during therapy sessions, and the individual's desire to get rid of their problems gives them more motivation, resulting in less temptation to report. Schema therapy also helps couples to use healthier strategies to cope with internal triggers. The results of the effectiveness of the solution-focused approach in this study are consistent with the results of some previous studies (Rostami, Saadati, & Yousefi, 2018).

It can be said that from the perspective of schema therapy, each individual develops schemas during childhood. A schema is a cognitive structure formed during childhood and manifests in behaviors, emotions, and thoughts. The therapist presents a schema mindset to the couple. If the therapist presents the mindsets to the participants in a personalized manner, the couple will better understand them. The abandoned child is a part of the patient's existence that, according to the theoretical assumptions of schema therapy, has been subjected to abuse, abandonment, emotional neglect, dominance, and harsh and ruthless criticism from the primary family (Kiaee Rad et al., 2020), which can lead to an increase in marital dissatisfaction. However, schema therapy can effectively reduce marital dissatisfaction by identifying these issues for the couple.

In solution-focused therapy, the focus is on identifying solutions rather than the causes of the problem. In marital dissatisfaction, solution-focused therapy helps clients identify exceptions and moments when they are not dissatisfied; therefore, the individual realizes that dissatisfaction is not a permanent and constant occurrence and that they have the ability and necessary resources to deal with it and its consequences. This can lead to significant cognitive changes in the individual, which can be a catalyst for further and more effective changes and ultimately lead to an improvement in the couple's relationship. As couples who are inclined towards divorce report higher levels of marital dissatisfaction, an increase in marital dissatisfaction can likely lead to an increase in the desire for divorce. Communication and negotiation skills allow couples to achieve better compatibility and reduce discrepancies in their behaviors and actions. Additionally, self-change skills help in changing one's partner and promoting a sense of

similarity and mutual understanding between spouses (Jonidi, Zandi, & Kayvan, 2021; Pavandi et al., 2022; Rostami, Saadati, & Yousefi, 2018).

This approach is applicable for couples to change their adopted methods in their marital life. This research has shown that the solution-focused approach is effective in reducing the dissatisfaction of couples and preventing divorce. In explaining the effectiveness of short-term solution-focused couples therapy on improving the tolerance of couples' distress, it can be said that solution-focused therapy aims to treat hopelessness, as it prevents clients from drowning in their problems, focuses on clients' abilities and tries to help them achieve a better future by identifying their internal resources and strengths. Solution-focused therapy, through creating a positive relationship with clients, empathy, and using therapeutic questions such as the exception question, has a positive effect on reducing the overall marital dissatisfaction of couples.

## 5. Suggestions

In summary, this study showed that both schema and solution-focused therapy are effective in improving marital dissatisfaction in couples, and there is no significant difference between them. In both approaches, couples learn to regulate their emotions and improve their relationship with themselves and their spouse by recognizing their underlying needs and playing the role of boundary-setter. The use of protocols from this study is recommended for family and marriage counseling centers, workshops on schema mindset, and solution-focused interventions for prevention, treatment, and enrichment of the marital relationship for couples.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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