



## The effectiveness of schema-based couple therapy on sexual satisfaction and communication patterns in married women

Hasan. Emamipour<sup>1</sup>, Ali Naghi. Aghdasi<sup>\*2</sup> & Amir. Panahali<sup>3</sup>

1. PhD student in Counseling, Department of Counseling, Tabriz Branch, Islamic Azad University, Tabriz, Iran
2. \*Corresponding Author: Assistant Professor, Department of Psychology and Counseling, Tabriz Branch, Islamic Azad University, Tabriz, Iran
3. Assistant Professor, Department of Psychology and Counseling, Tabriz Branch, Islamic Azad University, Tabriz, Iran

### ARTICLE INFORMATION

#### Article type

Original research

Pages: 159-167

Corresponding Author's Info  
Email:

Alinaghi.Aghdasi@iaut.ac.ir

#### Article history:

Received: 2023/05/21

Revised: 2023/07/25

Accepted: 2023/07/28

Published online: 2023/08/25

#### Keywords:

schema-based couple therapy,  
sexual satisfaction,  
communication patterns.

### ABSTRACT

**Background and Aim:** Problems in each of these important areas of married life, such as sexual relations between couples, or the quality and pattern of communication governing their relationship, and finally, the inefficiency of the overall functioning of the family, can have many negative personal and marital consequences. The purpose of this research was to determine the effectiveness of schema-based couple therapy on sexual satisfaction and communication patterns in married women. **Methods:** The current research was semi-experimental with a pre-test-post-test design with a control group and a two-month follow-up period. The statistical population included all married women working in the education department of Tabriz city in 2022. The sample of this research included 30 sample people who were willing to participate in the research and were selected through available sampling. Then, among the research sample, 15 people were randomly replaced in the control group and 15 people in the intervention group (schema-based couple therapy). Data were collected using Hudson et al.'s (1981) sexual satisfaction questionnaire (ISS) and Christiesen et al.'s (1984) communication patterns (CPQ). Schema-based couple therapy intervention was conducted during 8 sessions of 60 minutes once a week; But the control group did not receive any intervention. **Results:** The research data was analyzed by mixed variance analysis (repeated measurement). The results showed that the effectiveness of schema-based couple therapy on sexual satisfaction and communication patterns was significant ( $p < 0.05$ ). **Conclusion:** According to the findings of the present study, it can be concluded that schema-based couple therapy is effective on sexual satisfaction and communication patterns in married women.



This work is published under CC BY-NC 4.0 licence.

© 2023 The Authors.

#### How to Cite This Article:

Emamipour, H., Aghdasi, A. N., & Panahali, A. (2023). The effectiveness of schema-based couple therapy on sexual satisfaction and communication patterns in married women. *Jayps*. 4(4), 159-167.

## Introduction

Due to the couple nature of this relationship, which requires interaction between the parties and responding to each other's needs, the marital relationship sometimes faces situations where it is difficult to respond to these needs. In such a case, having appropriate communication patterns can help the stability of the couple's relationship (Alavi Moghadam et al., 2021). Christensen and Sullawy (1991) consider communication patterns as communication channels through which people interact with each other. Couples also create a set of communication patterns that include the mutually constructive communication pattern, the demand/withdrawal communication pattern, and the mutual avoidance communication pattern (Janbozorgi, Darbani, and Parsakia, 2020). Communication based on acceptable patterns in family members and especially couples can specify the path for them and make it easier to recognize the right path to solve problems and problems. Proper communication between couples, based on existing patterns, strengthens the foundation of the family and increases the level of health of family members, and by creating satisfaction in marital relationships, it creates balance in the family (Hosni Moghadam et al., 2019).

Researchers believe that destructive patterns have a negative effect on marital relationships and that problematic behaviors of couples are caused by the existence of non-constructive communication patterns in the family (Crook et al., 2023). Basri and Anum (2023) stated in a research that communication patterns between couples can predict the occurrence of divorce. In addition, Donato et al. (2014) showed that the demand/withdraw pattern is a negative predictor of couples' marital dissatisfaction. Also, Sanagui et al. (2011) reported in a study that there is a significant positive relationship between the pattern of mutually constructive communication with marital satisfaction and there is a significant negative relationship between the communication patterns of expectation/withdrawal of both sexes and the pattern of mutual avoidance with marital satisfaction.

Among the effective therapeutic approaches in couple therapy is schema-based couple therapy (Van Dijk et al., 2023). Schema therapy is a new and integrated therapy developed by Young

and his colleagues (1994) and mainly based on the concepts and methods of cognitive-behavioral therapy. This therapy combines elements of cognitive-behavioral, attachment, gestalt, object relations, constructivism, and psychoanalysis schools in the form of an integrated and rich conceptual and therapeutic model. In this therapeutic model, the core of the psychological plan, which is called the primary maladaptive schema and is usually related to patients with personality disorders, is located through cognitive, emotional, behavioral and interpersonal strategies that are followed up and therapeutic intervention (Akhundi et al., 2022). However, problems in each of these important areas of married life, such as sexual relations between couples or the quality and pattern of communication governing their relationship, and finally, the inefficiency of the overall functioning of the family, can have numerous negative personal and marital consequences. Among them, we can mention the occurrence of clinical and psychological symptoms and marital dissatisfaction (Ney et al., 2020; Zagfeka et al., 2021). This is despite the fact that due to the development of societies and the subsequent change in the lifestyle of individuals and families, the forms and number of issues faced by couples and families have become diverse and complicated. Therefore, taking into account the social and cultural conditions governing the life of today's couples, it is necessary to use new and efficient methods of counseling and couple therapy to face the problems of today's couples. Therefore, this research aims at the effectiveness of schema-based couple therapy strategies on sexual satisfaction and communication patterns in married women.

## Method

The method of the current research was semi-experimental with a pre-test-post-test design and a control group with a two-month follow-up phase. The statistical population included working couples in the Department of Education in Tabriz in 2022. The sample of this research included 30 sample people who were willing to participate in the research and were selected through available sampling. Then, among the research sample, 15 people were randomly replaced in the control group and 15 people in the intervention group (schema-based couple therapy). Both groups were homogenized in terms of age and education level, and this homogeneity was confirmed through two-sample t-test and chi-square. The inclusion criteria

for the sample included couples working in the education department, age between 20 and 40 years, not suffering from other mental disorders and personality which was checked through the psychiatrist of the studied clinics. These criteria include: Failure to simultaneously participate in other treatment programs, failure to receive individual counseling or drug therapy and declaration of satisfaction and participation in treatment sessions during the implementation of the research. Exclusion criteria from the study included absence of more than two sessions, non-cooperation during therapy sessions, starting to take psychoactive drugs, simultaneous participation in other psychological treatment programs, and receiving individual counseling or drug therapy.

### Materials

**1. Hudson et al.'s (1981) Sexual Satisfaction Questionnaire (ISS):** This questionnaire contains 25 questions, and the subject's answer to each question is on a 7-point Likert scale, so that never 0 points, very rarely 1 point, very few times 2 marks, sometimes 3 marks, often 4 marks, most of the time 5 marks and always 6 marks are awarded and in total, the score of the questionnaire fluctuates between 0 and 150. A high score in this questionnaire reflects sexual satisfaction. Questions 4, 5, 6, 7, 8, 11, 13, 14, 15, 18, 20, 24 and 25 are graded in reverse. In Iran, the internal consistency method was used to check the reliability of the questionnaire, and the Cronbach's alpha coefficient for the questionnaire was equal to 0.93 (Sanati, 2014). Abroad, Cronbach's alpha has been used to check reliability, and Cronbach's alpha coefficients

have been calculated as 0.92 for men and 0.93 for women (Johnson et al., 2018).

**2. Communication Patterns Questionnaire (CPQ, 1984):** This questionnaire has 35 questions and is graded on a nine-point scale from not at all possible (1) to very possible (9). This questionnaire describes the behavior of spouses during three stages of marital conflict. These steps are: 1- When a problem arises in a couple's relationship, this step includes 4 questions, the answers of each of which are graded on a 9-point scale. 2- During the time when the communication problem is discussed, this stage has 18 questions and 3- After the discussion about the communication problem, this part consists of 13 questions. This questionnaire measures the three components of mutual constructive communication, mutual avoidance and demand/withdrawal communication. In a research, Cronbach's alpha was used to check the internal consistency of the questionnaire. Cronbach's alpha coefficients were obtained for mutual constructive communication 0.61, mutual avoidance 0.62 and demand/withdrawal communication 0.50 (Hasani Moghadam et al., 2018). Abroad, the internal consistency of the questionnaire with Cronbach's alpha has been obtained in the range of 0.69 to 0.84 (Lee & Johansson, 2018).

**3. Schema-based couple therapy protocol:** This protocol was compiled using the Schema Therapy book of Young, Klosko and Weishaar's Schema Therapy Interventions, translated by Hamidpour and Inaz (2021) in 8 sessions of 60 minutes, which is as follows:

**Table 1. Schema-based couple therapy sessions protocol**

Session	Content
1	Establishing a good relationship and getting to know the group members; Communicating and conducting the pre-exam; familiarizing the members with the group; statement of group regulations; creating the necessary motivation for change in couples; Introducing the treatment model; measuring people's suitability for schema therapy; stating the number of meetings; treatment contract and number of sessions; Implementing questionnaires and getting feedback from the meeting
2	Education about schemas and coping styles and the mindsets of schemas; Introduction of initial incompatible schemas; their types and specifications; Explanation of coping styles; relating the current problem or problems to early maladaptive schemas; Getting feedback from the meeting and presenting the assignment: determining the situation and the incompatible schema related to it and the coping style used
3	implementing cognitive techniques to challenge the identified schemas; Examining the homework of the previous session; expressing the metaphor of war; Implementation of schema validity test technique; use of empathic confrontational therapy style; implementation of the new definition technique of schema-confirming evidence; Getting feedback and presenting the task: determining the behavior of the desire schema; its underlying schema and supporting evidence; A new definition of corroborative evidence.
4	implementing cognitive techniques to deal with coping responses; Examining the homework of the previous session; Implementation of the technique of advantages and disadvantages of coping responses; Applying the dialogue technique between the schema aspect and the healthy aspect;

	training and compilation of educational cards; getting feedback and presenting the task of dialogue between the healthy aspect and the schema aspect; Use of educational card.
5	Applying experimental strategies in order to correct emotions and partially satisfy unfulfilled needs; Examining the homework of the previous session; implementation of mental imagery; relating the mental image of the past to the present; Implementation of imaginary conversation technique; Implementation of open-ended parenting technique and discussion about traumatic memories; Implementing the mental imagery technique to break the pattern of confrontational responses; Getting feedback and assigning homework: writing a letter to parents.
6	implementation of behavior pattern breaking technique; Examining the homework of the previous session; Practicing healthy behaviors through mental imagery and role playing; Using educational cards; Getting feedback and giving homework: determining problematic situation-feeling-thought-behavior and alternative behavior.
7	implementation of behavioral techniques; Examining the homework of the previous session; Encouraging minor improvements of clients in order to increase motivation to change behavior; Practicing healthy behaviors through visualization and role playing; identifying obstacles and overcoming them; making important changes in life; Getting feedback and giving homework: a behavioral experiment.
8	ending interventions and evaluating the effectiveness of schema therapy; Examining the homework of the previous session; Termination of treatment and post-test administration.

### Implementation

In order to comply with the ethical considerations of the research, all the sample people were assured that their names will not be mentioned in any part of the research and only the results of the data will be used. In order to conduct the research, an orientation meeting was held and the consent form and questionnaire containing demographic information were distributed among the participants. With the aim of anonymity and to guarantee the privacy of the participants, a corresponding code was assigned to each participant. After selecting and assigning the participants and before the implementation of the treatment sessions, the participants of both groups were evaluated through questionnaires of sexual satisfaction and communication patterns. Then, the experimental group underwent a 9-session intervention based on 40-minute sessions once a week. The control group did not receive any intervention. After the end of the intervention sessions, the participants of both groups were re-evaluated with research tools. Also, after two months of the intervention, both groups were again measured with research tools.

The following items were used to analyze the data of this research: descriptive statistics (mean, standard deviation); KAI test (to compare the demographic characteristics between the members of the groups); Kolmogorov-Smirnov test (to measure the default normality of data distribution); Examining the interaction effect of the group and the pre-test (to check the assumption of homogeneity of the slope of the regression lines); Levene's test (to measure the default homogeneity of variance); Variance analysis with repeated measurements to measure the difference in the effectiveness of groups on the dependent variable; Finally, Benferroni's post hoc test was used to determine the difference between groups, and all these tests were analyzed at a significant level ( $\alpha=0.05$ ) using SPSS software version 26.

### Results

In terms of demographic indicators, the statistical sample was compared. Table (2) shows the mean and standard deviation of the dependent variables of the experimental group (schema-based couple therapy) by measurement stages (pre-test, post-test and follow-up) in women.

**Table 2. Mean and standard deviation of dependent variables in experimental group and control group**

Dependent variable	Group	Mean		SD	
		Exp.	Control	Exp.	Control
Sexual satisfaction	Pre-test	115.40	113.47	2.694	1.727
	Post-test	119.67	113.53	3.244	1.727
	Follow-up	119.60	113.53	3.312	1.727
Mutual constructive communication	Pre-test	6.00	5.93	.756	.799

	Post-test	7.47	6.00	1.302	.756
	Follow-up	7.47	6.07	1.506	.799
<b>Mutual avoidance</b>	Pre-test	18.93	19.93	1.624	1.033
	Post-test	17.73	19.73	1.280	1.163
	Follow-up	17.73	19.67	1.280	1.175
<b>Husband demand/Wife withdrawal</b>	Pre-test	17.20	17.47	1.373	1.356
	Post-test	13.73	17.27	1.387	1.624
	Follow-up	13.73	17.27	1.387	1.624
<b>Wife demand/Husband withdrawal</b>	Pre-test	16.07	15.87	1.981	.990
	Post-test	14.20	15.53	1.265	1.246
	Follow-up	14.27	15.60	1.335	1.352

Since there were less than 50 people in each group, the Shapiro-Wilk test was used to check the normality of the distribution of scores. Since the significance level of the obtained values is greater than 0.5, the distribution of scores is normal. Also, to check the normality of the distribution of the variables observed in the present study, two common indices for checking the normality, including skewness and kurtosis, were used. The value of skewness and kurtosis of research variables is in the range (-2 to 2), which shows that the distribution of variables has normal skewness and kurtosis. Also, the results of this test in Levin's test also show that because the significance level obtained is

greater than 0.05; It shows that the research data did not question the assumption of equality of variance-covariance matrices. Therefore, the assumption of homogeneity of variance-covariance matrices is valid. Also, Mochli's sphericity test showed a significant level of sexual satisfaction and communication patterns equal to 0.001. Therefore, the assumption of sphericity is rejected. Therefore, there has been a violation of the statistical model F. As a result, the Greenhouse-Geisser test was used to investigate the inter-subject and intra-subject effects of interventions on sexual satisfaction and communication patterns, the results of which are as follows.

**Table 3. The results of within-group and between-groups effects of sexual satisfaction based on time, group, gender and their interaction**

Dependent variable	Source	F	Sig.	Effect size	Power
<b>Sexual satisfaction</b>	Time	42.627	0.001	0.432	0.999
	Group	31.120	0.001	0.357	0.999
	Time*Group	39.801	0.001	0.415	0.999
	Gender	0.527	0.471	0.009	0.110
	Group*Gender	6.359	0.015	0.102	0.698
<b>Mutual constructive communication</b>	Time	43.312	0.001	0.436	0.999
	Group	6.053	0.017	0.098	0.677
	Time*Group	37.908	0.001	0.404	0.999
	Gender	0.323	0.572	0.006	0.086
	Group*Gender	2.903	0.094	0.049	0.388
<b>Mutual avoidance</b>	Time	36.089	0.001	0.392	0.999
	Group	42.055	0.001	0.429	0.999
	Time*Group	19.868	0.001	0.262	0.999
	Gender	5.183	0.027	0.085	0.609
	Group*Gender	1.904	0.173	0.033	0.273
<b>Husband demand/Wife withdrawal</b>	Time	111.748	0.001	0.666	0.999
	Group	72.389	0.001	0.564	0.999
	Time*Group	0.617	0.001	0.610	0.999



	Gender	0.066	0.797	0.001	0.057
	Group*Gender	0.164	0.687	0.003	0.068
<b>Wife demand/Husband withdrawal</b>	Time	30.949	0.001	0.356	0.999
	Group	25.150	0.001	0.310	0.998
	Time*Group	23.177	0.001	0.293	0.998
	Gender	0.018	0.895	0.001	0.052
	Group*Gender	2.996	0.089	0.051	0.398

The results of table (3) show that schema-based couple therapy has a significant effect on improving sexual satisfaction. The effect of measurement time on sexual satisfaction scores is not significant. Therefore, it can be said that regardless of the experimental group, there is no significant difference between the mean scores of the dependent variables in the pre-test, post-test and follow-up. Also, the interaction effects between time and group are not significant. Therefore, it can be said that the difference in the mean scores of sexual satisfaction at different times (pre-test, post-test and follow-up) is not different according to the variable levels of the group. Also, the gender factor and the interaction of group and gender were not significant, indicating that schema-based couple therapy is equally effective on the sexual satisfaction of women and men. Also, the results of table (3) show that schema-based couple therapy has a significant effect on improving communication patterns. The effect

of measurement time on scores of communication patterns is not significant. Therefore, it can be said that regardless of the experimental group, there is no significant difference between the mean scores of the dependent variables in the pre-test, post-test and follow-up. Also, the interaction effects between time and group are not significant. Therefore, it can be said that the difference in the mean scores of communication patterns in different times (pre-test, post-test and follow-up) is not different according to the variable levels of the group. Also, the gender factor and the interaction of group and gender were not significant, indicating that schema-based couple therapy is equally effective on the communication patterns of women and men. In the following, the pair-by-pair comparison of the mean adjustment of test stages (pre-test, post-test and follow-up) in sexual satisfaction scores and communication patterns is shown in Table (4).

**Table 4. Bonferroni post-hoc test results**

Dependent variable	Stage	Adjusted mean	Stages	Mean diff.	Sig.
<b>Sexual satisfaction</b>	Pre-test	114.433	Pre-test – Post-test	-2.467	0.001
	Post-test	116.900	Pre-test – Follow-up	-2.467	0.001
	Follow-up	116.900	Post-test – Follow-up	0.001	0.999
<b>Mutual constructive communication</b>	Pre-test	5.900	Pre-test – Post-test	-0.767	0.001
	Post-test	6.667	Pre-test – Follow-up	-0.800	0.001
	Follow-up	6.700	Post-test – Follow-up	-0.033	0.990
<b>Mutual avoidance</b>	Pre-test	19.233	Pre-test – Post-test	0.967	0.001
	Post-test	18.267	Pre-test – Follow-up	0.967	0.001
	Follow-up	18.267	Post-test – Follow-up	0.001	0.999
<b>Husband demand/Wife withdrawal</b>	Pre-test	17.333	Pre-test – Post-test	1.900	0.001
	Post-test	15.433	Pre-test – Follow-up	1.883	0.001
	Follow-up	15.450	Post-test – Follow-up	-0.017	0.965
<b>Wife demand/Husband withdrawal</b>	Pre-test	15.983	Pre-test – Post-test	1.133	0.001
	Post-test	14.850	Pre-test – Follow-up	1.100	0.001
	Follow-up	14.883	Post-test – Follow-up	-0.033	0.489

As table (4) shows, the difference between pre-test and post-test (intervention effect) and the difference between pre-test and follow-up (time effect) is more and more significant than the difference between post-test and follow-up (intervention stability effect). It shows that emotion-oriented couple therapy had an effect on sexual satisfaction in the post-test phase and the continuation of this effect in the follow-up phase. Therefore, the research hypothesis that schema-based couple therapy is effective on couples' sexual satisfaction was confirmed. Also, the results regarding the variable of communication patterns also show that the difference between pre-test and post-test (intervention effect) and the difference between pre-test and follow-up (time effect) are more significant than the difference between post-test and follow-up (intervention stability effect). It shows that emotion-oriented couple therapy had an effect on communication patterns in the post-test phase and it also showed the continuation of this effect in the follow-up phase. Therefore, the research hypothesis that schema-based couple therapy is effective on couples' communication patterns was confirmed.

### Conclusion

The present study was conducted with the aim of investigating the effectiveness of schema-based couple therapy on sexual satisfaction and communication patterns in married women. The results showed that schema-based couple therapy has a significant effect on improving sexual satisfaction. The effect of measurement time on sexual satisfaction scores is not significant. Therefore, it can be said that regardless of the experimental group, there is no significant difference between the mean scores of the dependent variables in the pre-test, post-test and follow-up. Also, the interaction effects between time and group are not significant. Therefore, it can be said that the difference in the mean scores of sexual satisfaction at different times (pre-test, post-test and follow-up) is not different according to the variable levels of the group. Also, the gender factor and the interaction of group and gender were not significant, indicating the effectiveness of schema-based couples therapy equally on the sexual satisfaction of women and men. In the continuation of the pairwise comparison of the adjusted means of the stages of the test in the sexual satisfaction scores, it showed that the difference between the mean of the pre-test and

the post-test (intervention effect) and the difference between the mean of the pre-test and the follow-up (the effect of time) is greater and more significant than the difference between the mean of the post-test and the follow-up (the effect of the stability of the intervention). It shows that the schema-based couple therapy had an effect on sexual satisfaction in the post-test stage and the continuation of this effect in the follow-up stage. Therefore, the fourth hypothesis that schema-based couple therapy is effective on couples' sexual satisfaction was confirmed. This result can be aligned with the results of Hosni et al. (2022), Ahmadi et al. (2020) and Masoumi Tabar et al. (2020). Also, no inconsistent finding was found for the result obtained from this hypothesis.

In explaining this result, it can be said that schema therapy, by introducing basic concepts such as schemas, coping responses, schema mentalities and discovering the mechanisms of schema continuity, is a significant help in the conceptualization and treatment of emotional and secretory disorders. (Masoumi Tabar et al., 2020). Maladaptive schemas formed in childhood and how they affect processing and coping with life events in therapy provide an opportunity to improve symptoms of abandonment, social isolation, avoidance, etc. Schema therapy has been able to treat maladaptive schemas by targeting one's patterns or patterns and reconstructing the original maladaptive schemas. Behavioral techniques help couples replace specific schema behaviors with healthier coping styles. They also help the couple to distance themselves from the schemas and instead of seeing the schema as an indisputable truth about themselves, consider it as a disturbing entity. Schema therapy helps couples to create a healthy voice in their minds by questioning their schemas, thus empowering their healthy mentality. This therapeutic approach helps couples to evaluate the correctness of their schemas. As a result of using this approach, couples see the schema as an external truth that they can fight against using objective and experimental evidence. Experiential techniques help couples prepare the ground for schema improvement by emotional reorganization, self-examination, new learning, interpersonal emotion regulation, and self-soothing. On the other hand, couples can use these techniques to hypothesis test schemas, and by stimulating schemas and relating them to

current issues, they can provide a basis for emotional insight and subsequent improvement of schemas. Schema therapy helps couples achieve a higher level of satisfaction in their married life through cognitive, emotional, behavioral changes and adopting more effective coping styles in marital relationships. Schema therapy helps couples to understand marital conflicts, factors of frustration and ineffective interaction patterns that cause problems in the relationship, and this increases their sexual satisfaction and quality of sexual life (Ahmadi et al., 2020). Therefore, it is reasonable to say that schema-based couple therapy is effective in improving the sexual satisfaction of the couples studied in this research.

The results showed that schema-based couple therapy has a significant effect on improving communication patterns. The effect of measurement time on scores of communication patterns is not significant. Therefore, it can be said that regardless of the experimental group, there is no significant difference between the average scores of the dependent variables in the pre-test, post-test and follow-up. Also, the interaction effects between time and group are not significant. Therefore, it can be said that the difference in the average scores of communication patterns at different times (pre-test, post-test and follow-up) is not different according to the variable levels of the group. Also, the gender factor and the interaction of group and gender were not significant, indicating the effectiveness of schema-based couple therapy equally on the communication patterns of women and men. In the continuation of the pairwise comparison of the mean adjustment of the test stages in the scores of communication patterns, it showed that the difference between the mean of the pre-test and the post-test and the difference between the mean of the pre-test and the follow-up (time effect) is greater and more significant than the difference between the mean of the post-test and the follow-up. It shows that schema-based couple therapy had an impact on communication patterns in the post-test phase and the continuation of this impact in the follow-up phase. Therefore, the sixth hypothesis that schema-based couple therapy is effective on couples' communication patterns was confirmed. This result can be aligned with the results of Ahmadi et al. (2020) and Masoumi

Tabar et al. (2020). Also, no inconsistent finding was found for the result obtained from this hypothesis.

In explaining this result, it can be said that the cognitive perspective of this approach to marital problems is that distorted perception and illogical thinking are the main cause of couples' problems and disorders. Based on cognitive models, schemas play a role in creating issues and problems with what are the key beliefs of the family. Schemas consist of assumptions about the spouse and marital relationship as they are and standards about how they should be. The usefulness of schema therapy in the treatment of severe marital problems and common problems in maintaining intimate relationships has been confirmed. Schema-oriented model considers schema as a broad and comprehensive range of issues and topics that focuses on oneself and one's relationships with others. It is developed during childhood and becomes ineffective to some extent during complex life. Schemas are essentially deterministic and unconditioned held by individuals. Schemas are considered undeniable and certain, and are used as a model for processing experiences, and they expand over time and define thoughts and relationships with others (Amini et al., 2022). Schema therapy is useful in modulating their thoughts due to the correction of initial incompatible schemas in people who have a negative view of themselves and their abilities (Peld et al., 2017). The therapy schema makes people feel more relaxed and less vulnerable around each other and have a greater desire to enter communities and establish social relationships (Poorjaberi & Dasht Bozorgi, 2019). Therefore, it is reasonable to say that schema-based couple therapy is effective in improving couples' communication patterns.

In general, the results indicated the effectiveness of schema-based couple therapy on sexual satisfaction and communication patterns in married women. As an efficient, practical and effective treatment method, this treatment method can be used in treatment centers and clinics to improve psychological and communication problems in couples. As a result, counselors and therapists can use schema-based couples therapy to improve sexual satisfaction and communication patterns. Among the limitations of the current research,



we can mention the available sampling method and not using couples at the same time. It is suggested to use random sampling in future researches; Also, since the sample unit of the current research was married working women; It is suggested to use men in future research.

### Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

### References

- Ahmadi, S., Mardpour, A., & Mahmoudi, A. (2020). The effectiveness of schema therapy on early maladaptive schemas, quality of life, and marital satisfaction in couples seeking divorce in Shiraz. *Journal of Psychological Methods and Models*, 11(41), 53-70. (In Persian)
- Alavimoghadam, S. T., Mafakheri, A., & Jahangiri, A. (2021). Effectiveness of Emotion-Focused Couple Therapy in Marital Burnout, Marital Forgiveness, and Communication Styles of Couples Affected by Extramarital Relationships. *Avicenna Journal of Neuro Psycho Physiology*, 8(3), 151-156.
- Amini, A., Ghorbanshiroudi, S., & Khalatbari, J. (2022). A comparison of the effectiveness of emotion-focused couple therapy and schema therapy-based couple therapy on sexual satisfaction and family functioning. *Health System Research*, 18(4), 297-306. (In Persian)
- Basri, B., & Anom, E. (2023). Communication Patterns of the Head of Religious Affairs Office (KUA) in Reducing the Divorce Rate. *Illomata International Journal of Social Science*, 4(1), 65-73.
- Christensen, A., & Sullaway, M. (1984). Communication patterns questionnaire. *Unpublished manuscript, University of California, Los Angeles*.
- Donato, S., Parise, M., Pagani, A. F., Bertoni, A., & Iafrate, R. (2014). Demand-withdraw, couple satisfaction and relationship duration. *Procedia-Social and Behavioral Sciences*, 140, 200-206.
- Hasani, F., Rezazadeh, M., Ganbari Panah, A., & Khoshkhabar, A. (2022). The effect of schema therapy on sexual satisfaction, emotional regulation, and resilience in nurses with marital dissatisfaction. *Journal of Community Health*, 16(2), 71-81. (In Persian)
- Janbozorgi, F., Darbani, S. A., & Parsakia, K. (2020). The structural model of predicting family health based on communication patterns and self-efficacy with the mediating role of self-compassion in women. *Psychology of Woman Journal*, 1(3), 53-68.
- Krok, D., Telka, E., & Moroń, M. (2023). Marital satisfaction, partner communication, and illness acceptance among couples coping with breast cancer: A dyadic approach. *Psycho-Oncology*.
- Masoumi Tabar, Z., Afshari Nia, K., Amiri, H., & Hosseini, S. S. (2020). The effectiveness of emotion-focused schema therapy on emotional regulation problems and marital satisfaction in incompatible women in the first decade of life. *Journal of Psychological Sciences*, 19(95), 1497-1506. (In Persian)
- Nie, Q., Tian, L., & Huebner, E. S. (2020). Relations among family dysfunction, loneliness and life satisfaction in Chinese children: A longitudinal mediation model. *Child Indicators Research*, 13, 839-862.
- Peled, O., Bar-Kalifa, E., & Rafaeli, E. (2017). Stability or instability in avoidant personality disorder: Mode fluctuations within schema therapy sessions. *Journal of behavior therapy and experimental psychiatry*, 57, 126-134.
- Pourjaberi, B., & Dashtbozorgi, Z. (2019). The effectiveness of schema therapy on eating disorders and cognitive distortions in obese adolescent girls in Ahvaz. *Journal of Community Health*, 13(1), 1-10. (In Persian)
- van Dijk, S. D., Veenstra, M. S., van den Brink, R. H., van Alphen, S. P., & Oude Voshaar, R. C. (2023). A Systematic Review of the Heterogeneity of Schema Therapy. *Journal of Personality Disorders*, 37(2), 233-262.
- Zagefka, H., Jones, J., Caglar, A., Girish, R., & Matos, C. (2021). Family roles, family dysfunction, and depressive symptoms. *The Family Journal*, 29(3), 346-353.