




Effectiveness of Schema-based Couples Therapy on Women's Family Functioning

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ABSTRACT

Objective: The aim of the present research was to compare the effectiveness of schema-based couple therapy on the family functioning of married women.

Materials and Methods: This quasi-experimental study utilized a pre-test, post-test design with a control group and a two-month follow-up period. The statistical population included all married working women in the education department of Tabriz city in 2022. The sample of this study consisted of 30 individuals who were willing to participate in the research and were selected via convenience sampling. Then, from the research sample, 30 individuals were randomly assigned to the control group and 30 individuals to the intervention group (schema-based couple therapy). Data were collected using the McMaster Family Assessment Device (FAD) (1950). The intervention of schema-based couple therapy strategies was conducted in eight 60-minute sessions; however, the control group did not receive any intervention. The research data were analyzed using mixed analysis of variance (with repeated measures).

Findings: The results showed that the effectiveness of schema-based couple therapy on family functioning was significant ($p < 0.05$).

Conclusion: Based on the findings of the present study, it is concluded that schema-based couple therapy is effective on family functioning in married women.

Keywords: Couple therapy, Schema, Family functioning, Women.

1. Introduction

People go through sensitive phases and stages, one of the most critical and fate-determining of which is the issue of marriage and establishing a shared life. More important than this phase is the effort of each spouse to maintain this shared life and, as much as possible, to achieve high levels of marital satisfaction (Parsakia et al., 2023), so that under the aegis of this satisfaction, they can achieve

their desired goals from marriage (Wang & Zhao, 2023). Marital relationships in life, like any other relationship, have positive and negative aspects. One of the most important determinants and indicators in marriage is the quality and level of intimacy between husband and wife (Tsai et al., 2023).

In this case, family functioning, like marital satisfaction, is a determinant of happiness and satisfaction in the family and its members (Ghamari & Khoshnam, 2021). The concept of

family functioning refers to fulfilling commitments and expectations arising from roles associated with participation in the family domain (Feinberg et al., 2022; Pirzadeh & Parsakia, 2023). A family with good functioning (efficiency) provides stability and safety for the child and family, health and education, and emotional support for its members (Alexander & Robbins, 2019). Optimal family functioning reflects flexibility and boundary maintenance, relational patterns, experience of the original family, and the current context, including cultural and value orientations of the family (Javidi & Soleimani, 2013). Researchers believe that improving the family functioning of couples is directly related to increasing the level of understanding and agreement between spouses and also increasing intimacy between them (Al-Krenawi & Bell, 2023; Alexander & Robbins, 2019).

One of the effective methods of couple therapy in improving the psychological characteristics of each of the spouses and also the quality of their marital life is couple therapy using schema therapy based on Young's theory (Mahmoudiyandastnaee et al., 2019). Schema-focused couple therapy is an integrated method in which the schemas of the couple are examined to identify how they communicate and interact (Young et al., 2006). In this approach, schemas play a significant role in marital relationships. Many studies have shown that schema-focused couple therapy is effective on various aspects of couples' lives, such as the psychological distress of couples and satisfaction with the relationship (Cheshmeh Noshi et al., 2021). Researchers concluded that schema therapy plays an effective role in reducing marital conflicts and increasing marital satisfaction and compatibility (Cheshmeh Noshi et al., 2021; Masumi tabar et al., 2020; Rasouli Rad et al., 2023; Soleimannezhad & Hajizadeh, 2022; Talaezadeh et al., 2023).

A review of studies conducted in the field of marriage and family shows that optimal and efficient family functioning plays an important role in the quality of marital relationships and consequently increases the marital satisfaction of couples, which can significantly contribute to the strengthening of the family foundation while enhancing the mental health of the couple (Batmaz & Çelik, 2022; Farshad et al., 2018; Ghamari & Khoshnam, 2021; Nie et al., 2020; Parvandi et al., 2016; Qian et al., 2020; Zagefka et al., 2021). However, problems in any of these important areas of marital life, such as the quality and pattern of communication prevailing in their relationship, and ultimately the inefficiency of overall family functioning can

have numerous individual and marital negative consequences, including the emergence of clinical and psychological symptoms and marital dissatisfaction (Al-Krenawi & Bell, 2023; Alexander & Robbins, 2019; Nie et al., 2020; Parvandi et al., 2016; Zagefka et al., 2021). This is while considering the progress of societies and the consequent change in the lifestyle of individuals and families, the forms and multiplicity of issues that couples and families face have become varied and complex. Therefore, considering the social and cultural conditions prevailing in the lives of modern couples, the use of new and effective counseling methods and couple therapy to deal with the problems of modern couples is essential. Therefore, considering the existing research gap in this area, the aim of this study is to determine the effectiveness of couple therapy based on schema therapy in improving family functioning.

2. Methods and Materials

2.1. Study design and Participant

The research method, based on the objective, was applied and from the perspective of data collection, it belonged to quantitative research and was of the quasi-experimental type, with a pre-test, post-test design with a control group accompanied by a 2-month follow-up. In this study, the statistical population consisted of all employed women in the education department of Tabriz city in 2023, among whom 30 women, i.e., 15 women for each group, were randomly selected and randomly assigned to two groups. It is important to note that since the participants in this study were women, the selection of 15 couples for each group, meaning 15 women for each group, is consistent with the mentioned criteria for the minimum sample size required for experimental research, which is stated as 15 individuals.

2.2. Measures

2.2.1. Family Functioning

The questionnaire by Epstein et al. (1983) consists of 60 questions and 7 components: problem-solving; communication; roles; affective responsiveness; affective involvement; behavioral control; and overall functioning. The higher the individual's score on this scale, the more dysfunctional and undesirable their family characteristics are, and a lower score indicates healthier functioning. Scoring is on a 4-point Likert scale, where 'strongly agree' scores 1, 'agree' scores 2, 'disagree' scores 3, and 'strongly disagree' scores 4 (Cox et al., 2018). The minimum and

maximum scores in the problem-solving subscale range from 4 to 16; in the communication subscale from 7 to 28; in the roles subscale from 9 to 36; in the affective responsiveness subscale from 9 to 36; in the affective involvement subscale from 8 to 32; in the behavioral control subscale from 10 to 40; and in the overall functioning subscale from 13 to 52. The higher the individual's score on these questions, the more indicative it is of unhealthy family functioning (Epstein et al., 1983). This questionnaire was standardized in Iran by Yousefi (2012) and its criterion validity (concurrent type) was examined, with correlation coefficients with the Communication Patterns Questionnaire (CPQ) by Christensen & Sullaway (1984) at 0.46, significant at the 0.01 level, correlation coefficients with Rutter's Internal and External Control Source Questionnaire (1966)

at 0.36, significant at the 0.01 level, and correlation coefficients with the Differentiation of Self Inventory (DSI) by Skowron et al. (1988) ranging from -0.41 to -0.43, significant at the 0.01 level. Its reliability was assessed with Cronbach's alpha, with coefficients for men ranging from 0.82 to 0.87, for women from 0.82 to 0.87, and overall from 0.81 to 0.89 (Yousefi, 2012).

2.3. Intervention

2.3.1. Schema Therapy for Couples

This protocol was developed based on the book "Schema Therapy: A Practitioner's Guide" by Young, Klosko, and Weishaar (Young et al., 2006) in eight 60-minute sessions as follows:

Table 1

Schema Therapy Sessions

Session	Content of Sessions
1	Establishing a good relationship and familiarity with group members, initiating communication and conducting a pre-test, familiarizing members with the group, stating group regulations, creating motivation for change in couples, introducing the therapeutic model, assessing suitability of individuals for schema therapy, discussing the number of sessions, therapeutic contract and number of sessions, administering questionnaires and gathering feedback from the session.
2	Teaching about schemas, coping styles, and schema mindsets, introducing early maladaptive schemas, their types and characteristics, explaining coping styles, linking current problem(s) to early maladaptive schemas, gathering feedback from the session, and assigning homework: Identifying situations and related maladaptive schema and coping style used.
3	Implementing cognitive techniques to challenge identified schemas, reviewing previous session's homework, discussing the metaphor of war, implementing schema validity testing technique, using empathic confrontation therapy style, implementing technique for redefining evidence confirming schema, gathering feedback, and assigning homework: Identifying desired schema behavior, underlying schema, and confirming evidence, redefining confirming evidence.
4	Implementing cognitive techniques to cope with coping responses, reviewing previous session's homework, using pros and cons technique for coping responses, conducting dialogue between schema aspect and healthy aspect, teaching and developing educational cards, gathering feedback, and assigning homework for dialogue between healthy aspect and schema aspect, using educational card.
5	Applying experiential strategies to correct emotions and partially satisfy unmet needs, reviewing previous session's homework, implementing mental imagery, linking past mental images to present, implementing imaginary dialogue technique, implementing re-parenting technique with boundaries and discussing traumatic memories, using mental imagery to break the pattern of coping responses, gathering feedback, and assigning homework: Writing a letter to parents.
6	Implementing behavioral pattern-breaking technique, reviewing previous session's homework, practicing healthy behaviors through mental imagery and role-playing, using educational cards, gathering feedback, and assigning homework: Identifying problematic situation-emotion-thought-behavior and alternative behavior.
7	Implementing behavioral techniques, reviewing previous session's homework, encouraging small progress to increase motivation for behavioral change, practicing healthy behaviors through imagery and role-playing, identifying obstacles and overcoming them, making significant life changes, gathering feedback, and assigning homework: Behavioral experimentation.
8	Concluding interventions and evaluating the effectiveness of schema therapy, reviewing previous session's homework, ending the therapy and conducting a post-test.

2.4. Data Analysis

For analyzing the data of this study, descriptive statistics (mean, standard deviation), chi-square test (for comparing demographic characteristics between group members), Kolmogorov-Smirnov test (to assess the assumption of normal distribution of data), examination of the interaction

effect of group and pre-test (to assess the assumption of homogeneity of regression line slopes), Levene's test (to assess the assumption of homogeneity of variances), and univariate and multivariate analysis of covariance were used to assess the effectiveness differences between groups on the dependent variable, and finally, the Bonferroni post-hoc test was used to determine differences between groups. All these

tests were analyzed at the significance level of $\alpha = 0.05$ using SPSS version 21.

3. Findings and Results

The mean (standard deviation) age in the experimental group was 37.03 (5.12) and in the control group, it was 37.60 (5.18). The obtained F-value from comparing the frequencies of the two groups in the age variable was 0.278, which is not statistically significant ($p = 0.758$), indicating that the two groups were age-matched.

Table 2

Mean and Standard Deviation of Dependent Variables in the Experimental and Control Groups

Dependent Variables	Group	Mean (Exp.)	Mean (Ctrl.)	SD (Exp.)	SD (Ctrl.)
Problem Solving	Pre-test	12.40	12.67	0.63	0.48
	Post-test	10.60	12.60	0.73	0.63
	Follow-up	10.73	12.53	0.96	0.91
Communication	Pre-test	15.93	16.60	0.88	1.05
	Post-test	14.47	16.47	0.99	1.12
	Follow-up	14.53	16.27	0.99	1.03
Roles	Pre-test	22.87	21.93	1.06	0.88
	Post-test	19.13	21.87	1.35	0.99
	Follow-up	19.20	21.80	1.37	0.94
Affective Responsiveness	Pre-test	22.53	22.73	1.12	1.38
	Post-test	19.33	22.67	1.63	1.44
	Follow-up	19.40	22.67	1.72	1.44
Affective Involvement	Pre-test	22.80	22.00	0.94	0.75
	Post-test	19.27	21.93	1.48	0.79
	Follow-up	19.33	22.00	1.63	0.75
Behavioral Control	Pre-test	22.33	23.07	1.04	1.16
	Post-test	19.47	23.13	1.55	1.24
	Follow-up	19.53	23.20	1.64	1.26
General Functioning	Pre-test	36.00	37.07	0.84	1.28
	Post-test	33.53	37.00	1.40	1.19
	Follow-up	33.60	37.07	1.45	1.28
Total Family Functioning Score	Pre-test	154.87	156.07	2.47	2.81
	Post-test	135.80	155.67	3.72	3.43
	Follow-up	136.33	155.53	4.11	3.44

Table 2 shows the mean and standard deviation of the dependent variables of the experimental group (schema-

based couple therapy) at different measurement stages (pre-test, post-test, and follow-up).

Table 3

The Results of Mauchly's Test

Dependent Variables	Sphericity (Mauchly's Test)	Chi-Square Statistic	Df	Significance (p-value)
Problem Solving	0.539	33.949	2	0.001
Communication	0.420	47.730	2	0.001
Roles	0.113	119.834	2	0.001
Affective Responsiveness	0.078	139.987	2	0.001
Affective Involvement	0.087	134.400	2	0.001
Behavioral Control	0.084	135.945	2	0.001
General Functioning	0.058	156.767	2	0.001
Total Family Functioning Score	0.213	85.156	2	0.001

According to Table 3, the Mauchly's Test of Sphericity for family functioning showed a significance level of 0.001, thus rejecting the sphericity assumption. Therefore, the

Greenhouse-Geisser test was used to examine the between-subject and within-subject effects of interventions on family functioning, the results of which are presented in Table 4.

Table 4

The Results of Analysis of Variance with Repeated Measurements

Dependent Variables	Source	F	p	Effect Size	Statistical Power
Problem Solving	Time	73.606	0.001	0.568	0.999
	Group	49.633	0.001	0.470	0.999
	Time × Group	53.173	0.001	0.487	0.999
	Gender	1.524	0.222	0.027	0.228
	Group × Gender	3.297	0.075	0.056	0.430
Communication	Time	68.211	0.001	0.549	0.999
	Group	32.020	0.001	0.364	0.999
	Time × Group	41.807	0.001	0.427	0.999
	Gender	0.407	0.526	0.007	0.096
	Group × Gender	0.002	0.966	0.001	0.050
Roles	Time	269.891	0.001	0.828	0.999
	Group	33.473	0.001	0.374	0.999
	Time × Group	238.361	0.001	0.810	0.999
	Gender	0.216	0.644	0.004	0.074
	Group × Gender	0.045	0.834	0.045	0.055
Affective Responsiveness	Time	96.713	0.001	0.633	0.999
	Group	42.556	0.001	0.432	0.999
	Time × Group	90.735	0.001	0.618	0.999
	Gender	0.001	0.974	0.001	0.050
	Group × Gender	0.027	0.870	0.001	0.053
Affective Involvement	Time	205.384	0.001	0.786	0.999
	Group	31.435	0.001	0.360	0.999
	Time × Group	194.286	0.001	0.776	0.999
	Gender	0.044	0.834	0.001	0.055
	Group × Gender	0.016	0.900	0.001	0.052
Behavioral Control	Time	88.237	0.001	0.612	0.999
	Group	62.589	0.001	0.528	0.999
	Time × Group	90.153	0.001	0.617	0.999
	Gender	0.097	0.757	0.002	0.061
	Group × Gender	0.202	0.655	0.004	0.073
General Functioning	Time	71.665	0.001	0.561	0.999
	Group	93.242	0.001	0.625	0.999
	Time × Group	66.609	0.001	0.543	0.999
	Gender	2.937	0.092	0.050	0.392
	Group × Gender	0.142	0.708	0.003	0.066
Total Family Functioning Score	Time	714.130	0.001	0.727	0.999
	Group	243.046	0.001	0.813	0.999
	Time × Group	632.331	0.001	0.719	0.999
	Gender	1.018	0.317	0.018	0.168
	Group × Gender	0.434	0.513	0.008	0.099

The results in [Table 4](#) indicate that schema-based couple therapy has a significant effect on improving family functioning. The effect of the measurement time on family functioning scores was 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 were not significant. Therefore, it can be said that the mean

difference in family functioning scores at different times (pre-test, post-test, and follow-up) is not different considering the levels of the group variable. Additionally, the gender factor and the interaction of group and gender were not significant, indicating that schema-based couple therapy is equally effective in improving family functioning for both women and men. [Table 5](#) presents the pairwise comparison of the adjusted mean of the test stages (pre-test, post-test, and follow-up) in family functioning scores.

Table 5

The Results of Bonferroni's Post-Hoc Test

Dependent Variables	Stage Difference	Mean Difference	Significance (p-value)
Problem Solving	Pre-test to Post-test	0.967	0.001
	Pre-test to Follow-up	0.950	0.001
	Post-test to Follow-up	-0.017	0.999
Communication	Pre-test to Post-test	0.850	0.001
	Pre-test to Follow-up	0.917	0.001
	Post-test to Follow-up	0.067	0.420
Roles	Pre-test to Post-test	1.933	0.001
	Pre-test to Follow-up	1.933	0.001
	Post-test to Follow-up	0.001	0.999
Affective Responsiveness	Pre-test to Post-test	1.633	0.001
	Pre-test to Follow-up	1.583	0.001
	Post-test to Follow-up	-0.050	0.266
Affective Involvement	Pre-test to Post-test	1.850	0.001
	Pre-test to Follow-up	1.817	0.001
	Post-test to Follow-up	-0.033	0.489
Behavioral Control	Pre-test to Post-test	1.517	0.001
	Pre-test to Follow-up	1.467	0.001
	Post-test to Follow-up	-0.050	0.266
General Functioning	Pre-test to Post-test	1.414	0.001
	Pre-test to Follow-up	1.383	0.001
	Post-test to Follow-up	-0.033	0.489
Total Family Functioning Score	Pre-test to Post-test	10.167	0.001
	Pre-test to Follow-up	10.050	0.001
	Post-test to Follow-up	-0.117	0.864

As shown in Table 5, the difference in the mean pre-test and post-test (intervention effect) and the difference in the mean pre-test and follow-up (time effect) are more significant than the difference in the mean post-test and follow-up (intervention stability). This indicates that schema-based couple therapy had an effect on family functioning in the post-test phase and this effect continued in the follow-up phase. Thus, the hypothesis, which states that schema-based couple therapy is effective on the family functioning of couples, was confirmed.

4. Discussion and Conclusion

The results showed that schema-based couple therapy was effective in improving family functioning. This result is consistent with the findings of several previous research (Ahmadi et al., 2020; Ay et al., 2019; Cheshmeh Noshi et al., 2021; Hedayatimoghadam & Bakhshipour, 2022; Mahmoudiyandastnaee et al., 2019; Masumi tabar et al., 2020; Pugh, 2015). No contradictory findings were found for this hypothesis.

In explaining this result, it can be said that schema therapy is an integrated approach resulting from the combination of pre-existing theories and techniques and is widely applicable for marital and family problems (Hedayatimoghadam & Bakhshipour, 2022). Schema

therapy, an innovative and integrative treatment founded by Young et al. (2006), primarily aims to change and improve early maladaptive schemas and, if possible, create a healthy schema. Schema therapy, being an integrated approach that combines cognitive-behavioral therapy, Gestalt, psychodynamic, and interpersonal treatment models, has a significant impact on therapeutic relationships, emotions, and early life experiences (Mahmoudiyandastnaee et al., 2019; Young et al., 2006). Schema therapy can modify individuals' early maladaptive schemas and help improve unmet emotional needs originating in childhood (Qi et al., 2018). Through cognitive and experiential strategies, schema therapy challenges cognitive and emotional beliefs, identifies unmet needs, and contributes to improving cognitive schemas by implementing behavioral strategies to increase the motivation for behavioral change and replace unhealthy behaviors with healthy ones (Ay et al., 2019; Pugh, 2015).

Therefore, in schema therapy, couples learn to accept their roles correctly and logically in the family by correcting early maladaptive schemas, leading to behaviors like mutual understanding of roles, a sense of justice in task and role distribution, internal monitoring of responsibilities, and acceptance of system and discipline in the family. The realization of these behaviors can lead to a sense of

happiness in the family. Thus, it is logical to state that schema-based couple therapy is effective in improving the family functioning of couples.

5. Limitations and Suggestions

This study encountered several limitations. Firstly, the sample was limited to married working women in the education department of Tabriz city, which may not generalize to other populations. The convenience sampling method used may also introduce selection bias, limiting the generalizability of the findings. The relatively small sample size of 30 individuals per group could affect the statistical power and the breadth of conclusions drawn. Additionally, the intervention's duration, restricted to eight sessions, may not fully capture the long-term effects of schema-based couple therapy. Lastly, the study's reliance on self-reported data from the McMaster Family Assessment Device (FAD) might involve subjective bias in responses.

Future research should aim to address the limitations of the current study. Expanding the study to diverse populations beyond the education sector in Tabriz city would enhance the generalizability of the findings. Employing random sampling methods could mitigate selection bias and provide a more representative sample. Increasing the sample size would enhance the statistical power of the study, allowing for more robust conclusions. Longitudinal studies over an extended period would be beneficial to evaluate the long-term effectiveness of schema-based couple therapy. Additionally, incorporating objective measures or third-party assessments alongside self-reported instruments could provide a more comprehensive evaluation of family functioning.

The findings of this study have practical implications for the field of couple therapy. Practitioners could consider incorporating schema-based approaches in their therapeutic interventions with married women, especially those working in education. Training programs for couple therapists could include modules on schema-based therapy techniques, tailored for issues specific to family functioning. In educational settings, awareness programs could be initiated

to inform women about the benefits of schema-based couple therapy and how to access such services. Moreover, policy makers in mental health could consider integrating schema-based couple therapy into broader family support programs, recognizing its effectiveness in improving family dynamics.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Authors' Contributions

Hasan Emamipour, Alinaghi Aghdasi, and Amir Panahali all played integral roles in the realization of this research project. Hasan Emamipour contributed to the study's conceptualization, data collection, and analysis. Alinaghi Aghdasi provided expertise in the design and implementation of schema-based couple therapy and played a crucial role in data interpretation. Amir Panahali assisted in the research design and data analysis.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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