

The Effectiveness of Group Schema Therapy on Marital Stress

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ABSTRACT: Stress is threat to marriage and its longevity and a phenomenon that affects both the partners. The present study was performed to evaluate the effectiveness of schema therapy on marital stress. The study is Semi-experimental designs that used of pre-test and posttest design with control group. Study statistical universe consisted of all couples referred to family counseling center of Education office of 1 area of Karaj in 2014-2015 Which selected by simple random sampling and placed in experimental and control groups. The results were analyzed by univariate ANOVA. The results showed that during the 10 sessions of group trainin between the experimental and control groups ($F=109.5$ and $P<0.01$) significantly reduces stress on couples were married. Based on the research findings, we can state that Schema therapy as a relatively new treatment can be effective to decrease perceived stress between couples.

Keywords: Schema Therapy, Marital Stress, Divorce.

INTRODUCTION

Stress is physical, mental and affective reactions that is experienced because of person's changes and life needs. It is known as a psychological event that results in many mental disorders. Stress as an important concept in mental studies plays main role in quality and consistency of marital communications. According to studies, stress threatens marital satisfaction and its consistency period. Stress is known as a mutual event that affects man and woman in a marital life (Story & Bradbury, 2004).

Marital stress is known as a situation that spouses experience communicational problems and problem solving, while they are searching fit solving live with each other and accept other's differences difficulty (Jacobson & Christensen, 1996). Marital stress has negative effect upon health; mood change, increasing psychiatry disorders severity, anxiety and dangerous behaviors for health indirectly and affects upon psychological mechanism related to heart, endocrine glands and immune systems directly (Balog, 2006).

Therefore, it is necessary to instruct stress decreasing techniques and therapy through therapical attitudes. Schema therapy is one of these the apical methods.

It might be more important behavioral therapies in anxiety disorders spectrum than effective factors. Schema therapists main emotional needs, mood, life early experiences known as important factors in creating early maladaptive schemas and also in creating anxiety disorders (Khorshidzadeh et al., 2011). Young created schema therapy as one of rhythm III therapies on the basis of cognitive behavioral therapies. He combined cognitive

behavioral attitudes, Gestalt attachment, structuralism and psychoanalysis in the form of one the apical model. None of them have complete lap with schema therapy (Yong et al., 2012; Yoosefi, 2011). This attitude is complement of cognitive behavioral therapy. Main item of schema therapy assumes that everybody has total schema that become active in specific situations. Therapist goal is identifying this schema and improving or changing them. This attitude is very important in therapist and patient choicing about therapy sessions structure, kind of interventions and the way of using these techniques (Young et al., 2012).

Early maladaptive schemas are main concept of schema therapy (Sempértegui et al., 2013). These schemas refer to negative opinions about self, people and world (Virgil Zeigler-Hill et al., 2011). According to Young model, maladaptive schemas refer to ineffective cognitive form to observe (study) self and others that are created as response to childhood incompatible events (Van Genderen et al., 2012). Cognitive consistency principle is the basis of schema theory. Persons kindle to continue their constant attitude toward world and like to interpret situations and finally are confirmed their schemas (Soltan Alketabi, 2014).

Schemas include cognitive, affective and behavioral items, becoming active elementary maladaptive schemas result in psychological disorders such as depression, anxiety, drug abusing, conflicts and.... Directly and indirectly. According to Panahifar et al (2014) research about the effect of schema therapy upon decreasing marital conflicts in applicant spouses to divorce, found that schema therapy is effective upon decreasing marital conflicts and also adjusting early maladaptive schemas. According to Hatamii and Fadayi (2015), schema therapy is effective upon intimacy, marital conflict and early maladaptive schemas. Yoosefi et al (2010) found that schema therapy is effective upon improving spouses marital satisfaction. Khoshnood et al (2015)found that schema therapy is effective upon happiness and mental health. The emphasis of schema therapy is upon person's emotions and results in better cognition and control person's emotions (Ghaderi et al., 2015).

Therefore, marital stress is very important upon spouse's communications and its weak management affects spouse's communications destructively and results in increasing marital problems. Since schema therapy is effective upon marital problems. The present study was done with the goal of schema therapy effect upon marital stress in Karaj spouses.

MATERIALS AND METHODS

It was used pretest-posttest design with control group in this semi-experimental research. The statistical universe of this research consists of all spouses referred to family consultation center of region 1 in karaj in 2015-2016. The sampling method of the present study is simple random sampling. 60 persons (30 spouses) were selected randomly among clients to consultation center and were replaced in experimental and control groups randomly:

- 1) Experimental group (30 persons)
- 2) Control group (30 persons) (each group, 15 spouses).

Research executing process:

Researcher identified some spouses who had entrance criterions. Then after receiving informed satisfaction to participate in research, explain sessions. At the next stage, 30 spouses were selected randomly and were replaced in experimental and control groups and pretest was executed upon experimental group and not upon control group. Finally, posttest was executed upon both groups. The summary of therapy sessions content for schema therapy is:

Schema therapy stages told by Khavari (2010) in this research, it has been used the apical stages stated by Young (2003). Bellow stages are total stages.

Table 1. Sessions of schema therapy training.

Number of sessions	Explaining sessions
Session 1: before starting therapy	After become familiar with members, research goals and therapy logic were presented to experimental group
“	About sessions number, time of sessions, the way of executing and time of finishing sessions were explained to group.
Sessions 2 to 5: Instruction and assessment stage	<ul style="list-style-type: none"> • schema model was introduced to group members and schemas and confrontal styles were identified. • Two persons were selected to execute techniques at each session. <ul style="list-style-type: none"> • Persons life biography was studied by therapist. • Patient problems assessment, evaluating schemas and confrontal styles were executed on the basis of schema therapy attitude. In affective models of persons life, chronic cycles of interpersonal communications were identified. • It was used experimental techniques to identify main schemas.
Sessions 6 to 10 stages of schema therapy changing	<p>Experimental stages of therapy consist of executing emotional techniques such as imaginative talks, imagination of destructive events, writing letter and also cognitive techniques like testing schema validity, evaluating advantages and disadvantages of confronted styles, completing schema form were executed all stages.</p> <p>In fact, it was tried to use all necessary techniques to adjust schema.</p>

Measurement tool

Stress scale: cognizable stress scale was introduced by Cohen et al (1983). This questionnaire consists of 14 questions with 5 choicing. Half of questions are scored directly (questions 1-2-3-8-11-12-14) and half of them (questions 4-5-6-7-9-10-13) are scored inversely. According to likert scale score range is 0-4. Cognizable stress score is between 0-56. Respondent states his/her opinion about being uncontrollable, being unpredictable and being destructive his/her life stress during one month (Cohen et al., 1983). This questionnaire has been used in Iran and has been confirmed its validity and reliability (Bastanee & Mohammadi Yeganeh, 2009).

RESULTS

Descriptive findings related to demographic feature of subjects have been stated at table 2.

Table 2. Samples descriptive statistics.

variable	Group	Experimental	Control
Sex	female	15	15
	male	15	15
	sum	30	30
Education	Under diploma	2	2
	diploma	4	4
	associate	8	7
	B.C	13	14
	M.A	3	3
	sum	30	30
Age mean		28.6	28.2

According to table 2 results, there is no significant difference between descriptive indicators of experimental and control groups. Being normal scores distribution is studied before analysis data.

Table 3. Kolmogroph- Smirnoof test results to study being normal of cognizable stress scores distribution.

Variable		Experimental group		Control group	
		Z value	Significance level	Z value	Significance level
Marital intimacy	pretest	1.05	0.25	1.12	0.77

Table 4. Kolmogroph- Smirnoof test results to study being normal of marital intimacy scores distribution.

Variable		Experimental group		Control group	
		Z value	Significance level	Z value	Significance level
Cognizable stress	pretest	0.44	0.99	0.59	0.71
	posttest	0.67	0.74	0.89	0.39

According to table 3, kolmogroph- smirnoof test values are not significant for cognizable stress variable a pretest and posttest stages for experimental and control groups (p)0.5). Therefore, we can conclude that scores distribution of variables is normal.

Table 5. Mean and standard deviation of cognizable stress variable at pretest and posttest stages for experimental and control groups.

Variables	Experimental group				Control group			
	pretest		Post test		pretest		Post test	
	mean	SD	mean	SD	mean	SD	mean	SD
Cognizable stress	102.93	20.55	80.77	16.53	100.25	14.34	102.06	15.70

According to table 4, the mean of cognizable stress for posttest of experimental group shows notable decreasing than control group.

Table 6. Covariance analysis results to study difference model in cognizable stress variable.

Variable	SS	df	Squares mean	F	Sign.	
Cognizable stress	Transgroup	632.20	1	632.20	137.43	0.001
	Intragroup	277.64	58	4.60		
	sum	909.84	59			

According to above table, there is significant difference between experimental and control groups in cognizable stress variable (F=137.43, p < 0.2). It shows that schematherapy has been effective upon cognizable stress. i.e. schema therapy instruction results in decreasing spouses cognizable stress.

CONCLUSION

The aim of the present study was the effectiveness of schema therapy upon cognizable stress decreasing in spouses. According to research results, schema therapy decreases stress in spouses. These findings are homolateral with Zakeripour et al (2015), Panahifar and collageous (2014), Story and Bradbury (2004), Bradbury et al (2000), Bigdeli and Rahimian Buger (2010). According to Zakeripour et al (2015), schema therapy instruction affects upon spouses marital satisfaction improving. Safarinia and Selgi (2014) found that group schema therapy results in early maladaptive schemas activity decreasing and also significant decreasing of social anxiety disorder symptoms and improving social health for clients.

Schema- centrist attitude is effective upon early maladaptive schemas decreasing. Schema- centrist emphasizes on different family environments and its effect on spouses schemas (Dattilio, 2006). The final goal of schema therapy is improving schemas. Schema therapy results in decreasing maladaptive schemas, negative emotions and maladaptive cognitions. Improving schemas results in behavioral changing (Esmaeeli, 2010).

According to effectiveness of group schema therapy attitude upon stress decreasing, it is better to use methods of this attitude by therapists and family counselors to improve intimacy and solving marital problems and also decreasing stress. It can be used exercises and techniques of this attitude at family sessions, consultation before marriage.

Conflict of Interest

The authors declare no conflict of interest.

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