Article

The effect of schema therapy on marital conflicts: A systematic review and meta-analysis

Roghieh Kharaghani[1], Azadeh Hosseinkhani[1], Saeedeh Zenoozian[2*]

[1]Department of Midwifery, School of Nursing and Midwifery, Zanjan University of Medical Sciences, Zanjan, Iran
[2]Department of clinical psychology, Zanjan University of Medical Science, Zanjan, Iran

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[*]**Corresponding author:**
Zanjan- Ark Gate- Shahid Beheshti Hospital-Department of Clinical Psychology and Psychiatry

Email: zenoozian@zums.ac.ir

Abstract

Background: Marital conflicts are a common phenomenon. Schema therapy is one effective approach to reducing these conflicts by assessing the impacts of individuals' past attitudes and experiences on their current relationships.
Objectives: The current research was conducted to systematically investigate the effectiveness of schema therapy on marital conflicts.
Methods: Based on the PRISMA guidelines, a comprehensive search was performed in national and international databases, including the Scientific Information Database (SID), Magiran, Psych-info, Cochrane Central, Scopus, PubMed, Web of Science, and the Google Scholar search engine, and using advanced search strategies up to November 18th, 2021. The selected articles were precisely and comprehensively reviewed. After quality assessment using the Cochrane Collaboration tool, the required information was extracted from them and conducted a meta-analysis using Review Manager (Rev Man) version 5.2 software.
***Results*:** Out of 2921 articles, only 8 articles were entered into the study according to the inclusion criteria, consisting of 239 people in the intervention group and 162 people in the control group. The meta-analysis findings using the random-effects model showed that schema therapy significantly decreased marital conflicts in the participants by SMD=-46.01 (CI: -66.91, -25.11) points (P-value: 0.00001).
Conclusion: The use of schema therapy, whether integrated with other methods or individually, is effective in reducing marital conflicts. Thus, it is suggested that in case of a lack of efficient cognitive-behavioral therapy, schema therapy be taken into account as a complementary treatment method.

Application of Study Results in Preventive Care in Nursing and Midwifery:
- Schema therapy is an effective complementary treatment for reducing marital conflicts. It is suggested that schema therapy be used in combination with cognitive behavioural therapy, either individually or in conjunction with other methods.

Introduction

Marriage, the most important event in individuals' lives, culminates in creating a family, and the family, as a fundamental social unit, provides the context for human progress and excellence [1]. The family is the foundation of each society, and although it can be a place for peace, in case of marital conflicts, it is also a site for a colliding couple's beliefs and attitudes amongst couples which can exact considerable harm on its members. The presence of conflict in a marital relationship is a self-evident and inevitable issue of the longevity of marriage. Marital conflict is recognized as the principal indicator of family solidarity and the main determinant of quality of life [2]. Therefore, the emergence of conflicts between couples are not unusual due to the nature of their activities in the context of married life, sometimes conflicts occur between couples [3]. In some cases, these conflicts not only do not damage the family but also promote its development; however, if they occur frequently and severely and are not effectively resolved, they can significantly weaken the foundations of the family. [4].

Marital conflicts can show up as depression in one or both couples, misbehavior with the spouse, irresponsibility of the couple, verbal and physical abuse, and even finally lead to divorce. Marital conflict is indeed a form of lack of agreement between two couples as a result of differing needs and desires, typically reported by one of them [5].

These conflicts can be the start of an individual's relationship breakdown, starting from simple arguments and progressing to serious verbal arguments and physical violence [6].

If the couple's conflict is handled well, the relationship breakdown will be prevented, and even the skill to adapt to other life events will be created in the couple; on the other hand, if the conflict is poorly managed, a wide variety of behavioral problems will be created in the couple [7].

The progressive prevalence of marital conflict in the current era and its detrimental effects on the health of couples, as well as the occurrence of social problems, have led therapists and psychologists to provide plans to help couples. As a result, the effectiveness of numerous treatment approaches has been studied. One of the effective methods of couple therapy, which assesses past attitudes and experiences in relation to individuals' current relationships is couple therapy using schema therapy based on Young's theory [8]. Schema therapy, developed by Young and inspired by the cognitive therapy approach based on attachment theory, is recognized as a fundamental development in cognitive therapy. Schemas are deep pervasive patterns consisting of memory, emotion, and cognition. They are formed in childhood and adolescence and persist into adulthood, and have a high explanatory power because numerous cognitive processes, coping strategies, and lifestyles of individuals are influenced by these schemas [9,10].

These schemas emerge in the context of family and marital relationships. Schemas are actually stored to be activated in particular conditions. Schemas lead to biases in our interpretation of events; these biases manifest themselves in interpersonal pathology as misunderstandings, false assumptions, and irrational expectations [11].

Schema therapy intervention aims to help couples replace maladaptive coping methods with more adaptive ones [7]. Finding the schemas helps individuals interpret and organize their deep problems properly; the therapist also helps the individuals to find the roots and origins of the schemas by emphasizing emotional relationships from childhood to the present. Using this method, an individual can understand the cause of their communication problems, and through this new understanding, they can concentrate on their personal growth and progress with more impetus and effort [12].

With regard to the necessity of conducting research, first of all, the importance of the family and its function in society is emphasized because a healthy society is formed by healthy families [13]. Secondly, given the undesirable effects of marital conflict and its consequences, timely and appropriate diagnosis and interventions can greatly help improve the unfavorable conditions of conflicted couples [14]. Since midwives are in constant contact with women in health centers, they can play a substantial role in identifying those at risk, and learning the schema therapy approach can influence the improvement of women's conditions. It is recommended that counseling training sessions and planning be held in health centers in order to promote adaptation and improve the mental health conditions of mothers and women so that detrimental behaviors concerning the health of the maternal and the fetal are eliminated.

Given that the schema therapy model has been assessed in various studies on the reduction of marital conflict [15], it was decided to conduct a study with the aim of systematically reviewing all schema therapy studies on marital conflict, and to the best of our knowledge, this research is the first systematic review regarding the impact of the schema therapy model on marital conflict.

Methods

Search Strategy

The present study is a systematic review and meta-analysis to assess the impact of schema therapy on marital conflict based on the PRISMA protocol. The results of this study were obtained by searching in national and international databases. The national databases selected were the Scientific Information Database (SID) and Magiran, and international databases chosen included Psych-info, Cochrane Central, Scopus, PubMed, Web of Science, and Google Scholar search engine. The assessment also considered other sources, such as grey literature, which involved manual searches of journals, dissertations, and references of the discovered articles. Articles were searched using the keywords including Schema Therapy, Marital conflict, Family conflicts, Conflict resolution,

Marital incompatibility, Marital enmity, Hostile marital interaction, Marital dispute, Marital disagreement (according to the Medical Subject Headings (Mesh) thesaurus system), and their Persian equivalents, using an advanced search strategy and combining them with "AND" and "OR" operators. All Persian and English articles published until 18 November 2021 were searched in the databases mentioned.

Inclusion and Exclusion Criteria

The research question was proposed based on the patient/population, intervention, control, and outcome (PICO) strategy as follows:

P: People with marital conflicts, I: Intervention (Schema therapy); C: Control or waiting list group; O: Outcome (Decreasing conflicts)

Based on the research question, the study population included conflicted women or couples who received schema therapy counseling/training interventions, and the control group benefited from alternative plans or received no counseling.

We selected all randomized clinical trials or quasi-trials conducted in Persian and English on the effects of schema therapy on marital conflict. Our selection included studies that implemented at least one standard tool to assess marital conflict, regardless of the intervention design or publication date. In these studies, schema therapy was regarded as the intervention, and marital conflicts were regarded as the outcome.

Studies were excluded if the study population had marital conflict but this was not assessed as an outcome. Duplicate results in other articles, reviews, case reports, posters, and letters to the editor were also among other exclusion criteria.

Article Selection Process

The process of selecting articles from the databases was carried out by two individuals independently using an inclusion and exclusion criteria checklist. First, the title and abstract of each article were assessed for inclusion criteria and relevance to the study objective, and irrelevant cases were then excluded. Next, the full text of each article was carefully reviewed, and the articles that were irrelevant to the study subject or did not match the inclusion criteria were excluded. If an article was rejected, the reason was also mentioned (Figure 1). Disagreements were resolved by the authors' agreement. The percentage of agreement was 98%.

Quality Assessment

The quality of the selected articles was assessed by two individuals independently using the Cochrane Collaboration tool in order to evaluate the risk of bias [16]. All six items of this tool were used, including randomization, random allocation of groups, participants' blinding, outcome assessors' blinding, incomplete outcomes and selective reporting of outcomes. If all key items were reported, studies were classified as having a low risk of bias; if one or more key questions were doubtful or unclear, studies were classified as having an unclear risk of bias; and if one or more key questions were completely missing, studies were classified as having a high risk of bias. Disagreements were resolved by discussion between the researchers.

Data Extraction

The selected articles have been completely screened, and the data required for the systematic review and meta-analysis, including the first author's name, the article's year of publication, the name of the country, the type of research, the population under investigation, the type of intervention, the number of sessions, the outcome, the scale, and the total number of participants, were extracted by two independent individuals, and the cases of disagreement were again resolved by discussion and conversation between the researchers.

Publication Bias and Statistical Analysis

Statistical heterogeneity was assessed using the chi-squared test, the heterogeneity of the study results was evaluated using the I2 (I-squared) statistical index, and the variance between studies was assessed using the tau-squared statistical index. The forest plot was used to present the study results and the funnel plot was used to assess the publication bias. In addition, Review Manager (Rev Man) version 5.2 software was used to carry out the meta-analysis. Results were reported using a random-effects model with a 95% confidence interval.

Results

Study Selection

A total number of 2921 studies were retrieved by 18 November 2021. Among them, 43 studies were removed because of duplication using Endnote software. The titles and abstracts of the remaining 2878 studies were assessed, of which 2852

articles were not relevant to the study objectives. Afterward, the full texts of 26 articles were examined; of which, 5 articles were excluded because they were not the result of marital conflict research; 9 articles were manually discarded because they reused the same data in other articles; 3 articles were removed because they had been republished, and 1 was excluded because of the type of study design, which was a case study. Finally, the data from 8 studies were analyzed quantitatively and qualitatively, and 6 studies with quantitative data were entered into the meta-analysis, consisting of 239 people in the intervention group and 162 people in the control group (Figure 1). We were only able to combine data from only 6 studies in a meta-analysis [17-22] because the data of the other 2 studies were insufficient and could not be combined [23,24].

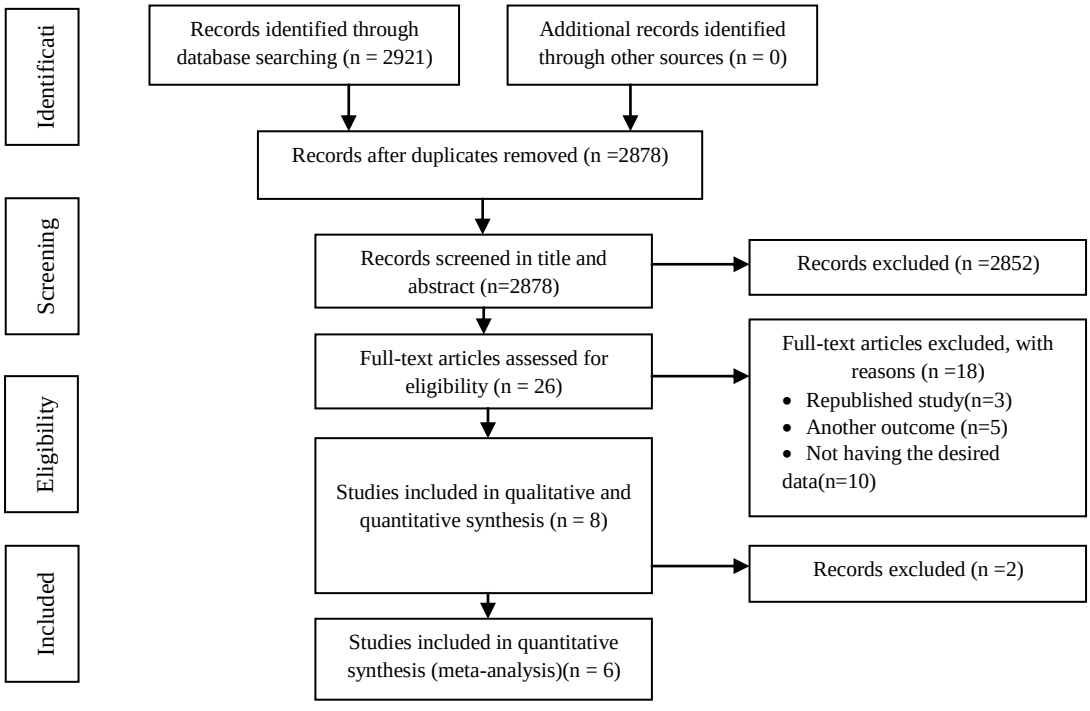

Figure 1: A flow diagram showing the phases of development through the meta analyses

Geographical coverage

In terms of geographical coverage, all but one of the studies were based in Iran (the cities of Mashhad [17], Karaj [18], Shiraz [19], Ahvaz [20], Khorramabad [21], Tonekabon [22], and Zanjan [23]), and only one study was based in Malaysia (Iranian women living in Malaysia) [24].

Tools

The tools used in the included studies were all standard marital conflict questionnaires. In 6 of the 8 studies [17,18,20-23], out of 8 studies, the study data were collected through the Marital Conflict Questionnaire (MCQ). Furthermore, with the exception of two studies [20,22], that used only the MCQ, other studies used multiple questionnaires as pre-test and post-test. Other questionnaires included the Divorce Tendency Scale (DTS), the Dyadic Adjustment Scale (DAS), the Dimensions of Commitment Inventory (DCI), the Marital Intimacy Questionnaire (MIQ), the Young Schema Questionnaire (YSQ; short or long form), the Early Maladaptive Schema Questionnaire, the Family Assessment Device (FAD), and the Enriching and Nurturing Relationship Issues, Communication, and Happiness (ENRICH) questionnaire.

In addition to the level of marital conflict as the main outcome, the studies also assessed other outcomes such as divorce tendency, intimacy, resilience, adaptability, and commitment. In this systematic review, we have only investigated the outcome of marital conflict (Table 1).

Table 1: Characteristics of selected and studied articles in the stud

Author (year)	Country (city)	Study design	Population	Intervention (n)	Control (n)	Intervention	Number of sessions	Outcome	Scale
Aalami 2021	Iran (Mashhad)	Semi-experimental	couples applicant for divorce	15	15	Schema Therapy Based on Acceptance and Mindfulness	10 (90 min)	Marital conflict, divorce tendency	Marital conflict questionnaires Divorce Tendency Scale
Alizadeh Asli 2018	Iran (Karaj)	Quasi-experimental	women with marital conflict	15	15	Schema Therapy Based on Acceptance and Mindfulness	12 (90 min)	Marital conflict, intimacy, resilience, adaptability	Marital conflict questionnaires Dyadic Adjustment Scale Resilience Measurement Scale
Bagheri Zadeh Moghadam 2021	Iran (Shiraz)	exploratory research project (Mixed method study)	women with marital conflict	45	15	forgiveness-based schema therapy	11 (90 min)	Marital Conflicts, Intimacy, commitment	Dimensions of Commitment Inventory Marital Intimacy Questionnaire
Mohammadi 2020	Iran (Ahvaz)	Quasi-experimental	women with marital conflict	30	15	schema therapy and emotional self-regulation therapy	8 (90 min)	Marital Conflicts	Marital conflict questionnaires
Naghdi 2013	Iran (Zanjan)	semi-experimental	couples with marital conflict	20	20	schema therapy	9 (90 min)	marital conflict, family performance	Marital conflict questionnaire Young Schema Questionnaire (Short Form) Family Functioning
Nooroney 2018	Malaysia	RCT	married Iranian women who lived in Malaysia	64	32	Schema Therapy and schema-focused mindfulness therapy	18 (2hours)	conflict resolution	ENRICH questionnaire Young's schema questionnaire
Panahifar 2014	Iran (Khorram Abad)	semi-experimental	couples applicant for divorce	20	20	schema-focused couple therapy	20 (60 min)	marital relations conflict	Marital conflict questionnaires Early Maladaptive Schema Questionnaire
Qasem-Abadi 2019	Iran (ramsar & Tonekabon)	semi-experimental	Married women	30	30	Schema therapy and Compassion-based therapy and Dialectical Behavior therapy	12 (90 min)	Marital conflicts	Marital conflict questionnaires

Quality Assessment

The quality of the included studies was assessed using the Cochrane Collaboration tool, and all studies were classified as high risk of bias (Figure 5).

Type of Intervention (Schema Therapy Alone or Integrated Schema Therapy)

Only one study [21], used schema therapy alone compared with other approaches to cope with marital conflicts; however, in 3 studies [17,18,22], used integrated schema therapy approach was applied compared with other approaches. In two other studies [19,20], schema therapy was evaluated separately and in an integrated manner. The three intervention groups included the three schema therapy approaches alone, cognitive behavioral therapy, and the integrated approach of forgiveness-oriented schema therapy, which were

compared with the control group. These two studies were included in both subcategories.

The results of the meta-analysis showed that the score of the integrated schema therapy approach was higher than that of schema therapy alone [SMD=-44.13 (CI: -66.61, -21.65)] in the integrated approach [SMD=-42.32 (CI: -82.26, -2.37)] compared to the single approach (Figure 2).

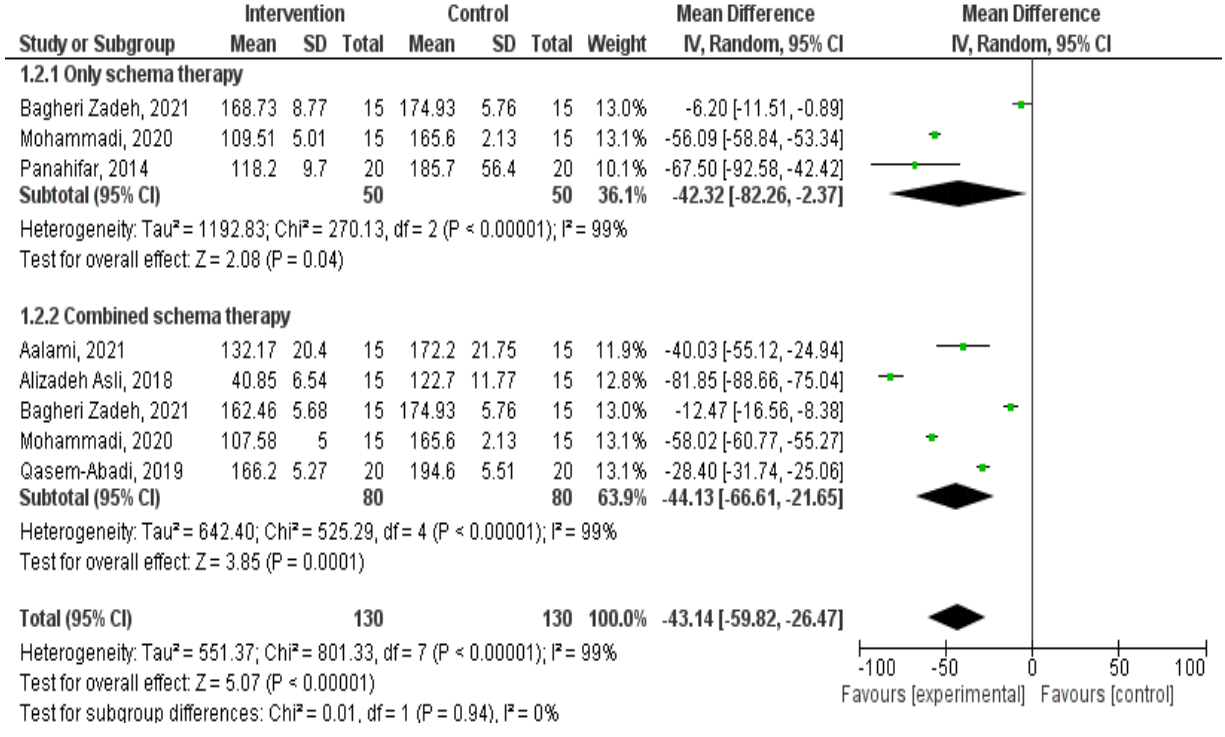

Figure 2: Forest plot of Types of interventions in sche therapy

All studies held their interventions in person. The interventions were implemented in health centers, university-affiliated counseling centers, social emergency centers, or crisis intervention centers. The majority of interventions lasted for a short duration (less than 3 months). The total number of sessions ranged from 8 to 20 sessions, with each session lasting 60 to 120 minutes (90 minutes in most studies), and the frequency of holding sessions was once a week.

Study population

Of the 6 studies entered into the meta-analysis, the participants in 4 studies [18-20,22] were women with marital conflict, and in only 2 studies [17,21], the study population consisted of conflicting couples (not just women) who were applying for divorce. They were divorced. Couple schema therapy was more effective than individual schema therapy (SMD=51.86 [CI: 78.52, 25.20] in couple therapy compared to SMD=43.07 [CI: 68.57, 17.57] in individual therapy for women). Furthermore, the data are homogeneous in couple therapy (I^2=70%, p=0.07) (Figure 3).

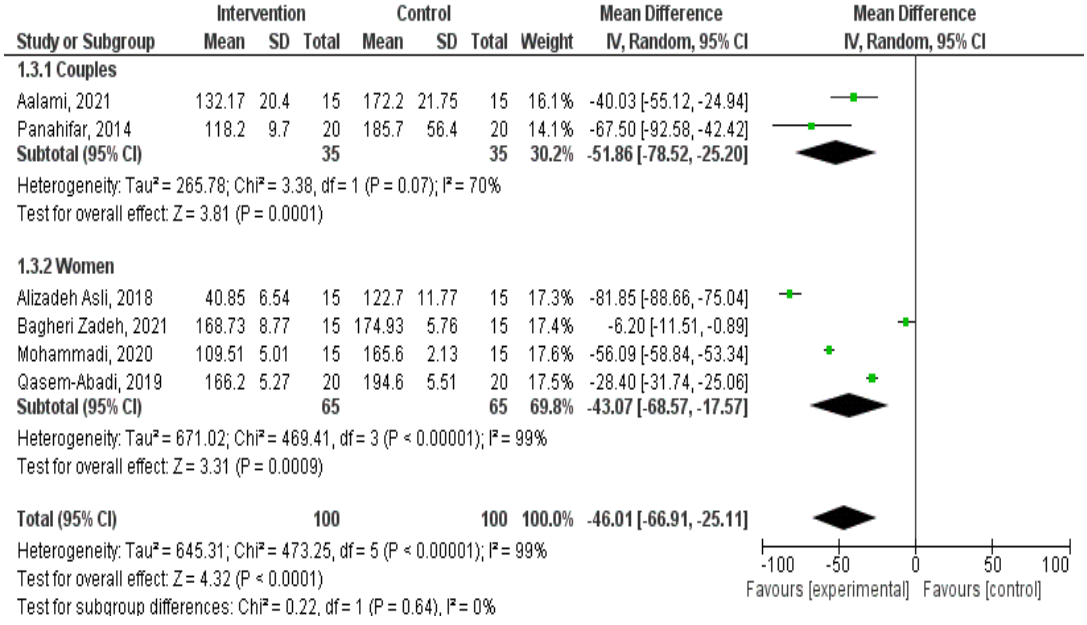

Figure 3: Forest plot of study population

The Final Result of the Meta-Analysis

According to the results of the meta-analysis of 6 studies, schema therapy reduced the participants' marital conflicts by SMD=46.01 (CI: 66.91, 25.11) points (P-value: 0.00001). In general, the data were heterogeneous (I^2=99%, p<0.00001), and the analysis of subcategories did not effectively decrease heterogeneity (Figure 4).

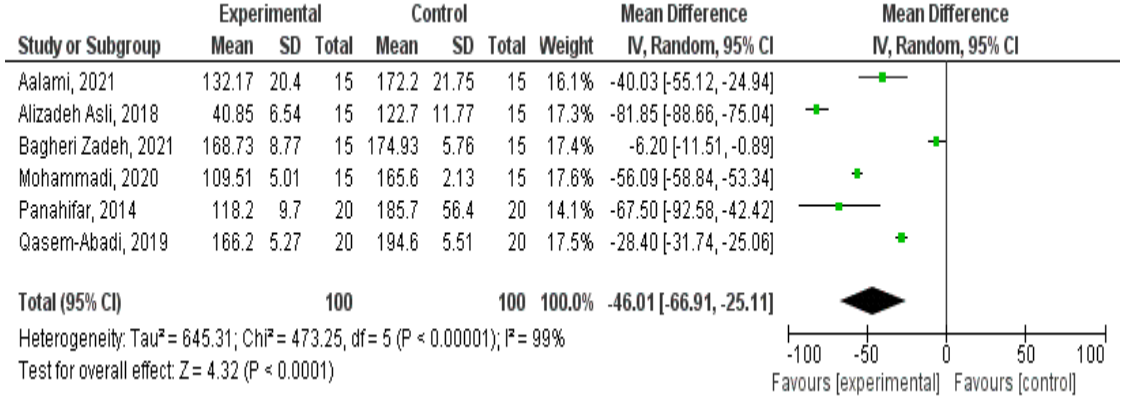

Figure 4: Forest plot of the effect of schema therapy on marital conflicts

The funnel plot was used to assess the publication bias and demonstrated the presence of publication bias (Figure 6).

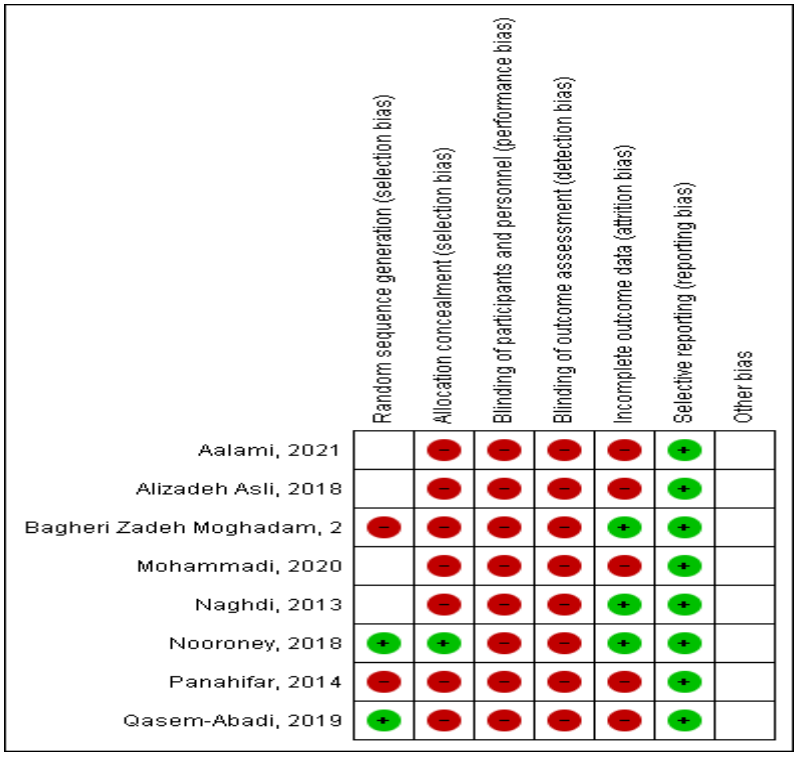

Figure 5: Risk of bias summary: review authors' judgements about each risk of bias item for each included study

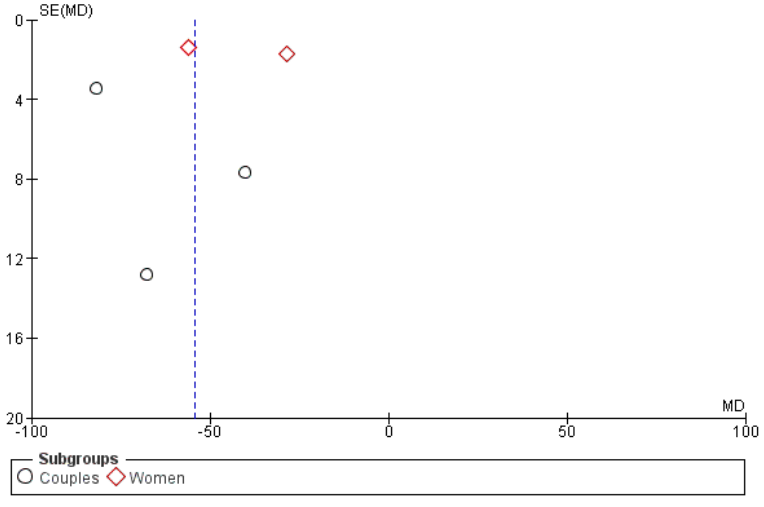

Figure 6: Funnel plot was used to evaluate publication bias

In the following, we discuss the remaining 2 studies qualitatively. In the study by Naghdi et al.'s (2013) study entitled "The effect of group schema therapy on reducing conflicts and enhancing family efficiency," although the numerical descriptive data were not reported, the results of their multiple regression model indicated that group schema therapy culminated in decreased marital conflicts and was also effective on the family efficiency [23]. In a three-group study, Nooroney et al. (2018) also showed that both schema therapy and schema therapy-based

mindfulness could improve marital conflict. No descriptive data were reported in this study, and results of statistical models were reported based on, and the results of the statistical models were reported based on the mean and standard deviation differences [24].

Discussion

Over the past decades, the schema therapy approach has received much attention. Many studies in this field have not only assessed and approved the efficacy and usefulness of schema therapy in resolving marital conflict but have also expanded its scope of application [25].

Although studies have demonstrated the usefulness of schema therapy in a wide range of settings and the use of schema therapy has been promoted, the application of this treatment method to marital conflict has not been specifically investigated yet. The current research was conducted as the first systematic review in this field by considering the above points, with the aim of evaluating the studies conducted on the impact of schema therapy on marital conflict.

Through the use of different tools, each of the articles selected in this review used schema therapy in a different way (either individually or integrated) to eliminate marital conflict. Although the intervention methods and also the outcomes examined were slightly different, in general, the results of this systematic review generally showed that schema therapy led to the elimination of marital conflict in individuals and decreased the participants' marital conflict by 46.01 (CI: 66.91, 25.11) points.

Regarding the type of intervention, in 8 selected articles offered different types of psychological approaches to women or couples in conflict. For example, A'lami compared the effectiveness of the integrated approach of acceptance and commitment-based schema therapy [17], Alizadeh [18] compared the effectiveness of the communication enrichment program of acceptance and mindfulness-based schema therapy, Mohammadi [20] compared the impact of schema therapy and emotional self-regulation, and Bagherizadeh compared forgiveness-oriented schema therapy with individual schema therapy and cognitive-behavioral therapy [19]. Ghasemabadi compared the effectiveness of schema therapy, compassion-based therapy, and dialectical behavior therapy [22], Panahifar investigated couple therapy-based schema therapy [21], Naghdi investigated the schema therapy approach alone [23], and finally, a study in Malaysia compared the schema therapy approach alone with mindfulness-based schema therapy [24].

In all the studies mentioned above, whether in the cases of schema therapy approach alone or in the cases of integrated schema therapy, schema therapy was effective in reducing marital conflict, and all reported positive outcomes; of course, comparative studies must be conducted between different interventions in similar groups to investigate the most useful type of intervention, which was not the aim of the present study. The most common approach used in the selected studies was the integrated schema therapy approach (5 out of 8 selected studies).

Finally, as shown by the results of the meta-analysis of 6 studies, the use of integrated methods had a higher impact on resolving marital conflicts. In line with this finding, Young believes that schema therapy targets specific characteristics in individuals that cannot be addressed by a cognitive-behavioural approach [26].

On the contrary, in a review study, A'laminia suggested his objection to the positive effect of schema therapy as a first line of treatment; he also believes that in most of the studies, the specific role of certain schemas had not been demonstrated, and the authors had only sufficed to mention some generalities. In fact, it should be clarified who, with what characteristics, and for what reasons does not respond to cognitive-behavioral therapy and needs an alternative and complementary treatment, i.e., schema therapy [25].

In terms of the population studied, schema therapy has had a greater impact on the group of couples. Consistent with the results of this study, Ebrahimi suggests that couples interpret various life events based on their cognitive factors, such as basic beliefs and schemas formed in childhood, which may not correspond to reality. By recognizing these cognitive errors, couples are able to overcome a large number of their marital problems.

Therefore, by creating new training opportunities for couples, including schema therapy, they can be helped to change destructive methods and

inefficient mental beliefs to efficient and productive ones [27]. In addition, Cheshmehnoushi et al. indicated in their study that the schema-based couple therapy approach could reduce the marital conflict to an acceptable level in couples seeking counseling [28].

Another issue was the time considered to implement schema therapy in the studies, which ranged from a minimum of 8 sessions to a maximum of 20 sessions, and the duration of each session was about 90 minutes. However, given the nature of this treatment, which deals with strong and long-standing maladaptive schemas that are difficult and time-consuming to detect and challenge, this time is insufficient. Because schemas are more resistant than other levels of cognition, the duration of schema therapy is usually longer than that of cognitive-behavioral therapy. Of course, the length of treatment will be different from person to person, but for a couple who are both functioning well in life and are only conflicted in some aspects, 20-25 treatment sessions are usually required [29].

Because the treatment periods was often short in the studies and maladaptive schemas were not measured before and after the treatment to ensure that the observed changes could be surely attributed to schema changes, the interpretation of the results is faced with limitations, and it is likely that the results obtained in a short treatment period are due to the cognitive-behavioral elements of the interventions. Furthermore, as the quality of the most of studies was low, the results should be interpreted with caution.

Conclusion

The results demonstrated the impact of schema therapy on decreasing marital conflict. According to the results, it can be suggested that couple schema therapy or a combination of schema therapy and cognitive-behavioral therapy approaches to couples with marital conflict should be implemented in counseling and couple therapy centers.

Ethical Consideration

The authors of this article confirm the accuracy of the data report and their analysis and accept responsibility for the research findings.

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Conflict of interest

No conflict of interest.

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Authors' contributions:

S.Z. and R.Kh.: Providing the idea and design of the study, the data collection, review of the articles, and inclusion in the articles to the research; R.Kh.: Analyzing the data; A.H.: Performing the final drafting of the article. All authors contributed to the revision of the article and to the interpretation of the study results.

References

1. Lavner J, Clark M. Workload and marital satisfaction over time: Testing lagged spillover and crossover effects during the newlywed years. J Vocat Behav. 2017; 101: 67-76. Doi:10.1016/j.jvb.2017.05.002

2. Moghim F, Asadi J, Khajevand Khoshali A. A comparison between the effectiveness of Acceptance and Commitment Therapy (ACT) and Schema Therapy on marital burnout and marital conflicts of patients referred to Gorgan counseling centers. Shenakht Journal of Psychology and Psychiatry. 2022; 9(2): 16-34. Doi:10.32598/shenakht.9.2.16. [In Persian]

3. Cheraghi Seyf Abad N, Ehtesham Zadeh P, Asgari P, Johari Fard R. The comparison effect of schema mode therapy and emotionally focused couple therapy on marital adjustment in couples with marital conflict referred to counseling centers. IJNR. 2021; 16(2): 38-48. [In Persian]

4. Papp LM. Topics of Marital Conflict in the Everyday Lives of Empty Nest Couples and Their Implications for Conflict Resolution. J Couple Relatsh Ther. 2018;17(1):7-24. Doi:10.1080/15332691.2017.1302377

5. Bidari F, Amirfakhraei A, Zarei E, Keramati K. The effectiveness of schema therapy on perfectionism and dysfunctional attitudes of women with marital conflict with primary

incompatible schemas. Journal of Analitical-Cognitive Psycholoy. 2022; 131(49): 19-32.
6. Amanelahi A, Heydarianfar N, Khojastehmehr R, Imani M. Effectiveness of acceptance and commitment therapy) ACT) in the treatment of distressed couples. JAC. 2014;4(1):103-19. Doi: 10.22055/JAC.2015.12561. [In Persian]
7. Ghaderi Z, Tabrizi M, A G. Efectivness of Satir Family Therapy on coping style marial conflect. IJPCP. 2009; 3(11): 68-76. [In Persian]
8. Ahmadzadehaghdah E, Karimisani P, Goudarzi M, Moradi O. The Effectiveness of Couple Therapy with Schema Therapy Approach on Disaffection and Marital Commitment in Couples. IJPN. 2020; 8(5): 1-13. [In Persian]
9. Bach B, Lockwood G, Young JE. A new look at the schema therapy model: organization and role of early maladaptive schemas. Cogn Behav Ther. 2018; 47(4): 328-49. Doi:10.1080/16506073.2017.1410566
10. Sareshtedaranpour Z, Namdarpour F. The Effectiveness of Schema Therapy on Rumination and in Women with Marital Conflicts in Isfahan. Rooyesh. 2022; 10(10): 231-40. [In Persian]
11. Baskin TW, Rhody M, Schoolmeesters S, Ellingson C. Supporting Special-Needs Adoptive Couples: Assessing an Intervention to Enhance Forgiveness, Increase Marital Satisfaction, and Prevent Depression. Couns Psychol. 2011; 39(7): 933-55. Doi:10.1177/0011000010397554
12. Chatav Y, Whisman MA. Partner Schemas and Relationship Functioning: A States of Mind Analysis. Cogn Behav Ther. 2009;40(1):50-6. Doi:10.1016/j.beth.2007.12.005
13. Hooshmandi R, Ahmadi K, Kiamanesh A. Analysis of the causes of marital conflict in the last two decades (a systematic review). JPS. 2019; 18(79): 828-19. [In Persian]
14. Ismaeilzadeh N, Akbari B. The effectiveness of schema therapy on sexual self-efficacy, marital satisfaction and early maladaptive schemas in couples with marital conflicts. MJMS. 2021; 64(1): 2286-98. Doi: 10.22038/MJMS.2021.18525. [In Persian]
15. Mohammadi S, Hafezi F, Ehteshamzadeh P, Eftekhar Saadi Z, Bakhtiarpour S. The effect of schema therapy on sexual self-esteem in the women involved in marital conflicts. Women Health Bull. 2020;7(2):49-55. Doi:10.30476/whb.2020.86498.1058
16. Higgins JPT, Altman DG, Gøtzsche PC, Jüni P, Moher D, Oxman AD, et al. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. BMJ. 2011; 343: d5928. Doi: 10.1136/bmj.d5928
17. Aalami M, Taimory S, Ahi G, Bayazi Mh. The Effectiveness of an Integrated Approach of Schema Therapy based Acceptance and Commitment Therapy on Marital Conflicts and Divorce Tendency in Divorce Applicant Couples. RBS. 2020; 18(1): 132-41. Doi:10.52547/rbs.18.1.13. [In Persian]
18. Alizadeh Asli A, Jafar Nezhad Langroudi Z. The effectiveness of schema therapy based on acceptance and mindfulness in intimacy, adaptation and resiliency in persons with marital conflicts in couples of city Karaj. AUMJ. 2018; 7(3): 248-56. Doi: 10.29252/aums.7.3.248. [In Persian]
19. Bagherizadeh moghaddam f, Khayatan F, Yosefi Z. Compilation of forgiveness-oriented schema therapy package and its comparison with schema therapy and cognitive-behavioral therapy and its effect on commitment, intimacy of women with marital conflicts referred to counseling clinics in Shiraz family. JPMM. 2021;12(44):69-90. Doi: 10.30495/JPMM.2021.27485.3334. [In Persian]
20. Mohammadi S, Hafezi F, Ehteshamzadeh P, Eftekhar Saadi Z, Bakhtiarpour S. Effectiveness of Schema Therapy and Emotional Self-Regulation Therapy in the Components of Women's Marital Conflicts. JCCNC. 2020; 6(4): 277-88. Doi: 10.32598/JCCNC.6.4.341.1
21. Panahifar S, Taghizade M, Esfandyari H, Mahdavi A, Salehi S. Effectiveness of schema-focused couple therapy to reduce marital relations conflict applicant for divorce. ANAS. 2015; 9(1): 70-5.
22. Qasem-Abadi E, Khalatbari J, Ghorban-Shiroudi S, Rahmani M-A. Effectiveness of schema and commitment therapy, compassion-based therapy and dialectical behavior therapy on marital conflict among married women in Social Emergency Services of Tonekabon and Ramsar. JoSH. 2019; 6(2): 157-64. Doi:10.22037/ch.v6i2.23231. [In Persian]
23. Naghdi S, Pouyamanesh J, Jafari A. The effect of group schema therapy in decrease marital conflict and Increase family efficiency. Technical

Journal of Engineering and Applied Sciences. 2013;3(17):2048-53.
24. Nooroney N, Jaafar WMW, Hassan SA, Noah SM. Effects of Schema Therapy and Schema-Focused Mindfulness Therapy on Conflict Resolution of Iranian Women in Malaysia. Int J Acad Res Bus Soc Sci. 2018; 7(Special Issue):14. Doi**:** 10.6007/IJARBSS/v7-i14/3675
25. Alami niya M. A critical review of researches in schema therapy area. Clinical Psychology Studies. 2015;5(18):99-125. [In Persian]
26. Young JE, Klosko JS, Weishaar ME. Schema therapy: A practitioner's guide: Guilford Press; 2003.
27. Ebrahimi L, Najafipoor Tabestanagh A. Prevalence of cognitive divorce phenomenon among couples seeking divorce: Review study. Rooyesh. 2021; 10(6): 199-210. [In Persian]
28. Cheshmeh Noshi M, Arefi M, Afshari Nia K, Amiri H. Effect of Schema-Based Couple Therapy and Solution-Oriented Couple Therapy on Marital Conflict Resolution Styles in Women Referring to Counseling Centers. RIJM. 2021; 9(4): 67-72. Doi:10.30483/RIJM.2021.254300.1132
29. Collard P. Interview with Jeffrey Young: reinventing your life through schema therapy. Couns Psychol Q. 2004; 17(1): 1-11. Doi:10.1080/09515070410001701432.