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## Comparison Of The Effectiveness Of Short-Term Dynamic Psychotherapy And Schema Therapy On Mental Health And Marital Adjustment Of Couples

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### Abstract

**Background and Aim:** The prevalence of marital incompatibility and its effect on the physical and mental health of couples and children, has caused mental health professionals to pay special attention to the field of couple therapy; Therefore, this study was conducted to compare the effectiveness of short-term dynamic psychotherapy and schema therapy on mental health and marital adjustment of couples.

**Methods:** The present study is applied and experimental with pre-test and post-test design. Among couples in Tehran in 1400, 45 people were selected by available sampling method and one group waiting for treatment and two experimental groups (15 people in each group) were randomly replaced. One experimental group received 8 sessions of 90 minutes with schema therapy and one experimental group received 8 sessions of 90 minutes with short-term dynamic psychotherapy and the waiting group did not receive any training. The groups completed the Mental Health Questionnaire (GHQ-28) and the Spanier Marital Adjustment Questionnaire as pre-test and post-test. Analysis of covariance was used to analyze the data.

**Results:** The results showed that the mean score of mental health was significantly different in the experimental group of short-term dynamic psychotherapy and in the experimental group of schema therapy ( $p < 0.01$ ) and this rate was not significantly different in the control group. The results also showed that schema therapy was more effective and lasting than

short-term dynamic psychotherapy in improving and increasing marital adjustment of couples.

**Conclusion:** The findings of this study recognize the importance of the use of short-term schema therapy and psychotherapy in increasing the mental health and marital adjustment of couples. These two approaches can be used to reduce the harms of marital relationships.

**Keywords:** Short-term dynamic psychotherapy, schema therapy, mental health, marital adjustment

## **Introduction**

Marriage has always been considered as the most important and the highest social custom to achieve the emotional needs of people. Marriage is a voluntary and conscious relationship and currently it is understood as a conscious choice of a spouse. Demographers consider the first year of marriage or shortly thereafter as the most difficult adjustment period in marriage (Fincham, 2017). In the first weeks and months of marriage, there are serious and frequent disagreements that, if not resolved, can threaten marital satisfaction and stability (Fisher et al., 2012). Divorce is the most reliable indicator of marital turmoil (Harris, 2019) and indicates that marital satisfaction is not easily achieved. In Iran, in the 1960s, the ratio of divorce to marriage was 3.6%, in the 1970s it was 3.8%, in the 1980s, it was 3.10%, and in 2016, it was 6.22%, and in the first six months of 2018, this figure was higher. gone. According to UN statistics, the divorce rate is higher in our country compared to other countries in the region, and it is either the same or lower than developed countries. 14% of divorces currently occur in the first year and 50% of divorces occur in the first 5 years of life (Nejadi and Rabiei, 2015).

Marital compatibility, which has been the focus of psychologists and sociologists for a long time, is one of the most extensive concepts to determine the level of happiness and stability of the relationship (Wiegel, Ballard, Dobra, 1999). Marital compatibility is a situation where the wife and husband feel happy and satisfied most of the time and enjoy being together. This compatibility is created through mutual interest, care for each other, acceptance, understanding and satisfaction of needs (Sinha and Makerjak, 2019). The topic of marital compatibility was considered after Hamilton's study (1929) and after that many researches were conducted to discover the effective factors. It was done in marital compatibility. Until 1980, researchers focused on epidemiological variables, sexual relations, financial issues, number of children, religion, and couple's occupation, and only in recent years emphasized the importance of personality factors and emotions in marital adjustment (Gutman, 2017).

The high quality of marriage is generally related to physical and mental health (Lamers et al., 2012) and brings higher levels of success and reduction of behavioral problems in families

(Mojahid et al., 2010). This makes clear the importance and necessity of the attention and intervention of couples therapists in the early years of marriage, as a measure to change the growth process of dissatisfaction and separation of couples. In general, the first stages of a couple's relationship are characterized by idealism, and it is natural that it will not last (Panahifar et al., 2014) and due to the conflict of ideals and ideals with reality, dissatisfaction with joint life and marriage will appear. Unreal fantasy love confronts reality, and some couples do not replace their romantic love with developed intimacy and realistic expectations, and because of this, they experience feelings of disappointment, growing resentment, and reclaiming individuality (Aghaei et al., 2015).

In the field of couples therapy, there are various approaches to improve the marital satisfaction of couples, and many researches have been conducted regarding the effectiveness of these methods (Amirbek et al., 2021). One of the approaches that focuses on both behavior control and emotion control and ultimately leads to couples' satisfaction with life is the schema therapy approach. Schema therapy deals with the deepest level of cognition and targets the primary maladaptive schemas and by using cognitive, experiential (emotional), behavioral and interpersonal strategies, it helps patients to overcome said schemas. The primary goal of this psychotherapy model is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schemas and coping styles (Yang et al., 2001). The results of Hosni's research (2015) showed that the schema therapy method is effective on the marital satisfaction of couples. The results of Taghiyar's research (2015) showed that teaching the schema therapy approach has reduced women's marital frustration. Iraqi (2015) showed in a research that schema therapy increases intimacy, desire and commitment as well as the overall love score. Also, schema therapy has increased marital satisfaction. Calot et al. (2013), in a research, showed that the initial incompatible schemas in accordance with the cognitive hierarchy models of social isolation affected the levels of thought layers and reciprocally, these thought levels play a role in the continuity of schemas. Dmitrescu and Russo (2012) showed that the levels of early maladaptive schemas were able to predict the levels of marital satisfaction. In their findings, researchers have confirmed the effectiveness of schema therapy in increasing the quality and satisfaction of life and improving initial maladaptive schemas (Hashmi and Jafari, 2021).

Another approach that is used to solve problems related to women with marital conflict and improve adjustment is short-term dynamic psychotherapy. Perhaps the most basic focus of psychodynamic therapy is on psychological emotional pain, in which life is imagined as a difficult and exhausting process, the psyche is built in conflict to cope with and tolerate it, and defenses or pain avoidance mechanisms are developed. It creates ways of seeing, thinking, feeling and behaving that most of these activities happen outside of consciousness. These unconscious attempts to avoid emotional pain often fail, but because our consciousness is limited, they are nevertheless repeated over and over again.

Psychodynamic therapy is helping the client to reformulate what he experiences in a more complete way in the treatment process and to bear the discomfort caused by it. The understanding that therapists and clients create about these problems expands the client's awareness and opens the way to new options for conflict management. It also increases the client's capacity to endure emotional pain and deal with dissatisfaction, and increases his ability to think and be curious about his experiences (Johnson and Dalos, 2016). Research shows the effectiveness of this treatment on increasing marital satisfaction (Abassi et al., 2017), reducing marital exhaustion and improving the quality of women's marital relationships (Monemian et al., 2016), increasing marital happiness and emotion regulation (Tarkeshdoz and Senagoye, 2019); reducing marital stress (Shakrami et al., 2014); increasing resilience in couples (Terence et al., 2019); There has been an increase in marital adjustment in women (Sahat et al., 2014), an increase in the resilience of adolescents (Latfi and Motamedi, 2016) and an improvement in the well-being of students (Pakrousnis and Sepokin, 2015). Mobsem et al. (2013) conducted a research entitled "Effectiveness of intensive short-term dynamic psychotherapy on reducing marital conflicts in women" whose results indicate the effect of intensive short-term dynamic psychotherapy on reducing marital conflicts in women. Therefore, according to the stated content, the effectiveness of schema therapy and short-term dynamic psychotherapy has been investigated on many variables, but as far as the researcher has investigated, there is no research comparing schema therapy and short-term dynamic psychotherapy. is not found; Therefore, the researcher seeks to answer the question, is there a difference between schema therapy and short-term dynamic psychotherapy on the mental health and marital compatibility of couples?

## **Method**

The current research is practical and experimental with a pre-test and post-test design. Among the couples of Tehran city in 1400, 45 people were selected by available sampling and one group waiting for treatment and two experimental groups (each group of 15 people) were randomly replaced. An experimental group of 8 sessions of 90 minutes was trained with the schema therapy method and an experimental group of 8 sessions of 90 minutes was trained with the short-term dynamic psychotherapy method, and the waiting group did not receive training. The groups completed the Mental Health Questionnaire (GHQ-28) and the Spanier Marital Adjustment Questionnaire as a pre-test and post-test. Covariance statistical test was used to analyze the data.

## **Marital compatibility scale**

This scale is a tool that is widely used to measure relationship adjustment and is one of the most widely used tools in the family and couple field (Spanier & Thompson, 1982; Busby, Christensen, Crane, & Larson, 1995). This 32-question tool was made to evaluate the quality

of marital relationship and measured four dimensions: couple satisfaction, couple solidarity, couple agreement and expression of affection. The overall score of this scale is obtained from zero to one hundred and fifty by summing the scores of the questions. Answering these 32 questions is in the Likert scale style, in order to increase its validity, some questions are designed positively and some negatively; Therefore, some questions require reversing the direction of scoring. reported the validity of this scale as 0.96. Carey, Spector, Lantinga and Cross (1993) also found a high internal consistency (0.95) throughout the validity of this scale. Molazadeh et al. (2008) obtained a validity of 0.86 for this scale using the retest method with a time interval of thirty-seven days on 92 people. In addition, Cronbach's alpha of this scale was 0.89. The reliability of this tool in the present study was calculated using Cronbach's alpha, 0.71.

### **General Health Questionnaire (GHQ-28)**

The 28-question form of the General Health Questionnaire was created in (1989) by Goldberg and Hillier and has 28 items and 4 subscales of 7 questions (physical symptoms, anxiety, impairment in social functions and depression). This questionnaire is graded as 0, 1, 2, 3, and the research questions under the title of standardization of the general health questionnaire were conducted on 571 male and female undergraduate students of Tarbiat Moalem University in 1375-76. The total reliability of the questionnaire was estimated at 0.82 using Cronbach's alpha method, and the construct validity value of this questionnaire was also 0.82 (Qasemi and Sarokhani, 2014). In the present study, the reliability of the Cronbach's alpha method for the total mental health score was 0.77.

### **Summary of schema therapy sessions**

In the first session, after getting to know each other and establishing a good relationship, the importance and goal of schema therapy was formulated to express the client's problems in the form of schema therapy approach. In the second session, the objective evidence confirming and rejecting the schemas was examined based on the current and past life evidence, and there was a discussion about the aspect of the existing schema with a healthy schema. In the third session, cognitive techniques such as the schema validity test, a new definition of evidence confirming the existing schema, and the evaluation of the advantages and disadvantages of coping styles were taught. In the fourth session, the concept of a healthy adult was strengthened in the patient's mind, their unsatisfied emotional needs were identified, and strategies to release blocked emotions were taught. In the fifth session, healthy communication and imaginary conversation were taught. In the sixth session, experimental techniques such as mental imaging of problematic situations and confronting the most problematic ones were taught. In the seventh session, relationship therapy, relationship with important people in life and practicing healthy behaviors were taught through playing roles and doing tasks related to new behavioral patterns, and in the eighth

session, the advantages and disadvantages of healthy and unhealthy behaviors were examined and solutions to overcome Barriers to behavior change were taught.

### Summary of short-term dynamic psychotherapy sessions

Intensive and short-term psychodynamic therapy (ISTDP) was implemented with Dovanlo's approach based on a 7-step dynamic sequence. This 7-step sequence was carried out as follows (Qurbani, 2007):

1. Questions about problems
2. Pressure
3. Challenge
4. Transmission resistance
5. Direct access to the unconscious
6. Transfer analysis
7. Dynamic research in the unconscious

This intervention was implemented during 8 sessions of 90 minutes. The intervention was performed during each session with a scanning sequence, and the subject had many returns to different stages of this sequence during the sessions. In general, the general model of the intervention was based on intensive and short-term psychodynamic therapy, which helped the subject to observe his defenses, to access his feelings by regulating anxiety, and finally to be able to act based on his feelings. Make an adjustment. Another important issue that was evaluated and paid attention to during all sessions was the regulation of the patient's anxiety. The measurement of anxiety was done continuously and through clinical interviews and questions and answers, as well as observation of physical symptoms, and the patient was helped not to experience anxiety beyond the threshold. For this purpose, after the interview and initial investigations, the subject was taught the conflict triangle and channels of unconscious anxiety discharge, so that the subject acts more efficiently in identifying and reporting anxiety and reports cases of anxiety discharge in unconscious channels to the therapist.

### Results

The mean and standard deviation of mental health variables and marital adjustment of couples in the two groups of schema therapy training and short-term dynamic psychotherapy and the control group, separated by pre-test and post-test, are shown in Table (1).

**Table (1): Mean and standard deviation of variables of mental health and marital adjustment**

Standard deviation		Average		group	Variable
post-test	pre-exam	post-test	pre-exam		
24/56	29/85	134/25	65/08	Schema therapy	mental health
18/45	22/38	148/35	75/21	Dynamic psychotherapy	

6/78	7/28	72/47	68	Control	
15/78	17/95	112/68	87/20	Schema therapy	
13/86	15/15	103/56	85/84	Dynamic psychotherapy	<b>Marital compatibility</b>
25/87	24/75	87/66	89/68	Control	

As seen in Table 1, changes in pre- Test, post-test in the variables of mental health and marital adjustment occurred in both schema therapy and short-term dynamic psychotherapy groups. In schema therapy and short-term dynamic psychotherapy, the mean and standard deviation of mental health and marital adjustment scores increased significantly in the post-test compared to the pre-test. In this research, the statistical test of covariance was used due to its suitability and compatibility with the research hypothesis.

**Table (2): Comparing the differences between the post-test and pre-test scores of mental health and marital adjustment in the three groups of schema therapy and short-term dynamic psychotherapy and control.**

<b>P</b>	<b>F</b>	<b>MS</b>	<b>DF</b>	<b>SS</b>	<b>Dependent variable</b>	<b>Source</b>
0/0001	23/70	2355/53	2	4711/06	<b>mental health</b>	<b>group</b>
0/0001	58/50	199/03	2	398/06	<b>Marital compatibility</b>	
		43/31	43	1862/52	<b>mental health</b>	<b>error</b>
		11/91	43	512/52	<b>Marital compatibility</b>	
			45	12421/35	<b>mental health</b>	<b>Total</b>
			45	298/22	<b>Marital compatibility</b>	

According to the results of Table 2, after adjusting the pre-test scores, the difference between the groups is significant at the alpha level of 0.0001; Therefore, the research hypothesis based on the effectiveness of short-term dynamic psychotherapy and schema therapy on the mental health and marital adjustment of couples and the difference between the groups in the post-test is confirmed. Tukey's post hoc test was used to accurately check the mean of the groups. According to the results of Tukey's test, the average difference between the pre-test and post-test mental health scores in the short-term dynamic psychotherapy group was higher than the control group, and the average score difference of the schema therapy group was higher than the control group (p 0.001), in other words, the dynamic psychotherapy group Short-term and schema therapy have been effective on mental health compared to the

control group. Also, the results showed that schema therapy has more effectiveness and durability than short-term dynamic psychotherapy in improving and increasing the marital adjustment of couples.

### **Discussion and conclusion**

This research was conducted with the aim of comparing the effectiveness of short-term dynamic psychotherapy and schema therapy on the mental health and marital adjustment of couples. The results showed that there was a significant difference in the average score of mental health in the short-term dynamic psychotherapy test group and in the schema therapy test group ( $p < 0.01$ ) and there was no significant difference in the control group. Also, the results showed that schema therapy has more effectiveness and durability than short-term dynamic psychotherapy in improving and increasing the marital adjustment of couples. The findings of this research are in line with the researches of Yousefi (2012), Shakhmgar (2016), Aghaei, Hatamipour and Ashuri (2017), Panahifar, Yousefi and Armani (2014). The results of the findings show that schema therapy causes changes in cognitive and experimental, emotional and behavioral fields. This approach has been effective by challenging incompatible schemas and ineffective responses and replacing them with appropriate and healthier thoughts and responses. By improving some basic and destructive components such as emotions and negative thoughts, schema therapy seems to be able to generally improve psychological health and, as a result, mental health in people. Schema therapy techniques help the patient by emotional reorganization, self-evaluation of new learning, interpersonal emotion regulation, and self-relaxation to prepare the ground for improvement of schemas. These schemas operate at the deepest level of cognition, usually outside the level of awareness (Titoff et al., 2015). In further explanation of these findings, it can be said that the schema therapy approach is an approach consisting of cognitive, behavioral, interpersonal, attachment and experiential approaches in the form of an integrated treatment model that uses four main cognitive, behavioral, relational and experiential techniques in people in addition to the following Questioning incompatible schemas, which is the main cause of the formation of ineffective and irrational thoughts, emotionally drains buried negative emotions and emotions, such as anger caused by not satisfying the needs of spontaneity and secure attachment to others in childhood, which can lead to peace and reduce anxiety. Low negative rumination results in fewer experiences of physical arousal, which can be a beneficial determinant of health.

In explaining the effectiveness of short-term dynamic psychotherapy, it can be said that, as research results show, the painful and unresolved memories of couples' past are one of the effective factors in creating marital conflicts. It seems that in some cases, couples' conflicts are rooted in their early experiences, these experiences are similar to the couples' current conflicts (Malock, 1983; Mobsem et al., 2012). One of the goals of dynamic psychotherapies



is to increase patients' awareness and tolerance of conflicting feelings towards important people in their lives (Glasser, 2010). In this therapeutic approach, the meanings and concepts that a person describes about his early life experiences are focused on and are the basis of marital conflicts. For example, is there a sign between past events and current events? Are memories of the past associated with anxiety? (Malluk, 1983; Mobsem et al., 2012). In intensive short-term dynamic psychotherapy, the treatment process proceeds in the form of a spiral from the outermost layers of defense against emotional closeness to anger, which is the bottom layer of pain and grief, and finally the desire for emotional closeness. The goal of treatment is to accept, master and integrate a wide range of human emotions by the patient. During the treatment, patients should be able to reach all the layers of their emotions, experience them and organize them in such a way that they can reach a clear understanding of themselves and others (Delaslova, 2018). In fact, intensive short-term dynamic psychotherapy leads to a challenge against inefficient defenses, so that the way of experiencing and expressing emotions is opened, and in this way, it makes a person consciously control his thoughts, behavior and emotions and control his emotions. Manage consciously (Mami et al., 2019).

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