

Effect of Schema-Based Couple Therapy and Solution-Oriented Couple Therapy on Marital Conflict Resolution Styles in Women Referring to Counseling Centers

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Abstract

Background: Marital conflict is one of the most important challenges in modern life and has found a special place in the field of modern studies and research.

Objectives: This study aimed to investigate the effect of Schema-Based Couple Therapy (SBCT) and Solution-Oriented Couple Therapy (SOCT) on the marital conflict resolution styles of women referring to counseling centers.

Methods: This quasi-experimental study included 60 women with marital conflict using the convenience sampling method. They were then randomly assigned to experimental groups of SBCT and SOCT (20 cases per group) and a control group (n=20). The participants in the experimental groups received eight and seven sessions of SBCT and SOCT, respectively. On the other hand, the control group did not receive any therapy. Rahim Couples Conflict Resolution Styles Questionnaire was administered at the pretest and posttest. The obtained data were analyzed using SPSS software (version 26) through descriptive statistics and multivariate analysis of covariance.

Results: The results indicated a significant difference between SBCT and SOCT in terms of their effects on the marital conflict resolution styles of women referring to counseling centers ($P=0.025$). In addition, the SBCT approach was more effective in improving the women's marital conflict resolution style, compared to SOCT.

Conclusion: The SBCT approach can reduce the marital conflict of women referring to counseling centers to an acceptable level.

Keywords: Couple Therapy, Marital Conflict, Schema Therapy, Women

Introduction

Conflict is a critical point in the path of marriage since when it happens, relationships can get weaker or stronger. Therefore, if a conflict is used effectively, it is an effective factor in understanding relationships more deeply, as well as building close and reciprocal relationships. Conversely, whenever a conflict is destructive, it leads to resentment and hostility and reduces trust, confidence, cooperation, as well as intimacy (1). One of the problems in couples is marital conflict. Conceptually, marital conflict is defined as an obvious disagreement between spouses that causes conflict and problems in the relationship (2).

Conflict is also a critical point in the communication path since in case of conflict, the couple may use negative behaviors, such as blaming their partners and rejecting their point of view (3). In order to resolve marital conflicts, there are different styles the appropriate use of which is very important. In a comprehensive classification, the methods of resolving couples' conflicts include such styles as avoiding, accommodating, compromising,

and collaborating (4). Conflict resolution styles strongly affect the marital system. Positive and constructive styles are the preservers and maintainers of marital bonds, and in contrast to controlling behaviors and competitive styles, they have a detrimental role in the satisfaction, cohesion, and compatibility of couples. Collaborative conflict resolution styles are associated with high marital satisfaction and intimacy, while competitive and avoidance styles are associated with low marital satisfaction (4).

Several treatment methods have been presented to use these styles correctly. Among the treatment methods, one can mention Schema-Based Couple Therapy (SBCT) and Solution-Oriented Couple Therapy (SOCT). The SBCT is an integrated method in which couples' schemas are examined to identify how they relate and interact (5). In this approach, schemas play an important role in marital relations (6). Many studies have shown that the SBCT is effective in various aspects of couples' lives, such as couples' psychological distress (7) and relationship satisfaction (8).

The SOCT is also a feature-based approach that focuses on developing solutions rather than focusing on problem behaviors. Clients' abilities in the treatment sessions are recognized focusing on positive and non-problematic interactions and findings, and clients' resistance in the treatment session is eliminated due to focusing on positive cases (9). The effectiveness of this

therapeutic approach has been proven in several studies, including its effects on relationship satisfaction (10) and marital adjustment (11).

A review of empirical evidence has shown that the use of SBCT and SOCT has been increased in clinical trials ranging from basic research to the treatment of marital disorders. Moreover, research has shown the positive effects of two therapeutic approaches in the treatment of couples' conflicts and problems. However, no research has been conducted on the effectiveness of SBCT and SOCT in marital conflict resolution styles.

Given the frequency of marital conflicts and related psychological damage, it is important to find effective treatment. The studies have shown that the effects of unresolved conflicts on children and even couples themselves are devastating and are associated with a range of symptoms, such as depression, anxiety, child maladaptation, eating disorders, and alcohol dependence. The importance of this issue has doubled the need for such research. Therefore, in order to avoid wasting the time and energy of therapists and considering the response to the existing research vacuum, the present study aimed to investigate the effect of SBCT and SOCT on the marital conflict resolution styles of women referring to counseling centers.

Methods

This quasi-experimental study was conducted using a pretest-posttest design. The statistical population of the study included all women with marital conflict (n=240) who were referred to specialized counseling centers for family consolidation and sustainable marriage in the 19th district of Tehran, Iran, in 2019. In total, 107 women with marital conflict were selected by convenience sampling. Based on the inclusion criteria, 60 individuals were selected and randomly assigned into two experimental groups of SBCT and SOCT, as well as a control group (20 cases per group).

The inclusion criteria were: 1) a minimum education level of diploma, 2) minimum duration of 5 years of marriage, and 3) not being in the process of separation. On the other hand, the couples who were absent in more than two sessions, and those who were unwilling to continue the therapeutic interventions and used psychiatric medications were excluded from the study. The pretest-posttest were administered before and after treatment,

respectively. Regarding the ethical considerations, written consent was obtained from all participants in the study, and they were assured of the observance of the confidentiality principle and avoidance of any harm to them.

In order to collect data, the necessary permission was obtained from the university. Following that, the steps and structure of the meetings were extracted based on scientific texts and relevant sources. After the training sessions were identified, the framework of these sessions was approved by several experts. Before starting the training, all participants in all groups completed the pretest. Subsequently, the meetings were held on a weekly basis. The SOCT and SBCT methods were presented during 90-min seven and eight sessions per week to each educational group, respectively. After completing the training, all participants in three groups were requested to complete the posttest one week later. The Couples Conflict Resolution Styles Questionnaire was used to collect data.

Couples Conflict Resolution Styles Questionnaire:

This 28-item questionnaire was designed by Rahim in 1983 (12) with five subscales each of which shows an interpersonal conflict resolution style. These styles include avoidance (n=6), adaptive or mandatory (n=6), competition or domination (n=5), cooperation or integration (n=7), and compromise (n=4). The items are rated on a 5-point Likert scale of 1=strongly disagree to 5=strongly agree. The Persian version of this tool was reviewed in various studies, and the results showed the good convergence and differential validity of this scale. Haghghi et al. reported the reliability of the questionnaire for subscales in the range from 0.70 to 0.75 using Cronbach's alpha. Moreover, its reliability was obtained at 0.68 using the test-retest method (13). In a study conducted by Karimi et al., the internal consistency of the questionnaire was also reported to be 0.76-0.85 using Cronbach's alpha (14). In the present study, Cronbach's alpha of the questionnaire was calculated at 0.87.

Schema-Based Couple Therapy

The framework and educational content of the SBCT is based on the Schema therapy textbooks (15). The training consisted of eight 90-min sessions. The content and purpose of each SBCT session are presented in Table 1.

Table 1: Purpose and content of the Schema-Based Couple Therapy sessions

Sessions	Purpose	Content	Assignment
First	Familiarity, communication, and empathy	Familiarization of participants and therapist with each other; expression of group rules, regulations, and communication; familiarity with the treatment schema and its process	Participants are asked to write about their experience of the first session, their expectations, and goals.
Second	Familiarity with the basic needs and evolutionary roots of schemas	Familiarity with the basic needs and how to form schemas; schema-based formulation of marital dissatisfaction	Mental imagery, identifying and making a list of goal behaviors that are required to be changed
Third	Familiarity with the field of schemas	Identification of five areas of schema and 18 early maladaptive schemas that are related to interpersonal problems, especially marital conflict	Prioritizing the behaviors for modeling using the list prepared in the previous session
Fourth	Familiarity with how schemas continue	Teaching how schemas continue and function; increasing motivation to change behavior	Identification of events that trigger emotions, thoughts, behaviors, attitudes, and extreme reactions when confronted with schemas
Fifth	Use of cognitive techniques	A new definition of schema-affirming evidence; the use of empathetic coping therapy; dialogue between the schema aspect and the healthy aspect	Establishment of a dialogue between the "schema aspect" and the "healthy aspect" using the two seats that the participant moves between.
Sixth	Use of experimental strategies	Mental imagery in a safe environment; conceptualizing the mental image in the form of a schema	Testing and challenging the validity of schemas; writing letters to parents and imaginary conversations with them
Seventh	Behavioral modeling	Familiarity with maladaptive coping styles associated with specific schemas; practicing healthy behaviors and changing them versus life change	Practice healthy behaviors through mental imagery and role-playing
Eighth	Summary and conclusion	Encouraging participants to apply the training through practice in real life	-

Solution-Oriented Couple Therapy

The educational framework and content of the SOCT were adapted from the program compiled by

Shakermi et al. (16). The training consisted of seven 90-min sessions. The content and purpose of each SOCT session are listed in Table 2.

Table 2: Purpose and content of the Solution-Oriented Couple Therapy sessions

Sessions	Purpose	Content	Assignment
First	Dating; communication	Familiarity with the therapist and each other; articulating group rules and regulations; communicating; familiarity with the general principles of SOCT	Writing down the purpose of attending the meetings and the expected changes
Second	Goal setting	Setting goals in a positive, tangible, and measurable way	Writing goals and expectations form the spouse, oneself, and life in a positive, accurate, tangible, and measurable way
Third	Recognizing the personal resources	Realizing that there are different interpretations of an event; changing one's perception of the problems in a useful way; recognizing and praising one's resources and capabilities	Lack of criticizing the spouse and admiring any positive work and activity that comes from the spouse
Fourth	Recognizing exceptions	Recognizing the positive exceptions in life with the spouse; creating hope in them	Recognizing positive exceptional situations in life with the spouse and reporting the situations
Fifth	Familiarity with miraculous questions	Using the miraculous questioning technique	Asking the participants to think about this question at home and applying it
Sixth	Finding other solutions	Helping members find other ways to think, feel, and behave instead of what they do now and experience new emotions.	Asking participants to toss a coin into the air at a specific time each day and have the winner complain to their spouse for 10 minutes, and vice versa
Seventh	Summary and conclusion	Examining whether members have achieved their goals	-

The collected data were analyzed using SPSS software (version 26) through descriptive statistics and multivariate analysis of covariance.

Results

Table 3 tabulates the mean variables of marital conflict resolution styles in the experimental and control groups.

Table 3. Mean±SD of marital conflict resolution styles in the experimental and control groups

Variables	Group	Mean±SD		
		Pretest	Posttest	
Marital conflict resolution styles	Collaborative	SBCT*	18.86±3.29	25.66±3.83
		SOCT**	21.13±3.83	25.06±3.56
		Control group	16.46±4.12	19.73±3.83
	Avoidance	SBCT	28.46±4.3	20.20±3.36
		SOCT	29.93±3.43	26.34±3.54
		Control group	15.86±3.39	15.40±3.29
	Competitive	SBCT	17.73±3.50	13.20±3.51
		SOCT	17.98±2.24	15.23±2.65
		Control group	16.13±2.53	16.26±2.40
	Adaptation	SBCT	17.26±4.16	22.24±3.58
		SOCT	19.40±3.83	22.33±3.22
		Control group	16.20±4.16	16.53±4.3
Compromise	SBCT	9.80±1.78	13.40±3.88	
	SOCT	11.46±2.82	14.40±2.44	
	Control group	10.60±2.16	10.60±2.58	

* SBCT: Schema-Based Couple Therapy

** SOCT: Solution-Oriented Couple Therapy

Based on the results of Levene's test, the homogeneity of variance was achieved in all variables ($P \geq 0.05$). Moreover, the investigation of the homogeneity of variance assumption and covariance matrices with Box's M test also showed the achievement of this homogeneity ($P > 0.05$,

$F = 0.96$, Box's $M = 26.38$). The results of the Bartlett test also revealed a moderate and significant correlation among dependent variables that can be used for multivariate analysis ($P < 0.05$, $df = 20$, $\chi^2 = 33.95$).

Table 4. Results of multivariate analysis of covariance difference between the two groups of Schema-Based Couple Therapy and Solution-Oriented Couple Therapy regarding conflict resolution styles

Variable	Source of changes	SS	df	MS	F	P-value	R ²
Collaborative style	Pretest	178.32	1	178.32	136.25	0.0001	0.86
	Group Memberships	37.29	1	37.29	28.49	0.0001	0.56
Avoidance style	Pretest	180.23	1	180.23	277.51	0.0001	0.92
	Group Memberships	30.15	1	30.15	46.42	0.0001	0.67
Competitive style	Pretest	218.23	1	218.23	139.72	0.0001	0.86
	Group Memberships	26.47	1	26.47	16.95	0.0001	0.43
Adaptation style	Pretest	327.57	1	327.57	260.77	0.0001	0.92
	Group Memberships	12.60	1	12.60	10.03	0.004	0.31
Compromise style	Pretest	82.09	1	82.09	57.65	0.0001	0.72
	Group Memberships	18.76	1	18.76	11.07	0.003	0.33

As can be observed in Table 4, the difference between the two groups of SBCT and SOCT is significant in all aspects of conflict resolution styles ($P \leq 0.01$). In addition, the comparison of the hypothesis of the present study is confirmed, which means that there is a significant difference between the effectiveness of SBCT and SOCT in the women's

adjusted means in Table 4 reveals that the subjects of the SOCT group have a lower adjusted mean; accordingly, the conflict resolution styles. Furthermore, the comparison of the mean scores of the conflict resolution styles in the two groups indicates that the

mean of conflict resolution styles in the SBCT has increased more. Therefore, the SBCT has been more

effective in improving conflict resolution styles, compared to SOCT.

Table 5. Bonferroni test results comparing the means of Schema-Based Couple Therapy and Solution-Oriented Couple Therapy groups

Variables	Mean		Mean difference	Standard error	P-value
	SBCT*	SOCT**			
Collaborative style	26.62	24.08	2.54	0.72	0.005
Avoidance style	21.52	24.70	3.18	2.84	0.005
Competitive style	15.27	19.69	4.42	0.96	0.017
Adaptation style	21.85	21.16	1.69	0.59	0.004
Compromise style	13.14	14.76	1.52	0.59	0.001

* SBCT: Schema-Based Couple Therapy

** SOCT: Solution-Oriented Couple Therapy

According to Table 5, there was a significant difference between SBCT and SOCT regarding the couples resolving marital conflict styles. Furthermore, the effect of SBCT and SOCT on cooperation style and adaptation style has been significantly different. Comparison of the two groups indicates that the mean score of the cooperation style in the schema therapy has increased more. Therefore, the SBCT has been more effective in improving collaboration style, compared to SOCT. Furthermore, the comparison of the mean scores of the adaptation style in the two groups indicates that they have increased more in the SBCT. Therefore, the SBCT has been more effective in improving adaptation style, compared to SOCT.

Discussion

The main purpose of this study was to investigate the effect of SBCT and SOCT on women's marital conflict resolution styles. Based on the results, after comparing the mean scores of the conflict resolution styles in the two groups, an increase was observed in the SBCT group. Therefore, the SBCT approach has been more effective than SOCT in improving conflict resolution styles. The results of the present study were consistent with the findings of the studies conducted by Priemer et al. (7), Stiles (17), as well as Chatav and Wishman (8).

In a study conducted by Hoseini et al., no significant difference was observed between the effectiveness of two approaches of couple therapy (object relationships and SOCT) in women with marital conflict (17). Moreover, in a study carried out by Arianfar and Hoseinian, the SOCT and brief self-regulation couple therapy had the same effects on controlling the affections in disturbed couples. It is worth mentioning that the used therapy approaches were different from those in the present study (18).

Regarding the explanation of the effectiveness of SBCT in increasing the use of compatible conflict resolution styles, it can be said that this therapy is an individual therapy with systemic consequences, followed by breadth and ease of understanding and

application of schema therapy techniques. Furthermore, it is integrated, and the schemas of each couple (spouse) are examined to determine how they communicate and interact. It also helps the spouses to reduce the activation of plans and methods and learn to deal with them effectively. By providing insight into the causes of cognitive, emotional, and maladaptive interpersonal behaviors and how to reconstruct schemas, more cognitive and behavioral coordination is created in the individuals leading them to use a more constructive and healthier behavioral style and conflict resolution (5).

In this approach, schemas play an important role in marital relationships. Therefore, it considers these plans directly and teaches couples to identify and modify the plans and use more adaptive tools to further meet their basic needs (6). Studies have also shown that schema therapy has been effective in various aspects of couples' lives, such as mental distress in a study by Priemer et al. (7) and relationship satisfaction (8). Therefore, this approach focusing on early maladaptive schemes is the source of many couples' problems; moreover, it is an easy and quick treatment for resolving couples' conflicts, while the SOCT is a short-term treatment the main hypothesis of which is important. Its emphasis is on personal resources and the individual's ability to adapt and create solutions (19). The solution-oriented therapy is designed in such a way that the therapist, with his active role, tries to change his focus from problems to solutions as soon as possible and teaches spouses to focus on solutions instead of emphasizing problems; in addition, s/he leads them to find solutions to their problems (9).

Considering the approved effect of early maladaptive schemas on the couples' conflicts, the use of approaches based on therapeutic schema provides better results, which were also achieved in this study. The SBCT was able to improve effective conflict resolution styles.

One of the most important limitations of this study is the use of volunteer and available participants who were from a specific geographical area, which makes the generalization of the results

difficult. Therefore, the generalization should be conducted with caution. The results of this study can be used in future studies to match and confirm the present results. Further studies are also recommended to be conducted with different tools, as well as models with evaluators and different treatment costs to compare the results. Another suggestion is to teach schema therapy and use it to treat couples' conflicts to improve the use of couple's conflict resolution styles instead of wasting time and money in educational centers.

Conclusion

Based on the findings of the present study, it can be said that the SBCT approach is more effective in improving the women's marital conflict resolution styles, compared to SOCT. It can also lead to the effective use of marital conflict resolution styles and help resolve marital conflicts.

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