

## Effect of couple's schema therapy in decreasing couples' tendency to divorce among divorce-applicant couples

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### Abstract

The current study aimed to survey the effect of couple's schema therapy in reducing the tendency to divorce among divorce applicant couples. An experimental study was carried out in the form of single-subject design. The population study consisted of self-referential or referring couples to counseling centers as well as the counseling center of justice department. Three couples (wife and husband) were selected using purposive sampling method. Couple's schema therapy was conducted during 20 sessions with two-month follow-up. To collect data, demographic checklist and Rusbult tendency to divorce questionnaire were used. Data were analyzed using visual analysis, improvement percentage, reliable change index, and Cohen index. The findings showed that couple's schema therapy decreased tendency to divorce among divorcing couples and this reduction was clinically meaningful and statistically reliable (Reliable Change Index, RCI>1.96). The reduction in the tendency to divorce remained after two months and changes were clinically meaningful and statistically reliable (RCI>1.96), indicating the efficacy of couple's schema therapy in decreasing the tendency to divorce among couples.

**Keywords:** Divorce, Marital Therapy, Spouses

### Introduction

The tendency to divorce is defined as the willingness of couples to be separated and break their marital relationship addressing legal procedures. This definition consists of three aspects including cognitive (imagination about divorce), emotional (positive and negative emotions toward divorce), and behavioral (behavioral readiness to divorce) [1]. In fact, when dissatisfaction occurs between a couple, four styles reflecting coping styles may be observed. The exit style (the tendency to divorce) comprises destructive active responses

of relationship such as threatening to end the relationship, actively misbehavior with wife, deciding to just be friends, and threatening to divorce. Voice style includes active and effective responses dealing with conflicts and consists of expressing dissatisfaction with the intent of improving relations. Loyalty style includes passive and constructive responses to solve the problem such as pray for relation improvement as well as expectation and hope to improve the relation. Neglect style is disruptive, passive behavior that causes

the relationship to deteriorate. Couples, who ignore and refuse to discuss, destroy their relationship [2]. These responses are different in the two dimensions. In the first dimension, constructiveness is against destructiveness. Voice and loyalty styles are constructive responses of couples who generally intend to maintain and revive their relationship. In contrast, neglect and exit styles (tendency to divorce) are partly destructive tendencies in couple's relationship. The second dimension is active against passive. Exit or tendency to divorce and voice are active behaviors (it means that couples want to do something about the relationship), while loyalty and neglect style are more known as passive responses [3]. Studies indicate that some couples strongly tend to break their relationship (active, destructive dimensions of respond to marital dissatisfaction) so that 55% of first marriages in the United States, 45-40% in Australia, England, Germany, and Switzerland are ending in divorce, approximately [4]. Surveys in Iran are also signally indicating the decreasing ratio of marriage to divorce. Aforementioned ratio was 6.1, 5.5, 4.4 and 4.3 in 2011, 2012, 2013, 2014 and the first nine months of 2015, respectively, pointing to the significant increase of divorce [5]. Various factors can affect divorce with remarkable focus on personal and psychological factors including schema of couples. In fact, there are growing evidences indicating that the ways in which couples perceive, interpret, and evaluate each other and the events occurring in their relationship have a significant impact on the quality of their relationships [6]. Schema plays an important role in couple's relationships. Schemas are the deepest level of cognition, and form negative automatic thoughts or assumptions ("if ... then" laws) [7,8]. Schemas are structures and frameworks as well as models of cognitive content [9], and also are considered as a cognitive plan guiding information interpretation and problem solving skills [10]. Many schemas about the nature of relationships and interactions in early life of couples are learned by different sources such

as family, cultural traditions, customs, mass media, early experiences from friendships and other relations. In addition, despite the schemas with which couples enter their relations, they also create particular schemas in the current relationship [11]. Schemas have also effects on information processing in a new position, elective perception and interpretation of the causes of other people as well as happiness or unhappiness of person toward his/her relationship [6,12]. When a person experienced deprivation or was threatened in the past (a trauma in childhood, or betrayal in a previous relationship), he/she implemented his/her coping strategies (surrender, avoidance and excessive compensation). As a result, given that the schema continues in an intimate adulthood relationship, when the initial excitement associated with the basic schemas is motivated, the person will apply the coping strategies used in the past. Then, the basic needs are not likely satisfied and also more likely to be away from the spouse; therefore, as a consequence of coping strategies and modes, schemas are reinforced and a mode cycle will be shaped, as well [7]. Maladaptive mode cycles create clashes in the conjunction of couples that may strongly be correlated with divorce [13]. On the other hand, an adaptive and flexible mode cycle can promote healing and continue the relationship [14]. Indeed, the ability of couples in successful modifying maladaptive mode cycles and healing schemes aimed by schema therapy, can lead to creating and maintaining a secure bond among couples [13], and as a result, divorce can be prevented.

Therefore, the focus on schemas of couples and targeting them in couple therapy is completely evident. On the other hand, often during the course of couple therapy, dry schema of one or both of couples challenges the progress in modifying negative interaction patterns among couples and also forms an important problem in the treatment process [15]; as beneficial interventions are not lonely effective, the elevated formulation are

required that may be provided by couples schema therapy [16]. Schema therapy is an integrated approach that was developed as an expansion of cognitive therapy model and integrating the component of cognitive-behavioral psychotherapies, attachment, Gestalt, object relations, constructivism, and psychoanalytic theories [7]. The integrated view provides multi-dimensional characteristics to couples schema therapy that works with the experience and cognitive perception and finally makes it more effective [16]. This approach considers directly the maladaptive schemas and teaches clients to identify and change the maladaptive schemas, coping styles and blocked modes and also uses more adaptive tools to satisfy their basic needs [17].

Couples schema therapy can be conducted on distressed couples as a complementary for individual therapy or as a couple therapy for healing early maladaptive schema [13]. In couple's schema therapy, problems are viewed from different perspectives that allow for deep personality change and also can avoid the stalemates in relations between couples and can lead to win-win agreement. Couple schema therapy focuses on the schemas background of both spouses, and in this way the underlying bedrock of personality can be changed and persistent problems can be solved [12].

Numerous studies reported that examining the effect of schema therapy is in the early stages [18]. However, there are evidences of its effect in the treatment of Borderline personality disorder [19,20], chronic depression [18], eating disorders [21], and women social anxiety [22,23]; while few studies have been conducted regarding couple's schema therapy [16]. A survey conducted in Iran [1] revealed that schema therapy was effective in modifying the tendency to divorce, but its effect was less than intervention based on Bowen's emotional system therapy. Another investigation [24] showed that schema therapy was effective in promoting marital commitment and self-esteem of couples. Yousefi et al. [25] explored the effect of educational interventions based on schemas model in promoting couples

marital satisfaction and represented beneficial findings. In another study [26], the effect of schema-focused and life style-focused group training in cognitive insight enhancement among couples with marital dissatisfaction was assessed and showed that both interventions were effective in improving cognitive insight of couples, however, schema-based training was more effective than life style-focused interventions in increasing couples self-contemplation.

With regard to the literature review, Whisman and Uebelacker [9] investigated the cognitive interventions among couples in a study entitled "Maladaptive schemas and core beliefs in treatment and research with couples." They concluded that there is no published study on the efficacy of cognitive therapy specifically for modifying maladaptive schema or core beliefs of couples. Atkinson believed that [13] schema therapy provides a wide compass for couple therapists in the assessment and differentiation of the core maladaptive themes underlying couples relationship distress. Young et al., quoted by Hamidpor [27] pointed out that there are few studies in the context of schema therapy in terms of couples problems and there are yet limited studies about couple therapy and interpersonal problems of family as well as marriage [28], so far, couples and families schema therapy have been scarcely considered [11,15].

Although, divorce has always been existed, due to the remarkable increase, the significance of the current survey on the prevention of divorce is felt as a fundamental social need. To achieve this goal, only legal way is not certainly possible [29], and counseling interventions and marital therapy are particularly of importance. Schema therapy can be supportive for having a strong marriage relation and reducing the rate of divorce in couples referring to counseling centers (counseling center for crisis intervention in Welfare Organization, counseling centers of family courts, private counseling centers, and etc.), if its effect is

confirmed toward reducing tendency of couples to divorce. Moreover, the results of such researches seem to be beneficial for counseling, psychology and helping professions students. The present study aimed at exploring the effect of couple's schema therapy in reducing tendency to divorce among couples who were in the divorce official process.

### Method

A single-subject design was administered using multiple baselines. Couple's schema therapy and tendency to divorce were considered as independent and dependent variables, respectively. The population study consisted of couples referring to social work and the counseling center of justice in the city of Gorgan in 2015. The participants included three couples (husband and wife) that were selected using purposive sampling method. Final selection of participants was conducted on several stages. At first, necessary coordination was done with social work and the counseling center of justice. Secondly, eligible couples were asked to be referred to the current researcher after coordination with authorities and consultants of centers. Next, referring couples were interviewed in order to explain the study, gain their trust and assess the appropriateness of participants with objectives of the study and couples completely were justified toward the process of therapeutic intervention. Finally, from nine couples who had the inclusion criteria, the three (husband and wife) were selected purposively and recruited in the study.

The inclusion criteria were as follows: 1) not receiving earlier psychological treatment, 2) having at least high-school diploma, 3) tendency to and satisfaction with counseling, 4) having marital distress following the interview, 5) gaining the minimum score of 101 on marital adjustment scale, 6) lack of psychosis (based on a psychiatric diagnosis), 7) lack of axis I disorder without a severe or acute problem, and 8) disuse of psychotropic drugs, alcohol or drug abuse (according to psychiatric diagnosis). While, the two

exclusion criteria were as: 1) absence of two consecutive sessions, and 2) desire to withdraw from the study. The consent form was obtained from all recruited participants. Then, all participants arrived at the baseline at the same time, and at least three baseline measurements were done for each of the couples. The first couple entered the first intervention session after three session's measurement at the baseline. Next, the second couple entered the second intervention session of the first couple and was measured firstly. The third couple entered the survey in the second session of the second couple which was the third session of the first couple. The measurements were carried out at the first, fifth, tenth, fifteenth, and nineteenth of the intervention sessions and also immediately after completion of treatment (twentieth session). After the intervention, follow-up was done twice with two-month interval.

Couple's Schema Therapy was implemented based on the books of Schema Therapy with Couples: A Practitioner's Guide to Healing Relationships [16], Schema Therapy for Couples: Healing Partners in a Relationship [13] and Schema Therapy: A practitioner's guide [27]. The intervention sessions were performed twice a week (90 minutes each session). Overall, couples were intervened in 20 sessions. The general goals of the sessions were as follows: 1) couples problems identification, 2) communication patterns, 3) schemas, 4) coping styles, 4) developmental roots of schemas, and 5) employing techniques such as cognitive, experiential, interpersonal, and behavioral pattern-breaking that conducted using individual and couples sessions. At the beginning of each session, the previous session and its homework tasks were assessed. In brief, an overview of intervention sessions is presented in the following:

The first and second sessions: making communication and therapeutic alliance with each couple (husband and wife). The third and fourth sessions: schema and mode model

providing and case conceptualization. Fifth and sixth sessions: distinguishing needs from wants and providing extended mode model or mode map. Seventh and eighth sessions: mode dialogs and developing or staying in healthy adult mode and understanding of vulnerable children. Eleventh, twelfth, and thirteenth sessions: developing and strengthening the healthy adult mode and couples mutual re-parenting, values as strengthening the healthy adult, conflict resolution and stopping clashes in the relationship. Fourteenth and fifteenth sessions: building friendship, strengthening positive cycles of emotional response and strengthening happy child mode. Sixteenth and seventeenth sessions: improving communication skills and couples emotional intimacy. Eighteenth and nineteenth sessions: assertiveness training and anger management skills and preparation for the end of sessions. Twentieth session: ending and relapse prevention.

The following questionnaires were used in this research: Client sheet that consisted of characteristics such as age, gender, duration of marriage, education, children number, and residence.

*Questionnaire of tendency to divorce:* Tendency to divorce questionnaire developed by Rusbult and Zembrodt [30] has 28 items for measuring couples responses to dissatisfaction. The aforementioned questionnaire has four dimensions and each dimension consists of seven items: 1) Tend to exit (tend to divorce), 2) tend to neglect, 3) Voice or emotions expression, and 4) loyalty. Each item scored based on a 7- point Likert scale (1= never, 2= rarely; 3= very low, 4 = low, 5= high; 6= very high; and 7= always). Therefore, the scores of this questionnaire are obtained by summing the scores of all items. High score means the more tendencies to get divorced. The reliability of tendency to divorce, emotions expression, loyalty, and tendency to neglect was 0.91, 0.76, 0.63, and 0.86, respectively [30]. In Iranian society, Davoodi, Etemadi and Bahrami [31] translated this questionnaire and tested its validity, and finally, measured the reliability using Cronbach's alpha as 0.88, 0.98, 0.90, 0.86,

and 0.72 respectively for total score, tendency to divorce, emotions expression, loyalty, and tendency to neglect. A Short-form (14-item) of this questionnaire was examined by Zareie Mahmoud Abadi [32] on 264 persons who tended to get divorced, and its reliability was measured using Cronbach's alpha as 0.88 (0.89 for women and 0.87 for men) for the total score, 0.89 for tendency to divorce, and 0.88 for tendency to neglect. In this study, the Short-form of this questionnaire with 14 items was used.

To data analysis, visual methods, Reliable Change Index (RCI), significant clinical improvement, Cohen variability index, and effect size were utilized. The visual methods in the single subject design were the first method to analyze data. RCI is introduced by Jacobson & Truax [33]. In this index, the post-test score (x2) is subtracted from the pretest score (x1) and divided by standard error of difference to yield RCI. The RCI values were converted to the Z standard score; the Z scores more than 1.96 (considering  $p < 0.05$ ) indicate that the observed change is the result of therapeutic intervention [34]. The formula of significant clinical improvement developed by Blanchard & Schwarz [35] for analyzing data was extracted from single subject design. In this formula, the pretest score is subtracted from the posttest score and divided by the pretest score, and the result is multiplied by 100. This result shows the percent of improvement. It is defined as clinical improvement, if 50% of improvement is observed [36].

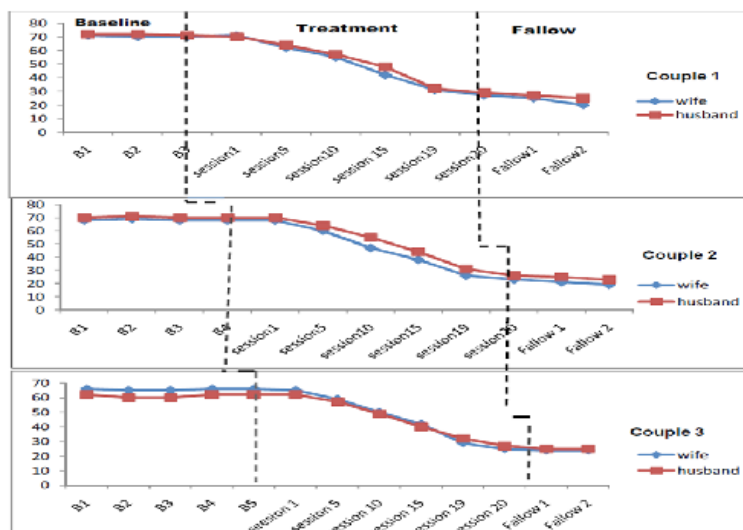
To measure Cohen variability index, the following formula was employed: To measure Cohen variability index, the following formula was employed: Cohen's  $d = \frac{M1 - M2}{\text{spooled}}$  where  $\text{spooled} = \sqrt{\frac{(s1^2 + s2^2)}{2}}$ . Cohen believed that [37]  $d = 0.2$ ,  $0.5$ , and  $0.8$  are respectively indicative of low, moderate and large improvements.

## Results

Couples demographic characteristics are presented in Table 1.

**Table 1** Couples demographic characteristics

Participant	Gender	Age	Education	Marital duration
Couple 1	Woman	34	Bachelor	9
	Man	37	Bachelor	
Couple 2	Woman	29	Diploma	5
	Man	32	Bachelor	
Couple 3	Woman	30	Diploma	7
	Man	35	Diploma	



**Figure 1** The trend of tendency to divorce score based on husband and wife. B=baseline; Session= treatment session, and F= follow-up

The changes in the trend of tendency to divorce score are depicted visually at baseline, intervention and follow-up in Figure 1. As can be seen, the couples’ tendency to divorce did not strongly change at baseline; in other words there was a rough stability in the aforementioned score before the intervention. In the treatment stage, a reduction occurred in the tendency to divorce after the fifth session. Given the graph, couples’ score did not significantly change in the follow-up, indicating that the treatment effects were prolonged.

Table 2 summarized the couples’ scores based on husband and wife at the baseline, intervention, and follow-up stages. The findings revealed a significant reduction in the tendency to divorce in the treatment sessions and follow-up. To investigate this reduction, indicators of recovery, stable change, effect size correlation, and Cohen's index of each of the spouses were employed. As shown in Table 2, couples in the intervention stage demonstrated

a significant clinical improvement and this situation continued in the follow-up. The highest percent of improvement was related to the second couple (66% for wife and 63% for husband); also, the total percent of improvement after treatment was 61.5%. According to the Blanchard & Schwarz criterion, percent of improvement was higher than 50%; therefore, the improvement was clinically meaningful.

RCI was measured to explore the statistical significance level of couple's scores. RCI presented that the observed changes were statistically significant ( $RCI > 1.96, p < 0.05$ ). The lowest RCI was achieved for the husband of the third couple, but given the  $RCI > 1.96, p < 0.05$ , the change was also statistically significant. Cohen’s d index (variability) also showed a strong effect size. In Figure 1, these changes are visually demonstrated. According to Table 2, percent of improvement was higher than 50% after follow-up which was also clinically

significant. The total percent of improvement was 66.5% after follow-up that represented that tendency to divorce significantly diminished in the follow-up stage compared to intervention

stage ( $RCI > 1.96$ ,  $p < 0.05$ ). The lowest RCI in the follow-up was for the husband of the third couple; however, this change was significant due to  $RCI > 1.96$ ,  $p < 0.05$ .

**Table 2** Scores of tendency to divorce among couples at the baseline, intervention, and follow-up

Variable	Tendency to divorce					
	Couple 1		Couple 2		Couple 3	
	Woman	Man	Woman	Man	Woman	Man
	Baseline					
Baseline 1	71	72	68	70	66	62
Baseline 2	70	72	69	71	65	60
Baseline 3	70	71	68	70	65	60
Baseline 4	-	-	68	70	66	62
Baseline 5	-	-	-	-	66	62
Baseline mean	70.33	71.66	68.25	70.25	65.6	61.2
	Intervention					
Session 1	71	70	68	70	65	62
Session 5	62	64	60	64	59	57
Session 10	55	57	47	55	50	49
Session 15	42	48	38	44	42	40
Session 19	31	32	26	31	29	32
Session 20	27	29	23	26	25	27
Intervention mean	48	50	43.66	48.33	45	44.5
Percent of Improvement	61.9%	59.7%	66.17%	62.85%	62.12%	56.45%
Total Percent of Improvement	61.5%					
RCI	6.65	5.98	6.80	6.11	6.20	4.86
Cohen's d	1.76	1.82	1.91	1.74	1.81	1.69
Effect Size Correlation	0.66	0.67	0.69	0.65	0.67	0.64
	Fallow-up					
Fallow-up1	25	27	21	25	24	25
Fallow-up 2	20	25	19	23	24	25
Fallow-up mean	22.5	26	20	24	24	25
Percent of Improvement	71.8	65.2	72.05	67.1	63.6	59.6
Total Percent of Improvement	66.5%					
RCI	7.7	6.5	7.4	6.5	6.3	4.5

### Discussion

In the present study, we aimed at exploring the effect of couple's schema therapy in reducing tendency to divorce among couples who were in the divorce official process. According to the results, a significant reduction was

observed in the dependent variable which is in agreement with the findings of Yousefi et al. [1] study. In addition, due to the novelty of studied independent and dependent variables, our results are not comparable with those

intervention studies focusing on tendency to divorce; however, it could be compared to other researches as follows. Yousefi *et al.* [25] measured the effect of schema therapy on marital satisfaction and concluded that schema-focused intervention was beneficial for enhancing marital satisfaction. Moreover, according to the present study findings, schema-focused intervention was effective in terms of couple communication, personality, problem solving, marital satisfaction, and couple attitudes orientation. Yousefi *et al.* [26] compared the effect of schema-focused and life style-focused group training on cognitive insight enhancement in couples with marital dissatisfaction and showed that both interventions were useful for elevating cognitive insight of couples; however, schema-focused education was more effective in promoting self-thinking of couples than life style-focused intervention.

To explain the current findings, schema therapy is an integrated approach that uses change-making techniques such as cognitive, emotional, and behavioral pattern breaking; on the other hand, it includes cognitive, emotional, and behavioral aspects of tendency to divorce. This feature makes couple's schema therapy multi-dimensional and integrated; the integrated approach can be more effective in achieving the goals [16]. Couples learn to identify and change maladaptive schemas, coping styles and modes during schema therapy and use more adaptive tools to meet their basic needs [17]. Also, couple's schema therapy can lead to profound changes in personality and can help to avoid deadlock in the couple's relationships, and finally, it can cause a win-win strategy among wife and husband [16]. According to schema therapy, behaviors such as aggression, dependence, avoidance, non-compliance or conformity, lack of commitment and resistance are considered as important pieces of information that are clues providing basic provocative schemas for behavior [38]. As a result, modifying basic schema and modes as well as ineffective coping response cause change behaviors such as aggression,

dependency, and lack of commitment. Also, couples schema therapy can reduce divorce by affecting couple's personality, conflict resolution [25], promotion of marital commitment, and self-esteem [24].

On the other hand, Young & Gluhoski [39] believed that dissatisfaction with intimate relationships often is occurred when a dispute happens between spouses or an event activates the basic early schema of spouses that persuades a person to behave wildly without awareness. Consequently, this extremely maladaptive behavior activates one of the schemas and also makes a spouse to behave in the same direction or other ones. Therefore, a couple may be involved in a direction and correspondingly create a cycle of chronic dissatisfaction. Schema therapy is an insight-oriented approach [26] that seems can prevent couples from being involved in a dissatisfaction cycle, and finally get away from tendency to divorce.

In all stages of schema therapy, therapist identifies all cognitions caused by schemas of couples and helps to rebuild their beliefs regarding marital relationship, and create an effective intimacy pattern. When both spouses are involved in the process, they can help each other in relation to their basic problems. Therapist focuses on the couple's mode cycle or interaction process between them [13] and supports couples to reject logically the validity of schemas as well as realizes that how schemas are continuing through the mode cycle [7]. The therapist helps the couple to relate predictors of separation in relationships to mode cycle and also preserves from dissatisfaction cycle.

Therapist uses the mental imagery, dialogue and role playing to make a link between previous experiences of couples with the present relationship. Each spouse empowers his/her healthy adult to appropriately achieve the requirements and laws, mourning for the losses and dealing with injuries and healing from them. Therapist also helps each partner to feel pain of vulnerable child and to access the healthy adults [39]. Mental imagery



also helps couples to access and express their vulnerable child, and helps wife or husband to listen the messages that are received without being attacked. Often, one spouse experiences desire to relieve another spouse vulnerable child. Finally, wife/husband uses a healthy adult voice in imagery experience to provide an antidotal experience expected by his/her partner. Furthermore, therapist does treatment action on couple using re-parenting technique with specified range to their marital relationship consider as safe haven, and couples learn to implement mutual re-parenting [16].

Ingram et al. [40] believed that six factors must be considered when investigating the effect of psychological therapies as mentioned in the following:

1) Change size: the results showed that tendency to divorce in couples (husband and wife) declined. According to Table 2, the highest percent of improvement was seen in the second couple (66% wife and 63% husband). In total, changes were lower in men than women. Change size and improvement rate was maintained after 2-month follow-up; in addition, in all three couples, the score of tendency to divorce reduced, while this reduction was higher for the third couple compared to the other couples (Table 2).

2) Totality of change: the findings revealed that all couples achieved to 61% improvement in overall about reducing the tendency to divorce. This improvement at the end of follow-up increased to 66%. In other words, couples schema therapy reduced the desire to divorce among couples around 66 percent that may be likely either caused by special attention to the prevention of problem relapse of couples in the education sessions [16] or resulted from safe couple relationship [13] due to mutual re-parenting [16].

3) Change publicity (how much changes occurred in other area of life?): although no specific instrument was used in the current study, the feedback provided by couples indicated changes in their relations with families and friends.

4) Acceptance rate (to what extents are people

involved in the healing process and finished that?): couples participated until the last session and no one excluded from the study.

5) Safety (whether mental and physical health decreased as a result of the treatment?). To measure this variable, a standard tool was not used.

6) Stability (how much achievements continued due to the intervention?): couples were able to maintain the achievements of their treatment in the follow-up. Two-month follow-up represented stable effects of intervention that may be formed by prevailing of healthy adult and happy child mode, as well as cognitive, emotional, and behavioral changes following the integration of couple's schema therapy.

### Conclusion

The present study indicated the effect of couple's schema therapy in reducing tendency to divorce. Therefore, this therapy model appears to be beneficial to reduce tendency of couples to get divorced as an appropriate model. It is recommended that organizations as well as private and public institutions in charge of intervention in line with prevention of divorce and family consolidation use couples schema therapy to solve problems and reduce tendency to divorce and educate couples based on the aforementioned model, and also provide educational packages in the form of self-help for couples. As valid, standard instruments were not implemented to measure change publicity and safety, it is recommended that this issue be considered in the future researches.

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### Contribution

Study design: RBO, KF, ME, FK

Data collection and analysis: RBO

Manuscript preparation: RBO, KF, ME, FK

## Conflict of Interest

"The authors declare that they have no competing interests."

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