

## Research Paper:

## Effectiveness of Schema Therapy and Emotional Self-Regulation Therapy in the Components of Women's Marital Conflicts



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## ABSTRACT

**Background:** Marital conflicts partly happen due to the psychological disorders of couples, issues related to children, and the long periods of depression, all of which may lead to the failure of relationship and divorce. The present study aimed to investigate the effectiveness of schema therapy and emotional self-regulation therapy in the components of marital conflict in women referred to the psychological centers of Ahvaz City.

**Methods:** It was a quasi-experimental study with a pre-test-post-test design and a control group. The research population consisted of all women with marital conflicts referring to the psychological centers of Ahvaz, in 2019. Using convenience sampling, 45 women who were willing to participate in the project were recruited and randomly assigned into two experimental groups (schema therapy and emotional self-regulation therapy) and a control group (n=15 per group). Data were collected with the Marital Conflict Questionnaire. Besides, the first and second intervention programs consisted of eight 90-minute sessions of schema therapy and eight 90-minute sessions of emotional self-regulation therapy, respectively. The obtained data were analyzed using the multivariate analysis of covariance in SPSS V. 24.

**Results:** Schema therapy and emotional self-regulation therapy effectively improved the components of marital conflict in women ( $P < 0.01$ ). Also, the effects of the two interventions on the components of marital conflict did not significantly differ ( $P > 0.05$ ).

**Conclusion:** According to the findings, schema therapy and emotional self-regulation therapy are suggested to be employed by psychologists and psychiatric nurses to improve the components of women's marital conflict.

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## Highlights

- Schema therapy and emotional self-regulation therapy effectively improved the components of marital conflict in women.
- Schema therapy and emotional self-regulation therapy were able to reduce emotional reactions in women.
- Schema therapy and emotional self-regulation therapy improved relations with the spouse's family and friends.

## Plain Language Summary

Marital conflicts gradually lead to a serious dispute in values and life goals. In contrast, efficient conflict management prevents the failure of the marital relationship and shows the couple how to effectively deal with problems to minimize adverse impacts on their marital relations. Thus, marital conflicts should be resolved by adopting appropriate treatment methods to avoid subsequent problems. In this regard, schema therapy and emotional self-regulation therapy are among the most important intervention programs; applying these interventions, this study suggested the following conclusions. Women undergoing schema therapy and emotional self-regulation therapy can control their emotions and improve their marital relations by reducing marital conflicts. Also, these two intervention programs can be used to improve the components of marital conflict in women confronting marital conflicts.

### 1. Introduction

**I**nterpersonal conflict is a type of interaction where opposing views and opinions are expressed. Therefore, conflict is common in all marriages (Yang et al., 2016). According to Papp (2018), disagreement is completely natural between two different individuals in the decision-making process. In other words, marital conflict takes place because the partners have to make decisions together. These disagreements gradually turn into serious differences in values and goals in marital life (da Costa, Falcke & Mosmann 2015). Conflicts between couples are not always destructive until a couple starts to blame each other, instead of concentrating on the problems (Gottman & Tabares 2018). Therefore, two important matters in a friendly marital relationship include the way problems are dealt with and the flexibility in handling the conflict (Boostani Kashani et al., 2020; El-Sheikh, Hinnant & Erath 2015).

The way that conflicts are managed is of great interest to researchers concerning marital. It is important because poor conflict management may ruin a marriage and adversely affect the body and mind of the couples and their children (Wilson et al., 2017). Conversely, efficient conflict management prevents the failure of the marital relationship and shows the couple how to effectively deal with problems to minimize adverse impacts

on their marital relations (Dillon et al., 2015). According to Madigan, Plamondon and Jenkins (2017), marital conflicts appear in different forms, such as insulation, responsibility avoidance, affair, and sexual abuse. Therefore, they can cause mental disorders in couples and children (Gao et al., 2019), leading to long-lasting depression (Wang et al., 2014). These conditions can lead to marital failure and divorce (Park & Park 2019).

Therefore, marital conflicts should be resolved by adopting appropriate treatment methods to avoid subsequent problems. Schema therapy is among treatments for such problems. Inspired by the Aaron Beck cognitive therapy and based on the attachment theory, Yang and Brown (1990) developed schema therapy. Schema therapy influences many cognitive processes, coping strategies, and lifestyles. Pugh (2015) believes that schemata are a general plan or a prominent model of the cognitive-emotional experiences of an event, which may even be experienced by an infant before learning a language. Therefore, schemata play an important role in exacerbating or perpetuating chronic psychological problems, also, changing or reducing maladaptive schemata through psychotherapy can improve people's lives (Taylor, Bee & Haddock 2017). If initial unpleasant experiences form these schemata, they can be regarded as the key cause of subsequent disorders in individuals (Bach et al., 2016).

The investigation of the history of schema therapy reveals its effectiveness. Nikamal, Salehi & Bermas (2018)

showed that emotional schema therapy affected marital satisfaction, quality of life, and general marital satisfaction styles. Moreover, [Darini et al. \(2013\)](#) showed the effectiveness of schema therapy in enhancing the sexual satisfaction of women. [Ghasem-Abadi et al. \(2019\)](#) reported that schema therapy reduced marital conflicts in women. Besides, [Shahabi and Sanagouye-Moharer \(2019\)](#) found that schemata therapy can increase marital adjustment and intimacy in couples. [Asgari and Goodarzi \(2019\)](#) showed that schema therapy created intimacy in couples on the verge of divorce. Also, [Roediger et al. \(2018\)](#) showed the effectiveness of schema therapy in reducing marital problems among couples.

Recently, emotional self-regulation is used as an effective method to improve marital conflicts. According to [Wang et al. \(2018\)](#), self-regulated learning theory is based on how people can organize their learning in terms of behavior, motivation, and metacognitive beliefs. In other words, this approach refers to regular efforts to direct individuals' thoughts, feelings, and actions to achieve their goals ([Alessandri, Vecchione & Caprara 2015](#)). To reduce stressful experiences, people use emotional consequences, such as depression, anxiety, and psychological turbulences to control their emotions and express them at a suitable time ([Wilson et al., 2017](#)). According to [Garnefski and Kraaij \(2006\)](#), any failure in emotional regulation can make a person vulnerable to psychological problems, such as depression and anxiety. Generally, people with emotional self-regulation skills efficiently understand their own and others' feelings and thus are desirably efficient in the different aspects of their life. Therefore, emotional self-regulation is an important characteristic each person should have ([Reed, Barnard & Butler 2015](#)). However, it seems that high-conflict couples do not have enough self-regulation ability; it can be compensated by teaching them this skill.

Different studies have approved the effectiveness of this approach. [Mohammadi et al. \(2020\)](#) showed that short-term self-regulation couple therapy improved the communication skills and sexual self-esteem of young women. Also, [Ahmadi et al. \(2016\)](#) showed that self-regulation interventions can improve marital burnout in couples. Moreover, [Fonseca et al. \(2018\)](#) showed that emotional self-regulation improved marital relations in American and Indian couples. Therefore, psychological treatments should be considered to reduce marital conflicts and prevent divorce.

Given the paucity of studies on women with marital conflicts, the present study sought to investigate the effectiveness of schema therapy and emotional self-regulation

therapy in the components of marital conflict in women referred to the psychological centers of Ahvaz City.

## 2. Materials and Methods

### Design, setting, and sample

It was a quasi-experimental study with a pre-test, post-test design and a control group. The statistical population consisted of all women with marital conflicts referring to the psychological centers of Ahvaz City, in 2019. Out of the volunteers participating in the research, 45 women were selected with the convenience sampling method, based on the questionnaire. For this purpose, the women getting an above-average score of marital conflict were selected as the study samples. The samples were randomly assigned into two experimental groups (schema therapy and emotional self-regulation therapy) and a control group (n=15 per group). The inclusion criteria were no record of psychological disorders; no history of hospitalization in psychiatric hospitals; no use of any sedatives, psychiatric drugs, alcohol, and drugs; the age range of 25 to 50 years; the marital life background of 1 to 5 years; and no divorce application. Also, the exclusion criteria were absence from more than two sessions of treatment and reluctance to continue the treatment process. After selecting the qualified samples, the first experimental group received eight sessions (90-minute sessions weekly) of schema therapy and the second experimental group received eight sessions (90-minute sessions weekly) of emotional self-regulation therapy, while the control group did not receive any treatment. After the training sessions, the post-test was conducted in the experimental and control groups, under the same conditions. At the end of the study, the control group received an intensive course of schema therapy and emotional self-regulation therapy to observe ethical considerations. Besides, informed consent was obtained from the participants, and they were ensured about the information confidentiality.

### Research instrument

The Marital Conflict Questionnaire was designed by [Booſtanipoor and Zaker \(2016\)](#). This questionnaire comprises 42 items measuring seven areas of marital conflict, namely decreased cooperation (items 3, 9, 19, 21, and 27), decreased sexual relationships (items 4, 10, 15, 28, and 33), increased emotional reactions (items 5, 11, 16, 22, 29, 34, 39, and 41), attracting the children's support (items 7, 18, 24, 31, and 36), increased interaction with the relatives (items 12, 6, 17, 23, 30, and 35), decreased interaction with the spouse's relatives (items 1, 19, 25, 37, 40, and 42), and financial separation (items

2, 8, 13, 20, 26, 32, and 38). The scores of the items and that of the whole questionnaire range from 1 to 5 and from 42 to 210, respectively. Lower scores indicate normal conflicts, while higher scores indicate intense conflicts. Also, a standard deviation above the mean of the samples is considered as the cut-off point of the questionnaire. The developers reported the reliability coefficient of 0.96 for this tool (Boostanipoor & Zaker 2016), also, Bahari et al. (2011) reported its reliability coefficient to be 0.80. In the present study, the Cronbach alpha was 0.81 for the whole questionnaire.

### Procedure

After selecting the qualified samples, the first experimental group received eight sessions (90-minute session weekly) of schema therapy and the second experimental group received eight sessions (90-minute session weekly) of emotional self-regulation therapy, while the control group did not receive any treatment. The sessions were held once a week under the related instructions. After the training sessions, the post-test was done in the experimental and control groups, under the same conditions. Finally, to observe ethical considerations, the control group received an intensive course of schema therapy and emotional self-regulation therapy. Also, informed consent was obtained from the participants, and they were ensured about the information confidentiality.

Table 1 presents a summary of the treatment sessions in the schema therapy group (Young, Klosko & Weishaar 2006), and Table 2 presents a summary of sessions in the emotional self-regulation group. This intervention was performed by Halford (2001) on the couples.

### Statistical analyses

Data were analyzed by descriptive and inferential statistics, such as mean, standard deviation, and the multivariate analysis of covariance. Furthermore, SPSS V. 24 was used to analyze the data. The significance level of the findings was considered to be  $\alpha=0.05$ .

### 3. Results

The participants included 45 women with marital conflict and the Mean $\pm$ SD age of 32.40 $\pm$ 5.22 years. Table 3 presents the mean and standard deviation of the studied variables in the experimental and control groups in the pre-test and post-test.

The underlying assumptions of covariance analysis were examined, before analyzing the data to test the research hypotheses. In this regard, the Shapiro-Wilk test showed that the studied variables follow a normal distribution ( $P>0.05$ ). Also, the homogeneity of variances (in the experimental and control groups) was studied using the Levene test ( $P>0.05$ ). There were homogeneity and

**Table 1.** Summary of the schema therapy sessions (Young, Klosko & Weishaar 2006)

Session	Content
First and second	Assessing and teaching schema therapy, the explanation of the instructions and the group work rules, and a simple description of schema therapy. The first two sessions were aimed to explain the nature of cognitive emotion regulation, perceived stress, early maladaptive schemas, the perception of diseases and quality of life, and their evolutionary foundations and mechanisms. At the end of the first two sessions, the nature of marital conflict was formulated based on the schema therapy approach.
Third and fourth	The introduction, instruction, and application of challenging schema; cognitive techniques, such as schema validation, proposing a new definition for schema evidence, and conducting a dialogue between the "schema side" and the "healthy side"; designing training cards; and filling the schema form. Teaching the cognitive techniques of schema therapy was aimed to enable the subjects to use cognitive techniques in reasoning against the schema and argue the schema validity at a rational level.
Fifth and sixth	Introducing and teaching the motional (experimental) techniques to enable the subjects to investigate the schema transformation roots at an emotional level; the introduction and application of imaginary conversation techniques, the imagination of traumatic incidents, writing letters to parents, and mental imagery for behavioral pattern interruption. The interventions and group work in these sessions were aimed at helping the subjects to confront the schemas and enable them to express their anger via their childhood incidents through experimental techniques, such as mental imagery and dialogue, therefore, they were able to interrupt the schema cycle.
Seventh and eighth	The teaching and application of behavioral pattern interruption; encouraging the subjects to leave maladaptive coping styles; and practicing efficient coping behaviors, such as behavior change, motivation development, reviewing the advantages and disadvantages of continuing a behavior, and practicing healthy behaviors; and making the subjects ready for the end of the sessions.

**Table 2.** Summary of emotional self-regulation sessions (Halford 2001)

Session		Content
1	Self-assessment	The familiarization of learners with the meaning and concept of self-assessment, recognizing the strengths and weaknesses of themselves by focusing and calculating past behaviors and comparing them with expected levels.
2	Goal setting and planning	The familiarization of learners with the characteristics of a good goal-setting (clear, time-bound, measurable, in the form of positive sentences), focusing on priority goals, avoiding deviation from the path, and increasing the likelihood of achieving the goal by setting activities.
3	Establishing optimal communication	The familiarization of learners with active listening skills, defining the concept of communication, explaining the types of communication (positive and negative), barriers to effective communication.
4	Self-consequence	The familiarization of learners with the ways of rewarding their successes and punishing their failures as well as mental imagery.
5	Self-efficacy	Increasing the ability of learners to deal with challenging issues, commit to their activities and interests, and overcome the feelings of hopelessness and despair.
6	Problem-solving skills	The familiarization of learners with problem-solving methods, listing different solutions, and increasing confidence through successful problem-solving.
7	Help from others	The familiarization of learners with synergistic methods that help develop their communication skills.
8	Conclusion and summaries of meetings	Asking for the learners' opinions on the implementation of the training programs and a general summary of the subjects presented in the previous sessions and the implementation of the post-test.

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equality between covariates and dependent variables in the experimental and control groups. Based on the assumed homogeneity of regression, the significance level of the effect of each group and pre-test was higher than 0.05. Besides, the dependent variables were not signifi-

cantly correlated with covariates, thus, the hypothesized homogeneity of regression for research variables was confirmed. Moreover, the hypothesized homogeneity of regression was rejected because the correlation between covariates (pre-tests) was lower than 0.09. To compare the

**Table 3.** Mean and standard deviation of the components of marital conflict in experimental and control groups in pre-test and post-test

Variable	Phases	Mean±SD		
		Schema Therapy	Emotional Self-regulation Therapy	Control
Decreased cooperation	Pre-test	23.46±2.06	23.56±1.59	24.73±1.83
	Post-test	13.33±2.22	11.66±1.87	23.86±1.76
Decreased sexual relationships	Pre-test	25.73±1.94	24.20±2.59	24.86±2.19
	Post-test	16.93±5.93	16.00±6.36	24.46±2.26
Increased emotional reactions	Pre-test	25.60±2.06	26.00±2.23	23.93±1.98
	Post-test	16.33±5.35	16.60±5.71	23.06±2.01
Attracting the children's support	Pre-test	24.00±2.80	22.93±2.71	22.60±2.87
	Post-test	16.06±5.49	14.53±4.13	22.33±2.66
Increased interaction with the relatives	Pre-test	25.33±1.87	25.66±2.12	24.66±1.44
	Post-test	16.40±5.69	15.80±6.36	24.40±2.06
Decreased interaction with the spouse's relatives	Pre-test	24.93±2.08	24.60±2.77	24.06±2.54
	Post-test	15.26±5.33	15.46±5.18	23.66±2.02
Financial separation	Pre-test	24.06±2.21	24.86±2.47	23.93±2.43
	Post-test	15.20±5.11	17.53±5.42	23.80±2.14

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**Table 4.** Results of multivariate analysis of covariance on the post-test scores of marital conflict components in the experimental and control groups

Effect	Value	df	Error df	F	P
Pillais Trace	1.075	14	60	4.980	0.001
Wilks Lambda	0.073	14	58	11.197	0.001
Hotelling's Trace	10.683	14	56	21.365	0.001
Roy's Largest Root	10.489	7	30	44.955	0.001

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experimental and control groups based on their post-test scores, the effect of pre-tests was controlled. Then, the multivariate analysis of covariance was used to determine the effect of schema therapy and emotional self-regulation on the elements of marital conflict in women (Table 4).

The multivariate analysis of covariance showed significant differences between the training groups of schema therapy and emotional self-regulation therapy and the control group in at least one dependent variable (Table 4).

According to the F-ratio of the univariate analysis of covariance for dependent variables, the training groups significantly differ from the control group in all components of marital conflict (Table 5). Therefore, at least one of the treatments had a significant effect on the dependent variables. The Bonferroni post hoc test was used to find the more effective treatment and the difference between these treatments (Table 6).

According to Table 6, schema therapy and emotional self-regulation therapy affect the components of marital conflict ( $P < 0.01$ ). However, these two treatments did not

significantly differ, regarding their effects on the components of marital conflict ( $P > 0.05$ ).

#### 4. Discussion

The present study aimed to investigate the effectiveness of schema therapy and emotional self-regulation therapy in the components of marital conflict in women referred to the psychological centers of Ahvaz City. The results showed that schema therapy effectively improved the components of marital conflict in women. This finding is consistent with the findings of Ghasem-Abadi et al. (2019) on the effectiveness of schema therapy in reducing marital conflicts in women, Shahabi and Sanagouye-Moharer (2019) on the effectiveness of schema therapy in improving marital adjustment and marital intimacy among couples, Asgari and Goodarzi (2019) on the effectiveness of schema therapy in creating intimacy among the couples on the verge of divorce, and Roediger et al. (2018) on the effectiveness of schema therapy in reducing marital problems among couples. The schema therapy approach can help couples change their interpersonal relationships with their spouse and others and gain more control over their relationships by promoting symbolism

**Table 5.** Results of the univariate analysis of the effect of intervention programs on marital conflict components on the post-test phases

Dependent Variable	Source	SS	df	MS	F	P
Decreased cooperation	Group	290.63	2	145.31	8.14	0.001
Decreased sexual relationships	Group	403.96	2	201.98	7.46	0.002
Increased emotional reactions	Group	417.65	2	208.82	9.78	0.001
Attracting the children's support	Group	232.17	2	116.05	7.52	0.002
Increased interaction with the relatives	Group	660.31	2	330.15	11.71	0.001
Decreased interaction with the spouse's relatives	Group	424.23	2	212.12	16.55	0.001
Financial separation	Group	503.68	2	251.84	11.92	0.001

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**Table 6.** Bonferroni post hoc test for paired comparison of the components of marital conflict across time series in the experimental groups

Variable	Groups	Mean Difference	SE	P
Decreased cooperation	Schema therapy, control	-9.76	0.83	0.001
	Emotional self-regulation therapy, control	-11.44	0.86	0.001
	Schema therapy, emotional self-regulation therapy	1.68	0.78	0.112
Decreased sexual relationships	Schema therapy, control	-7.56	2.19	0.004
	Emotional self-regulation therapy, control	-7.69	2.26	0.005
	Schema therapy, emotional self-regulation therapy	0.123	2.05	0.999
Increased emotional reactions	Schema therapy, control	-8.20	1.94	0.001
	Emotional self-regulation therapy, control	-7.07	2.01	0.004
	Schema therapy, emotional self-regulation therapy	-1.12	1.82	0.999
Attracting the children's support	Schema therapy, control	-5.82	1.65	0.004
	Emotional self-regulation therapy, control	-5.73	1.70	0.006
	Schema therapy, emotional self-regulation therapy	0.09	1.55	0.999
Increased interaction with the relatives	Schema therapy, control	-9.57	2.23	0.001
	Emotional self-regulation therapy, control	-9.94	2.30	0.001
	Schema therapy, emotional self-regulation therapy	0.37	2.10	0.999
Decreased interaction with the spouse's relatives	Schema therapy, control	-8.40	1.50	0.001
	Emotional self-regulation therapy, control	-6.80	1.55	0.001
	Schema therapy, emotional self-regulation therapy	1.59	1.41	0.800
Financial separation	Schema therapy, control	-9.25	1.99	0.001
	Emotional self-regulation therapy, control	-7.12	1.99	0.003
	Schema therapy, emotional self-regulation therapy	2.12	1.81	0.749

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and getting aware of their role in obtaining experience and changing the processes (Gurman 2013). Therefore, schema therapy tries to identify maladaptive schemata among the couples and convert them into constructive and understandable messages and behaviors to improve their relationship and cooperation, the degree of the tendency of couples towards approving and disproving the comments of each other, reluctance to oppose and unreasonably reject the spouse's views, and support each other in different areas (Hertlein & Weeks 2017). On the other hand, sexual relation is an important energy source to solve marital conflicts. Therefore, the couples are needed to give special attention to the different aspects of it, such as quality, place, time, and frequency to enhance the fac-

tors of intimacy (Derby, Peleg-Sagy & Doron 2016). The results showed that schema therapy can reduce emotional reactions in women. In general, emotional reactions are among the most important causes of marital conflicts. Schema therapy leads to the identification of negative orientation and emotions (depression, anger, or anxiety) to be coped with conflicts and avoid them (Repetti et al., 2016). Therefore, the awareness of emotions and the ability to detect them play a major role in the enhancement of marital relations and the reduction of conflicts between couples. Schema therapy reduces the likelihood of taking the advantage of children's support by the couples against each other. When couples face intense conflict, they seek to use the support of their children against their

spouses. Schema therapy also reduces interpersonal relations with an individual's relatives. When the conflicts between couples escalate, each spouse's relationship with his/her relatives and friends increases, making them take a side and exacerbate the conflicts (Frankel et al., 2015). This is while schema therapy teaches the couples to talk to each other when a conflict is provoked and try to resolve it. However, this should not be done through relatives and friends to avoid the escalation of the conflicts (Obradovic, Bush & Boyce 2011).

The results showed that schema therapy improved relations with the spouse's family and friends. Schema therapy provides people with useful training on how to deal with their spouse's relatives and friends. These trainings prevent the escalation of conflict and the involvement of families, which prevents the escalation of conflict and hostility between couples. On the other hand, the results showed the effect of schema therapy on the reduction of financial conflicts in women. This result revealed that effective communication between couples about incomes and expenses can improve their relationship and reduce their financial conflicts (Coln, Jordan & Mercer 2013).

Moreover, the results showed the effectiveness of emotional self-regulation in the improvement of the elements of marital conflict. This finding is consistent with the findings of Ahmadi et al. (2016) on the effectiveness of self-regulatory interventions in marital burnout in couples, and Fonseca et al. (2018) on the effectiveness of emotional self-regulation in improving marital relations in American and Asian-Indian couples. In marital conflicts, couples get caught in their iterative negative thoughts to the extent that they no longer can control them, leading to the onset and continuation of conflicts between them (Dush & Taylor 2012). However, emotional self-regulation highlights the couples' concentration on their behaviors and emotions instead of those of their spouse to enable them to exhibit constructive behaviors and reduce conflicts (Reed, Barnard & Butler 2015). This treatment showed that the couple can reduce conflicts by increasing their cooperation, accepting the spouse's criticism, and listening to opposing opinions. Since sexual relations and satisfaction are important factors in marital relations, couples with marital conflict have undesired sexual relations.

The results showed that women undergoing emotional self-regulation can control their emotions and improve their marital relations by reducing marital conflicts. In every conflict, emotional reactions play a fundamental role in the escalation of the conflicts (Brown et al., 2016). This is while emotional self-regulation showed that peo-

ple can reduce conflicts by controlling their emotions. On the other hand, couples' tendency towards attracting their children's support can be reduced by emotional self-regulation. This is because when the conflicts intensify, couples try to attract their children's support. However, emotional self-regulation can help to avoid engaging children in such matters through controlling emotions, avoiding more arguing, and talking at the proper time. Also, this treatment reduced interpersonal relations with relatives (Minnotte et al., 2013). When the conflicts between couples escalate, each spouse's relationship with his/her relatives and friends increases, making them take a side and exacerbate the conflicts. This is while schema therapy teaches the couples to talk to each other when a conflict is provoked and try to resolve it. However, this should not be done through relatives and friends to avoid the escalation of marital conflicts. The results showed that emotional self-regulation improved relations with spouse's families and friends. Emotional self-regulation teaches the couples how to treat their spouse's families and friends more effectively by regulating their thoughts and emotions to avoid conflicts, the involvement of their spouse's families, the exacerbation of conflicts, and hostility between couples (Gottman & Tabares 2018). On the other hand, the results showed the effectiveness of emotional self-regulation in the reduction of financial conflicts in women. In this regard, couples can get closer to each other and increase intimacy by effectively talking to each other about how to manage finances, thereby, reducing financial conflicts.

On the other hand, results showed no significant difference between schema therapy and emotional self-regulation in terms of their effects on the elements of marital conflict. Literature review revealed no comparison between the effects of schema therapy and emotional self-regulation on the elements of marital conflict. The results showed the effectiveness of both methods in improving marital conflicts. It was also found that they can equally change the elements of marital conflict in women. In general, schemata are the product of an individual's interaction with the environment and the non-conditional feelings and beliefs of self. If people think that the schemata are rigid and inflexible, they will be nonadaptive in conflict with the environment and those around them (Gurman 2013). Therefore, individuals lose control even over a very small problem in their marriage. In general, maladaptive schemata in couples make them unable to manage their emotions and get along with their spouse. Studies have shown that these maladaptive schemata are the major causes of stress, a failed marriage, and marital conflict (Khodabakhshi-Koolaei, Bagherian & Rahmatizadeh, 2018; Taylor et al., 2016). However, schema

therapy can help couples identify negative inefficient schemata and convert them into positive efficient ones. In this approach, individuals learn to resolve conflicts by focusing on themselves first, instead of pointing the finger of blame at their spouse. By identifying the reasons behind their behaviors, couples will notice that these behaviors are due to their previous thoughts and attitudes. Therefore, with appropriate treatments and training, they can change those behaviors and improve their relationship with their spouses.

On the other hand, emotional self-regulation tries to train the couples with more efficient and appropriate methods to regulate their thoughts, emotions, and relations to reduce marital conflict and enhance marital satisfaction to improve their marriage quality through constructive, healthy, and effective communication (Pietrzak, Hauke & Lohr 2016). In this method, the focus is on the couple's ability to practice their control skill over feelings, thoughts, and personal activities. Therefore, this approach can lead to regular efforts to guide thoughts, feelings, and behaviors to resolve marital conflicts. Consequently, the emotional self-regulation approach aims to help individuals to be able to regulate themselves, expose people to their misinterpretations of each other, and make them able to correct those misinterpretations. It also aims to improve marital satisfaction and adaptation through positive relationships. This therapeutic approach increases marital satisfaction and adaptation through increasing people's skills in empathetic listening with reflection, understanding others' views, and talking about differences and stresses (Brown et al., 2016). Moreover, helping couples recognizing their role in initiating and continuing the arguments and intensifying conflicts will improve the quality of relationships and create intimacy and marital satisfaction among couples. On the other hand, schema therapy does not significantly differ from emotional self-regulation regarding effectiveness in improving the elements of marital conflict.

The present study was performed on women with marital conflicts in Ahvaz City, therefore, caution should be observed in generalizing the results to other communities in different times and situations, owing to different cultural conditions. Considering the limitations of the present study, especially the geographical limitation, the sample size, and the lack of control on different individual variables, such as socioeconomic status and social support, a similar study is recommended to be conducted on a larger sample size.

## 5. Conclusion

The results of the present study showed that schema therapy and emotional self-regulation therapy were effective on the marital conflict of women. Therefore, these two therapies can be used as effective interventions in the treatment of women with marital conflicts. Based on the study findings, counseling centers are recommended to apply schema therapy and emotional self-regulation therapy for the treatment of such women.

## Ethical Considerations

### Compliance with ethical guidelines

The participants willingly filled out the questionnaires and signed written informed consent. Also, the study was approved by the Ethics Committee of Islamic Azad University, Ahvaz branch (Code: 46877).

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### Authors' contributions

Conceptualization, supervision: Safieh Mohammadi, Fariba Hafezi; Methodology: Safieh Mohammadi, Fariba Hafezi, Parvin Ehteshamzadeh; Investigation, writing – review & editing: All authors. Writing – original draft: Safieh Mohammadi, Fariba Hafezi, Saeed Bakhtiarpour; Funding acquisition, Resources: Safieh Mohammadi, Zahra Eftekhari Saadi.

### Conflict of interest

The authors declared no conflict of interest.

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