

# The Effect of Schema Therapy on Sexual Self-Esteem in the Women Involved in Marital Conflicts

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## Abstract

**Background:** Marital conflicts bring about issues in marital relationships and increase the divorce rate. Sexual skill training can prevent some of the marital conflicts and sexual problems in women. The present study aimed to investigate the effect of schema therapy on sexual self-esteem in the women involved in marital conflicts in Ahvaz.

**Methods:** The study design was quasi-experimental. The study population comprised all women with marital conflicts who referred to the psychological centers of Ahvaz in 2019; using convenience sampling, we selected 30 women willing to participate in the project and randomly divided them into experimental (n=15) and control (n=15) groups. The research instrument included Marital Conflict Questionnaire (MCQ) and Sexual Self-Esteem Index for Woman-Short Form (SSEI-W-SF). The experimental group underwent eight sessions (90-minute sessions per week) of schema therapy. The follow-up was performed after 30 days. Data analysis was done using SPSS version 24.

**Results:** In terms of sexual self-esteem, there was no significant difference between the experimental and control groups in the pre-test stage. Schema therapy effectively increased sexual self-esteem in women involved in marital conflicts in the experimental group ( $P < 0.001$ ). The mean pre-test and post-test scores of the experimental group were  $106.26 \pm 8.05$  and  $128.76 \pm 6.77$ , respectively, which increased compared to the pre-test ( $107.13 \pm 6.71$ ) and post-test ( $108.46 \pm 8.97$ ) of the control group.

**Conclusions:** Schema therapy can be employed to improve self-esteem in women involved in marital conflicts. In this way, the conflicts among couples and other family members can be reduced.

**Keywords:** Marital conflict, Sexual self-esteem, Schema therapy, Women

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## 1. Introduction

Women are considered as the foundation of the family structure. Their mental and physical health directly affects the family health and the children's education. According to the studies, 40% of women experience sexual disorders in their marital life, and they are more frequently involved in problems caused by sexual disorders than men (1). Family is an environment where intellectual, emotional, and physical needs are met. It is important to be aware of biological and mental needs and how to satisfy them (2). Relationship distress is determined by the couples' mental assessment of their relationship. Continuous distress in a relationship usually leads to divorce. Some couples choose divorce because of insignificant problems whereas others continue living with each other in spite of serious issues (3). In fact, marital conflicts are considered as the starting point of divorce. These conflicts begin with dispute and continue by verbal aggression, quarrel, and battering, sometimes

leading to divorce. Conflict increases when different levels of the couples' independence or dependence on each other are necessary for collaboration and decision making (4). Disagreements can be caused by emotions and entail insignificant or serious conflicts (5). Disagreement is a prevalent issue, and conflicts in marital relationships occur due to the fact that couples have to make joint decisions in their marital life. These disagreements gradually change into major differences in goals and values (6). Based on studies, the couples' conflicts are not always harmful, rather they become destructive when they oppose each other instead of the problems (7). Different kinds of marital conflicts have been mentioned by the couples, including battering, illegitimate relationships, sexual assault, sexual misconduct, marital misconduct, and irresponsibility (8). These marital conflicts are accompanied by the lack of mental health and depression (9).

Marital conflicts are caused by different factors, such as sexual problems and lack of sexual self-esteem

in the couples. Referring to an individual's self-concept as a sexual being, sexual self-esteem is defined as the value people assume for their sexual identity and acceptability (10, 11). When self-esteem is damaged, one's opinion of oneself, life satisfaction, the experience of joy, enthusiasm for interaction with other people, and the ability to develop sincere relationships become limited. When sexual self-esteem is seriously damaged, it causes a kind of disability which significantly interferes with the person's performance (12). Evidence suggests that women reporting higher levels of marital dissatisfaction experience less comfort with their sexual being. In other words, they report a lower self-esteem while sexual dysfunction can reduce the men's self-esteem (12-14). Toussi and Shareh (15) reported that dissatisfaction with the body and sexual performance decreased the couples' sexual self-esteem and increased their conflicts.

The increased marital conflict and divorce and its negative effect on mental health in the couples, their children, and the society have led researchers to seek for solutions to consolidate marital relationships and the family institution (16). As an effective method in this area, schema therapy is a fundamental transformation in cognitive therapy; it was introduced by Young and Brown (17) and Young, (18) inspired by Aaron Beck's cognitive therapy approach based on the theory of attachment. In general, schemas are considered as infrastructural variables with a high explaining capacity because they influence most of the cognitive processes, coping strategies, and lifestyles. Schemas are considered as an overall pattern of emotional-cognitive experience resulting from an incident possibly dating back to even before the formation of the infant's language (19). Early maladaptive schemas (EMS) always impact a relationship. It can be expected that marital relationships provide a space for the manifestation of these schemas. Choosing a maladaptive partner is among the most common mechanisms by which the schemas can continue (20). Nowadays, due to the increased marital conflicts, it is not possible to continue and modify relationships by schema model, and it requires a special conceptualization. Several studies have reported the effectiveness of this therapy in increasing marital intimacy in the couples about to divorce (21), enhancing the lack of sexual desire in women (22, 23), promoting marriage performance and psychological well-being in women involved in marital conflicts (24), improving sexual self-esteem in women (25), augmenting marital satisfaction (26), and increasing marital adjustment and marital intimacy (21, 27).

Given the paucity of studies on women with marital conflicts, the present study sought to investigate the effect of schema therapy on sexual self-esteem in the women involved in marital conflicts.

## 2. Methods

This quasi-experimental study consisted of all women with marital conflicts who referred to the psychological centers of Ahvaz in 2019. Via convenience sampling, we selected 30 women who were willing to participate in the project. Fifteen participants were included in each group by use of G\*Power statistical software and based on Afroundeh and Saidzanoi (28) study with an effect size of 1.8, a test power of 0.90, and  $\alpha=0.05$ . The researcher carried out the randomization, and participants were allocated through selecting sealed opaque envelopes. Randomization was undertaken after the subjects consented to participation and completed all the baseline measures and eligibility interviews. The inclusion criteria were no record of psychological disorders based on participants' self-expression, age range of 25-50, marital life experience of 1-5 years, and no divorce application. The exclusion criteria were absence in more than two treatment sessions and reluctance to continue the treatment process. After sampling, the experimental group received eight sessions (90-minute sessions per week) of schema therapy by a therapist in the psychology clinic; the control group did not receive any treatment. The control group was considered on the waiting list of post-intervention. After the training sessions, post-test was performed in the experimental and control groups. Follow-up was further conducted in both groups after a month. For ethical considerations, the participants provided written informed consent for participation in the research.

### Research Instruments

**Marital Conflict Questionnaire (MCQ):** Boostanipoor and Zaker designed the marital conflict questionnaire (29). This questionnaire comprises 42 items measuring seven areas of marital conflict, namely decreased cooperation, decreased sexual relationships, increased emotional reactions, increased interaction with the relatives, decreased interaction with the spouse's relatives, financial separation, attracting the children's support, and the overall aspects of marital conflict. The score of the items ranges from 1 to 5, and that of the questionnaire ranges from 42 to 210. Lower scores indicate normal conflicts while higher scores indicate intense conflicts. The cut-off point in this

questionnaire was a standard deviation above the mean of the samples. The authors reported the reliability of this tool to be 0.96 (29), and Bahari and colleagues (30) assessed its reliability to be 0.80. In the present study, the Cronbach's alpha was 0.81 for the questionnaire.

**Sexual Self-Esteem Index for Woman-Short Form (SSEI-W-SF):** Sexual self-esteem index, designed by Zeanah and Schwarz (31), includes 35 items which measure women's effective responses in sexual self-assessment. The items are scored based on a six-point Likert scale ranging from 1 to 6 (totally disagree to totally agree). This questionnaire is comprised of five subscales reflecting sexual self-esteem components, such as experience and skill, attractiveness, control, moral judgment, and adaptability. The total score of the scale is the sum of the five component scores. Higher scores indicate higher sexual self-esteem. The cut-off point in this questionnaire was a standard deviation lower than the mean of the samples. Zeanah and Schwarz (30) approved the convergent validity of the scale based on its correlation with Rosenberg's self-esteem scale ( $r=0.57$ ). Farokhi and Shareh (32) studied 150 Iranian married women; they reported the internal consistency of the items to be 0.88 for the whole sample; the correlation between each item and the total score of the scale was 0.54-0.72. The total reliability of the scale was reported 0.91 in the test-retest. In the present study, the Cronbach's alpha of the questionnaire was 0.84.

*Schema Therapy Sessions*

The experimental group received schema therapy over

eight 90-min sessions held once a week in accordance with the related instructions. Table 1 presents a summary of the treatment sessions program (19).

*Statistical Analyses*

Data were analyzed by descriptive and inferential statistics, such as mean, standard deviation, minimum and maximum scores, and one-way analysis of variance (one-way ANOVA). Cronbach's alpha was calculated to specify the reliability of the questionnaires. SPSS version 24.0 was further used to analyze the data. The significance level of the research was considered to be  $\alpha=0.05$ .

**3. Results**

According to the descriptive statistics, the participants in the experimental group were in the age range of 25-35 years (36.67%) and 35-45 years (13.33%) whereas the controls were aged 25-35 years (33.33%) and 35-45 years (16.67%). The marriage duration was 5-10 years (26.67%) and 10-15 years (23.33%) in the experimental group and 5-10 years (30.00%) and 10-15 years (20.00%) in the control group. The participants in the experimental group had secondary education (36.67%) and college education (13.33%). However, the controls had secondary education (30.00%) and college education (20.00%). The demographic variables of the participants are shown in Table 2.

Based on the data of Figure 1, schema therapy had a significant positive effect on the sexual self-esteem

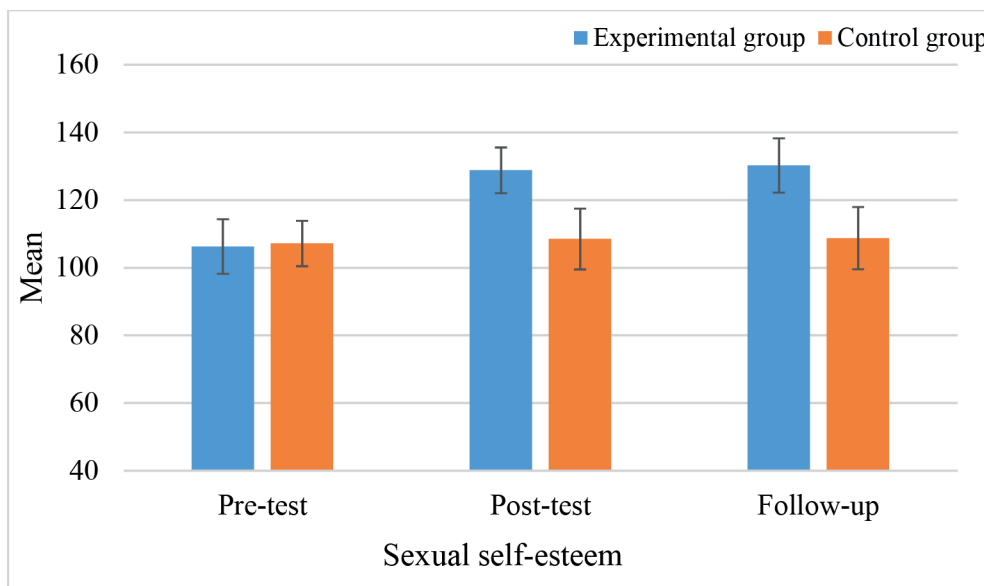
**Table 1:** Summary of the schema therapy sessions

Session	Content
First and second	Assessing and teaching schema therapy, explanation of the instructions and the group work rules, and simple description of schema therapy. The first two sessions were aimed at explaining the nature of cognitive emotion regulation, perceived stress, early maladaptive schemas, perception of diseases and quality of life, and their evolutionary foundations and mechanisms. At the end of the first two sessions, the nature of asthma disorder was formulized based on the schema therapy approach.
Third and fourth	Introduction, instruction, and application of challenging schema challenge cognitive techniques such as schema validation, proposing a new definition for schema evidence, conducting a <i>dialogue between</i> the "schema side" and the "healthy side", designing training cards, and filling the schema form. Teaching the schema therapy cognitive techniques was aimed at enabling 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 motional (experimental) techniques to enable the subjects to investigate the schema transformation roots at an emotional level, introduction and application of imaginary conversation techniques, 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	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, practicing healthy behaviors, and making the subjects ready for the end of the sessions.

**Table 2:** Demographic variables of the participants in the experimental and control groups

Age (years)	Experimental group		Control group		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
25-35	11	36.67	10	33.33	21	70.00
35-45	4	13.33	5	16.67	9	30.00
P-value = 0.437						
Marital duration (years)						
5-10	8	26.67	9	30.00	17	56.67
10-15	7	23.33	6	20.00	13	43.33
P-value = 0.783						
Education						
Secondary education	11	36.67	9	30.00	20	66.67
College education	4	13.33	6	20.00	10	33.33

P=0.912



**Figure 1:** Mean scores of research variable in the experimental and control groups (bars represent the standard deviation (SD) of the mean)

of women with marital conflict in the experimental group. The mean and standard deviation of sexual self-esteem in the pre-test, post-test, and follow-up stages were 106.26±8.05, 128.76±6.77, and 130.20±8.00, respectively. The results of the follow-up phase showed that the change in sexual self-esteem was lasting under the influence of schema therapy. There was no significant change in the sexual self-esteem of the control group (Table 3). According to the findings, the mean post-test scores of the experimental group (128.76±6.77) increased compared to the pre-test (106.26±8.05) and the controls (108.46±8.97) (Table 3).

Prior to analyzing the data of the hypotheses, the assumptions were examined by analysis of covariance. The data normality resulting showed that sexual self-esteem followed a normal distribution (Z=0.182, P=0.192). Moreover, homogeneity of variances (in the experimental and control groups) was studied

by Levene’s test (F=0.549, P=0.368). Due to the homogeneity of the variances, the analysis of covariance was used to analyze the data. In the following, to compare the experimental and control groups based on post-test scores, after controlling the effect of pre-tests, univariate analysis of covariance was used to determine the effect of schema therapy on sexual self-esteem in women involved in marital conflicts (Table 4).

The significant difference (P<0.001) between the mean post-test score of sexual self-esteem in the experimental and control groups suggests that schema therapy was significantly effective in increasing the women’s sexual self-esteem (Table 3). Table 4 shows the results of univariate analysis of covariance in the follow-up. The significant difference (P<0.001) between the mean follow-up scores of sexual self-esteem in the experimental and control groups suggests that schema therapy had a sustainable effect on sexual self-esteem (Table 5).

**Table 3.** Mean and standard deviation of sexual self-esteem in experimental and control groups in the pre-test, post-test, and follow-up phases

Dependent variable	Phase	Experimental group	Control group	P value
		Mean±SD	Mean±SD	
Sexual self-esteem	Pre-test	106.26±8.05	107.13±6.71	0.820
	Post-test	128.76±6.77	108.46±8.97	<0.001
	Follow-up	130.20±8.00	108.73±9.23	<0.001

Mean±SD: Mean±Standard deviation

**Table 4.** Results of univariate analysis of the effect of schema therapy on sexual self-esteem on the post-test phases

Dependent variable	Source	SS	df	MS	F	P-value	$\eta_p^2$	Statistical power
Sexual self-esteem	Pre-test	571.81	1	57.81	12.89	<0.001	0.32	0.93
	Group	3272.88	1	3272.88	73.78	<0.001	0.73	1.00
	Error	1197.66	27	44.36				

SS: Sum of squares; df: Degrees of freedom; MS: Mean squares

**Table 5.** Results of univariate analysis of the effect of schema therapy on sexual self-esteem on the follow-up phases

Dependent variable	Source	SS	df	MS	F	P value	$\eta_p^2$	Statistical power
Sexual self-esteem	Pre-test	651.32	1	651.32	12.22	0.002	0.31	0.92
	Group	3626.70	1	3626.70	68.09	<0.001	0.72	1.00
	Error	1438.01	27	53.26				

SS: Sum of squares; df: Degrees of freedom; MS: Mean squares

#### 4. Discussion

The present study aimed to investigate the effect of schema therapy on the sexual self-esteem of women involved in marital conflicts in Ahvaz city. According to the findings, schema therapy was effective in increasing the sexual self-esteem, and its sustainable effect was approved in the follow-up. In other words, the effect of the treatment on the experimental group was sustainable in post-test-follow-up stage. This finding is consistent with the research results of Asgari and Goodarzi, (21), Afzaligrouh and colleagues (22), Naghinasab Ardehaee and colleagues (24), Nikamal and colleagues (26), and Shahabi and Sanagouye-Moharer (27). Early maladaptive schemas (EMS) create psychological problems. Maladaptive schemas refer to self-perpetuating patterns of memories, emotions, cognitions, senses, and perceptions constituting people's behaviors. Recognizing the schemas helps individuals get a better understanding of the problems and define them. Therapists further help individuals review the schemas emphasizing the emotional relationships from childhood to the present time. In this way, one becomes aware of the cause of their problems in relationships and tries to get rid of them with a higher motivation and achieve a higher sexual self-esteem. In fact, sexual behavior is considered as a part of personality and a set of beliefs, attitudes, and functions expressed by

people in their relationships with the opposite gender (19). Schemas change our beliefs and attitudes towards sexual relationship, hence able to alter our self-esteem and help develop more adaptive marital relationships.

Sexual self-esteem can be defined as a mental state characterizing no boredom, frustration, or apathy. It can be claimed that schema therapy can augment awareness and emotional symbolizing, provide awareness as to the functionality of experiences, and change the processes; therefore, it enables individuals to change and control their interpersonal relationships, marital relationship in particular. In fact, this approach provides the possibility of recognizing the emotions and emotional schemas and changes them into understandable messages and constructive behaviors (33). Schema therapy highlights the importance of couples supporting each other, expressing emotions in positive ways, forming new interactions in relationships, expressing new experiences in the marital life, and caring for spouse; thus, it helps couples rehabilitate their marital relationship and reduce their marital conflicts.

#### 5. Conclusions

Schema therapy effectively increased sexual self-esteem in women involved in marital conflicts and

could be used to enhance self-esteem and sexual performance these women. With regards to the negative effects of marital conflicts on sexual self-esteem and the subsequent consequences, timely diagnosis and appropriate interventions by therapists, it is possible to improve the adverse conditions caused by marital conflicts and increase sexual self-esteem in women with marital conflicts. Therefore, schema therapy sessions can help couples to better apply their emotions in their relationships; also, it makes them able to confront the conflicts by behavioral activation, acceptance, and development of supportive relationships instead of avoidance. In this way, they can decrease their conflicts. As our sample population only consisted of women, the findings could not be generalized to men. Meanwhile, the present research investigated the women referring to psychological centers of Ahvaz, thereby limiting the generalization of the results to other cities. The research should be conducted in different cultural and ethnic populations with larger samples to further investigate the effectiveness of the proposed results. Therapists can study sexual self-esteem and sexual performance and take interventional measures based on the findings of the present study.

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### Ethical Approval

The participants willingly filled out the questionnaires and signed written informed consent. The Ethics Review Board of Islamic Azad University, Ahvaz branch, approved the present study with the following number: 46877.

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