

Research Paper

Determining the Effectiveness of Therapy Schemas on Increasing the Mental Health of Married Teachers in Education Department of Sari, District 2

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ABSTRACT

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Background and Objectives: The present study aimed to determine the effectiveness of therapy schemas on increasing the mental health of married teachers in education department of Sari, district 2.

Methodology: In this study, a quasi-experimental method (pre-test, post-test with a control group) was used. The statistical population of this research included all married teachers of education department of Sari, district 2, in 2020-2021. The sampling method was random. In this study, 100 married teachers were randomly selected, and the Marital Conflict and Mental Health Questionnaires were administered as a pre-test. Then, 40 individuals who scored the lowest were randomly assigned to two groups of 20 each, experimental and control. The experimental group received schema therapy training in 10 sessions, while the control group did not receive any training. A post-test was then conducted for both groups to compare the results. The data collection tools were the Marital Conflict Questionnaire (MCQ) and the Goldberg Mental Health Questionnaire. In this study, covariance analysis was used to test the hypotheses.

Results: Schema therapy training has been shown effective in improving the mental health of married teachers. Additionally, the results showed that with 95% confidence, it can be stated that schema therapy was effective in reducing marital conflicts among married teachers.

Conclusion: It is recommended to implement a comprehensive and well-structured program to improve the mental health of the public using schema therapy training methods. This would help prevent the consequences of mental health issues and emotional problems, thereby avoiding the development of physical illnesses.

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Introduction

Choosing a spouse is one of the first emotional and legal commitments individuals make and is considered one of the most important decisions in life. Marriage is not a temporary, short-term, and aimless decision at a certain stage of life but a choice that requires one's capabilities and competencies. Therefore, the decision to marry and live together, especially in today's social, cultural, and economic conditions, requires maturity, growth, and competence in various areas, making it a specialized and complex subject (Shamsaei, 2008).

Marital satisfaction is the subjective feeling of happiness, satisfaction, and pleasure experienced by a man or woman when considering all aspects of their shared life (Bordbar, 2009). Marital satisfaction is a multidimensional concept that includes various factors, and these factors play a role in overall satisfaction or dissatisfaction with the relationship. In general, each couple has different expectations from their relationship. The development of the trait of commitment and subsequently the ability to establish intimate communication with the opposite sex (spouse) leads to attachment, support, affection, and participation in an emotional relationship that stems from maturity. Consequently, a lack of attachment, affection, and support lays the groundwork for marital conflicts, which can lead to divorce (Lindessi, 2010).

Today, although divorce leads to the breakdown of the family unit, and this family failure has many harmful effects on both parents and children, this phenomenon is increasing in many countries. In the United States, one in every two marriages ends in divorce, and each year, one million children experience their parents' divorce and separation (Kitzmann, 2010).

Iran is no exception to this rule. The National Organization for Civil Registration reported a 15% increase in divorces in 2010 compared to 2009. Additionally, this organization reported a 23% increase in divorces in 2010 compared to five years earlier. According to 2009 statistics, there was one registered divorce for every

13 marriages, whereas in 2010, there was one registered divorce for every 10.6 marriages, indicating a relative increase in the divorce rate in the country (Esmaeili, 2010).

Marriage is the foundation of the family, and the family is the first and unique social institution whose health and success depend on the health and satisfaction of its members (Barlow, 2012). The main pillar of the family is the marital relationship. If the marital relationship is healthy, the family structure will also remain healthy, and the members' performance will reach an ideal level (Davis, 2011). A healthy family can increase the mental and physical health of the husband, wife, and their children. The family's health depends on the health and continuity of the relationship between the husband and wife. On the other hand, the occurrence of differences and conflicts between husband and wife is natural (Kline et al., 2011). Due to the nature of couples' interactions, sometimes differences of opinion occur, resulting in feelings of anger, frustration, and dissatisfaction. Therefore, in marriage, it should be assumed that the emergence of conflict is part of the marital relationship and shared life (Ibid). Conflict is defined as a type of interaction in which individuals express opposing tendencies, views, and beliefs (Kline et al., 2011). Conflict arises wherever there is disagreement, difference, or incompatibility between spouses. Conflict is not always negative; instead, the way couples manage their conflict may negatively impact the relationship (Tamaren, 2010; Emonss, 2010). Couples who can manage conflict in their relationship by using positive methods and fewer negative interactions create an environment with more opportunities for self-disclosure and agreement on family issues (Bookwala et al., 2010). Research has shown that problematic relationships lead to physical and mental health issues. Additionally, there is a relationship between marital problems, the level of marital conflict, marital adjustment, and symptoms of depression (Nastizaie 2009; Maddahi, 2012; Carlson et al., 2009), each of which is considered a risk factor for disease. Therefore, the quality of marital relationships is an important

predictor of mental health.

Healthy and balanced relationships are the foundation of love for family life and marital satisfaction. Nowadays, numerous issues and problems have combined to weaken family relationships. These range from misunderstandings and unreasonable expectations to the type of verbal communication, lack of adherence to specific rules, and methods of household management. Married life always brings many remarkable and memorable experiences. Some of these experiences bring joy, others are painful and distressing, and some may cause feelings of embarrassment. Regardless of the emotions that arise, if family members cannot recognize and discuss them, these feelings get bottled up, undermining the family's well-being. Family barriers to discussing family issues are a significant reason for reducing individual worth (Shamsaei, 2008).

Given that studies and research emphasize the impact of effective marital relationships on individual life satisfaction, it is essential to study this aspect in collective life, the most prominent form of which is family life. This study aims to mitigate marital conflicts and consequently enhance the mental health of couples, which appears to be a necessary endeavor. Therefore, the current study aimed at determining the effectiveness of schema therapy on reducing marital conflicts and improving mental health among married teachers.

Methodology:

Being conducted in 2020-2021, In the present study, since the impact of schema therapy on reducing marital conflicts and improving mental health is being examined, a quasi-experimental method (pre-test, post-test with a control group) was used. The statistical population of this study consists of all married teachers at of education department of Sari, district 2. The sampling method in this study was random. In this research, 100 married teachers were randomly selected, and the Marital Conflict Questionnaire and Mental Health

Questionnaire were administered to them as pre-tests. Then, 40 individuals with the lowest scores were randomly assigned to two groups of 20 each, experiment and control. The experimental group received schema therapy training in 10 sessions, each lasting 30 minutes, while the control group received no training. Subsequently, post-tests were conducted for both groups to compare the results. The data collection tool is a questionnaire accompanied by a response package. Respondents express their opinions by completing the Marital Conflict Questionnaire and the Mental Health Questionnaire. Descriptive statistics (tables, charts, mean, standard deviation) were used to describe the characteristics of the participants. Considering the research design, which is a two-group design with pre-test-post-test with a control group, analysis of covariance (ANCOVA) through SPSS 21 was employed to confirm the hypotheses.

Results:

In Table 1, descriptive statistics (mean and standard deviation) for both control and experimental groups are presented separately for the pre-test and post-test stages regarding psychological health.

Table 1. Descriptive Statistics of Psychological Health Variable

Groups	Test	Sample Size	Descriptive Statistics
			Mean
Experimental	Pre-test	20	52.93
	Post-test	20	31.40
Control	Pre-test	20	47.80
	Post-test	20	49.07

According to Table 1, the mean of the psychological health variable for individuals in both experimental and control groups is presented separately in pre-test and post-test stages. The mean for the experimental group in the pre-test (52.93) and the mean for the control group in the pre-test (31.40) indicates that the groups were similar before the implementation of schema therapy. However,

the mean for the experimental group in the post-test is lower than that of the control group, indicating the impact of schema therapy on the mean of the experimental group.

Table 2: Descriptive Statistics of Marital Conflict Variable

Groups	Test	Sample Size	Descriptive Statistics
			Mean
Experimental	Pre-test	20	158.60
	Post-test	20	96.07
Control	Pre-test	20	154.07
	Post-test	20	162.80

Based on the contents of Table 2, the mean of the marital conflict variable for individuals in both experimental and control groups is presented separately in pre-test and post-test stages. The mean for the experimental group in the pre-test (158.60) and the mean for the control group in the pre-test (154.07) indicates that the groups were similar before the implementation of schema therapy. However, the mean for the experimental group in the post-test is lower than that of the control group, indicating the impact of schema therapy on the mean of the experimental group.

In order to evaluate the hypothesis and to use the analysis of covariance (ANCOVA) test, the assumptions must first be examined. If the assumptions are met, ANCOVA can be applied.

Table 3. Levene's Test for Homogeneity of Variances

F Value	Degrees of Freedom 1	Degrees of Freedom 2	Significance Level
0.000	1	28	0.0001

According to Table 3, the assumption of homogeneity of variances is not significant at the 0.05 level ($p > 0.05$). Therefore, the assumption of homogeneity of variances is met.

Table 4. Kolmogorov-Smirnov Test for Normality

Mean	Observations	Z Value	Significance Level
140.53	30	0.709	0.697

According to Table 4, the distribution is normal based on the Kolmogorov-Smirnov test, with the significance level being greater than 0.05.

Table 5. Test of Linearity of the Relationship between Pre-test and Post-test

Source	Sum of Squares	Degrees of Freedom (df)	Mean Squares	F Value	Significance Level
Error	5121.33	1	5121.33	65.17	0.000

According to Table 5, the obtained F value and a significance level smaller than 0.05 indicate that the assumption of linearity is met.

Table 6. F Test for Homogeneity of Slope Coefficients in Regression

Source	Sum of Squares	Degrees of Freedom (df)	Mean Squares	F Value	Significance Level
Error	5121.336	2	2560.67	39.59	0.051

According to Table 6, the obtained F value and a significance level greater than 0.05 indicate that the assumption of homogeneity of slope coefficients is met. Thus, ANCOVA can be used.

Table 7. Analysis of Covariance (ANCOVA) for Marital Conflict in Two Experimental and Control Groups

Source	Sum of Squares	Degrees of Freedom (df)	Mean Squares	F Value	Significance Level
Pre-test	5684.241	1	5684.241	9.524	0.052
Group	3547.341	1	3547.341	43.887	0.000
Error	2145.093	27	81.115		
Total	13931.000	30			

To assess the effectiveness of schema therapy on reducing marital conflicts among married teachers, as observed, marital conflict in the experimental group

has decreased. Therefore, it can be stated with 95% confidence that schema therapy is effective in reducing marital conflicts among married teachers.

Discussion and Conclusion:

The findings showed that schema therapy training significantly reduced marital conflicts in the experimental group. Thus, we conclude that schema therapy training effectively reduces marital conflicts among married teachers. Research by Baucom and Siears (2008) indicated that schema therapy sessions are associated with increased self-esteem and reduced aggression among couples. Sander and Scherer's work (2014), as cited by Kadishen and colleagues (2011), evaluated schema therapy training as effective in reducing aggression among offenders. Young et al. (2003) found schema therapy training to be effective in developing an internal locus of control and reducing aggression in couples. Eimer (2013) believe that schema therapy training leads to reduced conflicts and strengthened marital relationships. Furthermore, the results of this study are in line with those of Bressler (2014). Family relationships represent the most intensive setting for interpersonal conflicts. Emotional and romantic relationships provide a serious test for learned life skills. Interpersonal conflict arises when an individual perceives a mismatch between their own goals, needs, or desires and those of the other party (William, 2010). Overall, the vitality and health of a family depend, to some extent, on the level of conflict within the family and the type of conflict they experience. Amiri (2009) examined found that some couples emerge as winners and others as losers. They concluded that the "major difference between winners and losers lies in how they understand and manage conflicts," which determines whether a couple stays together or divorces. Wilmot (2020) notes, "The determining factor for the longevity or termination of a relationship is how successfully the partners navigate through periods of conflict." Bressler (2014) argue that it is not the presence or absence of conflict

that determines the "quality of a marriage," but how conflict situations are managed that determines the quality of a marital relationship. In this regard, schema therapy training can be seen as a valuable approach. As observed, the above studies indicate the impact of schema therapy training on reducing conflicts. The present study's findings also support these results. It is observed that after schema therapy training, there was a significant reduction in the scores of the experimental group compared to the control group. Considering previous research that found schema therapy training effective in reducing conflicts and the significant reduction in the scores of the experimental group, it can be concluded that schema therapy training can positively impact reducing conflicts. It is worth noting that in the control group, which did not receive schema therapy training, there was no significant change in the scores. Overall, when comparing the control group with the experimental group, the impact of schema therapy training on reducing marital conflicts in the experimental group can be clearly understood. Accordingly, it is recommended that comprehensive workshop programs aimed at improving mental health for all couples must be organized. These programs should be ongoing and accessible. It is recommended that couples be taught effective methods for reducing conflicts. Providing practical tools and strategies can help them manage disputes better. Counselors and psychologists should integrate schema therapy sessions and workshops into their practice to help couples reduce conflicts, as supported by the findings of this research. Mental health professionals are encouraged to develop and implement extensive programs to enhance public mental health using schema therapy. This approach can help prevent emotional and psychological issues from escalating into physical illnesses. To reduce marital conflicts, couples should focus on the positive aspects of their partners and avoid mutual criticism. Emphasizing strengths can foster a more supportive and positive relationship.

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