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Comparing the effectiveness of short-term dynamic psychotherapy and schema-based therapy on the resilience and mental health of couples

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ABSTRACT

Background and purpose: The level of health and mental health in marriage is one of the important criteria that determines the quality of life of couples. The purpose of the present study was to compare the effectiveness of short-term dynamic psychotherapy and schema-based therapy on resilience and mental health of couples.

Research method: The current research is applied and of an experimental type with a pre-test and post-test design. Among the couples of Tehran city in 1403, 45 people were selected by available sampling method and one group waiting for treatment and two experimental groups (each group of 15 people) were randomly replaced. An experimental group of 8 sessions of 90 minutes was trained with the schema-based treatment method and an experimental group of 8 sessions of 90 minutes was trained with the short-term dynamic psychotherapy method, and the waiting group did not receive training. The groups completed the Mental Health Questionnaire (GHQ-28) and the Connor-Davidson Resilience Questionnaire as a pre-test and post-test. Covariance statistical test was used to analyze the data.

Findings: The results showed that there was a significant difference in the mean mental health score in the short-term dynamic psychotherapy trial group and in the schema-based therapy trial group ($p<0.01$) and there was no significant difference in the control group. Also, the results showed that schema therapy has more effectiveness and durability than short-term dynamic psychotherapy in improving and increasing couples' resilience.

Conclusion: The findings of this research acknowledge the importance of using schema therapy and short-term dynamic psychotherapy in increasing the mental health and resilience of couples. These two approaches can be used to reduce the damage in marital relationships.

Introduction

Marriage has always been considered the most important and noble social custom for achieving emotional needs. Marriage is a voluntary and conscious relationship and is currently being chosen. Demographers consider the first year of marriage or shortly thereafter to be the most difficult period of adjustment in marriage (Fincham, 2017). In the first weeks and months of marriage, serious and frequent disagreements arise that, if not resolved, can create marital satisfaction and its stability (Fisher et al., 2012). Divorce is the most reliable indicator of marital turmoil (Harris, 2019) and indicates that marital satisfaction is not easily achieved. In Iran, the divorce-to-marriage ratio was 6.3 percent in the 1960s, 8.3 percent in the 1970s, 10.3 percent in the 1980s, 22.6 percent in 2017, and higher in the first half of 2019. According to UN statistics, the divorce rate in our country is higher than in the region and is either the same or lower than in developed countries. 14% of divorces currently occur in the first year and 50% of divorces occur in the first 5 years of life (Nejadi and Rabiei, 2015).

There is no consensus among experts on the definition of public health, and in general, public health is defined as the complete physical, mental, and social health of an individual in a way that there is a dynamic and reciprocal relationship between these three factors. Despite the differences in the definition of public health, mental health is defined as the ability to communicate harmoniously and harmoniously with others, change and modify the personal and social environment, and resolve conflicts and personal practices rationally, and have meaning and purpose in life. A person is mentally healthy if he or she has signs and symptoms of disability and can communicate with others and is able to cope with the pressures of life.

One of the changes related to maintaining the mental health of couples is resilience. Resilience is the ability of an individual to maintain mental life in dangerous situations (Regian and Goodarzi, 2015). In fact, resilience is a phenomenon that is one of the natural adaptive responses of humans and enables them to achieve success and overcome threats despite facing serious threats (Heydarian, Zahrakar and Mohsenzadeh, 2016). Resilience is an important concept in the process of adaptation and methods of adaptation in patients to diseases. Resilience is the ability and skill of an individual to positively adapt to chronic stress or difficult conditions to a chronic disease. In other words, successful adaptation to challenging conditions in life is called resilience (Habibi et al., 2016). Resilience is a tool for adapting the level of control according to environmental conditions. As a result of this adaptive conceptualization, individuals with high levels of resilience are more likely to experience positive emotions in their lives, have higher self-confidence, and have better psychological adjustment compared to individuals with low levels of resilience (Vertak, 2015). High quality is generally associated with physical and mental health (Lammers et al., 2012) and brings a higher level of success and reduced behavioral problems in families (Mojahid et al., 2010). This is important and noteworthy and illuminates the intervention of couples therapists in the early years of marriage as a measure to change the growth of dissatisfaction and separation of couples. In general, the stages of the first relationship of couples are accompanied by idealistic characteristics and it is natural that they will be short-lived (Panahi et al., 2014), and due to the conflict between ideals and aspirations and realities, dissatisfaction with cohabitation and marriage will occur. Unrealistic imaginary love becomes reality with real love, and couples do not replace their romantic love with developed intimacy and realistic expectations, and therefore feel disappointed, resentful, and withdrawn (Aghaei et al., 2015).

In the field of couples therapy, there are various approaches to improve marital satisfaction and mental health of couples, and much research has been conducted on the effectiveness of these methods (Amirbek et al., 2021). One of the approaches that focuses on both behavioral and emotional control and ultimately leads to couples' satisfaction with life is the schema therapy approach. Schema therapy addresses the deepest level of cognition and targets early maladaptive schemas, and by utilizing cognitive, experiential (emotional), behavioral, and interpersonal strategies, it helps patients overcome the aforementioned schemas. The primary goal of this psychotherapy model is to create psychological awareness and increase conscious control over schemas, and its ultimate goal is to improve schemas and coping styles (Young et al., 2001). The results of Hassani's (2016) research showed that the schema therapy method is effective on couples' marital satisfaction. The results of Taghi Yar's (2016) study showed that teaching the schema therapy approach reduced women's marital frustration. In a study, Araghi (2016) showed that schema therapy increased intimacy, desire, and commitment, as well as the overall lovemaking score. Also, schema therapy increased marital satisfaction. Callot et al. (2013) showed in a study that early maladaptive schemas consistent with cognitive hierarchical models of social isolation affected the levels of thought layers, and conversely, these levels of thoughts played a role in the continuation of schemas. Demitrescu and Russo (2012) showed that the levels of early maladaptive schemas

were able to predict the levels of marital satisfaction. In their findings, researchers confirmed the effectiveness of schema therapy in increasing the quality and satisfaction of life and improving early maladaptive schemas (Hashemi and Jafari, 2021).

Another approach used to address the problems associated with women with marital conflict and to improve adjustment is brief psychodynamic psychotherapy. Perhaps the most fundamental focus of psychodynamic therapy is on the emotional pain associated with the psychological process in which life is conceived of as a difficult and overwhelming process, the psyche struggles to cope with and tolerate it, and develops defenses or avoidance mechanisms—ways of seeing, thinking, feeling, and behaving that are largely unconscious. These unconscious attempts to avoid emotional pain often fail, but because our awareness is limited, they are nevertheless repeated over and over again. Psychodynamic therapy aims to help the client reformulate what he or she is experiencing in a more complete way in the treatment process and to tolerate the discomfort that results from it. The understanding that the therapist and client develop about these problems expands the client's awareness and opens the way to new options for managing the conflict. It also increases the client's capacity to tolerate emotional pain and cope with dissatisfaction, and increases their ability to think and be curious about their experiences (Johnson and Dallos, 2016). Research has shown the effectiveness of this treatment in increasing marital satisfaction (Abbasi et al., 2017), reducing marital burnout and improving the quality of women's marital relationships (Monemian et al., 2016), increasing marital happiness and emotion regulation (Tarkeshdoz and Sanaguye, 2019); reducing marital stress (Shakrami et al., 2014); increasing resilience in couples (Terrance et al., 2019); increasing marital adjustment in women (Sehat et al., 2014), increasing adolescent resilience (Lutfi and Motamedi, 2016), and improving well-being in students (Pakrosnis and Spokin, 2015). Mobsam et al. (2012) conducted a study titled "The Effectiveness of Short-Term Intensive Dynamic Psychotherapy on Reducing Marital Conflicts in Women," the results of which indicate the effect of Short-Term Intensive Dynamic Psychotherapy on reducing marital conflicts in women. Therefore, according to the above-mentioned materials, the effectiveness of Short-Term Dynamic Psychotherapy and Schema-Based Therapy has been investigated on many variables, but as far as the researcher has investigated, no study has been found that compares Short-Term Dynamic Psychotherapy and Schema-Based Therapy; therefore, the researcher seeks to answer the question of whether there is a difference between Short-Term Dynamic Psychotherapy and Schema-Based Therapy on couples' resilience and mental health?

Methods: The present study is an applied and experimental study with a pre-test and post-test design. Among the couples in Tehran in 1403, 45 people were selected by convenience sampling and randomly assigned to a waiting group and two experimental groups (15 people in each group). An experimental group received 8 90-minute sessions of schema-based therapy and an experimental group received 8 90-minute sessions of short-term dynamic psychotherapy, and the waiting group did not receive educational treatment. The groups completed the Mental Health Questionnaire (GHQ-28) and the Connor-Davidson Resilience Questionnaire as pre-test and post-test. The covariance test was used to analyze the data.

General Health Questionnaire (GHQ-28): The 28-question form of the General Health Questionnaire was developed by Goldberg and Hillier in 1989 and has 28 items and 4 7-question subscales (physical symptoms, anxiety, social functioning disorders, and depression). This questionnaire is scored as 0, 1, 2, and 3, and the research questions entitled Standardization of the General Health Questionnaire were administered to 571 male and female undergraduate students of Teacher Training University in 1996-97. The overall reliability of the questionnaire was estimated to be 0.82 using Cronbach's alpha, and the construct validity of this questionnaire was also obtained as 0.82 (Qasemi and Sarukhani, 2014). In the present study, the reliability of the total mental health score was 0.77 using Cronbach's alpha.

Connor and Davidson CD-RISC Resilience Questionnaire: The resilience questionnaire was developed by Connor and Davidson (2003) to measure the ability to cope with pressure and threat, and Mohammadi (2005) adapted it for use in Iran. This questionnaire has 15 five-choice items, the options of which are scored from 0 to 4, respectively. In this way, the completely incorrect option is assigned a score of 0, the rarely correct option is assigned a score of 1, the sometimes correct option is assigned a score of 2, the often correct option is assigned a score of 3, and the always correct option is assigned a score of 4. The sum of the scores of the 26 items constitutes the total score of the scale. A preliminary study on the psychometric properties of this scale in the normal population and patients showed that this tool has sufficient internal consistency, test-retest reliability, convergent and divergent validity. The results of exploratory factor analysis showed that this scale is a multidimensional instrument and confirmed the existence of five factors: competence/personal strength, trust in personal instincts/tolerance of negative emotions, positive acceptance of change/safe relationships, control, and spirituality (Connor and Davidson, 2003). In a study conducted by Samani, Jokar, and Sahragerd, the

reliability of this scale was obtained using Cronbach's alpha coefficient equal to 0.78. Mohammadi obtained the reliability coefficient of the scale as 0.89 using Cronbach's alpha coefficient and the validity of the scale by the correlation method of each item with the total score of the coefficients between 0.41 and 0.64. The validity by factor analysis was equal to 0.87. The reliability of the resilience questionnaire was re-normalized in addition to the initial normalization by Kardmirza. In his research, researcher Kardmirza reported the alpha coefficient of the entire test as 0.90. The reliability of the resilience questionnaire was investigated using Cronbach's alpha and reported a reliability coefficient of 0.91. In the present study, the Cronbach's alpha coefficient of the research variables was as follows: resilience (0.89), emotion-focused coping strategies (0.78) and problem-focused coping strategies (0.69), responsible life (0.70), pleasant life (0.74), meaningful life (0.73), and the overall alpha coefficient of happiness was 0.89.

Summary of Schema Therapy Sessions

In the first session, after getting to know each other and establishing a good relationship, the importance and goal of schema therapy were expressed and the clients' problems were formulated in the form of a schema therapy approach. In the second session, objective evidence confirming and rejecting schemas based on current and past life evidence was examined, and the aspect of the existing schema with a healthy schema was discussed. In the third session, cognitive techniques such as schema validity testing, a new definition of evidence confirming the existing schema, and evaluating the advantages and disadvantages of coping styles were taught. In the fourth session, the concept of a healthy adult was strengthened in the patient's mind, their unmet emotional needs were identified, and strategies for releasing blocked emotions were taught. In the fifth session, healthy communication and imaginary conversation were taught. In the sixth session, experimental techniques such as mental imagery of problematic situations and confronting the most problematic ones were taught. In the seventh session, the therapeutic relationship, relationships with important people in life, and practicing healthy behaviors through role-playing and tasks related to new behavioral patterns were taught, and in the eighth session, the advantages and disadvantages of healthy and unhealthy behaviors were examined, and strategies for overcoming obstacles to behavior change were taught.

Summary of short-term dynamic psychotherapy sessions

Intensive short-term psychodynamic therapy (ISTDP) was implemented with the Duvanlo approach based on a 7-step dynamic sequence. This 7-step sequence was implemented as follows (Ghorbani, 2008):

1. Questioning about problems 2. Pressure 3. Challenge 4. Transference resistance 5. Direct access to the unconscious 6. Transference analysis 7. Dynamic exploration of the unconscious

This intervention was implemented over 8 90-minute sessions. The intervention was implemented during each session with a dynamic sequence, and the subject had multiple returns to different stages of this sequence during the sessions. In general, the general intervention model was based on short-term intensive psychodynamic therapy that helped the subject observe their defenses, access their feelings by regulating anxiety, and ultimately be able to engage in adaptive behavior based on their feelings. Another important issue that was assessed and addressed during all sessions was the patient's anxiety regulation. Anxiety was measured continuously through clinical interviews and questions and answers, as well as observation of physical symptoms, and the patient was helped to avoid experiencing anxiety beyond the threshold. For this purpose, after the interview and initial examinations, the subject was taught the conflict triangle and channels for the discharge of unconscious anxiety so that the subject could identify and report anxiety more efficiently and report cases of anxiety discharge in unconscious channels to the therapist.

Findings

The mean and standard deviation of the mental health and resilience variables of couples in the two schema-based therapy and short-term dynamic psychotherapy

y training groups and the control group, separated by pre-test and post-test, are shown in Table.

Table (1): Mean and standard deviation of mental health and resilience variables

Standard deviation		Average		Group	Variable
Post-test	Pre-test	Post-test	Pre-test		
24/56	29/85	134/25	65/08	Schema-Based Therapy	Mental health
18/45	22/38	148/35	75/21	Dynamic Psychotherapy	
56/78	7/28	72/47	68	Control	
15/78	17/95	112/68	87/20	Schema-Based Therapy	Resilience
13/86	15/15	103/56	85/84	Dynamic Psychotherapy	
25/87	24/75	87/66	89/68	Control	

As can be seen in Table 1, there were changes in the pre-test and post-test scores of mental health and resilience variables in both schema-based therapy and short-term dynamic psychotherapy groups. In schema-based therapy and short-term dynamic psychotherapy, the mean and standard deviation of mental health and resilience scores in the post-test increased significantly compared to the pre-test. In this study, the covariance statistical test was used because of its greater fit and compatibility with the research hypothesis

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Table (2): Comparison of the difference between the pre-test and post-test scores of mental health and resilience in the three treatment groups: schema-based short-term dynamic psychotherapy and control.

P	F	MS	DF	SS	Dependent variable	Source
0/0001	23/70	2355/53	2	4711/06	Mental Health	Group
0/0001	58/50	199/03	2	398/06	Resilience	
		43/31	43	1862/52	Mental Health	Error
		11/91	43	512/52	Resilience	
			45	12421/35	Mental Health	Total
			45	298/22	Resilience	

According to the results of Table 2, after adjusting the pre-test scores, the difference between the groups is significant at the alpha level of 0.0001; therefore, the research hypothesis that short-term dynamic psychotherapy and schema-based therapy are effective on couples' mental health and resilience and the difference between the groups in the post-test is confirmed. Tukey's post-test test was used to examine the group means in detail. According to the results of the Tukey test, the mean difference in pre-test-post-test scores of mental health in the short-term dynamic psychotherapy group was greater than in the control group, and the mean difference in scores of the schema-based therapy group was greater than in the control group ($p<0.001$). In other words, the short-term dynamic psychotherapy group and schema-based therapy were effective on mental health compared to the control group. The results also indicated that schema-based therapy was more effective and durable than short-term dynamic psychotherapy in improving and increasing couples' resilience.

Discussion and Conclusion

This study was conducted with the aim of comparing the effectiveness of short-term dynamic psychotherapy and schema-based therapy on couples' resilience and mental health. The results showed that the mean mental health score in the short-term dynamic psychotherapy experimental group and the schema-based therapy experimental group was significantly different ($p<0.01$), and this rate was not significantly different in the control group. The results also indicated that schema-based therapy was more effective and durable than short-term dynamic psychotherapy in improving and increasing couples' resilience. The findings of this study are consistent with the research of Yousefi (2012), Shakhmgar (2016), Aghaei, Hatamipour, and Ashouri (2017), Panahifar, Yousefi, and Armani (2014). The results of the consistent findings show that schema-based therapy causes changes in cognitive and experiential, emotional, and behavioral fields. This approach has been effective in challenging maladaptive schemas and dysfunctional responses and replacing them with more appropriate and healthier thoughts and responses. Schema therapy, by improving some basic and destructive components such as negative emotions and thoughts, seems to be able to improve psychological health in general and, as a result, mental health and increase the level of resilience in individuals. Schema therapy techniques help the patient to

prepare the ground for improving schemas by emotional reorganization, examining new self-learning, regulating interpersonal emotion, and self-soothing. These schemas operate at the deepest level of cognition, usually outside the level of awareness (Titov et al., 2015). In further explaining these findings, it can be said that the schema therapy approach is an approach consisting of cognitive, behavioral, interpersonal, attachment, and experiential approaches in the form of an integrated therapeutic model that, by using four main cognitive, behavioral, relational, and experiential techniques, in addition to questioning maladaptive schemas, which are the main cause of the formation of ineffective and irrational thoughts, emotionally drains buried negative emotions and feelings, such as anger resulting from the lack of satisfaction of spontaneity needs and secure attachment to others in childhood, which can lead to peace and reduced anxiety, less negative rumination, and as a result, less physical arousal experiences, which can be a useful determinant of health. In explaining the effectiveness of short-term dynamic psychotherapy, it can be said that, as research results show, painful and unresolved memories of couples' past are one of the factors affecting the creation of marital conflicts. It seems that in some cases, couples' conflicts are rooted in their early experiences, which are similar to current conflicts between couples (Malluk, 1983; Mobsam et al., 2012). One of the goals of dynamic psychotherapy is to increase patients' awareness and tolerance of conflicting feelings towards important people in their lives (Glasser, 2010). In this therapeutic approach, the focus is on the meanings and concepts that the individual describes about his or her early life experiences and that are the basis of marital conflicts. For example, is there a link between past events and current events? Are past memories associated with anxiety? (Malluk, 1983; Mobsam et al., 2012). In intensive short-term dynamic psychotherapy, the treatment process progresses in a spiral from the outermost layers of defense against emotional closeness to anger, which is the underlying layer of pain and grief, and finally the desire for emotional closeness. The goal of therapy is for the patient to accept, master, and integrate a wide range of human emotions. During treatment, patients should be able to access all layers of their emotions, experience them, and organize them in a way that allows them to gain a clear understanding of themselves and others (Della Silva, 2018). In fact, intensive short-term dynamic psychotherapy challenges dysfunctional defenses in a way that opens the path to emotional experience and expression, thus enabling the individual to consciously control their thoughts, behavior, and emotions and consciously manage their emotions (Mami et al., 2020).

Ethical considerations: After obtaining the necessary approvals and permission from the university, all participants in the study were explained the objectives and procedure for completing the questionnaires, their consent was obtained, and they were assured that the results of the study would be made available to them if they wished. The individuals were also assured that they were free to participate or not in the study, and that if they did not participate and cooperate, their treatment or care would not be affected and that they would be followed up as usual. The individuals were assured that they could decide to withdraw from the study at any stage of the study, and that this would not have any adverse consequences for them.

Research limitations: Like other studies, this study had limitations, one of which was the mental and emotional state of the participants when answering the questions, which may have affected the accuracy and precision of their responses, which was uncontrollable.

Conflict of interest: The authors hereby declare that this work is the result of independent research and does not have any conflict of interest with other organizations or individuals.

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