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Effectiveness of Schema Therapy and Acceptance and Commitment Therapy (ACT) on the Mental Health of Conflicted Couples

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A B S T R A C T

Purpose: The present study aimed to investigate the effectiveness of schema therapy and Acceptance and Commitment Therapy (ACT) on the mental health of conflicted couples.

Methods and Materials: This study is a quasi-experimental research with a pre-test, post-test, and follow-up design, including a control group. The study population consisted of couples who visited counseling centers and the Social Emergency Unit of the Welfare Organization in Bojnord in 2022, selected through a convenience sampling method. The schema therapy experimental group received seven 120-minute sessions, and the ACT experimental group participated in eight 120-minute sessions. The control group did not receive any training. The research instrument was the General Health Questionnaire (GHQ) by Goldberg and Taghavi (2001). Data were analyzed using SPSS 25 software with multivariate repeated measures analysis of variance and Bonferroni post hoc tests.

Findings: The findings indicated the effectiveness of schema therapy and ACT in improving the mental health of conflicted couples, with sustained effects reported at the follow-up stage. Additionally, ACT demonstrated greater effectiveness.

Conclusion: Based on the findings of this study, schema therapy and Acceptance and Commitment Therapy can be utilized to enhance the mental health of conflicted couples.

Keywords: *Schema Therapy, Acceptance and Commitment Therapy, Mental Health, Conflicted Couples.*

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1. Introduction

The family functions as a continuous system of individuals where changes in one or more members and their relationships affect the entire family unit (Babaei et al., 2024). This conflict, as a sign of marital discord, leads to a wide range of problems and negative effects on various family functions, including parenting (Abedi et al., 2024; Akrami, 2022; Ardakhani & Seadatee Shamir, 2022). Consequently, marital conflict is considered one of the stress-inducing and disruptive factors within a family (Mahmoudian & Dehestani, 2021; Mohammadi et al., 2021). Over time, unresolved marital problems increase the level of conflicts between couples, ultimately resulting in higher divorce rates. Furthermore, research findings indicate that one of the most significant negative impacts of marital conflict is observed in children. Researchers have linked marital conflict to behavioral problems and externalizing behaviors in children. The role of the family in child upbringing highlights the importance of family mental health for the well-being of future generations. A healthy family serves as a nurturing and secure environment that fosters the appropriate development of talents (Mohammadian et al., 2021). Thus, any harm to the mental health of the family can have extensive negative consequences for its members (Mohammadhosseini et al., 2020).

Regarding the significance of the family, Greenberg emphasizes that healthy individuals usually emerge from healthy families, and if families cannot maintain their well-being, they can create numerous issues for society and impose considerable costs. This underscores the necessity of prioritizing family welfare and enhancing family quality to prevent the growing incidence of social problems. The type of intra-family interactions is a critical factor affecting the mental health of family members. Considering the importance of family well-being and its influence on the psychological status and quality of life of individuals, attention must be given to threats to family mental health (Nadaf et al., 2020). Mental health has become a crucial concern among researchers (Rouyintan et al., 2020). The term "health" refers to being free from physical defects and illnesses (Shokhmgar, 2016; Tabarnia & Ansari, 2018). Traditionally, a person without physical illness was considered healthy; however, research now shows that many physical ailments stem from mental and emotional disturbances. Hence, a truly healthy individual also enjoys mental well-being. In psychology, mental health encompasses psychological well-being, the ability to cope with daily stressors, and establishing stable relationships. In 1962, Levinson and colleagues defined mental health as how an individual feels about themselves, the surrounding world, their living environment, and others, emphasizing the importance of one's adaptability and awareness of their environment and responsibilities (Mirzaei Doustan et al., 2019; Mohtadi Jafari et al., 2019).

A person who can adapt to their surroundings and society is considered psychologically healthy. Mental health comprises traits that act as protective shields against life's stressors, enhancing individuals' functioning during challenging situations. Mental health is a state of well-being and capability that enables individuals to handle daily stress effectively. Psychologists regard mental health as a key indicator of societal health, and disruptions can lead to various personal and social issues (Amjadi Balbanabad & Elham, 2015). Our psychological characteristics determine our responses to everyday challenges, and greater mental well-being equates to lower vulnerability. One effective intervention for improving the mental health of conflicted couples is schema therapy.

Schemas are formed based on early life experiences and both conscious and unconscious cognitive development. Typically, maladaptive schemas emerge when individuals act in ways that reinforce these schemas in their interactions, even when initial interpretations are incorrect (Carter et al., 2018). Schema therapy, developed by Young, is an integrative approach that builds upon and extends classical cognitive-behavioral concepts and methods (Young et al., 2007). Schema therapy techniques enhance self-worth, competence, positivity, and confidence (Sangani & Dashtbozorgi, 2019; Shokhmgar, 2016). The therapy consists of two stages: assessment and education, followed by schema modification (Mohammadhosseini et al., 2020; Mohammadian et al., 2021). Four groups of techniques are used to modify schemas: cognitive techniques that target core beliefs, experiential techniques that address memories, imagery, bodily sensations, and emotions, behavioral pattern-breaking that targets ineffective coping styles, and interpersonal strategies that address unmet emotional needs (Pour Panjeh & Tabatabaeenejad, 2023). The primary goals include identifying early maladaptive schemas, validating unmet emotional needs, changing maladaptive beliefs and schemas to improve functioning, modifying life patterns and coping styles, and providing a supportive environment for learning adaptive skills (Ebrahim et al., 2016; Haqani et al., 2019). Schema therapy addresses deep cognitive layers,

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targeting early maladaptive schemas, and employs cognitive, emotional, behavioral, and interpersonal strategies to help individuals overcome these schemas. The initial aim is to build psychological awareness and enhance conscious control, with the ultimate goal of schema improvement and coping style development (Dickhaut & Arntz, 2014; Sangani & Dashtbozorgi, 2019).

Acceptance and Commitment Therapy (ACT) is another psychological approach effective in enhancing mental health (Akrami, 2022; Enayati Shabkolai et al., 2023). Hayes and colleagues (2006) define ACT as an efficient, context-based therapy grounded in Relational Frame Theory, viewing psychological issues primarily as the result of psychological inflexibility, driven by cognitive fusion and experiential avoidance. ACT uses both direct therapeutic interactions and indirect verbal processes to create psychological flexibility, primarily through acceptance, defusion, the experience of self-as-context, present moment awareness, values, and committed action. Simply put, ACT fosters psychological flexibility using acceptance, mindfulness processes, commitment, and behavior change strategies. Psychological flexibility, ACT's primary goal, refers to the ability to choose actions that are not solely motivated by avoiding distressing thoughts, feelings, or desires (Gol Mohammadian et al., 2018). Emerging from the behavioral tradition, ACT is part of the third wave of behavior therapy. This wave emphasizes present and future-oriented, individual-centered, solution-focused approaches that prioritize strengths and competencies over pathology. ACT, schema therapy, and behavioral activation are examples within this domain (Hayes et al., 2006; Karbasdehi et al., 2021). ACT incorporates a model known as the "hexaflex," comprising acceptance, defusion, present moment awareness, committed action, self-as-context, and values. Notably, ACT employs therapeutic metaphors, which clients find less resistant and more memorable (Hayes et al., 2006). Metaphors effectively convey how events impact a particular domain, as they resemble visual imagery that clients can recall and apply beyond therapy sessions (Mamizadeh, 2016). Examples of ACT metaphors include "man in the hole" and "tug-of-war with a monster." Mindfulness is another key component, defined as nonjudgmental, present-focused awareness (Kabat-Zinn, 1990). In its spiritual sense, mindfulness seeks self-transcendence and the release of the self-concept created by the mind (Mohammad-Khani & Khanipour, 2012).

Although limited research has examined the effectiveness of schema therapy and ACT on the mental health of conflicted couples, some studies have been conducted. For instance, Sangani and Dasht Bozorgi (2019) found that schema therapy improved the mental health, rumination, and loneliness of divorced women (Sangani & Dashtbozorgi, 2019). Mohtadi Jafari et al. (2019) showed that schema therapy techniques reduced depression, anxiety, and social dysfunction, enhancing mental and physical health among women with premenstrual dysphoric disorder (Mohtadi Jafari et al., 2019). Mirzaei Doostan et al. (2019) found that ACT reduced death anxiety and improved mental health in women with HIV in Abadan (Mirzaei Doustan et al., 2019). Bigdeli and Dehghan (2019) demonstrated that ACT improved psychological well-being and life satisfaction among individuals with type 2 diabetes (Bigdeli & Dehghan, 2019). Carter et al. (2018) reported schema therapy's impact on reducing depression and anxiety and enhancing social functioning (Carter et al., 2018). Shokhmagher (2016) observed schema therapy's positive effects on the mental health of couples affected by infidelity (Shokhmgar, 2016). Dickhaut and Arntz (2014) highlighted group schema therapy's efficacy in alleviating depressive symptoms (Dickhaut & Arntz, 2014). Given the prevalence of conflict in human relationships, particularly among couples, and its impact on mental health, suitable interventions like schema therapy and ACT are crucial. However, few studies have directly compared these therapies, and most research has been correlational rather than experimental. Therefore, this study aims to assess and compare the effectiveness of schema therapy and ACT on the mental health of conflicted couples. The research questions are as follows:

1. Does schema therapy and ACT intervention improve the mental health of conflicted couples in the post-test phase?
2. Are the effects of schema therapy and ACT intervention on the mental health of conflicted couples sustained in the follow-up phase?
3. Is there a difference between the effectiveness of schema therapy and ACT intervention on the mental health of conflicted couples?

2. Methods and Materials

2.1. Study Design and Participants

Approximately 96 conflicted couples who had visited Social Emergency Units were accessible for the study, and they completed the General Health Questionnaire by Goldberg (1972). From couples scoring one standard deviation below the mean in general health, 24 couples were

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selected based on the study's inclusion criteria. These couples were randomly divided into three groups: experimental group 1 (8 couples, 16 participants) received schema therapy in seven weekly 120-minute group sessions using methods from Fatemeh Raisi and colleagues (2020) or Young and colleagues (2011); experimental group 2 (8 couples, 16 participants) received ACT in eight weekly 120-minute group sessions based on Harris's methods; and the control group (8 couples, 16 participants) received no intervention. Post-test and follow-up assessments were conducted for all three groups. To address ethical concerns, the control group received two free psychological counseling sessions after the post-test.

The present study is an applied research in terms of purpose and a quasi-experimental study with a pre-test, post-test, and 60-day follow-up design using a control group. The statistical population consisted of conflicted couples who visited counseling centers and the Social Emergency Unit of the Welfare Organization in Bojnord in 2022. In the first stage, 96 individuals were selected through convenience sampling. After completing the questionnaires, 24 couples were chosen based on inclusion criteria. They were then randomly assigned to three groups: schema therapy (16 participants), Acceptance and Commitment Therapy (ACT) (16 participants), and a control group (16 participants).

2.2. Measures

2.2.1. Mental Health

The General Health Questionnaire (GHQ) by Goldberg was developed to address a significant concern in the field of mental health: the need for a concise and practical tool to assess the general mental health of the population comprehensively. Created in 1972, the GHQ quickly became one of the most widely used instruments for non-psychiatric screening. Its main advantage lies in its ease of administration, brevity, and objectivity. Over the years, multiple versions have been developed, including 60-item, 30-item, 28-item, and 12-item formats. Among these, the 28-item version has gained popularity due to its appropriate number of questions and robust psychometric properties. Developed by Goldberg and Hillier in 1989, the 28-item GHQ comprises four subscales (physical symptoms, anxiety and insomnia, social dysfunction, and depression) and uses a Likert scoring method. Goldberg and Williams (1988) reported a split-half reliability of 0.95 from a sample of 853 participants. Chan (1985) found an internal consistency coefficient of 0.93 using Cronbach's alpha in a sample of 72 students in Hong Kong. Robinson and Price (1986) obtained a test-retest reliability of 0.90 from 103 cardiac patients who completed the GHQ twice over an eight-month interval. Vallejo and colleagues (2007) reported Cronbach's alpha coefficients for the subscales: somatic symptoms (0.84), anxiety (0.83), social dysfunction (0.71), depression (0.85), and the overall questionnaire (0.90), with a validity coefficient of 0.80. Taghavi assessed reliability using test-retest, split-half, and Cronbach's alpha methods, obtaining coefficients of 0.93, 0.70, and 0.90, respectively (Rouyintan et al., 2020).

2.3. Interventions

2.3.1. Schema Therapy

Schema therapy sessions were conducted in seven weekly 120-minute sessions based on the schema therapy package developed by Dr. Hassan Hamidpour, which was implemented by Raisi and colleagues in 2020. Iranian researchers have repeatedly used and validated this training package for various variables (Pour Panjeh & Tabatabaeenejad, 2023).

Session 1: Members are introduced to each other to foster a positive and trusting group atmosphere. The therapist explains the group rules and objectives, and participants complete pre-treatment questionnaires.

Session 2: An introduction to the concept of schemas, including an explanation of various types and a focus on early maladaptive schemas, helps participants understand the roots of their emotional and relational patterns.

Session 3: Members identify their early maladaptive schemas. The therapist explains the impact of these schemas on marital relationships, emphasizing self-awareness and understanding.

Session 4: Cognitive techniques are introduced. Participants learn about schema validity testing, reinterpreting evidence that supports their schemas, and using empathic confrontation. They are given homework to practice these techniques.

Session 5: Participants continue to apply cognitive techniques, including dialogues between the healthy self and schema-driven parts. They create educational schema cards and fill out schema registration forms. Assignments and feedback are provided.

Session 6: The rationale for behavioral techniques is presented. Participants list behaviors that need changing, prioritize them for breaking behavioral patterns, and identify the most problematic behaviors for transformation.

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Session 7: The therapist reviews previous sessions, teaches techniques to replace negative schemas with positive ones, and summarizes key skills. Participants complete post-treatment questionnaires, receive appreciation, and the therapy concludes.

2.3.2. Acceptance and Commitment Therapy (ACT)

ACT sessions were conducted in eight weekly 120-minute sessions based on Dr. Harris's therapeutic package, implemented by Khanjani and Shaki and colleagues in 2021. This package has also been widely used and validated by Iranian researchers for various variables (Karbasdehi et al., 2021; Soleymanpourmoghadam et al., 2022).

Session 1: The session begins with establishing group rules, clarifying goals, and setting expectations. Members are introduced to one another, fostering a supportive atmosphere.

Session 2: Couples and the therapist conceptualize and define relationship problems from both the couples' and therapist's perspectives. The issues are clearly formulated and understood.

Session 3: Couples are guided to choose a healthy relationship approach, focusing on openness, motivation, and willingness. The therapist uses the "flowerbed" metaphor to discuss the decision to continue or end the relationship.

Session 4: Participants learn about the functioning of the mind and strategies to distance themselves from destructive thoughts. Expectations are softened rather than eliminated, and conflict resolution methods are taught.

Session 5: Couples identify shared values and learn to take committed actions toward those values. The strengths of each partner are also recognized and discussed.

Session 6: The session explores relationship barriers, such as emotional disconnection, reactive behaviors, avoidance, mental entanglements, and overlooked values. Participants learn to identify these obstacles.

Session 7: Psychological concepts like "the layers of mist" are introduced, addressing thoughts like "I wish," "shoulds and shouldn't," and "if only." Participants develop psychological flexibility to navigate these mental traps.

Session 8: Couples learn to take effective action guided by their values, even in the presence of unpleasant thoughts and emotions. A forgiveness ritual and a commitment ceremony are conducted to put their learnings into practice.

2.4. Data Analysis

Data were analyzed using descriptive statistics, such as tables, graphs, means, and standard deviations, and inferential statistics, including multivariate repeated measures analysis of variance, using SPSS 25. A two-month follow-up examined the persistence of the intervention effects.

3. Findings and Results

The participants in the present study were conflicted couples. The mean age in the schema therapy, Acceptance and Commitment Therapy (ACT), and control groups was 36.38, 31.69, and 35.06, respectively. Descriptive statistics for mental health indicators are presented in Table 1.

Table 1

Descriptive Statistics for Mental Health Across Test Phases by Group

Variables	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Physical Symptoms	Schema Therapy	16.13	3.81	11.69	3.63	8.62	2.92
	ACT	16.87	3.54	7.63	4.08	5.94	3.04
	Control	16.94	2.69	16.88	2.66	16.75	2.57
Anxiety	Schema Therapy	17.19	1.94	13.31	2.63	11.4	2.45
	ACT	17.31	1.62	10.50	2.34	8.56	3.20
	Control	17.44	2.19	16.94	2.86	17.75	1.98
Social Dysfunction	Schema Therapy	18.50	2.28	14.81	2.29	12.63	2.42
	ACT	18.88	1.93	11.06	2.49	9.50	2.61
	Control	18.69	2.47	18.19	2.51	18.81	2.14
Depression	Schema Therapy	17.94	2.93	11.63	3.28	9.31	4.57
	ACT	17.00	3.74	6.50	3.31	4.75	2.62
	Control	17.69	3.05	16.13	3.46	17.25	2.98
Total Score	Schema Therapy	69.75	4.17	51.44	6.44	42.00	6.65
	ACT	70.06	4.36	35.69	5.59	28.75	5.26
	Control	70.75	3.79	68.12	6.39	70.56	4.19

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Table 1 shows that, in the post-test and follow-up phases, the mean scores for dimensions and the total mental health score in the schema therapy and ACT groups were lower compared to the control group. Mean comparisons indicate that in both the schema therapy and ACT groups, scores decreased from pre-test to post-test and follow-up. Multivariate repeated measures analysis of variance was used to examine between-group differences. Bonferroni post hoc tests were employed to compare test phases. Assumptions for this parametric analysis were assessed. Parametric tests are appropriate when there is no reason to believe that population distributions differ significantly from normal. Due to the small sample size in each group ($n < 50$), the Shapiro-Wilk test was used. If the significance level is greater than 0.05 ($P > 0.05$), normality is assumed; otherwise, non-normality is indicated. The results showed that the distributions of all variables by group were normal ($P > 0.05$). Levene's test for equality of error variances was used. If the significance level is greater than 0.05 ($P > 0.05$), it means the data do not violate the assumption of equal variances. This assumption was assessed under the study's hypotheses. This assumption is crucial for multivariate analyses and tests if samples come from populations with equal variances. M. Box's test was used; if the significance level exceeds 0.05 ($P > 0.05$), the matrices are equal. This assumption was also assessed under the hypotheses. Bartlett's test assessed whether the dependent variables should or should not correlate. Significant results indicate multivariate correlation among dependent variables, also tested under the hypotheses. Mauchly's sphericity test in repeated measures ANOVA indicates equal correlations among variables. If the significance level is less than 0.05, the sphericity assumption is violated, and epsilon correction strategies (e.g., Greenhouse-Geisser correction) are used.

Table 2

Between-Group Differences in Mental Health in Experimental Groups

Variables	Source	Sum of Squares	df	Mean Square	F	Significance	Partial Eta Squared
Physical Symptoms	Test	1466.27	1.21	1211.38	88.32	0.001	0.75
	Group Membership	96.00	1	96.00	4.64	0.04	0.13
	Test × Group Membership	98.31	1.21	81.22	5.92	0.02	0.17
Anxiety	Test	904.02	1.28	705.05	132.75	0.001	0.82
	Group Membership	82.51	1	82.51	7.71	0.01	0.21
	Test × Group Membership	47.02	1.28	36.67	6.91	0.01	0.19
Social Dysfunction	Test	1010.33	1.12	904.06	112.02	0.001	0.79
	Group Membership	112.67	1	112.67	15.07	0.001	0.33
	Test × Group Membership	79.08	1.12	70.77	8.77	0.004	0.23
Depression	Test	1959.81	1.20	1638.41	139.04	0.001	0.82
	Group Membership	301.04	1	301.04	13.72	0.001	0.31
	Test × Group Membership	82.65	1.20	69.09	5.86	0.02	0.16

Table 2 indicates significant differences between the schema therapy and ACT groups across test phases, group membership, and the interaction of test and group membership ($P < 0.05$). Mean differences by test phase are shown in Table 3.

Table 3

Bonferroni Post Hoc Test for Mean Comparisons of Mental Health Across Test Phases in Experimental Groups

Variables	Groups	Pre-test-Post-test Mean Difference	Significance	Pre-test-Follow-up Mean Difference	Significance	Post-test-Follow-up Mean Difference	Significance
Physical Symptoms	Schema Therapy	4.44	0.02	7.50	0.001	3.06	0.001
	ACT	9.25	0.001	10.94	0.001	1.69	0.001
Anxiety	Schema Therapy	3.88	0.001	5.75	0.001	1.88	0.001
	ACT	6.81	0.001	8.75	0.001	1.94	0.001
Social Dysfunction	Schema Therapy	3.69	0.003	5.88	0.001	2.19	0.001
	ACT	7.81	0.001	9.38	0.001	1.56	0.001

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Depression	Schema Therapy	6.31	0.001	8.63	0.001	2.31	0.001
	ACT	10.50	0.001	12.25	0.001	1.75	0.001

Table 3 shows that mean mental health scores significantly decreased from pre-test to post-test and follow-up in both experimental groups ($P < 0.05$). The greater mean reduction in ACT indicates its higher effectiveness. Overall, the first hypothesis is confirmed: there is a significant difference in the effectiveness of schema therapy and ACT on the mental health of conflicted couples, with ACT being more effective.

4. Discussion and Conclusion

The present study aimed to examine the effectiveness of schema therapy and Acceptance and Commitment Therapy (ACT) on the mental health of conflicted couples. The results indicate that although both methods were effective in enhancing the mental health of couples, ACT demonstrated greater effectiveness. ACT showed a significant difference in effectiveness compared to schema therapy, highlighting its superiority. Additionally, the analysis of variance with repeated measures revealed that the improvements in mental health were maintained at the follow-up stage. Previous research on the effectiveness of these two methods has been limited.

In summary, both schema therapy and ACT are complementary approaches that stem from the third wave of psychotherapy. The results showed that schema therapy positively impacts the mental health of conflicted couples. Thus, schema therapy can be considered an effective intervention for improving the mental health of couples and can be added as a standard training technique for couples therapists.

This finding aligns with several studies, such as Mohtadi Jafari, Ashayeri, and Benisi (2019), who explored the effectiveness of schema therapy techniques on the mental health of women with premenstrual dysphoric disorder (Mohtadi Jafari et al., 2019); Bigdeli and Dehghan (2019), who assessed the impact of ACT on psychological well-being and life satisfaction in individuals with type 2 diabetes (Bigdeli & Dehghan, 2019); and Sangani and Dasht Bozorgi (2019), who researched schema therapy's impact on mental health, rumination, and loneliness in women (Sangani & Dashtbozorgi, 2019).

On the other hand, the findings also indicate that ACT positively affects and improves the mental health of conflicted couples. ACT facilitates increased mental health in couples by teaching skills such as accepting pain and worries, recognizing values, using metaphors, defusion, and being present in the here and now. By helping couples focus on the present moment rather than the past and accept their worries and sufferings, ACT enhances psychological well-being. In essence, ACT aims to improve psychological functioning and increase mental health in conflicted couples. This finding is consistent with studies such as Bigdeli and Dehghan (2019) on ACT's impact on psychological well-being and life satisfaction in individuals with type 2 diabetes (Bigdeli & Dehghan, 2019); Mirzaei et al. (2019) on ACT's effect on death anxiety and mental health in women with HIV in Abadan (Mirzaei Doustan et al., 2019).

Therefore, it can be concluded that ACT is an effective method for improving the mental health of conflicted couples. The overall conclusion of this study is that both schema therapy and ACT are effective in enhancing the mental health of conflicted couples.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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