Family and health Quarterly, vol13, Issu1, Spring 2023, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1214725
Family and health

Comparison of the effectiveness of schema therapy and cognitive-behavioral therapy on early maladaptive schemas and mental health of couples

Sahra Naseri,[*1] Roghayyeh Irani,[2] Bahram Maasoomipoor[3], Fereshte Rezaeenasab[4], Hamid Rostami[5]

Abstract

Introduction: The level of mental health in marriage is one of the important criteria that determines the quality of life of couples. The aim of this study was to compare the effectiveness of schema therapy and cognitive-behavioral therapy on early maladaptive schemas and mental health of couples.

Research Methods: The present study is applied and experimental with pre-test and post-test design. Among Tehran couples in 1400, 30 were selected by available sampling method and were randomly replaced in two experimental groups of 15 people. An experimental group was trained in 8 sessions of 90 minutes with schematic therapy and an experimental group was trained with 8 sessions of 90 minutes with cognitive-behavioral therapy. The groups completed the Mental Health Questionnaire (GHQ-28) and the early maladaptive Schema Questionnaire Scale as pre-test and post-test. One-factor and multivariate analysis of variance were used to analyze the data.

Findings: The results showed that the mean score of mental health was significantly different in the experimental group of cognitive-behavioral therapy and in the experimental group of schema therapy ($p < 0.01$) and this rate was not significantly different in the control group. The results also showed that schema therapy was more effective and lasting than cognitive-behavioral therapy in improving maladaptive schemas in patients.

Conclusion: The findings of this study acknowledge the importance of using schema therapy and cognitive-behavioral therapy in increasing the mental health of couples. These two approaches can be used to reduce the harms of marital relationships.

Keywords: Cognitive-behavioral therapy, Couples, Mental health, Schema therapy

Received: 1/ December/ 2021 **Accepted: 28/ December/ 2021**

Citation: Naseri S, Irani R, Maasoomipoor B, Rezaeenasab F, Rostami H. Comparison of the effectiveness of schema therapy and cognitive-behavioral therapy on early maladaptive schemas and mental health of couples, Family and health, 2023; 13(1): 192-202

۱- (**Corresponding author**), PhD student in health psychology, Kish International Campus of Tehran University, Kish, Iran. naseri.f@yahoo.com

۲ - Master of Clinical Psychology, Islamic Azad University, Urmia branch, Urmia, Iran.

۳ - Master of Clinical Psychology, Islamic Azad University, Research Sciences Unit, Tehran, Iran.

٤ - Doctorate in Health Psychology, Islamic Azad University, Karaj Branch, Karaj, Iran.

٥ - Master of Personality Psychology, Islamic Azad University, South Tehran Branch, Tehran, Iran.

© 2020 The Author(s). This work is published by family and health as an open access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by-nc/4.0/). Non-commercial uses of the work are permitted, provided the original work is properly cited.

Introduction:

In marriage, conflict is a conflict between the values of both parties, which is manifested by expressing negative feelings towards each other (1). In this regard, it is necessary to point out that today a large amount of mental health problems are caused by possible connections and conflict resolution in life issues. Appropriate exchanges within a healthy family contribute to more stable social and individual adaptation of family members. The existence of marital problems and conflicts, in addition to making it necessary to have specialists in marital therapy, also necessitates preventive interventions to solve potential problems before they become acute (2).

Married life is one of the most universal human institutions, which consists of two people with different abilities and talents, with different needs and interests, and in a word, with different personalities. An intimate marital relationship requires that couples learn to communicate and be different from each other (3). In many cultures, family and marital relationships are considered as the primary source of support and affection, and spouses are expected to show honesty, interest, affection, and strong intimacy and support in an exclusive relationship. Almost all couples report a high level of satisfaction and mental health at the beginning of their married life, but this satisfaction and mental health decreases over time (4). In fact, in the process of the family life cycle, issues and problems arise that take away the peace even for a short period of time. These issues are related to family structures and functions at the micro level and social structures at the macro level (5).

Marital relationship is considered one of the strong human relationships, the quality of which has various consequences for spouses, children and other family members and ultimately society (6). Satisfactory marital relations are the foundation of good family functioning. A satisfying marriage creates a suitable environment for meeting and exchanging positive feelings and emotions between couples. Therefore, the ability to understand and accept each other's thoughts, feelings and emotions in married life is associated with a more satisfying feeling (7). Marital satisfaction in life can be related to overall life satisfaction. In order to achieve a better and healthier life, a person needs to create the necessary harmony between his thoughts, feelings and emotions and use them according to life situations (8). According to Gutman et al., the marital relationship is the central core of the family system, and its disruption is a serious threat to the survival of the family. A person's satisfaction with marital relationship means his satisfaction with his family in terms of overall satisfaction with life. A positive marital relationship is a strong predictor of marital quality and a negative relationship is a criterion for diagnosing problematic couples. Also, dry and impenetrable or ineffective communication is an important predictor for couples' divorce (9).

There is not much agreement among the experts in the definition of public health and in general they have defined public health as the complete physical, mental and social well-being of a person in such a way that there is a dynamic and mutual influence between these three aspects. Despite the difference in the definition of public health, mental health is defined as the ability to communicate harmoniously with others, to change and modify the personal and social environment, and to resolve conflicts and personal desires logically and to have meaning and purpose in life (10). A person has mental health that is far from anxiety and symptoms of disability

Family and health Quarterly, vol13, Issu1, Spring 2023, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1214725
Family and health

and can establish a constructive relationship with others and is able to deal with the pressures of life.

In examining the causes of couples' problems and conflicts, in addition to social, economic and legal factors, paying attention to individual and psychological causes, including schemas, is of particular importance (11). Cognitive structures organize the basis of people's thinking and behavior, and other related factors probably play a mediating role (12). The deepest cognitive structures are schemas (13). When faced with new stimuli based on their previous structure, schemas encode and evaluate the obtained information, thus influencing the way people view themselves and the world around them. Yang calls those schemas that lead to the development and formation of psychological problems, primary maladaptive schemas. Primary maladaptive schemas are deep and comprehensive patterns or themes that are formed during childhood or adolescence, continue throughout life, are related to a person's relationship with himself and others, and are highly dysfunctional (14). Yang describes eighteen schemas, which are: 1. abandonment; 2. mistrust/misbehavior; 3. emotional deprivation; 4. defect/unkindness; 5. social isolation/alienation; 6 dependence of practical incompetence; 7. vulnerability to harm or disease; 8. untransformed/trapped self; 9. failure to progress; 10. Eligibility / Grand Secretary; 11. Insufficient restraint and self-discipline; 12. Obedience; 13. Sacrifice; 14. Seeking approval/getting attention; 15. Negativity / pessimism; 16. Emotional inhibition; 17. Stubborn criteria and 18 self-punishment.

When a specific need is not satisfied, a maladaptive schema is created in that area. With attachment and intimacy needs not being satisfied, and disillusionment with primary emotional relationships, maladaptive schemas related to intimate and attachment relationships are created. These beliefs and schemas related to interpersonal relationships are manifested in adult life in choosing a spouse and in marital relationships during marriage and have a destructive effect on it (14). Dumar, Zuttermeister, and Friedman (15) found that half of divorce applicants reported changes in marital and sexual relationships, and 75% of them reported changes in mood. Marital relationship has been described as the most important and basic human relationship, because it provides a basic structure for establishing family relationship and educating the future generation. Increasing the quality of life and marital satisfaction is a very important and complex aspect of a marital relationship.

Marital disorders are the main cause of the problems of many married people who refer to counseling centers. The physical and emotional health and mental health of people in the society depends on the health of marital relations and the continuity and survival of marriage (8). In DeAndrea's research (10), the results showed that initial incompatible schemas have a negative relationship with positive emotions, self-confidence and cooperative partnership of couples. Ariti and Bempurad found in a research that initial maladaptive schemas have a negative effect on marital satisfaction. In the research conducted by Yang (14), they found that in couples, in addition to the initial schemas that enter into marital relationships, schemas are also formed in current relationships, such that the needs of the initial schema are not met in the relationship of two people, or If the initial schema is inconsistent with the current schema, it will cause incompatibility between couples and eventually divorce. The schema-based method for resolving conflicts created by Yang is called schema therapy. Schema therapy is a new and integrated method, which is mainly

based on the expansion of concepts and methods of classical cognitive-behavioral therapy. Schema therapy has integrated the principles and foundations of cognitive-behavioral, attachment, gestalt, object relations, structuralism, and psychoanalysis schools in the form of a therapeutic model and a valuable concept. (14).

Schema therapy deals with the deepest level of cognition and targets the primary maladaptive schemas and by using cognitive, experiential (emotional), behavioral and interpersonal strategies, it helps patients to overcome the mentioned 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 (14). The results of Hosni's research showed that the schema therapy method is effective on the marital satisfaction of couples. The results of Taghiyar's research showed that teaching the schema therapy approach has reduced women's marital frustration. Iraqi showed in a research that schema therapy increases intimacy, desire and commitment as well as the overall love score. Also, schema therapy has increased marital satisfaction. Calot et al. (12), in a research, showed that the initial incompatible schemas according to the cognitive hierarchical models of social isolation affected the levels of layers of thoughts and reciprocally these levels of thoughts play a role in the continuity of schemas. Dmitrescu and Russo (16), showed that the levels of early maladaptive schemas could predict the levels of marital satisfaction. In their findings, researchers have confirmed the effectiveness of schema therapy in increasing the quality and satisfaction of life and improving initial maladaptive schemas (17).

Cognitive-behavioral therapy is a combination of cognitive and behavioral approaches that helps a person to recognize their distorted thinking patterns and dysfunctional behaviors, and uses regular discussions and organized behavioral tasks to change these distorted and dysfunctional thoughts. . Cognitive behavioral therapy is effective in creating and increasing capabilities such as decision-making, motivation, acceptance of responsibility, positive communication with others, happiness, building self-esteem, problem solving, self-discipline, self-sufficiency and mental health. Based on this, according to the studies carried out and the theories presented in this research, the effectiveness of schema therapy and cognitive behavioral therapy on primary maladaptive schemas and mental health of couples was noticed, so the researcher is looking for an answer to the question of whether there is a difference between schema therapy and therapy. Is there a difference between cognitive behavioral patterns and mental health of couples?

Research method:

The current research is practical and experimental with a pre-test and post-test design. Among the couples of Tehran in 1400, 30 people were selected by available sampling method and randomly replaced in two test groups of 15 people. An experimental group of 8 sessions of 90 minutes was trained with the schema therapy method and an experimental group of 8 sessions of 90 minutes was trained with the cognitive behavioral therapy method. The groups completed the mental health questionnaire (GHQ-28) and the primary maladaptive schemas questionnaire scale as pre-test and post-test. One-factor and multivariate analysis of variance was used to analyze the data.

The criteria for entering the study include 1- couples with conflict and marital problems 2- education level of at least cycle 3- no participation in previous treatment program 4- no

Family and health Quarterly, vol13, Issu1, Spring 2023, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1214725
Family and health

psychological disorder or history of mental illness and hospitalization in psychiatric wards 5- no use of drugs, substances Narcotics and alcohol (in order to reduce the effects of interfering factors of drug, narcotics and alcohol consumption even in the form of narcotics) and exclusion criteria included 1- non-attendance at treatment sessions.

General Health Questionnaire (GHQ-28): The 28-question form of the General Health Questionnaire was created in (1989) by Goldberg and Hillier and has 28 items and 4 subscales of 7 questions (physical symptoms, anxiety, impairment in social functions and depression). This questionnaire is graded as 0, 1, 2, 3, and research questions under the title of standardization of public health questionnaire were conducted on 571 male and female undergraduate students of Tarbiat Moalem University in 1375-76. The reliability of the entire questionnaire was estimated at 0.82 using Cronbach's alpha method, and the construct validity value of this questionnaire was also 0.82 (Qasemi and Sarokhani, 2014). In the present study, the reliability of the Cronbach's alpha method for the total mental health score was 0.77.

Questionnaire of primary maladaptive schemas: This questionnaire was created by Yang (14). The self-report questionnaire of primary maladaptive schemas has 90 items, which include 18 domains of primary maladaptive schemas, such as emotional deprivation, abandonment, instability, mistrust/abuse, social isolation/alienation, deficiency/unloved (lovelessness), failure to progress, dependence, practical incompetence, and vulnerability. It measures attachment, obedience, self-sacrifice, emotional inhibition, strict standards, entitlement/superiority, insufficient self-restraint/self-discipline, admiration/attention, worry/cynicism, and self-punishment. Each item is scored using a 6-point rating scale (1- Completely untrue of Me. 2- Almost untrue of Me. 3- Somewhat true to false. 4- Somewhat true of Me. 5- Almost true about Me. 6- Completely true about me); therefore, the scores of this questionnaire are obtained by summing the scores of the items of each scale. In other words, each scale has 5 items that measure the type of primary maladaptive schema. The minimum and maximum scores for measuring primary incompatible schemas are between 1 and 6, where a high score indicates a high level of primary incompatible schemas in the subjects. Factor analysis showed that the extracted factors had high and satisfactory capability. The convergent validity of the questionnaire was examined with tools for measuring psychological helplessness, positive and negative affect, self-confidence, cognitive vulnerability for the symptoms of depression and personality disorder, and the correlation results for the six criteria were 0.39, 0.40, and 0.34, respectively. , 0.37, 0.35 and 0.36 - it is reported that it is significant at P<0001 level.

Summary of schema therapy sessions: In the first session, after getting to know each other and establishing a good relationship, the importance and purpose of schema therapy was formulated to express the client's problems in the form of schema therapy approach. In the second session, the objective evidence confirming and rejecting the schemas was examined based on the current and past life evidence, and there was a discussion about the aspect of the existing schema with a healthy schema. In the third session, cognitive techniques such as the schema validity test, a new definition of evidence confirming the existing schema, and the evaluation of 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 unsatisfied emotional needs were identified, and

strategies to release blocked emotions were taught. In the fifth session, healthy communication and imaginary conversation were taught. In the sixth session, experimental techniques such as mental imaging of problematic situations and confronting the most problematic ones were taught. In the seventh session, relationship therapy, relationship with important people in life and practicing healthy behaviors were taught through playing roles and doing tasks related to new behavioral patterns, and in the eighth session, the advantages and disadvantages of healthy and unhealthy behaviors were examined and solutions to overcome Barriers to behavior change were taught.

Summary of cognitive behavioral therapy sessions: The details of the intervention in the cognitive behavioral therapy group by sessions will be as follows. In the first session, the distinction between thoughts and feelings and their grading was taught. In the second session, thoughts come on their own and cognitive errors were discussed and cognitive errors and ineffective thoughts were evaluated and their advantages and disadvantages were discussed. In the third session, the reconstruction of cognitive errors and dysfunctional thoughts was taught and the evidence confirming or rejecting them was examined. In the fourth session, planning to carry out activities, starting stagnant activities and having a neutral attitude to problems were taught. The fifth session of problem solving and problem solving methods was taught. In the sixth session, logical errors were evaluated, and in addition, anger control and how to deal with it were taught. The seventh session was taught to identify stress and how to deal with it. In the eighth session, communication skills, communication barriers and various communication styles were taught and the contents of the previous sessions were summarized.

Findings:

The mean and standard deviation of mental health variables and initial maladaptive schemas of couples in two groups of schema therapy training and cognitive behavioral therapy and the control group, separated by pre-test and post-test, are shown in Table (1).

Table (1): Mean and standard deviation of mental health variables and primary maladaptive schemas

Variable	group	Average		Standard deviation	
		pre-exam	post-test	pre-exam	post-test
mental health	Schema therapy	134/08	64/25	47/56	29/85
	CBT	148/21	112/35	28/45	22/38
	Control	68	151/47	9/78	21/42
Early incompatible schemas	Schema therapy	68/05	100/85	1/95	1/78
	CBT	65/60	85/96	2/15	1/86
	Control	67/68	68/66	1/75	1/87

As seen in Table 1, changes in pre- Test, post-test in mental health variables and primary maladaptive schemas occurred in both schema therapy and cognitive behavioral therapy groups.

Family and health Quarterly, vol13, Issu1, Spring 2023, ISSN: 2322-3065
https://sanad.iau.ir/Journal/fhj/Article/1214725
Family and health

In schema therapy and cognitive behavioral therapy, the mean and standard deviation of mental health scores and primary maladaptive schemas in the post-test compared to the pre-test were significantly reduced. In this research, the statistical test of covariance was used due to its suitability and compatibility with the research hypothesis.

Table (2): Comparison of the difference in post-test - pre-test scores of mental health and primary maladaptive schemas in three groups of schema therapy and cognitive behavioral therapy and control

Source	Dependent variable	SS	DF	MS	F	P
group	mental health	47611/06	2	23805/53	23/70	0/001
Error	Early incompatible schemas	1604/41	2	802/205	8/50	0/001
Total	mental health	18262/52	27	676/38		
group	Early incompatible schemas	9/52	27	0/335		
Error	mental health	121421/35	30			
Total	Early incompatible schemas	2105/22	30			

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 0.01; Therefore, the research hypothesis based on the effectiveness of schema therapy and cognitive behavioral therapy on mental health and initial maladaptive schemas and the difference between groups in the post-test is confirmed. Tukey's post hoc test was used to accurately check the mean of the groups. According to the results of Tukey's test, the average difference between the pre-test and post-test mental health scores in the cognitive behavioral therapy group was lower than the control group, and the average score difference of the schema therapy group was lower than the control group (p 0.001, in other words, the cognitive behavioral therapy group and Schema therapy was more effective on mental health than the control group. However, there was no significant difference between the pre-test and post-test scores of cognitive-behavioral therapy and schema therapy Schema therapy does not have a significant difference in reducing primary maladaptive schemas.

Discussion and conclusion:

The purpose of this research was to compare the effectiveness of schema therapy and cognitive behavioral therapy on primary maladaptive schemas and mental health of couples. The results obtained from the comparison of the post-test of mental health and initial maladaptive schemas in two groups indicate that after participating in the schema therapy and cognitive behavioral therapy sessions, the average scores of the mentioned variables in the post-test phase have decreased compared to the pre-test phase, so schema therapy and therapy Cognitive-behavioral has had a significant impact on the initial maladaptive schemas and mental health of couples. The findings of this research are in line with the researches of Yousefi (10), Shakhmgar (11), Aghaei, Hatamipour and Ashuri (12), Panahifar, Yousefi and Armani (13). The results of the findings show

that schema therapy causes changes in cognitive and experimental, emotional and behavioral fields. This approach has been effective by challenging incompatible schemas and ineffective responses and replacing them with appropriate and healthier thoughts and responses. By improving some basic and destructive components such as emotions and negative thoughts, schema therapy seems to be able to improve psychological health in general and thus mental health in people. Schema therapy techniques help the patient to improve schemas by emotional reorganization, self-evaluation of new learning, interpersonal emotion regulation, and self-relaxation. These schemas operate at the deepest level of cognition, usually outside the level of consciousness (16). In further explanation of these findings, it can be said that the schema therapy approach is an approach consisting of cognitive, behavioral, interpersonal, attachment and experimental approaches in the form of an integrated therapeutic model that uses four main cognitive, behavioral, relational and experimental techniques in people in addition to the following Questioning incompatible schemas, which is the main cause of the formation of ineffective and irrational thoughts, emotionally drains buried negative emotions and emotions, such as anger caused by not satisfying the needs of spontaneity and secure attachment to others in childhood, which can lead to peace and reduce anxiety. Low negative rumination results in fewer experiences of physical arousal, which can be a beneficial determinant of health. Also, most of the researches, including Majidpour Tehrani et al. (18), Zarrabi, Tabatabainejad and Latifi (19), Faraji, Agha Harris and Shibani (20), Rostamkhani et al. (21), Shakhmgar et al. (11), Barlow (22), Mujahid et al. (23) indicated the effectiveness of cognitive behavioral therapy.

Ethical Considerations: After the necessary approvals and obtaining permission from the university, in order to complete the questionnaires, the goals and working method were explained to all the people participating in the study and their consent was obtained and they were assured that the research results will be available to them if they wish. They will be placed. Also, people were assured that they are free to participate or not participate in the research, and in case of non-participation and cooperation, the process of their treatment or care will not be effective and will be followed up as usual. People were assured that they can decide to withdraw from the research at any stage of the research and this will not have any negative consequences for them.

Limitations of the research: This research, like other researches, had limitations, and one of these limitations was the mental and emotional state of the participants when answering the questions, which may affect the accuracy and accuracy of their answers, and this limitation was uncontrollable. .

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

Acknowledgment: The authors of the article express their gratitude to all the participants in the research.

References:

1. Fincham F., May R.W. Infidelity in romantic relationships. Current opinion in psychology, 2017 13: 70 -74.

2. Fisher H.E., Aron A. “Infidelity: when, where, why” IN WR Cupach and BH Spitzberg, the Dark Side of Close Relationships II, New York: Routledge, 2010: 175-196.

3. Harris C.R.. A review of sex differences in sexual jealousy, including self-report data, psychophysiological responses, interpersonal violence, and morbid jealousy. Pers Socpsycholrev, 2019; 7(2): 102-128.

4. Lamers SMA, Westerhof GJ, Kovacs V, Bohlmeijer ET. Differential relationships in the association of the Big Five personality traits with positive mental health and psychopathology J Res perso, 2012; 46(5): 517-24. https: //doi. org/10.1016/j. jrp. 2012.05.012.

5. Mohammad Nejadi B, Rabiei M. The effect of schema therapy on quality of life and psychological well-being of divorced women. Journal of Law Enforcement, 2015; 4(3): 179-190. [Persian].

6. Guijarro R., Cerviño M., Castrillo P. Acceptance and commitment therapy and anxiety disorders: Clinical case. European Psychiatry, 2017; 41(Supplement): S410. https://doi.org/10.1016/j.eurpsy.2017.01.346

7. Forman E.M., Herbert J.D. New directions in cognitive behavior therapy: acceptance based therapies, chapter to appear in w. o’donohue, je. Fisher, (eds), cognitive behavior therapy: Applying empirically supported treatments in your practice, 2nd ed. Hoboken, NJ: Wiley, 2008; 63: 263-265. https://psycnet.apa.org/record/2009-02305-005

8.Horigome T, Kurokawa S, Sawada K, Kudo S, Shiga K, Mimura M, Kishimoto T. Virtual reality exposure therapy for social anxiety disorder: a systematic review and metaanalysis. Psychol Med 2020; 50: 2487-97. DOI:10.1017/S0033291720003785

9. Safdari H., Naderi F., Moradi Manesh F., Makvandi B. The effectiveness of acceptance-based therapy on anxiety, sexual satisfaction and depression in infertile women. Medical journal of Mashhad university of medical sciences, 2023; 66(5): - https://doi.org/10.22038/mjms.2022.67174.3982

10. Yoosefi N. Comparison of the effectiveness of family therapy based on schema therapy and Bowen emotional system therapy on the early maladaptive schema among divorce applicant clients. Journal of Fundamentals of Mental Health. 2012; 13 (4): 356-73 [Persian].

11. Shokhmgar Z. Effectiveness of Schema Therapy on reducing mental health problems due to crossover relationships in couples. Nasim Health, 2016; 51 (17): 1-7. [Persian]

12. Rahim Aghaei F., Hatamipour K., Ashoori J. The Effect of Group Schema Therapy on Depression Symptoms and Nurses' Quality of Life. Nursing Education Journal, 2017; 6(3): 17-22. [Persian]

13. Panahifar S., Yousefi N., Amani A. The Effectiveness of Schema-Based Couple Therapy on Early Maladaptive Schemata Adjustment and the Increase of Divorce Applicants Adaptability. Kuwait Chapter of the Arabian Journal of Business and Management Review, 2014; 3(9): 339. [Persian].

14. Young J.E., Klosko J.S., Weishaar M.E. Schema therapy: A practitioner's guide. Guilford Press; 2003.

15. Young J.E. Brown G. Young Schema Questionnaire: Special Edition. New York: Schema Therapy Institute; 2001.

16. Titov N., Dear B.F., Ali S., Zou J.B., Lorian C.N., Johnston L., Fogliati V.J. Clinical and cost-effectiveness of therapist-guided internet-delivered cognitive behavior therapy for older adults with symptoms of depression: A randomized controlled trial. Behavior Therapy, 2015; 46(2): 193-205.

17. Shokhmgar A, Rajaei A, Beyazi M, Teimour S. The Effect of Group Training on "Cognitive-Behavioral Therapy" on Marital Satisfaction in Infertile Women Applying for IVF, Journal of Health Promotion Management, 2020; 9(4): 1-11.

18. Majidpoor Tehrani L, Golshani F, Peimani J, Baghdasarians A, Taghiloo S. The Effects of Cranial Electrotherapy Stimulation, Cognitive-Behavioral Therapy, and Pharmacotherapy on Rumination and Depression in Women, Middle Eastern Journal of Disability Studies, 2021; 11(1): 68.

19. Zarabi SH, Tabatabaei FS, Latifi Z. Comparison of the effectiveness of cognitive-behavioral therapy and self-healing therapy on the Distress tolerance of women with bulimia nervosa, Journal of Research in Behavioural Sciences, 2021; 19(2): 369-380.

20. Faraji SH, Agahheris M, Sheybani H. The effectiveness of cognitive-behavioral therapy on maladaptive schemas in women with marital problems، Iranian Journal of Psychiatric Nursing, 2021; 9(2): 30-40.

21. Rostamkhani F, Ghamari M, Babakhani V, Merghati Khoei ES. The Effectiveness of Cognitive-Behavioral Therapy on the Sexual Function and Schema of Postmenopausal Women, Journal of Health Promotion Management, 2020; 9(6): 96-107.

22. Barlow D.H. (Ed). Clinical handbook of psychological disorders. New York: Guilford press; 2011.

23. Mojahed A, Kalantari M, Molavi H, Neshatdust HT, Bakhshani NM. Comparison of Islamic oriented and classic cognitive behavioral therapy on mental health of martyrs and veteran wives. Journal of Fundamentals of Mental Health, 2010; 11(4): 282-291[Persian].