

## Effects of Schema Therapy and Schema-Focused Mindfulness Therapy on Conflict Resolution of Iranian Women in Malaysia

Nooshin Nooroney, Wan Marzuki Wan Jaafar, Siti Aishah Hassan and Sidek Mohd Noah

Faculty of Educational Studies, Universiti Putra Malaysia, 43400 UPM Serdang, Selangor, Malaysia

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### Abstract

This study aimed to investigate the effectiveness of schema therapy and schema-focused mindfulness therapy on conflict resolution among Iranian married women who lived in Malaysia during 2015-2016. The qualified participants included 96 women who were assigned randomly into three groups, i.e. two experimental groups and a control group. The first experimental group received schema therapy and the second group received schema-focused mindfulness therapy while the control group did not receive any treatment. The treatment sessions lasted nearly three months using conflict resolution subscale from the ENRICH questionnaire, a demographic questionnaire and Young's schema questionnaire as the instruments. Two-way repeated measures ANOVA was also applied to analyze the results. The findings of the study revealed that schema therapy and schema-focused mindfulness therapy had a significant effect on conflict resolution of Iranian women in Malaysia. Moreover, the findings showed more improvement for schema-focused mindfulness therapy group at two months follow-up.

**Keywords:** Schema therapy, schema-focused mindfulness therapy, conflict resolution, SCBT-g

### Introduction

Conflict resolution refers to the efforts to find an effective solution for a conflict (Burton, 1993). It is about finding an alternative solution for incompatibility caused between two parties. This leads to the satisfaction of both sides, who are fulfilled about the desired result. Actually, conflict is an inevitable part of human life and it is a common occurrence between people in different situations both in personal life and in the community. Conflict has a dual role in close relationships; in fact, it can be effective and play a positive role or be negative and cause argument and stress in close relationships (Cummings, Kouros & Papp, 2007). In this regard, conflict resolution has a significant relationship with marital satisfaction and plays an important role in intact marriage (Kurdek, 1995; Schneewind & Gerhard, 2002). Using a

logical method of conflict resolution can have a remarkable effect on decreasing marital difficulties and solving problems among couples (Cummings et al., 2007). The way that couples act in situation of conflict is more important than the area and frequency of conflict (Stanley, Markman & Whitton, 2002). Actually, constructive conflict resolution style lead to enrichment and success in marital life while destructive style such as avoidance and competition can damage healthy relationships among couples (Christensen & Shenk, 1991; Zeidner & Kloda, 2013). There are different factors, which adversely affect marital satisfaction and conflict resolution during the time. One of the most important ones is immigration or study in other countries as an international student (Myers-Walls, Frias, Kwon, Ko & Lu, 2011). Shirpak, Maticka-Tyndale and Chinichian (2011) revealed that divorce rate increased among Iranian couples after moving to other countries. Unfortunately Iranian students showed low marital satisfaction after moving to Malaysia as the international students as well (Madanian, Syed Mansor & Bin Omar, 2013).

It seems that there is a major problem here, which needs to be addressed more. Any increasing in the rate of the immigrants who are not satisfied with their marriage may threat the family basis and can affect the education of the Iranian community in Malaysia. To be precise, since it has been discussed and ascertained that low marital satisfaction causes a lot of difficulties and problems among couples and can lead to divorce (Gottman, 2014), a huge impact ambushes the mental health of those immigrants who seek a peace and quiet place to live or study. Thus, in order to maintain the immigrants' family life and improve their marital relationship more research in this field is necessary. In addition, there are some weaknesses on current interventions and educational programs such as lack of workable and useful training skills and low ability of couples in implementing new skills in hard positions and also keeping their relationships in optimal condition after a period of time (Bradbury & Lavner, 2012). In fact, new methods such as schema therapy and mindfulness should be examined to help psychologists and counsellors to prevent divorce and enhance the quality of marriage. With increasing knowledge about determinants of marital satisfaction such as communication and conflict resolution, the quality of marriage would be improved considerably. However, there seems to be a gap in investigating new methods and finding applied protocols to improve the quality of marital satisfaction and increase the conflict resolution skills. As mentioned before, maladaptive schemas and core beliefs play a significant role in causing couples' problems. Schema therapy can be very effective and efficient in solving couples' problems because it can be effective on wide ranges of mental problems such as anxiety, depression, eating disorders, addiction, and difficulties of romantic relationship (Young, Klosko & Weishaar, 2003), which can cause marital distress. Mindfulness is also a traditional method, which is used to relieve the stress, anxiety and pressures. It has shown a significant effect on mental health (Brown & Ryan, 2003) and certainly can be considered as a reliable treatment method for marital issues, especially low marital satisfaction (Burpee & Langer, 2005). In fact, new methods such as schema therapy and mindfulness have provided some strong techniques for psychologists and counsellors to prevent divorce and enhance the quality of marriages. Therefore, the different aspects of schema therapy have been integrated with mindfulness techniques as another method (schema-focused mindfulness therapy) to improve the effectiveness of the treatment phase. This research is very practical and will provide some new recommendations for couple therapists and counsellors via examining the effects of these methods on conflict resolution.

### **Literature Review**

#### *Schema Therapy and Schema-focused Mindfulness Therapy*

Young et al. (2003) developed schema therapy for changing maladaptive schemas and mode. It was very impressive in helping couples by reducing difficulties and problems in marital relationship. New researches in couple therapy revealed that early maladaptive schemas have underlying effects on conflicts and distress between couples. Therefore, schema therapy will be very useful in reducing couple's problems. Schema therapy increase awareness of couples about partner's need and chronic difficulties, which lead to a repetitive and unhealthy cycle. Individual schema therapy and couple schema therapy are both effective in couples' distress and conflict but schema couple therapy can accelerate the process of healing schemas as well as increase forgiveness and acceptance abilities of couples (Atkinson, 2012). On the other hand, these days schema therapist integrate mindfulness with different schema's techniques to reinforce the process of treatment (Bricker & Labin, 2012). Actually, mindfulness is a mental state that involves observing and allowing one's thoughts and feelings as they arise in the present. It can be learned through directed attention exercises, and can be integrated with existing therapy methods and training programs for use with many psychological problems (Van Vreeswijk, Broersen & Schurink, 2014).

### **Conflict Resolution**

Various studies revealed that there is a significant relationship between couples' belief systems, attributions and cognitive styles and conflict in marriage. Some couples cannot handle negative behaviors and hard marital situations due to lack of awareness about problem-solving skills and wrong attributions towards marital issues and negative behaviors. These attitudes end up aggressive behavior, tensions and more negative actions. The research findings showed that with manipulating the couples' cognition and attribution towards conflicts, the negative behaviors will be changed (Fincham & Beach, 1999).

The relationship between schema therapy and conflict resolution can be explored according to the relationship between schema therapy and underlying factors as well. In this regard, it was mentioned that couples' belief systems, attributions and cognitive styles have significant effects on conflict in marriage. In other word, lack of awareness about problem-solving skills and wrong attributions towards marital issues lead to aggressive behaviors, whereas the couples' cognition about conflicts can avoid the negative reaction (Fincham & Beach, 1999). Therefore, therapists try to change cognitive errors and irrational thoughts to increase conflict resolution skills using cognitive techniques, which are the backbone of schema therapy.

Likewise, the research by Douglas (2015) on the relationship between cognitive schemas and adversity, and conflict resolution showed women with healthy schemas are so fair in situations of conflict. Actually, the results showed that the cognitive processes, emotions and maladaptive schemas play a key role for women in coping with psychological distress situations.

Early maladaptive schemas and mode cycles play key roles in forming different conflict resolution styles. For example, members with avoiding conflict resolution styles do not involve in arguments for solving problems and try to ignore them (Thomas & Kilmann, as cited in Behrendt & Ben-Ari, 2012). They show impulsive child mode, compliant surrendered or

detached protector modes. They also show maladaptive self-control/self-discipline or approval-seeking/recognition-seeking maladaptive schemas. Schema therapy is very effective in changing unhealthy conflict resolution styles and increasing healthy conflict resolution style. As mentioned above there is a significant relationship among maladaptive schemas and copying modes with unhealthy conflict resolution style. Consequently, schema therapy using different techniques and strategies can revise early maladaptive schemas and coping modes, and increase conflict resolution skills and marital satisfaction as well

## **Methodology**

### *Population and Sampling Method*

The population of this research was all married Iranian women who lived in Malaysia in 2015-2016 and showed their interest to be involved in the treatment sessions in order to increase the quality of their relationship. The participant had the following characteristics:

- Women aged between 24 and 40,
- Completion of bachelor degree or higher,
- Married for 10 years or less,
- Living in Malaysia for more than a year,
- Not involved in other treatments or educational trainings for at least a year.

In this research, random assignment and random sampling were used to choose the sample. Random sampling in this term refers to the condition in which all individuals of the population have the equal chance to be selected and selecting each one has no effect of the others (Kumar, 2011). For this purpose, the researcher chose UPM and UM as two most famous Malaysian universities with high rate of Iranian students for installing the announcements. The announcements were also put at Iranian Embassy and Iranian counselling center in Malaysia. Social media was used as well in order to notice Iranian women who did not live in Kuala Lumpur. During two months, nearly 190 women expressed their interest to participate in the study to increase the quality of their relationships. After that, the researcher conducted short interviews to choose the participants who met the requirements of the study. Actually, some of these women were not qualified for therapy sessions because some of them were involved in major crises or intense psychological disorders and some others had situational problems. Thus, they were omitted from the main study. Other participants were administered the ENRICH questionnaire and those with very high or very poor marital quality scores were eliminated as well.

### **Data Collection Tools**

The data collection instruments used in the present study included marital satisfaction sub-scales from the ENRICH questionnaire. Also, a demographic section used to gather participants' age, number of children, education, occupation, length of marriage and income. Young's Schema questionnaire was used to discover each participant's maladaptive schemas as well. A Persian version of ENRICH questionnaire was developed by Asoodeh (2010), with the written permission and under supervisory of Olson (developer of ENRICH questionnaire). The Persian version has 35 questions and four sub-scales including marital satisfaction, communication, conflict resolution and ideal distortion.

The Young's Schema Questionnaire-Short Form (Young, 2014) is a self-report instrument to measure maladaptive schemas. YSQ-SF is a 75-item questionnaire and has 15 schema

subscales in 5 areas. The items of SQ-SF are clustered according to specific schemas. There is a two-letter code in front of each cluster, indicating the schema measured by these items. In the therapy sessions, the therapist along with the patient specify the highly-scored (usually scored 5 or 6) items, then the therapist asks questions related to those items to identify the precise schemas. The validity and reliability of SQ-SF have been demonstrated by various studies (Oei & Baranoff, 2007).

### **Protocol of Treatment**

The therapy sessions were held in the form of group therapy, which was developed, by Van Vreeswijk and Broersen (2013). This kind of therapy helps the participants change their thinking and behavior patterns during the training sessions. The most emphasis of short-term schema CBT protocol is on cognitive and behavioral techniques. The format of treatment is group therapy because in this case, the schemas and modes usually trigger more in a group and during interaction with others. The therapist can observe activated schemas and modes during discussions and challenges in the group. He/she also helps members realize their major problems and weak points in a safe therapeutic atmosphere and gives the members a chance to repair them with the assistance of a supportive group.

The group members included 8-10 persons that participated in 18 sessions, 2 hours each. Doing the assignments were considered very important and all the members had a workbook including explanation of schemas, modes, exercises and also different examples about techniques and strategies. At the beginning of each session, the participants talked about their flip chart that shows their high activated schemas and modes and also the rate of change during the week. Then during the remaining time, members discussed and were challenged about their schemas and modes. Further, the techniques and assignments were practiced in groups; first in small groups (3 persons), then in the whole group. Therapeutic alliance as well as strong, close and supportive relationships among members also plays a key role in major success of SCBT-g (Van Vreeswijk & Broersen, 2013). The protocol of treatment that is mostly used for short-term schema therapies is the procedure explained in SCBT-g and the protocol of treatment that is used for schema-focused mindfulness therapy is the procedure of SCBT-g along with the mindfulness trainings. This procedure has been represented precisely based on schema therapy contents and designed particularly for short-term group therapy. Therefore, it was selected as the protocol of treatment of the present research.

### **Results and Discussion**

#### **Hypothesis 1**

H1: There is a significant difference in conflict resolution between pre-test, post-test and follow-up test (T1, T2, T3) in the schema therapy experimental group.

#### **Analysis of $H_{01}$**

Table 1 shows the difference of conflict resolution mean scores between tests (pre-test, post-test and follow-up test) in the schema therapy group. The two-way repeated measures ANOVA was conducted to compare the mean score of conflict resolution at three times, i.e. pre-test (before intervention), post-test (after intervention) and follow-up test (two months later). The result of post hoc test (Bonferroni) revealed that the difference between pre-test, post-test and follow-up test in conflict resolution among schema therapy group was significant, i.e.  $F(1.767, 164.313) = 51.078$ ,  $p < .05$ ,  $\eta^2 = .526$ ,  $f = 1.05$ . In fact, the hypothesis is

retained to some extent and this reveals that the schema therapy has a robust effect on conflict resolution. The results showed that time had a significant impact on conflict resolution too.

Table 1:

*The Difference of Conflict Resolution Mean Scores between Tests in Experimental Groups and Control Group*

Group	Test (i)	Test (j)	Mean Difference (i-j)	SE	p-value	F-value	$\eta^2$
Schema Therapy Group	1	2	-5.188	.526	.000	51.078	.526
	1	3	-5.281	.607	.000		
	2	3	-.094	.439	1.000		
Schema-focused Mindfulness Therapy Group	1	2	-6.375	.526	.000	88.382	.658
	1	3	-7.625	.607	.000		
	2	3	-1.250	.439	.016		
Control Group	1	2	-.406	.526	1.000	.310	.007
	1	3	-.406	.607	1.000		
	2	3	.000	.439	1.000		

The Cohen's formula was also used to calculate the effect size as follows:

$$f = \sqrt{\frac{\eta^2}{1 - \eta^2}} = \sqrt{\frac{.526}{1 - .526}} = 1.05$$

The calculation shows that the effect size is large; thus, the mean difference is significant. As it can be seen in Figure 1 too, the changes of participants' conflict resolution at post-test has been considerable. It is obvious that it increased after intervention and levelled out during the two-month follow-up.

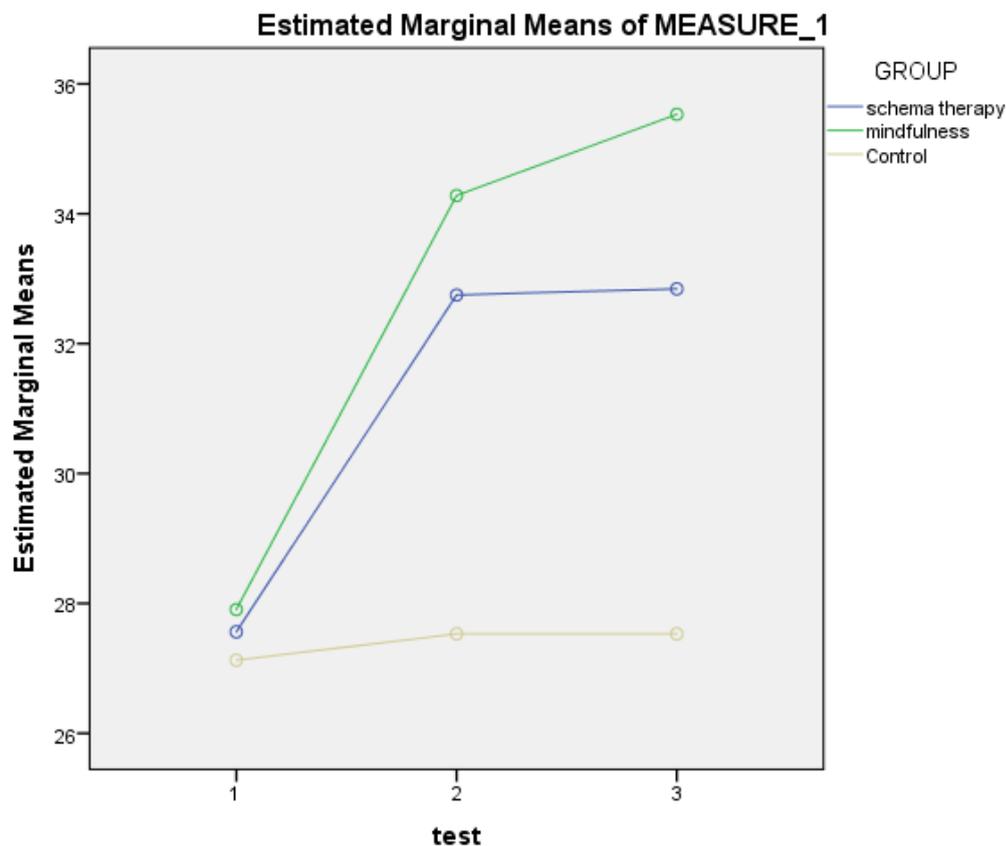


Figure 1: Mean of Conflict Resolution across the Time for Three Groups

#### Decision about $H_{01}$

The result of analysis showed that schema therapy has a significant effect on conflict resolution among Iranian married women in Malaysia. Therefore, the first hypothesis of this research was accepted. The mean score of pre-test increased remarkably after the treatment and there was a significant difference between pre-test and post-test. However, after two-month follow-up the mean score of post-test remained almost constant. It suggested that the changes were stable and continual. The decision in this case is to partially support the hypothesis because the mean scores of post-test and follow-up test are almost similar.

#### Hypothesis 2

H2: There is a significant difference in conflict resolution between pre-test, post-test, follow-up test (T1, T2, T3) in the schema-focused mindfulness therapy experimental group.

#### Analysis of $H_{02}$

Table 1 shows the difference of conflict resolution mean scores between tests (pre-test, post-test and follow-up test) in the schema-focused mindfulness therapy group. The two-way repeated measures ANOVA was used to compare the mean score of conflict resolution at three times, i.e. pre-test (before intervention), post-test (after intervention) and follow-up test (two months later). The result of post hoc test (Bonferroni) revealed that the difference between pre-test, post-test and follow-up test in conflict resolution among schema-focused mindfulness therapy group was significant, i.e.  $F(1.767,164.313)=88.382$ ,  $p<.05$ ,  $\eta^2=.658$ ,  $f=1.39$ . Thus, the hypothesis was retained, indicating that the schema-focused mindfulness therapy had a positive effect on conflict resolution. The results also showed that time

significantly affect the conflict resolution. The Cohen's formula was used to calculate the effect size as follows:

$$f = \sqrt{\frac{\eta^2}{1 - \eta^2}} = \sqrt{\frac{.658}{1 - .658}} = 1.39$$

The result shows that the effect size is large, which implies that the mean difference is considerable. Figure 4.1 also indicates the effectiveness of schema-focused mindfulness therapy on conflict resolution. It is obvious that it was improved considerably after intervention and had an upward trend during the two-month follow-up.

#### Decision about H<sub>02</sub>

The result of analysis revealed that the schema-focused mindfulness therapy has a significant effect on conflict resolution of Iranian married women in Malaysia. Thus, the second hypothesis of the research was supported. The mean score of pre-test considerably increased after the treatment and there was a significant difference between pre-test and post-test. After two-month follow-up, the mean score of post-test increased over time. It shows that the mindfulness techniques gradually affected the participants' conflict resolution in the experimental group.

#### Hypothesis 3

H3: There are significant differences among three groups in conflict resolution in the pre-test (T1).

#### Analysis of H<sub>03</sub>

The effects of two treatments of the study (schema therapy and schema-focused mindfulness therapy) on conflict resolution of Iranian women in Malaysia were compared using two-way repeated measures ANOVA at pre-test (T1) (before the intervention). The results showed that time did not have any significant effect on the conflict resolution at T1 in three groups (schema therapy group, schema-focused mindfulness group and control group). Based on results, the third hypothesis was rejected. The results showed that time did not have a significant effect on the conflict resolution among Iranian married living in Malaysia.

#### Hypothesis 4

H4: There are significant differences among three groups in conflict resolution at post-test (T2).

#### Analysis of H<sub>04</sub>

Table 2 shows the conflict resolution mean difference between experimental groups and control group at post-test. The results of the two-way repeated measures ANOVA on the effects of two treatments (schema therapy and schema-focused mindfulness therapy) on conflict resolution of Iranian women in Malaysia at post-test (T2) (after intervention) showed that there was not any significant difference between the mean score of schema-focused mindfulness group and schema therapy group at post-test. However, there are significant differences between conflict resolution mean scores of schema therapy and schema-focused mindfulness therapy groups and control group in the post-test.

Table 2:

*Conflict Resolution Mean Difference between Experimental Groups and Control Group at Pre-test, Post-test and Follow-up Test*

Test	(I) Group	(J) Group	Mean Difference (I-J)	SE	p-value	$\eta^2$
1	Schema Therapy	Mindfulness	-.344	.789	1	.010
	Schema Therapy	Control	.438	.789	1	
	Mindfulness	Control	.781	.789	.974	
2	Schema Therapy	Mindfulness	-1.531	.781	.159	.469
	Schema Therapy	Control	5.219	.781	0	
	Mindfulness	Control	6.750	.781	0	
3	Schema Therapy	Mindfulness	-2.688	.758	.002	.554
	Schema Therapy	Control	5.313	.758	0	
	Mindfulness	Control	8.000	.758	0	

#### Decision about H<sub>04</sub>

The result of analysis showed that there is not any considerable difference between schema therapy and schema-focused mindfulness therapy post-test. This suggests that mindfulness techniques did not have any observed effect on conflict resolution especially in a short time period. Therefore, the decision to is partially support the 4th hypothesis because the mean scores of post-test among schema therapy group and schema-focused mindfulness group were almost the same but there were significant differences among control group and the two experimental groups.

#### Hypothesis 5

H5: There are significant differences among three groups in conflict resolution at follow-up (T3).

#### Analysis of H<sub>05</sub>

Table 2 shows the conflict resolution mean difference between experimental groups and control group at follow-up test as well. The results of two-way repeated measures ANOVA conducted to compare the effect of two different treatments of the study (schema therapy and schema-focused mindfulness therapy) on conflict resolution of Iranian women in Malaysia at follow-up test revealed that there was a significant difference between the mean score of schema-focused mindfulness therapy group and schema therapy group after two-month follow-up. Thus, the fifth hypothesis was retained. Additionally, there were significant differences between the conflict resolution mean scores of schema therapy and schema-focused mindfulness therapy and control group at follow-up test as well, i.e.  $p < .05$ . The Cohen's formula was also used to calculate the effect size as follows:

$$f = \sqrt{\frac{\eta^2}{1 - \eta^2}} = \sqrt{\frac{.554}{1 - .554}} = 1.11$$

The calculation shows that the effect size is large; thus, the mean difference is significant. Moreover, Figure 1 demonstrates the differences the participants' conflict resolution among groups at follow-up test. As it can be seen, the experimental groups participants' conflict resolution raised after two-month follow-up notably, and second group participants showed more improvement this time in comparison with first group participants in this regard.

#### Decision about H<sub>05</sub>

The results showed that there is a significant difference between schema therapy and schema-focused mindfulness follow-up test scores. It indicates that mindfulness techniques have a significant effect on conflict resolution after two months follow-up. Actually, integrating schema therapy and mindfulness techniques can be more effective especially over time. The differences was not seen at post-test but it was observed at two-month follow-up. The results showed that in schema therapy group and control group there was not any difference between the post-test and follow-up test, and conflict resolution has remained almost constant, but in schema-focused mindfulness therapy group there was a considerable improvement in the follow-up test. However, a significant difference can be seen in the follow-up test of schema therapy and schema-focused mindfulness therapy groups in comparison with control group follow-up. Consequently, the hypothesis is retained and there are significant differences among three groups in conflict resolution at follow-up (T3).

#### Discussion on Conflict Resolution

This study aimed to assess the effects of schema therapy and schema-focused mindfulness therapy on conflict resolution as well. The results indicated that both methods are effective in improving conflict resolution and the effects of schema-focused mindfulness therapy is more considerable over time. During the group therapy sessions, the researcher understood that people with different kinds of early maladaptive schemas and modes showed different kinds of conflict resolution styles. There are a lot of researches that show that conflict resolution is one of the most important determinants of marital quality (Bacciocchi; Crohan, as cited in P. Greeff & Tanya De Bruyne, 2000). During different discussions in the groups and sharing members' ideas and experiences, they became familiar with their schemas, modes and coping styles. Members were familiarized with and learned to analyze their attitudes and behavior with schemas and modes languages. The conflict resolution styles have direct link with schemas and dysfunctional modes. As soon as, maladaptive schemas and inefficient modes cycles changed, conflict resolution styles changed spontaneously as well. Members understood that something was wrong which is repetitive and always the same. They were trapped in never-ending cycles, which are unhealthy and out of control. They increased their knowledge about their schemas and modes and mindfulness techniques were very effective for them to know the origin of their schemas, behavior and attitudes.

Early maladaptive schemas and mode cycles are so effective in forming different conflict resolution styles. For instance, individuals who ignore the problems and do not involve in problem-solving discussions, have avoiding conflict resolution styles (Thomas & Kilmann, as cited in Behrendt & Ben-Ari, 2012). To be precise, they suffer from impulsive child mode, compliant surrendered or detached protector modes and also showed insufficient self-

control/self-discipline or approval-seeking/recognition-seeking maladaptive schemas. It was also discussed that schema therapy has significant effects on conflict resolution styles by changing maladaptive schemas and dysfunctional modes. Therefore, the improvements of conflict resolution styles can be strong evidences to represent the effects of the therapies. The group therapy helped the participants learn about their schemas and modes, and also understand how much they can be harmful and hurting for their marriages. Mindfulness techniques enhanced their awareness about the schemas, modes and helped them to be mindful when the schemas and modes become active. During the sessions, they gradually revised their dysfunctional conflict resolution styles and this led to increasing their marital satisfaction.

Further, members with competitive conflict resolution style who highly compete with others in all fields, and also during arguments showed entitlement/grandiosity schemas or unrelenting standard schemas/hypercriticalness schemas. They showed angry child mode, overcompensator and demanding parent modes. During the sessions, the therapist and other members helped them to become familiar with their errors and inefficient cycles by practicing different cognitive, behavioral and experiential techniques and mindfulness strategies. Revising schemas and mode cycles helped them transform the competitive conflict resolution style to healthy styles, which improved their marital satisfaction over time.

In addition, it was mentioned that individuals with accommodating conflict resolution style try intensively to satisfy others' needs (Thomas & Kilmann, as cited in Behrendt & Ben-Ari, 2012). This attitude and behavior are in conformity with some schemas such as self-sacrifice individuals who have extra concentration on meeting the others' needs while their essential requirements are not satisfied. Some of them showed subjugation schemas. Individuals with this schema are extra obedient and tractable and they suppress their own demands, desires and emotions because of the deep-seated fear of others. On the other hand, some others showed approval-seeking/recognition-seeking schemas. These people need affection and validation of others, so they try to get the confirmation, approval and attention of others at any rate (Young et al., 2003).

Interestingly, during the group therapy sessions, the participants mostly showed compliant surrenderer which is a dysfunctional coping mode and hurts the people and their relationships over time. Dysfunctional modes were discussed over and over during the sessions, and by practicing different cognitive, behavioral and experiential techniques and mindfulness strategies they were changed or reformed to some extent. Gradually, members changed their perspectives and points of view with the assistance of the therapist and other members. They replaced dysfunctional conflict resolution styles with healthy ones such as cooperation and comprising. Thus, this is evidence to confirm that the findings of this study are in line with the existing studies that proved changes in conflict resolution styles can improve marital satisfaction among couples (Bertoni & Bodenmann, 2010; Cramer, 2000; Dildar, Sitwat, & Yasin, 2013; Douglas, 2015; Kurdek, 1995; P. Greeff & Tanya De Bruyne, 2000; Russell-Chapin, Chapin & Sattler, 2001).

On the other hand, Gottman and Silver (2015) developed four dysfunctional communications styles including criticism, contempt, defensiveness and stonewalling, which have negative effects on conflict resolution. All of them have roots in dysfunctional modes and maladaptive

schemas. During the group sessions, all of these styles were discussed and replaced with healthy communication styles. This finding also confirms the results of other studies that showed changing conflict resolution styles will improve marital communication among couples (Bayrami, Babapour, Hashemi, Esmali and Bahadori Khosroshahi, 2013; Sharif, Soleimani, Mani & Keshavarzi, 2013).

Regarding the schema-focused mindfulness therapy, the members of the second group practiced different mindfulness techniques during the sessions along with other techniques of schema therapy. Therapists asked them to practice techniques everyday to engrave them gradually. Thus, the members could increase their awareness about the situations that trigger schemas and modes faster in comparison with the first group members. Therefore, they understood immediately that their sensations, emotions and thoughts are in relation with their schemas and modes. It helped them to change their conflict resolution styles during the conflict because they found out that their style are related to their schemas and modes as well. In other word, since healthy conflict resolution styles are very effective on preventing distress among couples and developing workable solutions, they could change the unhealthy mode cycles and found reasonable solution for their problems instead of withdrawal or fight with changing dysfunctional conflict resolution style to healthy one. The effect of mindfulness trainings appeared at follow-up test when the second group participants showed more improvement in conflict resolution.

### **Conclusion**

Another important aim of this study was to examine the effect of the schema therapy and schema-focused mindfulness therapy on conflict resolution. There were three groups in the research: two experimental and a control group, each consisting of 32 participants. The first experimental group received schema therapy during 18 group sessions; then the results of this group were compared with those of the control group. There was a significant difference between the two groups in posttest and follow-up test. It revealed that schema therapy enhanced the conflict resolution by increasing the awareness of participants about their early maladaptive schemas and dysfunctional modes. During the sessions, it was revealed that by changing the inefficient mode cycles they were able to improve their conflict resolution over time.

The second experimental group received schema-focused mindfulness therapy during 18 group sessions that included applying the schema therapy techniques and mindfulness strategies. After that, the results obtained by the experimental group were compared with those of the control group. There was a dramatic difference between the two groups in the post-test and follow-up test, suggesting that the conflict resolution increased in the post-test and after two months follow-up as well. Actually, the schema-focused mindfulness therapy group showed more improvement in the follow-up test while the mean score of conflict resolution remained constant in the schema therapy group.

Generally, the research showed that reforming conflict resolution styles by changing early maladaptive schemas and dysfunctional modes during the group therapy sessions was very useful for couples to solve their problems efficiently. By using different cognitive, behavioral and experiential techniques and also mindfulness strategies, the attitudes and behaviors of

the participants gradually changed towards conflict resolution and it can led to considerable change in (general) marital satisfaction of Iranian women in Malaysia.

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