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The effect of group schema therapy based on acceptance and commitment on sexual self-esteem and marital burnout in women undergoing dialysis

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Abstract

Introduction: The present study aimed to investigate the effect of group schema therapy based on acceptance and commitment on sexual self-esteem and marital burnout of women undergoing dialysis.

Materials and Methods: The statistical population consisted of all married women referred to Khorasan Razavi Dialysis Patients Support Association in 2021-2022. The statistical sample comprised 30 married women undergoing dialysis in Mashhad-Iran, who were selected through convenience sampling method and randomly assigned into two experimental (n= 15) and control (n= 15) groups. Research instrument included the Sexual Self-Esteem Index for Woman-Short Form (SSEI-W-SF) and Couple Burnout Measure (CBM). The experimental group participated in group schema therapy based on acceptance and commitment for 10 two-hour sessions, while the control group did not receive any intervention. Factorial repeated measures analysis of variance was used for data analysis.

Results: The results demonstrated a significant difference between the two experimental and control groups in sexual self-esteem and marital burnout in the post-test and follow-up ($P< 0.05$).

Conclusion: It seems that group schema therapy based on acceptance and commitment is effective in sexual self-esteem and marital burnout of dialysis women.

Keywords: Acceptance and commitment therapy, Dialysis, Marital burnout, Schema therapy, Sexual self-esteem

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Introduction

More than half of the deaths worldwide are related to chronic diseases, including chronic kidney failure. It is a progressive and irreversible destruction of kidney function, in which the body's ability to maintain metabolism and balance of water and electrolytes is lost, resulting in uremia (1).

Currently, 10 to 13 percent of people worldwide suffer from kidney diseases (2). Dialysis treatment creates risky conditions in all dimensions of life, especially in marital

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relationships (3). Compared to the normal population, dialysis patients suffer more from psychological disorders (4) such as depression (5) and anxiety (6) and are also grappling with difficulties in marital relationships, including reduced marital satisfaction (7), low sexual desire and poor sexual function (8), lack of sexual self-esteem (9), impotence (10), marital burnout (11), and emotional divorce (12).

Sexual self-esteem is defined as a person's overall desire to positively evaluate their capacity to participate in healthy sexual behaviors and sexual experiences in a pleasurable and satisfying way, which affects sexual behavior (13). Since there is a relationship between sexual self-esteem and sexual function and marital intimacy (12). When sexual self-esteem is damaged, the individual's opinion about themselves, life satisfaction, and the ability to experience pleasure and create intimate relationships with others are disturbed. Suppose the damage to sexual self-esteem is important, because it causes sexual dysfunction (13), resulting in couples becoming discouraged towards each other, and the quality of the marital relationship decreases (14). Studies have demonstrated that the lack of sexual self-esteem is directly related to emotional discouragement and marital burnout (15). Marital burnout occurs due to a set of unrealistic expectations from the spouse, the stress in a marriage, lack of realism, and inflexibility in the life events. Marital burnout develops when either one of the couples does not value the relationship as much as the other party or ignores the most important needs of the partner (15). Considering the marital problems of dialysis women, it can be useful to provide practical psychological solutions.

The combined Schema Therapy (ST) and Acceptance and Commitment Therapy (ACT) is a new approach. Schema therapy and acceptance and commitment therapy are separate approaches, each dealing with pathology differently. Matoff believes that one type of approach alone is not always effective in treatment because each theoretical model has its defects; for example, the schema approach does not use emotion regulation and mindfulness strategies except in a few cases, ignores the role of language in pathology. Further, the acceptance and commitment approach does not provide a developmental explanation for mental disorders (16). As a result, the combination of these two theoretical models can be considered a good complement to cover both shortcomings (17). Therefore, researchers have evaluated the effectiveness of schema therapy based on acceptance and commitment in interpersonal relationships and have also standardized this integrated method for couples and found that the use of this combined approach has a significant effect on reducing psychological problems and improving marital relationships (18-24). So, the combined ST and ACT approach is much more effective than alone approach. Moreover, dialysis patients suffer from more marital problems than normal people. Thus, this study aims to investigate the effect of group schema therapy based on acceptance and commitment on sexual self-esteem and marital burnout of women undergoing dialysis.

Materials and Methods

The Ethics Committee at the Faculty of Medicine of the Islamic Azad University - Mashhad Medical Sciences Branch approved this research (code: IR.IAU. MSHD. REC. 1401.118). Also, this research was registered in the Iranian Registry of Clinical Trials with the code IRCT20101130005280N60. The statistical research population of this clinical trial consisted of all married dialysis women referred to the Khorasan Razavi Association of Dialysis Patients in 2021-2022. The sample size was calculated 13 cases for each group based on Cohen's Table for experimental studies (25) by considering the effect size of 0.7, the power of 0.91, and the significance level of 0.05. So, 30 cases were selected through convenience sampling method and divided randomly (by a lot) into two equal experimental group and control group. The inclusion criteria included: Being married, aged between 20 and 50 years, literacy (the ability to read and write), suffering from chronic kidney disease (for at least 3 months) and undergoing dialysis treatment, not receiving other psychotherapy at the same time, not suffering from major depression with the possibility of suicide and not having psychotic symptoms in the evaluation through clinical interview, and willingness to participate in the research with informed consent. The exclusion criteria were incomplete questionnaires, not answering the questions according to the instructions, not following up on the tasks, and being absent for more than two sessions in the treatment. Before and after the group therapy, two groups completed Sexual Self-Esteem

Index for Woman-Short Form and Couple Burnout Measure. Finally, 45 days later, experimental and control groups responded to the questionnaires mentioned as the follow-up phase.

Research instruments

A) Sexual Self-Esteem Index for Woman-Short Form (SSEI-W-SF): Doyle Zeanah and Schwarz designed this questionnaire with 32 questions graded on a Likert scale. This scale measures women's emotional responses to their subjective evaluations of sexual feelings, thoughts, and sexual behaviors. It consists of 5 subscales of experience/skill, attractiveness, control, moral judgment, and adaptiveness. Doyle Zeanah and Schwarz estimated its reliability in 1996 to be 0.85 to 0.94 through internal consistency (Cronbach's alpha). It was also reported for the subscales of attractiveness, control, adaptiveness, moral judgment, and experience/skill to be 0.94, 0.88, 0.90, 0.85, and 0.93, respectively (26). In Iran, the test-retest reliability coefficient is 0.91 for the total scale and between 0.82 and 0.94 for its five subscales (27). The validity of the questionnaire was obtained to be 0.57 through the construct validity of the questionnaire scores with the Rosenberg self-esteem scale scores, and it was reported to be 0.56, 0.45, 0.45, 0.38, and 0.44, respectively, for the subscales of attractiveness, control, adaptiveness, moral judgment, and experience/skill. In Iran, the correlation coefficients between each item and the total score of the scale were reported to be between 0.54 and 0.72, and in the exploratory factor analysis, five factors of experience/skill, control, attractiveness, moral judgment, and adaptiveness have been obtained, which in total explained 50.37% of the variance (27).

B) Couple Burnout Measure (CBM): This questionnaire was developed by Pines and contained 21 questions graded on a Likert scale. This questionnaire measures 3 subscales of physical, emotional, and mental exhaustion. The reliability coefficient of the scale, through the test-retest method, was obtained at 0.89 for one month, 0.76 for two months, and 0.66 for four months. The evaluation of its reliability coefficient revealed that it has an internal consistency between the variables in the range of 0.84 to 0.90. The questionnaire validity has been confirmed by negative correlations with positive communication features, such as a positive opinion about communication, the quality of conversation, a sense of security, self-actualization, a sense of purpose, emotional attraction towards the spouse, and the quality of sexual relationship (28). In Iran, the reliability coefficient of this questionnaire has been reported to be 0.92 and 0.90 using Cronbach's alpha and split-half methods, respectively (29).

Both experimental and control groups fulfilled the mentioned questionnaires. Then, as an intervention, group schema therapy sessions based on acceptance and commitment were held using the therapeutic protocol of mindfulness, acceptance, and schema awareness for interpersonal behaviors written by McKay, Lev, and Skeen for the experimental group during 10 two-hour weekly sessions as follows (18). Ultimately, the data were analyzed by descriptive statistics, independent t-test, multivariate factorial repeated measures analysis of variance, and SPSS-25. Table 1 presents the summary of the group therapy sessions based on the combination of schema therapy and acceptance and commitment therapy.

Table 1. Summary of the group therapy sessions based on the combination of schema therapy and acceptance and commitment therapy

Session	Content
First	Completing the Young Schema Questionnaire, practicing and implementing mindfulness (mental focus or five senses), providing psychological training about schemas, psychological training about coping behaviors when the schema is activated by using the metaphor of the popcorn machine and examining how schemas affect clients emotionally.
Second	Investigating triggers arising from schema, coping behaviors and their consequences, using the creative hopelessness strategy in relation to the avoidance behaviors and old control strategies to prevent the pain caused by the schema.
Third	Investigating the consequences of coping behavior, discussing the creative hopelessness, quicksand and digging a hole metaphors, giving up fighting and trying to control thoughts, feelings and internal schema experiences with the help of mental imagery of the sky and the weather metaphor.
Fourth	Teaching and clarifying values and identifying worthwhile goals, examining barriers to worthwhile action, role-playing practice based on the monsters on the bus metaphor.

Fifth	Providing psychoeducation about defusion using the metaphor of monsters on the bus and the marketer and the obstacle assessment worksheet, teaching specific defusion techniques (naming the mind, scheduling worry time, obsessing, ruminating, getting angry, blaming, and so on, labeling thoughts as descriptive, thanking the mind, repeating the thought out loud in a silly voice, putting thoughts on clouds and objectifying or thinking of thoughts as physical objects).
Sixth	Setting a new goal for the next week, providing psychoeducation about defusion by focusing on evaluation vs. description, a practical exercise about evaluations vs. descriptions (telling stories and paying attention to evaluations), developing the observer self through hands-on practice and visualization (the chessboard metaphor and the worst embodiment of self).
Seventh	Examining the desire to avoid pain and loss in relationships, discussing anger as a coping style and its costs, providing psychoeducation about anger, examining the costs of resentment (court metaphor), using mindfulness practice and visualization to discover the moment of choice and release from resentment.
Eighth	Providing psychoeducation about emotions and the inapplicability of control strategies, examining the costs of avoiding painful emotions, discussing the experience of defusion using labels, letting go of the rope practice, using imagery to develop the view of the observer self and defusion of schemas.
Ninth	Visualizing and exploring reactions to recent events arising from schema, discussing effective marital relationship, practicing mental imagery, mindfulness and compassion.
Tenth	Discussing the experiences of the group members in the last ten weeks, practicing defusion and alternative responses based on the value of marital relationships to schema-related events, discussing and examining possible obstacles and developing strategies for acting based on valuable goals despite the obstacles, staying committed to new goals, evaluating the progress of group therapy and achievement of group therapy goals.

Results

In term of demographic variables, the mean age was 48.27 ± 5.23 years, in the experimental group and 48.93 ± 9.91 years in the control group (*P*= 0.81, t= 0.232). The duration of dialysis in the experimental group and control group was 7.20 ± 3.80 months and 5.01 ± 2.75 months, respectively (*P*= 0.08, t= 1.815). The duration of marriage in the experimental group and control group was 30.20 ± 7.74 years, and 30.01 ± 12.61 years, respectively (*P*= 0.95, t= 0.502). The both groups had not significant differences in mentioned demographic variables. Table 2 presents the descriptive statistics of the variables.

Table 2. The descriptive indices of the variables in the experimental and control groups in the pre-test, post-test, and follow-up

Variable	Group	Pre-test		Post-test		Follow-up	
		Mean	SD	Mean	SD	Mean	SD
Sexual self-esteem	Experimental	89.33	17.02	100.00	14.70	99.07	14.34
	Control	88.20	15.36	88.67	14.51	87.67	15.03
Marital burnout	Experimental	112.13	8.36	76.60	6.75	73.67	6.67
	Control	109.13	9.78	108.53	9.22	106.80	8.91

The results indicated that the mean of sexual self-esteem in the experimental group has increased in the post-test and follow-up compared to the pre-test. At the same time, there was no significant change in the mean of sexual self-esteem in the control group. The score of marital burnout in the experimental group was high in the pre-test, which is reduced in the post-test and follow-up. While, the score of marital burnout did not decrease during the research process. The results of the Kolmogorov-Smirnov test indicated the normal distribution of variables (*P*> 0.05). The results of Levene's test indicated the homogeneity of variances in three stages for sexual self-esteem and marital burnout. The results of Mauchly's sphericity test have been presented in Table 3, which indicates that sphericity has not been committed to sexual self-esteem and marital burnout. The Greenhouse-Geisser correction should be used. Considering the established assumptions, we used multivariate factorial repeated measures analysis of variance. The results are presented in Table 4.

Table 3. The results of Mauchly's sphericity test

Variables	Mauchly's W	$\chi 2$	P	Greenhouse-Geisser correction
Sexual self-esteem	0.077	69.272	0.03	0.52
Marital burnout	0.093	64.00	0.02	0.43

Table 4. The results of the factorial repeated measures analysis of the variance test

Variables	Source of changes	Sum of squares	df	Mean square	F	P	Eta	Test power
Sexual self-esteem	Within-group	530.822	2	265.411	10.055	0.001	0.264	0.981
	Between-group	1424.044	1	1424.044	4.230	0.024	0.145	0.558
	Interaction effects	523.622	2	261.811	9.918	0.001	0.262	0.979
Marital burnout	Within-group	7480.089	2	3740.044	611.055	0.001	0.622	0.980
	Between-group	9630.678	1	9630.678	48.712	0.001	0.456	0.565
	Interaction effects	6318.489	2	3159.244	516.163	0.001	0.627	0.926

As shown in Table 4, there were significant differences in sexual self-esteem in the within-group analysis, between-group analysis, and interaction effects ($P< 0.05$). There were also significant differences in marital burnout in the within-group analysis, between-group analysis, and interaction effects ($P< 0.05$).

The intervention's effect size in the variable of sexual self-esteem was obtained to be 0.262 according to interaction effects, meaning that 26% of the increase in sexual self-esteem during the stages is related to the intervention. The test power was estimated to be 0.98 and 0.56 for the within-group and between-group interaction effects on sexual self-esteem.

This means that the test has a high ability to assess between-group differences. Moreover, the effect size of intervention in marital burnout was equal to 0.62 according to interaction effects, indicating that 62% of changes in marital burnout during the stages are related to the intervention.

The test power was obtained to be 0.92 and 0.56, respectively, for the within-group and between-group interaction effects in marital burnout. This means that the test has a high power to estimate between-group differences. Table 5 presents the results of Bonferroni post hoc test according to the stages.

Table 5. Results of Bonferroni post hoc test to compare sexual self-esteem and marital burnout according to the stages

Variables	Group	Pre-test-Post-test		Pre-test-Follow-up		Post-test-Follow-up	
		Mean difference	P	Mean difference	P	Mean difference	P
Sexual self-esteem	Experimental	-10.67	0.004	-9.73	0.010	0.933	0.055
	Control	4.66	0.277	0.533	0.217	0.99	0.090
Marital burnout	Experimental	35.53	0.001	38.47	0.001	1.93	0.123
	Control	6.01	0.659	12.33	0.090	1.73	0.136

The results suggested a significant change in sexual self-esteem and marital burnout among the experimental group members from the pre-test to the post-test and from the pre-test to the follow-up phase ($P< 0.05$).

But the changes in the post-test to the follow-up, were not significant ($P> 0.05$). This issue means the effect of the intervention during the time.

Discussion

The present study aimed to investigate the effect of group schema therapy based on acceptance and commitment on sexual self-esteem and marital burnout in women undergoing dialysis. The findings demonstrated that the scores of sexual self-esteem and marital burnout changed in the experimental group compared to the control group significantly in

the post-test and follow-up phase. The results are consistent with previous studies (17,30,31). Further, the results of the studies that have investigated the effect of the two therapeutic approaches separately on the variables of sexual self-esteem and marital burnout are consistent with the present findings. Accordingly, Elhaei, Kazemian Moghadam, and Haroon Rashidi suggested that schema therapy effectively improves the sexual function of women affected by the extramarital relations of their spouses (32). Javaheri, Shoghi, and Babakhanlou concluded that acceptance and commitment therapy improves sexual self-esteem and marital commitment in couples (33). Asadpour and Veisi found that acceptance and commitment therapy increased sexual self-esteem and decreased marital burnout in women with type 2 diabetes (34).

In explaining the effect of group schema therapy based on acceptance and commitment on sexual self-esteem and marital burnout of dialysis women, it can be stated that this approach, by combining the techniques of schema therapy and acceptance and commitment therapy, makes dialysis women aware of the effect of their schemas when aroused and also the emotional suffering that suddenly appears in connection with their spouse in situations arising from the schema and causes them to pay attention to the behaviors used to deal with painful emotions caused by the schema. They learn that although adopting schema-induced coping behaviors may bring little relief, it evokes more unpleasant emotions and feelings for the person in the long term, which causes more destructive behavioral responses to reduce the emotional suffering associated with the schema, and this prepares the ground for damage to the emotional and sexual relationships of couples (19). Through the five senses exercise, clients can focus on their five senses, i.e., hearing, smelling, seeing, tasting, and touching, and observing their experiences in the present moment instead of controlling their emotions. Visualizing the schema-induced situation in their sexual interactions helps women to keep their schema-induced emotions, thoughts, and feelings and follow their value-based actions instead of using coping behaviors with the help of a values clarification strategy in sexual relationships (18).

In this approach, dialysis women are encouraged to become aware of the mental barriers that prevent them to pursuing a satisfying sexual relationship. Women examine self-critical thoughts, negative self-judgment in the sexual relationship, labels caused by low self-esteem, worthlessness in sexual attraction, etc., and explore emotional barriers, such as fear, shame, and worry, to their values-based behaviors in sexual relationships. With the help of the monsters on the bus metaphor, they are encouraged to have painful cognitive and emotional experiences to follow the behaviors aligned with their values despite the unpleasant schema-induced thoughts and emotions. Using the screen metaphor, dialysis women can imagine themselves as a screen where a new movie is displayed daily. These movies display themes of joy, sadness, fear, and hope and contain an endless stream of ever-changing dialogues and thoughts that the mind is constantly throwing out. Movies, like thoughts and emotions, always change while the screen, which is the individual, remains as it was. This metaphor can prevent fusion with schema-induced thoughts and emotions (35).

As a result, women can see their identity independently of what they imagine, so beliefs such as “I am not attractive”, “I perform poorly in sex”, or “I cannot have satisfying sexual behaviors” are considered passing thoughts. They realize they are the only people with these thoughts (18). Other studies indicated a decrease in marital burnout in dialysis women through schema therapy based on acceptance and commitment in the post-test and follow-up stages. The results of previous studies on the effect of group schema therapy based on acceptance and commitment on marital burnout are consistent with other studies (23,24,35).

In explaining this finding, it can be said that the difficult conditions of dialysis treatment can provoke unpleasant schema-induced thoughts and feelings (20). So, marital burnout is more common among dialysis women than normal women (12). Hence, by completing the schema questionnaire, dialysis women become aware of the schemas activated in their marital relationships and identify painful emotions in situations arising from schema. Although the desire to run away from the emotional suffering arising from the schema is considered a natural reaction, clients are encouraged to become aware of the disturbing emotions associated with the schema and not to engage in behaviors to cope with and avoid the experience of unpleasant emotions, but to learn different ways

of responding that provide encouragement and confidence and increase love and interest in marital relationships (18).

Using the funeral metaphor, women set goals in line with their values in married life, which encourages and strengthens the marital relationship. With the help of identifying values such as honesty, love, affection, and friendship, they put aside behaviors that are inconsistent with their values (schema coping behaviors). By using the monsters on the bus and marketer metaphors, dialysis patients are taught to overcome cognitive barriers arising from their schemas and become aware by examining the costs they have paid to avoid unpleasant emotions arising from schema through coping behaviors such as aggression, concealment, seduction, withdrawal, etc. (36). Schema therapy based on acceptance and commitment, through training effective marital relationship, teaches clients to take effective value-based measures in married life instead of adopting destructive and damaging behaviors arising from the schema. These behaviors can create pleasant feelings and emotions in the marital relationship and cause marital burnout to fade and bring freshness and marital intimacy (19).

One of the limitations of this research is related to non-random sampling (convenience). Because the sample was taken from dialysis patients referred to the Khorasan Razavi Association of Dialysis Patients, caution should be taken in generalizing the research results to other patients in Iran. Furthermore, the lack of control over some interrupted variables, such as the patients' economic, social, and family status, is another limitation of the present study. It is suggested that future studies be conducted on larger and random samples.

Conclusion

Overall, the results demonstrated that group schema therapy based on acceptance and commitment is effective in sexual self-esteem and marital burnout of women undergoing dialysis. By combining schema therapy and acceptance and commitment therapy, this treatment informs the clients about the evolutionary root of their unpleasant thoughts, emotions, and bodily sensations, and through the exercises and techniques of defusion and mindfulness, it helps the clients to live in the present moment and get rid of fusion with thoughts arising from schema-induced situations and take effective and value-based measures in married life. Therefore, it can be mentioned that these factors were effective in enhancing sexual self-esteem and reducing burnout in dialysis women.

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