

Explanation of Dyadic Adjustment Model Based on Components of Schema Modes and Coping Styles in Blended and Normal Families

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Abstract

Aims: The lack of adjustment of couples is not only devastating families but also ruin family relationships in second marriage. The aim of the study was to explain the couples' adjustment model based on the components of the schematic modes and coping styles among blended and normal families. **Materials and Methods:** The research method was descriptive from type of correlation. The statistical population consisted of normal and blended families of Mazandaran. Samples were selected through stratified random sampling (313 normal and 250 blended). To gather the data, the Spaniel Marital Adjustment Scale (1976), schematic questionnaire (1999), and the Ultra Extreme Compensation Questionnaire (1994) were used. To analyze the data, path analysis was used. **Results:** The findings showed that in both families, childhood and dysfunctional modes predict couple adjustment in a negative way ($P < 0.05$), and dysfunctional parenting mode has negative significant effect on couples adjustment in normal and not significant in blended families. The healthy adult mode has positive significant effect in normal and nonsignificant effect on the blended couples. **Conclusions:** Based on the findings, especially in the blended families that is the weakness of healthy adult modes and the emotional changes of couples in the components of the schematic modes suggest a decline in the compatibility of the spouses.

Keywords: Component of schismatic modes, coping styles, couple adaptability blended and normal family

INTRODUCTION

The number of blended families (stepfamilies formed of second, third, etc., marriages) is increasing around the globe. More than 30 million children are living with stepparents and are dealing with numerous problems. Each day 1300 new blended families form in the United States, and the number of blended families is expected to reach the number of normal families in the United States.^[1] About 1.3 of American children below the age of 18 are also living in blended families.^[2]

The Civil and Personal Status Registration Authority of Iran declared that the average recorded divorce age among men and women is 35 and 30 years, respectively.^[3] The low divorce age increases remarriage rates and genesis of blended families. Divorced parents, who are concerned about their well-being,

need to forge a new relationship or adapt to their new partners or new people.

Sometimes couples suffer from maladjustment not only in their second marriages but also in their third or other marriages. Is the second, third, etc., marriage that is problematic or is it the set of schema modes that follows people like a shadow? Rao^[4] believes the marital adjustment is an adaptive behavior through which couples meet each other's needs. Dyadic adjustment or maladjustment can be influenced by the couple's intellectual structures, thinking models, and experiences of their biological families. Dyadic maladjustment may manifest in a wide range

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of life issues. In his definition of adjustment and marital satisfaction, Greeff^[5] states that adaptable couples are husbands and wives that agree strongly with one another. They are satisfied with the form and level of their relationship as well as the type and quality of their leisure activities. They properly manage their time and finances. In fact, dyadic adjustment is a dynamic process.^[6]

People bring the effects of their biological family to their marital lives. They introduce a set of expectations, beliefs, and imaginations about their role and their spouses' role to their marital life. Many expectations are extremely unrealistic, resulting in an increase in despair, distrust, and aggression.^[7] Remarks have also been uttered concerning the effect of previous understandings on new perceptions and assumptions. Various mechanisms and notions have been employed in cognitive psychology to describe this effect. One of the strongest mechanisms and notions used for this purpose is schema therapy that was introduced to cognitive sciences by Jeffrey E. Young and his colleagues.^[8]

Schema therapy is based on the cognitive behavioral therapy except that the roots involved in personal problems are not significantly taken into account in cognitive therapy. However, in the schema approach, new horizons have been opened up for couples therapy by putting more emphasis on the evolutionary aspects of childhood and adolescence psychological problems and using integrated therapeutic techniques such as schema modes and coping styles.^[8]

In addition to the schemas, coping modes are also introduced in Jung's theory as "coping styles" classified into the avoidance, surrender, and overcompensation categories. In this paper, two of these coping styles, namely avoidance and overcompensation, are studied. Avoidance occurs when a person uses the avoidance (or avoidant) coping style by attempting to avoid the activation of the schemas. These individuals avoid thinking about an issue, overdrink alcohol, abuse drugs, overeat, seek sensation, and become workaholics, while they seem normal to others. In overcompensation, the individuals try to be different from their childhood life when their schemas formed. For instance, if they felt worthless during childhood, they try to seem perfect and flawless in adulthood. People who visit therapists to settle their marital conflicts are mostly disappointed about correcting and changing their behavioral models and core beliefs. They insist these fundamental beliefs (schema modes) and behaviors are integral parts of their being and they are unable to change them.^[9]

It seems that the coping styles have mediating roles in the development of marital adjustment. In other words, schemas influence the formation of the avoidance and overcompensation coping modes, which are directly involved in the development of adjustment and adaptability. Previous research has demonstrated the relationship between coping styles and marital adjustment.^[10-12] There is also a link between schemas and adjustment.^[13,14]

Given the above discussion, the present research goal was to answer the following question: "Do the components of schema modes have an effective role in marital adjustment in normal and blended families with the mediating role of coping styles?"

MATERIALS AND METHODS

This research was a descriptive correlational study. The statistical population included all of the blended and normal families in Mazandaran Province. To select the participants based approximately on the number of blended and normal families, 251 and 313 couples were selected from the blended and normal families, respectively, through G*Power software (Franz Faul, University of Kiel, Kiel, Germany).

To select the participants in Mazandaran Province, 313 normal couples and 251 blended couples were selected using the convenience sampling method from the counties and villages in collaboration with the counseling centers in the counties and social workers in the villages. The sampling criteria included the normal and blended couples that were at least 20 years old and married for at least 1 year. The following scales were also used for data collection.

Young schema questionnaire

This 124-item questionnaire was developed by Young *et al.*^[15] to cover the following 14 schema modes: vulnerable child mode, angry child mode, enraged child mode, impulsive child mode, undisciplined child mode, happy child mode, compliant surrender mode, detached protector mode, detached self-soother mode, self-aggrandizer mode, bully and attack mode, punitive parent mode, demanding parent mode, and healthy adult mode. The reliability of this questionnaire that was reported by Lobbestael *et al.*^[16] using the internal consistency and Cronbach's alpha coefficient varied between 0.76 and 0.96, with an average reliability of 0.89. In Iran, the reliability of this questionnaire was in the range between 0.51 and 0.88 (with an average reliability of 0.76) using the Cronbach's alpha coefficients of Young Schema Questionnaire. This questionnaire also displayed convergent validity based on the Child Abuse Scale.^[17]

In Iran, this scale was validated by Salavati,^[18] and its reliability was 0.79 using the split-half method.

Revised Dyadic Adjustment Scale

This scale is widely used to assess adjustment in relationships and it is one of the most common scales for family and couples therapy. This 32-item scale was originally developed by Spanier in 1982^[19] to assess the quality of marital relationships from the viewpoints of husbands or wives or a couple who lives together. The total score on this scale with a Cronbach's alpha coefficient of 0.96 proves the considerable internal consistency of this scale. The internal consistency of the subscales varies from good to excellent: dyadic satisfaction = 0.94, dyadic cohesion = 0.81, dyadic consensus = 0.90, and affectional expression = 0.73. The factorial validity of this questionnaire was also approved in Iran by Nejad *et al.*,^[20] while its calculated validity was 0.92 using Cronbach's alpha coefficient.

RESULTS

The structural equation modeling was used for the blended families to test the proposed model as described in the problem statement section. Before this test, all hypotheses had been accepted. Figure 1 presents the structural equations model, which illustrates the relations between the research variables for blended couples.

The structural equation test results indicated that this model is approved based on the general fit indices. The Chi-square statistic and degree of freedom of this model are also 1976.423 and 789, respectively. The Chi-square statistic-to-degree of freedom ratio equals 2.505, which is acceptable considering the large sample size. On the other hand, the fit indices such as Adjusted Goodness-Of-Fit Index (AGFI), Goodness-Of-Fit Index (GFI), Nonnormed Fit Index (NNFI), Normed Fit Index (NFI), Comparative Fit Index (CFI), and Incremental Fit Index (IFI) are all satisfactory. Hence, it could be stated that the schema modes influence the coping styles, which contribute to the development of dyadic adjustment. Therefore, coping styles play a mediating role in the relationship between schema modes and dyadic adjustment in blended couples. Figure 2 presents the structural equations model of the research variables for normal couples.

The structural equation test revealed that this model is approved based on the general fit indices. The Chi-square statistic and

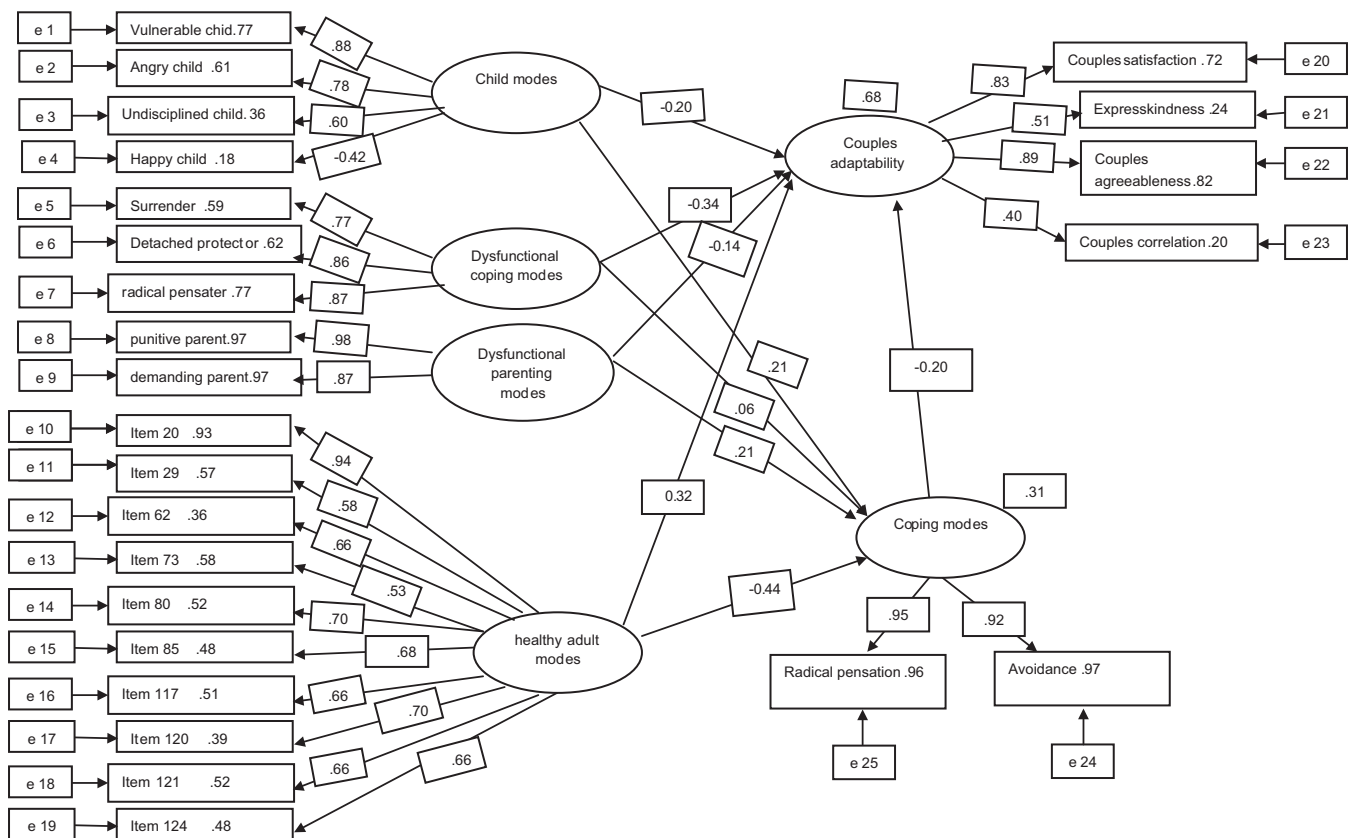
degree of freedom for this model are also 1976.423 and 789, respectively. The Chi-square statistic-to-degree of freedom ratio equals 2.505, which is acceptable considering the large sample size. On the other hand, the fit indices such as AGFI, GFI, NNFI, NFI, CFI, and IFI are all acceptable. Hence, it could be stated that the schema modes influence the coping styles, which contribute to the development of dyadic adjustment. Therefore, coping styles play a mediating role in the relationship between schema modes and dyadic adjustment in normal couples.

DISCUSSION

The research findings indicated that in each group of families, the child mode negatively affects dyadic adjustment. These findings are in line with the previous research findings.^[21-29]

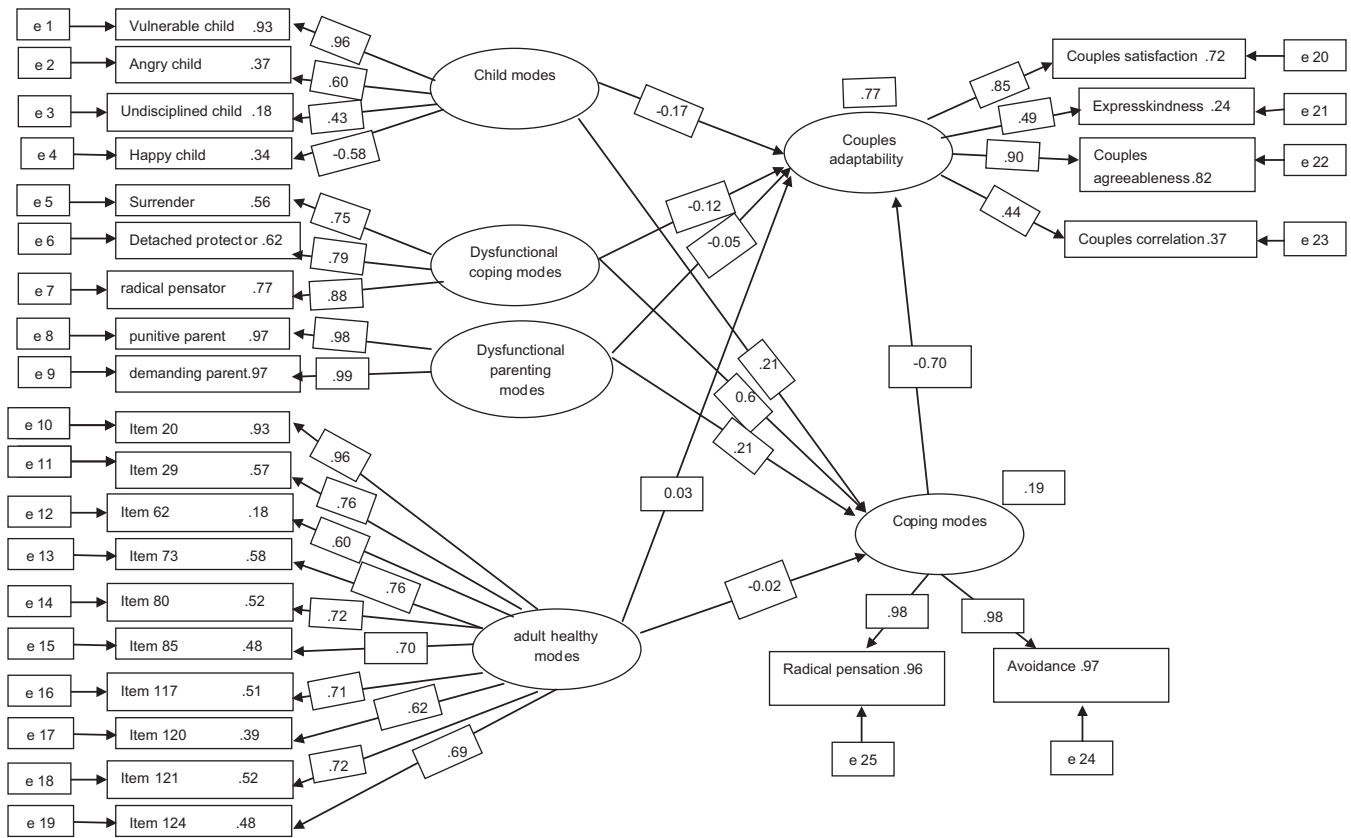
In this research, the effect of the aforementioned variables on blended families or second (or more) marriages was studied for the first time. To explain the continuation and the increase in the dyadic adjustment of spouses in their second marriages or the blended families, it could be stated that their child mode is so strong that it can pose the risks of maladjustment and divorce to the subsequent marriages if it is not treated and corrected properly.

The research findings also revealed that ineffective coping modes significantly and negatively explain dyadic adjustment in blended and normal families. Since blended families are



Chi-square= 1976.423, DF= 789, P-VALUE= .000, GFI= .936, CFI= .968, RMSEA= .026

Figure 1: The research model for the blended families with standard coefficients



Chi-square= 1976.423, DF= 789, P-VALUE= .000, GFI= .936, CFI= .968, RMSEA= .026

Figure 2: The research model for normal families with standard coefficients

more affected by the negative effects of ineffective coping modes on dyadic adjustment, it could be argued that they use their ineffective coping modes more in dealing with life issues. Many of them may be disappointed about coping with problems and creating adjustment. However, they must know that although they might have no role in the onset of their problems, they definitely contribute to the continuation of their adjustment issues. As a result, they try so hard to let go of their ineffective coping modes, because adjustment and marital relationships are positively linked to general health, higher immunity, physiologic safety, more antibodies for defeating viruses, and a better cardiovascular system.^[30]

Dyadic maladjustment is accompanied by the risk of mental disorders such as anxiety disorders, sexual dysfunction (in women and men), depression (in women), alcohol abuse (in men), and behavioral disorders (in children, especially boys).^[31,32]

The significant and positive effect of the healthy adult mode on dyadic adjustment in normal families was also evident. However, this effect was insignificant in blended families. The difference between these effects was significant on two types of families. Perhaps, this is because normal families have a stronger healthy adult mode. They display more behaviors based on the health adult mode and they can enjoy an acceptable level of dyadic adjustment.

The research results also revealed that in blended and normal families, the coping styles variable had a negative significant effect on dyadic adjustment. These results comply with the findings reported by Gottman,^[33] who believed that couples using the avoidance coping style indirectly deal with their conflicts and differences. They use a method of minimizing their conflicts and suppressing their feelings and negative destructive emotions.

CONCLUSIONS

The comparison and summarization of the results from this research and other studies on different families, especially blended families, revealed that a poor healthy adult mode and emotional fluctuations in the components of the dyadic schema modes undermine dyadic adjustment. Finally, two of the limitations on this research were the use of a self-report questionnaire and the selection of couples by the convenience sampling technique.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Ginther DK, Pollak RA. Family structure and children’s educational outcomes: Blended families, stylized facts, and descriptive regressions.

- Demography 2004;41:671-96.
2. Jensen TM, Shafer K, Larson JH. (Step) Parenting attitudes and expectations: Implications for stepfamily functioning and clinical intervention. *Fam Soc* 2014;95:213-20.
 3. National Organization for Civil Registration. Age Group of Divorce; 2014. Cited at: 24.11.2017. Available from: <http://www.sabteahval.ir/Default.aspx?tabid=4774>.
 4. Rao SL. Marital adjustment and depression among couples. *Int J Indian Psychol* 2017;4:34-42.
 5. Greeff AP. Characteristics of families that function well. *J Fam Issues* 2000;21:948-62.
 6. Byrne M, Carr A, Clark M. The efficacy of behavioral couples therapy and emotionally focused therapy for couple distress. *Contemp Fam Ther* 2004;26:361-87.
 7. Bornstein PH, Bornstein MT. *Marital Therapy: A Behavioral-Communications Approach*. Oxford: Pergamon; 1986.
 8. Young JE, Klosko JS, Weishaar ME. *Schema Therapy: A Practitioner's Guide*. New York: Guilford Publications; 2006.
 9. Hamidpoor H, Andooz Z. The Relationship between Early Maladaptive Schema, Attachment Style and Marital Satisfaction in Couples. Second Congress of Family Pathology in Iran. Tehran: Shahid Beheshti University; 2000.
 10. McLaughlin M, Cormier LS, Cormier WH. Relation between coping strategies and distress, stress, and marital adjustment of multiple-role women. *J Couns Psychol* 1988;35:187.
 11. Nicolotti L, el-Sheikh M, Whitson SM. Children's coping with marital conflict and their adjustment and physical health: Vulnerability and protective functions. *J Fam Psychol* 2003;17:315-26.
 12. Gavidia-Payne S, Stoneman Z. Marital adjustment in families of young children with disabilities: Associations with daily hassles and problem-focused coping. *Am J Ment Retard* 2006;111:1-4.
 13. Reissing ED, Binik YM, Khalifé S, Cohen D, Amsel R. Etiological correlates of vaginismus: Sexual and physical abuse, sexual knowledge, sexual self-schema, and relationship adjustment. *J Sex Marital Ther* 2003;29:47-59.
 14. Watson NM, Greeff AP. An analysis of schema theory and learning theory as explanations for variance in adolescent adjustment to divorce. *Am J Fam Ther* 2004;32:437-48.
 15. Young JE, Arntz A, Atkinson T, Lobbstaal J, Weishaar ME, Van Vreeswijk MF, *et al.* *The Schema Mode Inventory*. New York: Schema Therapy Institute; 2007.
 16. Lobbstaal J, van Vreeswijk M, Spinhoven P, Schouten E, Arntz A. Reliability and validity of the short schema mode inventory (SMI). *Behav Cogn Psychother* 2010;38:437-58.
 17. Hanaei N, Mahmood Alilou M, Bakhshi Pour Roudsari A, Akbari I. Mentalities sketches, experience of child abuse and attachment styles with borderline personality disorder. *J Clin Psychol Pers* 2015;2:101-20.
 18. Salavati M. *Schema and Effectiveness of Schema Therapy Women with Borderline Personality Disorder*. Tehran: Psychiatrist Institute of Tehran; 2007.
 19. Spanier GB, Thompson L. A confirmatory analysis of the dyadic adjustment scale. *Journal of Marriage and the Family* 1982:731-8.
 20. Isaei Nejad O, Ahmadi SA, Etemadi O. The effect of relationship enrichment on improving the quality of marital relationships of couples in Isfahan. *J Behav Sci* 2010;4:9-16.
 21. Evans J, Heron J, Lewis G, Araya R, Wolke D; ALSPAC Study Team. Negative self-schemas and the onset of depression in women: Longitudinal study. *Br J Psychiatry* 2005;186:302-7.
 22. Muris P. Maladaptive schemas in non-clinical adolescents: Relations to perceived parental rearing behaviours, big five personality factors and psychopathological symptoms. *Clin Psychol Psychother Int J Theory Pract* 2006;13:405-13.
 23. Wang CE, Halvorsen M, Eisemann M, Waterloo K. Stability of dysfunctional attitudes and early maladaptive schemas: A 9-year follow-up study of clinically depressed subjects. *J Behav Ther Exp Psychiatry* 2010;41:389-96.
 24. Douglas AN. Cognitive schemas, adversity, and interpersonal functioning: An exploratory study within undergraduate women. *J Aggress Maltreat Trauma* 2015;24:466-83.
 25. Kumar SA, Mattanah JF. Parental attachment, romantic competence, relationship satisfaction, and psychosocial adjustment in emerging adulthood. *Pers Relationsh* 2016;23:801-17.
 26. Maneta EK, Cohen S, Schulz MS, Waldinger RJ. Linkages between childhood emotional abuse and marital satisfaction: The mediating role of empathic accuracy for hostile emotions. *Child Abuse Negl* 2015;44:8-17.
 27. Mazzeschi C, Pazzagli C, Radi G, Raspa V, Buratta L. Antecedents of maternal parenting stress: The role of attachment style, prenatal attachment, and dyadic adjustment in first-time mothers. *Front Psychol* 2015;6:1443.
 28. Miklósi M, Szabo M, Simon L. The role of mindfulness in the relationship between perceived parenting, early maladaptive schemata and parental sense of competence. *Mindfulness* 2017;8:471-80.
 29. Wilde JL, Dozois DJ. It's not me, it's you: Self-and partner-schemas, depressive symptoms, and relationship quality. *J Soc Clin Psychol* 2018;37:356-80.
 30. Whitson S, El-Sheikh M. Marital conflict and health: Processes and protective factors. *Aggress Violent Behav* 2003;8:283-312.
 31. Ming VM. Psychological predictors of marital adjustment in breast cancer patients. *Psychol Health Med* 2002;7:37-51.
 32. Parker PA, Baile WF, de Moor CD, Cohen L. Psychosocial and demographic predictors of quality of life in a large sample of cancer patients. *Psychooncology* 2003;12:183-93.
 33. Gottman JM. *What Predicts Divorce?* New York: Lawrence Erlbaum Associates; 1994.