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Comparison of the Effectiveness of Schema Therapy and Mindfulness on Sexual Coldness and Marital Risky Behaviors

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A B S T R A C T

Objective: This research aimed to compare the effectiveness of schema therapy and mindfulness on sexual coldness and marital risky behaviors.

Methods and Materials: This study employed a quasi-experimental design with pre-test and post-test involving two intervention groups. The population consisted of all clients who presented with marital problems at psychology and counseling centers in Isfahan in 2021. Using four questionnaires, including the Halbert Sexual Desire Inventory (1992) and the Risky Marital Behaviors Questionnaire by Zarei and colleagues (2010), 45 couples were selected through purposive sampling and randomly assigned to three groups. The experimental groups received eight 90-minute sessions of schema therapy and mindfulness interventions, while the control group received no such training. After the intervention period, a post-test was administered to all three groups. The obtained data were analyzed using covariance analysis via SPSS statistical software.

Findings: The results indicated that the effectiveness of both schema therapy and mindfulness on sexual coldness and marital risky behaviors was significant ($P < 0.001$). However, no significant difference was found between the mean scores of sexual coldness and marital risky behaviors in the schema therapy and mindfulness intervention groups.

Conclusion: It can be concluded that both schema therapy and mindfulness were effective in reducing sexual coldness and marital risky behaviors, and both approaches can be utilized to address psychological problems in couples experiencing marital issues.

Keywords: *Schema Therapy, Mindfulness, Sexual Coldness, Marital Relations.*

1. Introduction

Several factors threaten marital relationships over time, leading to the erosion of love and intimacy among spouses and resulting in burnout, which is independent of the length of the marriage. Significant cultural changes over the past half-century have had substantial impacts on marriage, as well as the expectations and experiences of individuals who marry. These changes include reforms in divorce laws, liberal attitudes toward sexual relationships, the widespread use of contraception, and the economic independence of women, which has influenced women's motivations for marriage. Today, for many couples, the goal of marriage is to achieve intimacy, emotional support, and companionship. Many marry to create a facilitating context for personal growth. On the other hand, given the inherent limitations of marital bonds, this shift in expectations has made divorce, rather than death, the main factor ending marriages. The change in expectations not only affects marriage itself but also its stability, leading to a significant increase in the emphasis on marital health. Marital problems have evolved in tandem with societal changes: emotional disengagement between spouses, weakening marital commitments, power struggles, problem-solving and communication difficulties, jealousy and extramarital affairs, values and role-related conflicts, sexual dissatisfaction, abuse, and violence. Extramarital affairs, or marital infidelity, are defined as a violation of the sexual agreement between spouses (Rajabi et al., 2022).

Although emotional and sexual fidelity plays a crucial role in strengthening relationships and is a key norm in regulating marriage, extramarital affairs potentially contribute to the dissolution of marital bonds (Walsh, 2011). Consequently, both the betrayed spouse and the unfaithful spouse may withdraw from the relationship and experience intrusive, recurring thoughts about the infidelity and its disclosure, leading to emotional disconnection, decreased emotional interactions, and emotional turmoil (Ullete & Lyons, 2015). Burnout is a distressing condition resulting from the mismatch between expectations and reality, and its extent depends on the level of adjustment and beliefs of the spouses (Vahdani et al., 2020; Yousofi & Baqerian, 2011). Burnout involves a gradual loss of emotional attachment, which includes decreased attention to one's spouse, emotional alienation, and an increased sense of discouragement and indifference toward the spouse. It comprises three stages: frustration and disappointment, anger and hatred, and discouragement and indifference (Davarnia, 2013; Feizabadi, 2013). Emotional burnout or marital exhaustion is particularly common among infertile couples and usually develops gradually rather than suddenly. In fact, love and intimacy gradually erode, accompanied by overall exhaustion. This phenomenon begins with the collapse of the relationship, characterized by growing awareness and attention to things that are no longer as pleasant as before, and if no action is taken to prevent the progression of this process, things go from bad to worse. In the worst case, burnout leads to the dissolution of the marriage and a decrease in sexual satisfaction (Babaei et al., 2024). Pines and Nanos (2015) also demonstrated in their research that burnout in marital relationships leads to distrust, humiliation, blame, neglect of each other, and emotional separation, which directly impacts the extent of forgiveness and tolerance between spouses (Shahabi & Sanagouye-Moharer, 2019).

Unhealthy sexual behavior refers to actions that increase an individual's risk of contracting sexually transmitted infections (STIs) and HIV. In other words, any sexual contact where an individual is unaware of their own or their partner's health status is considered risky sexual behavior. The main issue is that being aware of one's or another's health status is not easy. For example, approximately 90% of individuals with HIV are unaware of their infection. Furthermore, negative diagnostic test results in the early stages of HIV infection cannot confirm that a person is healthy, as these tests often yield negative results in the early phases of infection. Therefore, engaging in risky behaviors generally increases the likelihood of contracting HIV and other sexually transmitted infections. Risky sexual behaviors are a significant threat to individuals' physical and social health. In general, sexually transmitted infections (STIs) are one of the current major challenges in societies, particularly among young people. Due to individuals' low awareness, especially among youth, of the dangers posed by such behaviors, there will be a significant increase in sexually transmitted infections, especially HIV, in the future. Therefore, careful planning should be done to raise public awareness, and individuals who require counseling services should be directed to behavioral counseling centers (Nancy, 2019; Ullete & Lyons, 2015; Walsh, 2011).

One relatively new intervention for psychological and family-related issues is the mindfulness-based schema therapy approach. Maladaptive schemas can lead to self-destructive patterns that repeat throughout adult relationships. These schemas, which form during childhood, continue to be triggered during stressful situations

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throughout life. Once activated, schemas create an all-encompassing experience involving schema-driven thoughts, feelings, perceptions, memories, and compulsions. Individuals who are engaged in maladaptive mindsets have their behavior, feelings, and decisions controlled by these mindsets, resulting in interpersonal and intrapersonal problems. The goal of combining schema therapy with mindfulness is to enable the healthy adult mode to dominate other modes using mindfulness techniques, allowing individuals to gain some control. From this perspective, individuals may be able to achieve acceptance, patience, tolerance, enjoyment, and realism, which are valuable experiences even if only small steps are taken in this direction. During mindfulness exercises, individuals learn to be compassionate and kind to themselves, which involves wishing good for themselves and acknowledging personal suffering. By adopting a compassionate attitude toward themselves, individuals learn to better tolerate unpleasant emotions and stressful feelings. When individuals, influenced by schemas and mindsets, enter a state of inattention, they are more likely to engage in automatic, thoughtless, and problematic reactions. The aim for individuals in this process is to rid themselves of unpleasant emotions, bodily sensations, and distressing feelings (Alizadeh Asli & Jafar Nezhad Langroudi, 2018; Jadidi Mohammadabadi et al., 2019; Parsons et al., 2017; Raftar Aliabadi & Shareh, 2022).

Marital problems constitute a significant portion of social problems and have considerable effects on individuals' mental and physical health, quality of life, and social relationships. In many cases, these issues stem from fundamental differences in attitudes, beliefs, values, and life schemas between individuals. These differences can lead to conflicts in marital relationships, and if not properly managed, they can result in violence, abuse, or separation. Although schema therapy has been used to treat various psychological disorders, there is insufficient research on its effectiveness in resolving marital problems. Therefore, more studies are needed to assess the effectiveness of this approach in addressing marital issues. In this study, we aim to examine whether schema therapy and mindfulness affect (increase or decrease) sexual coldness, risky marital behaviors, sexual infidelity, and marital burnout.

2. Methods and Materials

2.1. Study Design and Participants

This research follows a quasi-experimental design with an experimental and control group, utilizing a pre-test and post-test structure. The study's population included all clients who presented with marital problems to psychology and counseling centers in Isfahan in 2021. A total of 45 clients from two clinics, Hemayat and Pardis in Isfahan, were selected using purposive sampling and randomly assigned to three groups: two experimental groups and one control group. Given the quasi-experimental nature of the study, an optimal sample size of 15 individuals per group was determined. Inclusion criteria consisted of a diagnosis of marital problems (sexual coldness and risky behaviors), no use of medication, no participation in any other therapeutic interventions during the study, and written consent to participate. Exclusion criteria included more than one session absence, mood disorders due to medication use or biological problems, and unwillingness to continue in the study.

After obtaining the necessary approvals from the university's ethics committee and other relevant organizations and coordinating with the counseling centers in Isfahan, a call for participants interested in the research project was issued. After the specified period, 45 participants who met the inclusion criteria were selected through purposive sampling and randomly assigned to three groups: 15 in experimental group 1, 15 in experimental group 2, and 15 in the control group. During a session organized with the center’s administrators, the participants were provided with detailed information regarding the implementation process, the duration of the study, and the objectives of mindfulness and schema therapy training, as well as assurances of confidentiality and the option to withdraw from the study at any time. Informed written consent was obtained from the participants. After forming the experimental and control groups, a pre-test was administered to all three groups using the research questionnaires. After the pre-test, schema therapy and mindfulness training were provided over eight 90-minute sessions. During this period, the control group received no intervention. After completing the sessions, a post-test was administered to all three groups.

2.2. Measures

2.2.1. Sexual Coldness

The Halbert Sexual Desire Index (HISD) is a self-report tool designed to measure sexual desire in adults. Developed

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by David Farley Halbert in 1992, the questionnaire contains 25 items, each presented as a statement. Respondents rate their level of agreement or disagreement with each statement on a five-point Likert scale. Responses of "always" and "often" receive scores of 4 and 3, respectively, while "sometimes" receives a score of 2, "rarely" a score of 1, and "never" a score of 0. The sum of the respondent's scores determines their sexual desire index. The HISD ranges from 0 to 100, with higher scores indicating higher sexual desire. Scores between 76 and 100 suggest high sexual desire, 51 to 75 indicate moderate sexual desire, and 0 to 50 reflect low sexual desire. The HISD has high validity and reliability, with a test-retest reliability coefficient of 0.86 and a Cronbach's alpha of 0.92 (Panjehband & Enayat, 2016).

2.2.2. Marital Risky Behaviors

The Marital Risky Behaviors Questionnaire is a self-report tool designed to assess risky behaviors in marital relationships. Developed by Zarei, Khakbaz, and Karami in 2010, the questionnaire includes 10 items. Respondents rate their agreement or disagreement with each statement on a four-point Likert scale. Responses of "yes" receive a score of 3, "sometimes" a score of 2, and "no" a score of 1. The total score determines the level of risky behaviors in marital relationships, with higher scores indicating more risky behaviors. Scores between 8 and 12 reflect low levels of risky behaviors, 13 to 24 suggest moderate levels, and scores of 25 and higher indicate high levels of risky behaviors. The Marital Risky Behaviors Questionnaire has high validity and reliability, with a test-retest reliability coefficient of 0.86 and a Cronbach's alpha of 0.92 (Panjehband & Enayat, 2016).

2.3. Interventions

2.3.1. Schema Therapy

This therapeutic protocol is based on schema therapy for addressing marital problems. The protocol consists of eight sessions, each lasting 90 minutes. The first and second sessions focus on the assessment phase, providing an introduction to schema therapy, explaining general guidelines and group work rules, and offering a simple and clear explanation of the schema therapy model. By the end of these sessions, the nature of the couples' issues is formulated according to the schema therapy approach. The third through sixth sessions introduce, teach, and implement cognitive techniques for challenging schemas, such as schema validity testing, redefining schema-supporting evidence, dialogue between the healthy and unhealthy schema modes, developing educational cards, and completing the positive schema form. The seventh and eighth sessions teach and implement behavioral pattern-breaking techniques, encouraging participants to abandon maladaptive coping styles and practice effective coping behaviors. Mindfulness techniques are also employed during these sessions to help individuals better understand their maladaptive behaviors and beliefs and find more effective solutions for marital problems (Elhaei, 2020; Hasani et al., 2022; Ismaeilzadeh, 2021).

2.3.2. Mindfulness Therapy

This therapeutic protocol aims to enhance mindfulness in marital life and reduce problems related to sexual coldness, risky marital behaviors, marital burnout, and sexual infidelity. The mindfulness protocol includes eight sessions, each lasting 90 minutes. The initial sessions focus on assessing and teaching mindfulness, explaining its concept and benefits. In subsequent sessions, participants are helped to identify and modify maladaptive thoughts and beliefs about their marital relationships using mindfulness techniques. The protocol aims to improve mindfulness in marital life and reduce problems associated with sexual coldness, risky marital behaviors, marital burnout, and sexual infidelity. The mindfulness protocol consists of eight sessions aimed at enhancing mindfulness and addressing marital issues. In the first session, participants' mindfulness levels are assessed, and the fundamentals and techniques of mindfulness are introduced. The second session focuses on practicing basic mindfulness techniques, such as deep breathing and concentrating on present sensations and experiences. In the third session, participants learn to identify maladaptive thoughts and understand their negative impact on marital relationships, practicing mindfulness techniques to change these harmful thoughts. The fourth session addresses identifying and altering maladaptive beliefs about marriage, with exercises to use mindfulness in modifying these beliefs. Sessions five and six focus on strategies for coping with marital challenges and practicing mindfulness techniques to handle these situations effectively. Finally, sessions seven and eight teach participants emotional regulation skills within the marital context, with mindfulness exercises aimed at managing emotions and improving emotional responses in the relationship (Jadidi Mohammadabadi et al., 2019; Raftar Aliabadi & Shareh, 2022).

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2.4. Data analysis

The data obtained from the research questionnaires were analyzed using descriptive statistics to calculate frequencies, percentages, means, standard deviations, and standard errors. Inferential statistics were employed to perform covariance analysis and Bonferroni tests using SPSS version 22.

3. Findings and Results

The age range of most participants in this study was between 20 and 30 years. The majority of respondents, 33 individuals (73.3%), were women. Most of the participants held a bachelor's degree. Descriptive statistics related to the study variables, including the mean and standard deviation for the three groups in the pre-test and post-test stages, are presented in Table 1.

Table 1

Descriptive Statistics of Research Variables

Variable	Stage	Pre-Test Mean	Pre-Test SD	Post-Test Mean	Post-Test SD
Sexual Coldness	Schema Therapy	88.66	3.28	41.66	1.93
	Mindfulness	90.73	2.96	41.33	1.98
	Control	87.06	2.85	82.60	2.70
Risky Marital Behaviors	Schema Therapy	37.40	1.25	16.30	0.63
	Mindfulness	36.60	1.18	16.23	0.62
	Control	36.90	1.29	32.00	1.40

To ensure the normality of the data, the Shapiro-Wilk test was used, and the results showed that the significance level for both groups was greater than 0.05, supporting the null hypothesis of normal distribution for the variables in both the experimental and control groups in the pre-test and post-test stages. Additionally, the significance level of the Levene's test for the research variables was 0.391, which is greater than 0.05, indicating the assumption of homogeneity of error variances was met. The significance level for the interaction effect of group and pre-test for this variable was 0.86, which is greater than 0.05. Thus, the hypothesis of the homogeneity of regression slopes was accepted.

Table 2

ANCOVA and Linear Effect of Educational Groups

Effect	Sum of Squares	df	Mean Square	F	Significance Level	Eta Squared
Pre-Test	94.13	1	94.13	1.223	0.275	0.029
Group	17021.476	2	8510.738	110.569	0.000	0.844
Error	31550.87	41	76.972			
Pre-Test	3.754	1	3.754	0.245	0.131	
Group	65.574	2	32.787	2.141	0.623	
Error	597.209	39	15.313			

In Table 2, the analysis of covariance (ANCOVA) results indicates a significant effect of the group intervention on reducing sexual coldness and risky marital behaviors. For the group effect on sexual coldness, the F value is 110.569 with a significance level of 0.000, showing a highly significant difference between the groups ($p < 0.001$), and the Eta squared value of 0.844 suggests a large effect size, indicating that 84.4% of the variance in sexual coldness is explained by the group intervention. For the risky marital behaviors variable, the F value is 2.141 with a significance level of 0.623, indicating no significant difference between the groups for this variable in the ANCOVA. Additionally, the non-significant pre-test effect ($F = 1.223$, $p = 0.275$) shows that the pre-test scores did not influence the outcome significantly. These findings confirm that the group intervention was particularly effective in reducing sexual coldness, while its impact on risky marital behaviors was not statistically significant at this stage.

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Table 3

Bonferroni Test Results for Research Variables

Dependent Variable	Group (I)	Group (J)	Standard Error	Significance Level
Sexual Coldness	Schema Therapy	Mindfulness	3.21208	1.00
	Schema Therapy	Control	3.21208	0.00
	Mindfulness	Schema Therapy	3.21208	1.00
	Mindfulness	Control	3.21208	0.00
	Control	Schema Therapy	3.21208	0.00
	Control	Mindfulness	3.21208	0.00
Risky Marital Behaviors	Schema Therapy	Mindfulness	1.38778	1.00
	Schema Therapy	Control	1.38778	0.00
	Mindfulness	Schema Therapy	1.38778	1.00
	Mindfulness	Control	1.38778	0.00
	Control	Schema Therapy	1.38778	0.00
	Control	Mindfulness	1.38778	0.00

The results of the Bonferroni test for comparing means, as shown in Table 3, indicate that the mean sexual coldness in the schema therapy and mindfulness intervention groups was significantly lower than in the control group. However, no significant difference was found between the mean sexual coldness of the schema therapy group and the mindfulness group. This means that schema therapy and mindfulness interventions, compared to the control group, reduced the level of sexual coldness, but no difference was observed between the two experimental groups.

The results of the Bonferroni test for comparing means, as shown in Table 3, indicate that the mean risky marital behaviors in the schema therapy and mindfulness intervention groups was significantly lower than in the control group. However, no significant difference was found between the mean risky marital behaviors of the schema therapy group and the mindfulness group. This means that schema therapy and mindfulness interventions, compared to the control group, reduced the level of risky marital behaviors, but no difference was observed between the two experimental groups.

4. Discussion and Conclusion

The results of the repeated measures analysis of variance showed that both schema therapy and mindfulness had a significant effect on reducing sexual coldness. However, no prior studies have compared the effectiveness of schema therapy and mindfulness in reducing sexual coldness specifically. Nevertheless, the findings of this study align with previous studies (Alizadeh Asli & Jafar Nezhad Langroudi, 2018; Elhaei, 2020; Hasani et al., 2022; Ismaeilzadeh, 2021; Jadidi Mohammadabadi et al., 2019; Parsons et al., 2017; Raftar Aliabadi & Shareh, 2022), which separately examined the effectiveness of these two therapies on related variables.

Early maladaptive schemas can impact various aspects of life, particularly the sexual domain of marital life (Hasani et al., 2022). Consequently, sexual issues among couples can also contribute to family dysfunction. According to cognitive models, schemas, or what are considered key family beliefs, play a role in creating problems. Schema therapy, by targeting individuals' patterns and reconstructing early maladaptive schemas, helps alleviate problems arising from these schemas. Behavioral techniques assist couples in replacing maladaptive behavioral patterns with healthier coping strategies. Schema therapy also encourages couples to distance themselves from their schemas and view them as intrusive elements rather than absolute truths about themselves. This approach allows couples to evaluate the validity of their schemas. Through emotional reorganization, self-exploration, new learning, and interpersonal emotion regulation, couples can improve their marital and overall family functioning.

These results can be explained by the fact that this therapeutic approach delves into early maladaptive schemas from childhood and adolescence, helping individuals confront their unrealistic interpretations and perceptions. Through this process, individuals learn how to respond to these schemas. As a result, schema therapy techniques have proven effective in changing maladaptive thoughts about sexual relationships. Additionally, by identifying early maladaptive schemas, validating inappropriate emotional needs, and changing dysfunctional beliefs, schema therapy promotes better functioning, alters life patterns and maladaptive coping styles, and provides an environment for learning adaptive and communicative skills, ultimately improving couples' relationships (both marital and sexual).

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The study also found that mindfulness significantly reduced sexual coldness. Mindfulness helps individuals modify their negative patterns and automatic thoughts, regulating positive behaviors and thus reducing sexual coldness. Mindfulness, through continuous, non-judgmental awareness of psychological processes, enables individuals to achieve higher levels of marital satisfaction and experience greater satisfaction in their relationships with their spouse. Individuals who become stagnant in their marital relationships and are unable to accept new challenges may experience more conflict and dissatisfaction. When individuals have an appropriate awareness of their partner, they are more likely to accept the partner's views and opinions and exhibit greater flexibility in the relationship (Alizadeh Asli & Jafar Nezhad Langroudi, 2018; Rajabi et al., 2022).

Another explanation is that mindfulness enables individuals to feel more control over their thoughts and emotions, which are integral to a marital relationship. Mindfulness helps couples exert greater control over their thoughts and emotions, enhancing active listening, reducing judgment, increasing emotional awareness, and promoting self-control, which in turn reduces sexual coldness.

The results also showed that schema therapy and mindfulness significantly reduced risky marital behaviors. No previous research has compared the effectiveness of these two approaches in reducing risky marital behaviors. However, studies on the individual effectiveness of these therapies are consistent with some previous findings (Alizadeh Asli & Jafar Nezhad Langroudi, 2018; Jadidi Mohammadabadi et al., 2019; Parsons et al., 2017; Raftar Aliabadi & Shareh, 2022).

Early maladaptive schemas lead to biased interpretations of events, manifesting as misunderstandings, distorted attitudes, false assumptions, unrealistic goals, and expectations among couples. These misunderstandings affect the perception and evaluation of marital life, decreasing marital satisfaction and increasing the likelihood of infidelity in women (Raftar Aliabadi & Shareh, 2022). Research shows that when schemas are modified, individuals' potential for forming intimate relationships increases, reducing risky behaviors (Jadidi Mohammadabadi et al., 2019). Moreover, early maladaptive schemas, which are the root cause of dysfunctional and irrational thoughts, lead to the release of negative emotions that have been buried over time. When one or both partners harbor false beliefs and misconceptions about their relationship, they exhibit problematic and negative reactions. Schema therapy integrates cognitive, behavioral, interpersonal, and experiential techniques to assess and modify schemas, addressing the root causes of problems and the developmental processes that maintain these schemas. By improving basic emotional needs such as secure attachment (security, stability, affection, acceptance), freedom to express healthy emotions, autonomy, spontaneity, and realistic limitations, schema therapy can reduce maladaptive schemas that lead to risky behaviors and marital conflict. Additionally, it reduces negative emotions associated with cognitive distortions and automatic negative thoughts, which often cause behavioral and cognitive discord within the family environment.

Mindfulness also plays a role in reducing risky marital behaviors. As mindfulness therapy helps couples discover their core values in their marriage and commit to them, it reduces discrepancies between personal desires and risky behaviors. Mindfulness teaches couples that their thoughts are not necessarily reality and that avoiding their internal experiences is not beneficial. It encourages individuals to accept emotions without needing to change or eliminate them, reducing or altering emotions and risky behaviors. Mindfulness therapy fosters a commitment to meaningful and fulfilling lives, helping couples lower unrealistic expectations and irrational thoughts, which in turn reduces risky behaviors. Moreover, mindfulness therapy provides a way for couples who are unable to resolve their conflicts to find solutions, emphasizing acceptance rather than avoidance of negative emotions and encouraging individuals to face and tolerate distressing emotions. This approach helps prevent risky behaviors by promoting tolerance, emotional regulation, and healthier relationships.

5. Limitations & Suggestions

This study was conducted on couples seeking counseling services in Isfahan, and caution should be exercised when generalizing the results to other populations. Limitations include the small sample size and the use of self-report questionnaires, which may have introduced response biases. Some participants, due to impatience, fatigue, or their psychological issues, may not have provided accurate responses, affecting the study's results. Additionally, the lack of a follow-up period is another limitation. Since reducing sexual coldness and risky behaviors is crucial for improving couples' well-being, and the effectiveness of schema therapy and mindfulness in addressing these issues has been demonstrated, it is recommended that therapeutic

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clinics integrate these approaches alongside pharmacological and clinical treatments to improve the treatment process and couples' well-being. It is also suggested that specialized psychologists trained in mindfulness and schema therapy be employed in treatment centers to provide these interventions to couples. Given the importance of marital health, mindfulness and schema therapy should be considered essential elements of couple therapy. The findings of this study can be shared through brochures with policymakers and counselors, so they can make informed decisions and ensure that counselors and therapists incorporate these behavioral principles in their educational or therapeutic processes for couples.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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