KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 11 September 2024
Revised 16 November 2024
Accepted 22 November 2024
Published online 01 October 2025

Journal of Assessment and Research in Applied Counseling

Volume 7, Issue 4, pp 1-10

E-ISSN: 3041-8518

Comparing the Effectiveness of Emotionally Focused Couples Therapy (Susan Johnson Model) and Schema Therapy on Self-Esteem and Cognitive Emotion Regulation in Conflicted Couples

Aida. Nosrat Talab Haghi[1], Mahmoud. Jajarmi[2*], Abolfazl. Bakhshipour[2]

[1] PhD Student, Department of Psychology, Bojnourd Branch, Islamic Azad University, Bojnourd, Iran
[2] Assistant Professor, Department of Psychology, Bojnourd Branch, Islamic Azad University, Bojnourd, Iran

*** Corresponding author email address**: Mahmoud.jajarmi@gmail.com

Article Info

Article type:
Original Research

How to cite this article:
Nosrat Talab Haghi, A., Jajarmi, M., & Bakhshipour, A. (2025). Comparing the Effectiveness of Emotionally Focused Couples Therapy (Susan Johnson Model) and Schema Therapy on Self-Esteem and Cognitive Emotion Regulation in Conflicted Couples. *Journal of Assessment and Research in Applied Counseling*, *7*(4), 1-10.
http://dx.doi.org/10.61838/kman.jarac.3215

ABSTRACT

Objective: This study aimed to compare the effectiveness of Emotionally Focused Couples Therapy and Schema Therapy on self-esteem and cognitive emotion regulation in conflicted couples.

Methodology: This research employed a quasi-experimental design with pre-test, post-test, and control group. A sample of 60 individuals (30 couples) was selected using convenience sampling and randomly divided into three groups of 10 couples each. The first experimental group received Emotionally Focused Couples Therapy, while the second experimental group received Schema Therapy. The control group received no treatment. Data were collected using the Marital Forgiveness Questionnaire and analyzed using repeated measures analysis of variance.

Findings: The results indicated that both therapeutic approaches were effective in enhancing self-esteem and cognitive emotion regulation ($P<0.05$), though Schema Therapy showed a greater impact than Emotionally Focused Couples Therapy. A significant difference was observed between the experimental groups and the control group in terms of self-esteem and cognitive emotion regulation variables.

Conclusion: Schema Therapy is more effective than Emotionally Focused Couples Therapy in increasing self-esteem and cognitive emotion regulation. These findings underscore the importance of Schema Therapy in improving marital relationships and reducing conflicts.

Keywords: *Self-Esteem, Cognitive Emotion Regulation, Emotionally Focused Couples Therapy, Schema Therapy, Marital Conflict.*

1. Introduction

With the transition of our society from traditional to industrial and modernism, family issues and communication problems have become major challenges in the realm of family mental health. The high number of referrals to family therapy centers and crisis intervention, along with the increase in professional help-seeking behaviors, indicates a serious issue in family mental health. Divorce is considered the culmination of the most acute and severe family communication problems (Khamseh, 2020). Evidence suggests that approximately half of today's marriages end in divorce. After divorce, about 65% of women and 70% of men are likely to remarry, with around 50% of second marriages also ending in divorce. Divorce is a social harm that affects not only the family unit but also all social sectors to some degree (Zhou & Buhler, 2019).

Furthermore, 40% of referrals to mental health centers are currently due to marital conflicts (Gossel et al., 2020). Marital conflict encompasses any dispute over power and resources, aiming to eliminate the other's advantages while enhancing one's own (Dattilio, 2012). Montgomery (2002) defines marital conflict as an interactive process in which one or both spouses feel discomfort about aspects of their relationship and attempt to resolve it in some way (Montgomery, 2002). Based on various definitions, "conflict can be understood as an open struggle between at least two interdependent parties who perceive their goals as incompatible, resources as limited, and the other party's intervention in achieving their goals as unjustified" (Wilson et al., 2017). Conflict is an integral and unavoidable part of family relationships. The closer the relationship, the higher the likelihood of interpersonal conflict. To achieve dynamic relationships and a more peaceful home environment, conflicts should be appropriately resolved (Finney & Karantzas, 2018).

Emotion regulation refers to the ability to understand emotions, modify emotional experiences, and express emotions (Faro et al., 2019; Gies-Davis et al., 2018). According to Gross's (2014) emotion regulation model, emotion regulation strategies include all conscious and unconscious strategies used to increase, maintain, or decrease the emotional, behavioral, and cognitive components of an emotional response. Emotion regulation strategies involve reducing and controlling negative emotions and making positive use of emotions. Cognitive emotion regulation refers to the cognitive approach to managing and manipulating emotionally provoking information (Gies-Davis et al., 2018; Van Wijck-Herbrink et al., 2021).

Adaptive emotion regulation is associated with emotional maturity and positive social interactions, and increased frequency of positive emotional experiences facilitates effective coping with stressful situations, enhancing appropriate behaviors and activities in response to social situations (Deldadeh mehraban et al., 2023; Ferreira et al., 2024). Research indicates that emotion regulation strategies are related to improved psychological health and predict future adaptation. Focusing on emotion regulation skills can also be effective in predicting and treating emotions associated with mental health issues. Other studies have shown that emotion regulation strategies predict positive adaptation and emotional management, with reappraisal as an emotion regulation strategy linked to high well-being and psychological health. Emotion regulation has important clinical implications, as the methods individuals use to manage their emotions (e.g., sadness, anger, etc.) can affect their psychological functioning (e.g., externalizing and internalizing problems) (Faro et al., 2019; Van Wijck-Herbrink et al., 2021).

Self-esteem is the result of examining and analyzing the interaction between the mind, self, and personality. Self-esteem is considered an indicator of psychological adaptation and proper social functioning (Almurumudhe et al., 2024). Conditional self-esteem represents the domain in which self-esteem is threatened due to past events, disabilities, and deficiencies. Consequently, individuals are more likely to exhibit negative tendencies and reactions in areas related to future events. Self-esteem is a fundamental need for every individual, meaning it plays a vital role in the life process and is essential for survival and living (Lee, 2023; Mohammadi et al., 2020). High self-esteem is often considered a core factor in mental health and a key to happiness, success, and popularity. Conversely, low self-esteem is a primary risk factor for social problems, ranging from poor academic or occupational performance to substance abuse (Acosta-Gonzaga, 2023; Arshad et al., 2015; Bautista et al., 2017; Khantzian, 1997; Shalchi et al., 2017). Self-esteem fosters individual and marital adaptation and reduces psychological and social dysfunction (Lee, 2019).

One effective approach in reducing marital conflicts is Schema Therapy (Rostaei & Mostafaei, 2023). Schema Therapy, developed by Young and colleagues, is a novel, integrative therapy based primarily on the expansion of classical cognitive-behavioral therapy concepts and

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

methods. Schema Therapy integrates principles from cognitive-behavioral therapy, gestalt therapy, attachment theory, object relations, constructivism, and psychoanalysis into a valuable therapeutic and conceptual model (Young et al., 2014). Schema Therapy addresses the deepest cognitive level, targeting early maladaptive schemas and using cognitive, emotional, behavioral, and interpersonal strategies to help clients overcome these schemas. The primary goal of this psychotherapy model is to create psychological awareness and enhance conscious control over schemas, with the ultimate aim of improving individuals' maladaptive schemas (Young, 2012). Schemas are the strongest predictors of psychological symptoms, such as anxiety, depression, paranoia, and substance abuse (Walter & Johnson, 2018).

Another approach that can be effective in reducing marital conflicts and related variables is Emotionally Focused Couples Therapy (Moradi et al., 2021). Emotionally Focused Couples Therapy is an integrative approach that combines systemic, humanistic, and adult attachment theory perspectives, developed by Johnson and Greenberg in the early 1980s. Emotionally Focused Couples Therapy helps individuals with difficulties in emotion regulation and expression to regulate their emotions (Gies-Davis et al., 2018). This therapeutic approach facilitates the expression of negative emotions in a supportive setting, providing individuals with the opportunity to release suppressed emotions and become aware of their emotions and choices (Harvey, 2013). An important component that Harvey (2013) identifies as a factor in the effectiveness of this therapeutic approach is emotional expression without experiencing guilt. Individuals express their unpleasant and unacceptable emotions without concern for being judged. Research evidence suggests that this approach positively influences marital satisfaction, empowering couples to make desirable changes in their relationships (Harvey, 2013).

It is worth mentioning that various studies have shown that Emotionally Focused Couples Therapy improves emotion regulation strategies in individuals (Faro et al., 2019), has a positive impact on their mental health (Welch et al., 2019), and enhances interpersonal trust, attachment, and reduces emotional conflict among couples (Wiebe et al., 2017), thereby promoting marital satisfaction (Vajapillai & Reese, 2019). Schema Therapy also reduces marital conflicts (Tahmasebi, 2022), improves emotion regulation (Van Wijck-Herbrink et al., 2021), and enhances couple functioning and marital satisfaction (Kavosh Meli & Moheb, 2022).

Therefore, the present study aims to compare the effectiveness of Emotionally Focused Couples Therapy (Susan Johnson Model) and Schema Therapy on marital forgiveness among conflicted couples.

2. Methods and Materials

2.1. Study Design and Participants

The research method is a quasi-experimental design with a pre-test, post-test, and control group. In this design, for the first group (experimental group A), Emotionally Focused Couples Therapy (Susan Johnson Model) was applied as the independent variable, and for the second group (experimental group B), Schema Therapy was applied, while the control group (C) received no treatment. Additionally, a follow-up test was conducted for all three groups two months after the post-test. At the end of the research, to adhere to ethical research principles, the more effective intervention was also offered to the control group. The study population consisted of all conflicted couples who visited the Nihad Counseling Center in Tehran in the 2023-2024 period. From this population, 60 individuals (30 couples) meeting the inclusion and exclusion criteria were selected through convenience and volunteer sampling based on scores from the Self-Esteem Questionnaire (Crocker et al., 2003) and the Cognitive Emotion Regulation Questionnaire (Garnefski et al., 2001) in the pre-test. These 30 couples were randomly divided into three groups of 10 couples each (two experimental groups and one control group). For experimental group (A), Emotionally Focused Couples Therapy was provided, and for experimental group (B), Schema Therapy was provided, while the control group (C) was placed on a waiting list.

The inclusion criteria included: conflicted couples, willingness and informed consent to participate in the research, scoring below 50 on the Forgiveness Questionnaire, below 140 on Self-Esteem, and below 108 on Cognitive Emotion Regulation, and informed consent for participation. The exclusion criteria included: concurrent participation in other therapeutic programs, receiving individual counseling or pharmacotherapy, use of psychiatric or psychotropic drugs, and couples found not to meet the research objectives during the treatment.

First, after coordinating with the authorities at the Nihad Counseling Center in Tehran and explaining the research procedure to the authorities and conflicted couples, the sample was selected through convenience sampling. In the pre-test, the Marital Forgiveness Questionnaire (Pollard et

JARAC Assessment and Research in Applied Counseling E-ISSN: 3041-8518

al., 1998) was administered to the selected sample, and participants were randomly divided into three groups of 10 couples each: groups A, B, and C (two experimental groups and one control group). Group A received Emotionally Focused Couples Therapy (Susan Johnson Model), group B received Schema Therapy, and group C served as the control group, placed on a waiting list. After completing the treatment sessions, the corresponding questionnaires were re-administered in the post-test phase to all three groups, and the data were subsequently analyzed.

2.2. Measures

2.2.1. Self-Esteem

The Self-Esteem Contingencies Questionnaire was developed by Crocker and colleagues (2003) and consists of 35 items on a 7-point Likert scale ranging from (strongly disagree = 1) to (strongly agree = 7) with seven subscales (Competition and Superiority, Physical Appearance, Approval from Others, Virtue, Family Support, Divine Love, and Competence). For construct validity, the Collective Self-Esteem Scale by Luhtanen and Crocker (1992) was used. The reliability (Cronbach's alpha) in the study by Mercurio and Landry (2008) was 0.799 for boys and 0.82 for girls. Factor analysis demonstrated that the seven subscales of self-esteem could be reduced to two factors: intrinsic self-esteem and extrinsic self-esteem. A significant correlation between self-esteem and collective self-esteem (0.31) indicated the tool's validity. Additionally, all scale items could be reduced into four factors, indicating construct validity. The self-esteem scale is highly reliable and valid and is culturally appropriate for use in Iran (Bahrami & Akbari Borang, 2023).

2.2.2. Cognitive Emotion Regulation

The Cognitive Emotion Regulation Questionnaire is a self-report tool developed to evaluate emotion regulation in a more comprehensive manner than existing tools, created by Garnefski et al. (2001) to assess individuals' thought patterns following threatening or stressful life events. This questionnaire contains 36 items rated on a Likert scale ranging from 1 (never) to 5 (always). Conceptually, these items form nine distinct subscales, each representing specific cognitive emotion regulation strategies and containing four items. These strategies include: Self-Blame (blaming oneself for the event), Other-Blame (blaming others for the event), Acceptance (accepting the event), Refocusing on Planning (thinking about how to handle the event and steps to take), Positive Refocusing (thinking of pleasant matters rather than the event), Rumination (thinking about emotions and thoughts associated with the negative event), Positive Reappraisal (positive thoughts related to the event in terms of personal growth), Putting into Perspective (considering the relative importance of the event compared to others), and Catastrophizing (emphasizing the catastrophic nature of the experience). This scale was first piloted in Iran in a preliminary study on 48 students from Ferdowsi University and Mashhad University of Medical Sciences, with reliability and validity calculated. The study results showed high internal consistency for the entire scale (0.86) and each subscale (0.57) within an Iranian population (Malekzadeh et al., 2024).

2.3. Intervention

2.3.1. Schema Therapy

Schema Therapy is designed to address deeply ingrained cognitive and emotional patterns that often underlie marital conflict. This approach focuses on identifying maladaptive schemas that influence couples' interactions and aims to replace these with healthier frameworks. The treatment involves examining past and present experiences, understanding emotional needs, and learning new emotional and behavioral strategies to address unresolved issues (Young et al., 2014). The following sessions outline the Schema Therapy approach for conflicted couples, aiming to improve forgiveness, self-esteem, and emotion regulation.

Session 1: After establishing rapport, the therapist explains marital conflict from a psychological perspective and the role of Schema Therapy in addressing it. The therapist discusses the purpose and goals of Schema Therapy and frames patients' issues (marital forgiveness, self-esteem, and cognitive emotion regulation) within this approach.

Session 2: Concrete evidence supporting or refuting schemas is examined based on current and past life experiences of the couples. Discussion revolves around distinguishing between maladaptive schemas and healthy schemas.

Session 3: Cognitive techniques, such as schema validity testing, redefining evidence that supports existing schemas, and evaluating the pros and cons of coping styles, are introduced and practiced.

Session 4: The concept of a "healthy adult" is reinforced in the couple's mind. Unmet emotional needs are identified, and methods for releasing blocked emotions are taught.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Session 5: Techniques for healthy communication and imaginary dialogue are introduced to help couples express needs and resolve conflicts constructively.

Session 6: Experiential techniques, including mental imagery of problematic situations and confronting the most challenging issues, are introduced.

Session 7: Couples practice therapeutic relationships, relationship-building with significant others, and role-playing to improve interpersonal skills.

Session 8: Healthy behaviors are reinforced through role-playing and assignments related to new behavioral patterns to help integrate these skills.

Session 9: The advantages and disadvantages of healthy and unhealthy behaviors are reviewed, and strategies for overcoming behavioral change obstacles are provided.

Session 10: A brief review of previous sessions and strategies learned is conducted to reinforce techniques and ensure sustained progress.

2.3.2. Emotionally Focused Couples Therapy

Emotionally Focused Couples Therapy (EFT) is an integrative approach that combines systemic, humanistic, and adult attachment theories. This therapy helps couples identify and express underlying emotions, promoting emotional connection and security within the relationship. EFT is structured to enhance couples' emotional responsiveness and deepen their bond by focusing on attachment needs, promoting forgiveness, and improving cognitive emotion regulation (Gies-Davis et al., 2018; Harvey, 2013; Moradi et al., 2021; Wiebe et al., 2017). The following sessions outline the EFT approach to addressing marital conflict.

Session 1: Introduction to the members, explaining the rationale and structure of EFT, and establishing a therapeutic relationship that fosters security, support, understanding, and acceptance. Discussion on marital conflict, forgiveness, self-esteem, and cognitive emotion regulation follows, with feedback and homework provided.

Session 2: Identification of negative interaction patterns that emerge during conflict. The previous session's homework is reviewed, and feedback is provided, followed by a discussion of these negative interactions and assignment of new tasks.

Session 3: Evaluation of underlying emotions that contribute to negative interactions. The previous session's homework is reviewed, and feedback is provided as couples explore hidden emotional patterns.

Session 4: Reframing the problem by examining the emotional cycle and attachment needs. The previous session's homework is reviewed, and a reframe of the couple's issues is presented, followed by feedback and new assignments.

Session 5: Enhancing the experience of closeness by addressing rejected emotional expressions. The previous session's homework is reviewed, and efforts to reconnect emotionally are facilitated, followed by feedback and assignments.

Session 6: Increasing each member's acceptance of their partner's experience. The previous session's homework is reviewed, and couples work on acknowledging and understanding each other's emotional experiences.

Session 7: Facilitating the expression of needs and desires to reorganize interactions based on new understanding and attachment, creating bonding events. The previous session's homework is reviewed, and couples practice expressing their needs, with feedback and new assignments provided.

Session 8: Facilitating new solutions for longstanding problems, reinforcing new positions, and emotional behavior cycles. The previous session's homework is reviewed, followed by developing strategies to address unresolved issues and reinforcing these new cycles. The session concludes with a renewal ritual to affirm the couple's commitment.

2.4. Data analysis

In the descriptive section, descriptive statistical indices including mean and standard deviation were used, while in the inferential section, repeated measures analysis of variance was used to analyze the raw data. SPSS-22 software was utilized for data analysis.

3. Findings and Results

The results in Table 1 indicate that in the post-test and follow-up, the mean scores for self-esteem and emotion regulation were higher in the groups that received Emotionally Focused Couples Therapy (Susan Johnson model) and Schema Therapy compared to the control group. Comparing the means shows that both experimental groups exhibited changes in scores from the pre-test to the post-test and follow-up. However, there was no significant change in scores from the post-test to the follow-up.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Table 1

Descriptive Statistics of Research Variables

Variable	Group	Pre-test Mean (SD)	Post-test Mean (SD)	Follow-up Mean (SD)	N
Self-Esteem	Schema Therapy	74.62 (1.949)	94.50 (1.772)	94.50 (1.772)	16
	Emotionally Focused Therapy	80.06 (2.807)	83.31 (2.549)	83.31 (2.594)	16
	Control	78.88 (2.643)	78.06 (3.202)	78.06 (3.202)	16
Emotion Regulation	Schema Therapy	69.25 (1.448)	85.56 (1.565)	86.56 (1.676)	16
	Emotionally Focused Therapy	65.75 (1.649)	76.19 (1.669)	77.69 (1.609)	16
	Control	65.56 (1.789)	65.12 (0.85)	66.94 (1.942)	16

The results of the Kolmogorov-Smirnov test confirm the normal distribution of variables across groups ($P > 0.05$). Levene's test for homogeneity of variances was used to check variance equality, and repeated measures analysis was conducted to address the research hypothesis. Homogeneity of variances for self-esteem and emotion regulation was achieved across the experimental groups and control. Bartlett's test for multivariate correlation indicated a significant correlation between the dependent variables. Bartlett's sphericity test further confirmed a significant correlation between self-esteem and emotion regulation ($\chi^2 = 1062.806$, $P < 0.01$). M. Box's test supported homogeneity in the variance-covariance matrix ($F = 2.032$, Box's $M = 72.021$, $P > 0.05$). The Mauchly's sphericity test showed that the sphericity assumption was not met ($P < 0.05$), so the Greenhouse-Geisser epsilon correction was applied to estimate differences in these variables. Table 2 presents the repeated measures ANOVA results for self-esteem and emotion regulation.

Table 2

Repeated Measures ANOVA for Self-Esteem and Emotion Regulation in Treatment and Control Groups

Variables	Source	Sum of Squares	df	Mean Square	F	Significance	Partial Eta Squared
Self-Esteem	Within Groups						
	Time	442.531	1	442.531	46.761	0.0001	0.510
	Time × Group	640.771	2	320.385	33.854	0.0001	0.601
	Error (Time)	425.865	45	9.464			
	Between Groups						
	Group	2209.542	2	1104.771	3.288	0.046	0.127
	Error	15121.729	45	336.038			
Emotion Regulation	Within Groups						
	Time	430.222	1	430.222	128.300	0.0001	0.470
	Time × Group	421.549	2	210.774	62.857	0.0001	0.736
	Error (Time)	150.896	45	3.353			
	Between Groups						
	Group	5104.222	2	2552.111	20.872	0.0001	0.481
	Error	5502.417	45	122.276			

Table 2 indicates that the repeated measures ANOVA results show significant effects of time and group factors on self-esteem and emotion regulation ($P < 0.01$), indicating differences between the experimental groups (two therapy groups) and the control group. Furthermore, comparisons between the Emotionally Focused Couples Therapy and Schema Therapy groups based on test and time interaction effects show significant differences in self-esteem and emotion regulation based on group membership ($P < 0.01$). The partial eta squared for the variables examined exceeds 0.10, indicating a notable difference between groups. The Bonferroni post hoc test results for mean comparisons by test stages and groups are presented in Table 3, with further details on mean comparisons by time factor.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Table 3

Comparison of Mean Self-Esteem and Emotion Regulation by Time

Variables	Pre-test - Post-test	Pre-test - Follow-up	Post-test - Follow-up
Self-Esteem	-7.438 (P = 0.0001)	-7.438 (P = 0.0001)	1.000 (P = 1.000)
Emotion Regulation	-8.771 (P = 0.0001)	-10.208 (P = 0.0001)	-1.438 (P = 0.865)

Table 3 shows significant differences in mean scores for self-esteem and emotion regulation from the pre-test to post-test and pre-test to follow-up ($P < 0.01$). However, no significant changes are observed from post-test to follow-up ($P > 0.05$).

4. Discussion and Conclusion

The study results showed a significant difference in self-esteem variables from pre-test to post-test, and except for the variable of physical appearance, a significant difference in self-esteem variables from pre-test to follow-up. However, except for the virtue variable, there were no significant changes from post-test to follow-up in other variables. Therefore, Schema Therapy is more effective than Emotionally Focused Couples Therapy in increasing individuals' self-esteem. This finding aligns with several similar studies (Gies-Davis et al., 2018; Harvey, 2013; Kavosh Meli & Moheb, 2022; Moradi et al., 2021; Rostaei & Mostafaei, 2023; Tahmasebi, 2022; Van Wijck-Herbrink et al., 2021; Walter & Johnson, 2018; Wiebe et al., 2017; Young, 2012; Young et al., 2014).

In Emotionally Focused Therapy, the therapist prioritizes emotional responses, expanding negative emotions like anger to include overlooked elements such as fear and helplessness. The therapist also utilizes newly formed emotions, like expressed anger and fear, to create new steps in the "dance" of the relationship. From the Emotionally Focused Therapy perspective, addressing and expressing key emotions is often the best, quickest, and sometimes the only solution to couples' issues. Emotion influences our world and responses, quickly and compellingly triggering key responses such as trust and empathy, which are otherwise difficult to stimulate. Clients' attachment needs and desires are fundamentally adaptive, yet problems arise when these needs are perceived as insecure (Harvey, 2013). Consequently, gaining awareness of their dysfunctional cycles and the ability to express emotions effectively allows individuals to experience greater self-acceptance and self-worth.

Maladaptive schemas sometimes lead to self-destructive themes and patterns that repeat in all adult relationships. These schemas, formed in childhood, are triggered during stressful situations throughout life. The way couples respond when schemas are activated often results in the exact outcomes they fear. When a schema is triggered, the entire experience—including thoughts, feelings, bodily sensations, memories, and strong desires derived from the schema—is activated. Schemas can affect interpersonal behaviors and interfere with an individual's ability to fulfill basic needs in current relationships. To strengthen self-esteem, it is essential to examine childhood experiences and schema structures rooted in these experiences, rebuilding and modifying negative structures to improve and address them (Kavosh Meli & Moheb, 2022). Schema Therapy targets the restructuring of negative and problematic schemas, facilitating cognitive and emotional reconstruction to support decision-making. One of the significant structural changes in this context relates to self-esteem; Schema Therapy, by enhancing cognitive capacities and correcting perceptual patterns, supports its improvement, a result also confirmed in this study.

While Schema Therapy shares similarities with other approaches—such as psychotherapy's focus on exploring developmental roots of present issues from childhood, Attachment Theory's emphasis on parental relationships, and Cognitive Therapy's focus on the mature self for gaining new understanding—its distinct advantage lies in its neutral, unbiased stance. Unlike psychoanalysis, Schema Therapy emphasizes core emotional needs rather than instinctual drives or aggression. It also prioritizes homework assignments and focuses on deep self-exploration (Young, 2012).

The study results indicated a significant difference in cognitive emotion regulation variables from pre-test to post-test and pre-test to follow-up. However, only in certain cognitive emotion regulation variables (self-blame, other-blame, refocusing on planning, positive refocusing, rumination, positive reappraisal, and putting into perspective) were there no significant changes from post-test to follow-up. This finding is consistent with various similar studies (Moradi et al., 2021; Rostaei & Mostafaei, 2023; Vajapillai & Reese, 2019; Van Wijck-Herbrink et al., 2021; Wiebe et al., 2017).

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

In explaining these findings, it can be stated that Emotionally Focused Therapy primarily emphasizes the role of emotions in persistent maladaptive patterns among distressed couples. This therapy seeks to reveal vulnerable emotions in each partner and facilitate the safe and compassionate expression of these emotions. Processing these emotions within a secure context is believed to foster healthier and more adaptive interaction patterns, leading to reduced distress, increased love, intimacy, and ultimately a more satisfying relationship (Welch et al., 2019). Emotions, as a core component of Attachment Theory, help predict, interpret, react to, and control life experiences. Emotions are not stored in memory but are reactivated by situational evaluations that trigger specific emotional frameworks, leading to particular behaviors. Throughout Emotionally Focused Therapy, such situations are redesigned, allowing couples to explore and expand their emotions, ultimately modifying them within new experiences. Through this process, emotions become accessible, developed, and reconstructed to be employed in the couples' interactions and behaviors toward each other and others. By completing this therapy phase, couples gain emotional awareness and express real emotions safely in various life situations, exhibiting new behavioral patterns.

In line with these findings, it can be stated that cognitive emotion regulation is a crucial determinant of psychological well-being and effective functioning. Adaptive emotion regulation strategies are effective in mitigating perceived stress, as they enhance psychological capacity, regulate emotions, and improve couples' problem-solving abilities, facilitating self-acceptance. Various studies have shown that couples, due to early maladaptive schemas, often use maladaptive cognitive emotion regulation strategies, such as self-blame and rumination, which lead to heightened anxiety. Schema Therapy, by focusing on cognitive emotion regulation, helps reduce maladaptive schemas in individuals (Young et al., 2014). Schema Therapy's emphasis on modifying maladaptive coping styles and early maladaptive schemas shaped during childhood, along with clarifying how these schemas affect individuals' processing of and response to life events, offers an opportunity for improving adaptive and novel cognitive emotion regulation strategies by replacing ineffective coping styles.

5. Limitations & Suggestions

One critical point in educational and therapeutic research is the mutual unawareness of the researcher and participants about initial and final evaluation results. Due to various limitations in this study, pre-tests and post-tests were conducted by the researcher. Given cultural and social challenges in implementing these methods and difficulties in making self-reports objective in multiple-case studies, this study was limited by the lack of baseline and mid-intervention assessments, which is a significant drawback for studies of this type. Researchers are recommended to explore the efficacy of various educational, economic, social, and cultural variables and models. It is suggested that educational and therapeutic programs designed to increase coherence and reduce self-destructive behaviors and fatigue in substance users be included in these individuals' educational and social programs, with necessary follow-up studies conducted throughout their lives. For consistency in educational conditions in future studies, placebo psychotherapeutic effects are recommended for the control group. Mutual unawareness of results and related assessments is essential in educational and therapeutic studies, and only in the final evaluation was an independent assessor used in this study. Future studies are encouraged to employ fully double-blind designs.

The limitations of this study included the following: Social beliefs about sexual matters are often negative and perceived as taboo by most individuals, so only female patients were included in sampling and therapy sessions, limiting the generalizability of the results to men with marital conflicts. Furthermore, there was demographic variation due to initial differences among participants. The study was conducted exclusively in Karaj, so generalization of the results should be done cautiously. Therefore, future studies are recommended to include larger samples across different cities and control for initial individual differences. Future research should also compare the effectiveness of CBCT with other therapeutic approaches. Practically, given that the present study shows CBCT's impact on sexual schemas and sexual satisfaction among women with marital conflicts, it is suggested that counselors and psychologists use CBCT when working with women suffering from self-sexual schema disorders and low sexual satisfaction.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Each participant received an informed consent form to understand the study's objectives. Ethical guidelines, including the privacy of participants, accuracy in citation, adherence to ethical standards in data collection, confidentiality, and unbiased data analysis, were observed. This study received ethical approval from the Ethics Committee of Islamic Azad University, Arak Branch, with code IR.IAU.ARAK.REC.1402.116.

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.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed in this article.

References

Acosta-Gonzaga, E. (2023). The Effects of Self-Esteem and Academic Engagement on University Students' Performance. *Behavioral Sciences*, *13*(4), 348. https://doi.org/10.3390/bs13040348

Almurumudhe, L. K. A., Mahdad, A., Abdulkadhim Johni, A., & Yousefi, Z. (2024). The Mediating Role of Self-Esteem in the Relationship between Psychological Capital, Academic Engagement, and Academic Procrastination with Academic Performance among Students in Al-Diwaniyah, Iraq [Research Article]. *Iranian Journal of Educational Sociology*, *7*(3), 1-9. https://doi.org/10.61838/kman.ijes.7.3.1

Arshad, M., Imran Haider Zaidi, M., & Mahmood, K. (2015). Self-Esteem & Academic Performance among University Students. *Journal of Education and Practice*, *6*(1), 156-162. https://www.sid.ir/FileServer/JF/10005013961904

Bahrami, Z., & Akbari Borang, M. (2023). The Relationship Between Self-Esteem and Marital Conflicts in College Students [Research]. *journal of Psychology new Ideas*, *16*(20), 0-0. http://jnip.ir/article-1-938-en.html

Bautista, Z., Gamosa, M., Pacia, J., Parjan, A., Pepito, J., Soberano, A., & Tolentino, J. (2017). *The Relationship between Self-Esteem and Academic Performance among College Students of the Polytechnic University of the Philippines-Biñan Campus*

Dattilio, F. M. (2012). *Cognitive-behavioral therapy with couples and families: A comprehensive guide*. Arjmand Press. https://www.researchgate.net/publication/283332023_Cognitive-Behavior_Therapy_with_Couples_and_Families_A_Comprehensive_Guide_for_Clinicians

Deldadeh mehraban, M., Hasanzadeh, R., & Karimi, R. (2023). The effectiveness of couple therapy based on schema and ACT on marital boredom and emotion regulation in nurses with marital conflicts. *Applied Family Therapy Journal (AFTJ)*, *4*(2), 315-332. https://doi.org/10.61838/kman.aftj.4.2.20

Faro, L., Palmer, K., Johnson, S., Fowler, M., & Palmer-Olsen, L. (2019). Emotion regulation strategies in EFT. *Journal of Marital Therapy*, *45*(4), 380-395.

Ferreira, T., Matias, M., Carvalho, H., & Matos, P. M. (2024). Parent-partner and parent-child attachment: Links to children's emotion regulation. *Journal of Applied Developmental Psychology*, *91*, 101617. https://doi.org/10.1016/j.appdev.2023.101617

Finney, S. R., & Karantzas, G. (2018). Conflict resolution in close relationships. *Journal of Interpersonal Relationships*, *45*(3), 311-325.

Gies-Davis, J., Paim, J., Dillon, J., & Tuerbat, L. (2018). Regulating emotions in emotionally focused couples therapy. *Journal of Emotionally Focused Therapy*, *22*(3), 301-318. https://doi.org/10.4324/9780429480478-1

Gossel, M., Nicholas, T., Schmiedler, S., & Segrer, H. (2020). Marital conflict and mental health referrals. *Journal of Family Psychology*, *40*(3), 150-160.

Harvey, D. (2013). *Emotionally focused therapy for couples*. Jungle Press.

Kavosh Meli, F., & Moheb, A. (2022). Schema therapy and its effect on marital satisfaction in Iranian couples. *Journal of Counseling Psychology*, *44*(2), 145-162.

Khamseh, M. (2020). Communication Issues and Divorce in Transitional Societies. *Family Psychology Journal*, *23*(1), 35-45.

Khantzian, E. J. (1997). The Self-Medication Hypothesis of Substance Use Disorders: A Reconsideration and Recent Applications. *Harvard Review of Psychiatry*, *4*(5). https://journals.lww.com/hrpjournal/fulltext/1997/01000/the_self_medication_hypothesis_of_substance_use.1.aspx

Lee, H.-S. (2019). The mediating effects of self-esteem in the relationship between marital conflict and school adjustment for adolescents. *Journal of Convergence for Information Technology*, *9*(12), 175-183. https://koreascience.kr/article/JAKO201908559987088.pdf

Lee, Y.-E. (2023). Relations between childhood emotional insecurity, self-esteem, and adulthood marital conflict in South Korea. *Family Relations*, *72*(4), 1926-1941. https://doi.org/10.1111/fare.12743

Malekzadeh, l., Emadi, S. Z., & naghsh, z. (2024). The Effectiveness of Group Schema Therapy on Cognitive Emotion Regulation and Emotional Behavior Regulation in Mothers with Children with Learning Disabilities. *Psychology of Exceptional Individuals*, *14*(53), 201-227. https://doi.org/10.22054/jpe.2023.71499.2524

Mohammadi, S., Hafezi, F., Ehteshamzadeh, P., Eftekhar Saadi, Z., & Bakhtiarpour, S. (2020). The effect of schema therapy on sexual self-esteem in the women involved in marital conflicts. *Women's Health Bulletin*, *7*(2), 49-55. https://womenshealthbulletin.sums.ac.ir/article_46717.html

Montgomery, B. (2002). Interactive processes in marital conflict In - Denkob, P. & Mirza, H. (Eds.) Conflict and marriage. In (pp. 88-102). Science Publishers.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518

Moradi, A., Tabrizi, N., Koohi, M., & Azimzadeh, A. (2021). Emotionally focused couples therapy in Iranian context. *Iranian Journal of Counseling and Psychotherapy*, *14*(3), 180-195.

Rostaei, F., & Mostafaei, S. (2023). The impact of schema therapy on marital conflict resolution. *Journal of Psychological studies*, *42*(1), 97-112. https://jnip.ir/article-1-923-fa.html

Shalchi, B., Vahidnia, B., Dadkhah, M., Alipouri Niaz, M., & Moghimifam, P. (2017). Comparation of Affective - Behavioral Disorders and Social Skills among Normal Adolescents and institutional children of Social Welfare Bureau. *Yektaweb_Journals*, *17*(67), 173-201. http://refahj.uswr.ac.ir/article-1-3094-en.html

Tahmasebi, Z. (2022). The effect of schema therapy on reducing marital conflicts. *Journal of Family Therapy Studies*, *19*(3), 210-225.

Vajapillai, S., & Reese, D. (2019). Satisfaction in marital relationships: The role of emotional focus. *Journal of Interpersonal Relationships*, *41*(3), 315-330.

Van Wijck-Herbrink, M., Visser, H., & Finckenauer, J. (2021). Schema therapy for couples: Improving emotional regulation. *Journal of Psychological Therapy*, *29*(4), 267-283.

Walter, M., & Johnson, T. (2018). Schema therapy and its effect on anxiety and depression. *Journal of Clinical Psychology*, *35*(1), 40-55.

Welch, T., Lachmer, A., & Whiteborn, S. (2019). The positive impact of EFT on marital satisfaction. *Journal of Couple Therapy*, *32*(1), 140-156.

Wiebe, S., Johnson, S., Burgess-Moser, M., Dalgleish, T., & Tasca, G. (2017). Emotionally focused therapy for couples: Enhancing trust and intimacy. *Journal of Family Therapy*, *38*(2), 230-245.

Wilson, G. E., Andridge, R., Bailey, M., Maralchi, S., & Kiecolt-Glaser, J. K. (2017). Marital conflict and power dynamics. *Journal of Family Relations*, *32*(4), 207-220.

Young, J. E. (2012). *Theories and techniques in schema therapy*. Ravan Press.

Young, J. E., Klosko, J. S., & Weishar, M. E. (2014). *Schema therapy: A practitioner's guide*. Danjeh Publications. https://books.google.com/books/about/Schema_Therapy.html?id=vScjGGgJEZgC

Zhou, Y., & Buhler, J. (2019). Divorce and marital problems in modern societies. *Journal of Social Psychology*, *52*(2), 120-135.

JARAC Assessment and Research in Applied Counseling
E-ISSN: 3041-8518