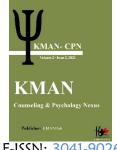


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The Effectiveness of Schema Therapy on Marital Relationships and Cognitive Emotion Regulation in Couples on the Verge of Divorce

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ABSTRACT

This study aimed to determine the effectiveness of schema therapy on marital relationships and cognitive emotion regulation in couples on the verge of divorce. The research method was quasi-experimental with a pretest-posttest design and a control group. The statistical population of the study included couples on the verge of divorce who referred to counseling centers in Tehran during the first three months of 2024. The sampling method was convenience sampling. A total of 32 individuals on the verge of divorce were selected and randomly assigned to an experimental group (n = 16) and a control group (n = 16). To collect data, the Marital Relationship Questionnaire and the Cognitive Emotion Regulation Questionnaire were used. Schema therapy sessions were then conducted for the experimental group over 8 sessions (two 90-minute sessions per week) based on a protocol developed by the researcher. The findings showed that the mean scores of marital relationships and cognitive emotion regulation in couples on the verge of divorce were significantly different in the posttest compared to the pretest. As a result, schema therapy has an effect on improving marital relationships and cognitive emotion regulation in couples on the verge of divorce.

Keywords: Schema therapy, Marital relationships, Cognitive emotion regulation, Couples on the verge of divorce.

1. Introduction

arriage and the marital bond are regarded as a divine blessing and a sacred, celestial union through which the family is formed. The family is an institution where the intensity, depth, and breadth of relationships and interactions surpass those of any other social unit (Pasha, 2024). As the

smallest social unit with multiple functions, the family can play a significant and influential role both positively—by serving as a source of peace—and negatively—by contributing to social harm. One of the negative outcomes that can arise from within this institution is the phenomenon of divorce (Barzegaran et al., 2021; Grabowski, 2023; Niknam & Rikhtegar Boroujeni, 2021). According to

psychologists, divorce is considered one of the most valid indicators of dissatisfaction in marital relationships, reflecting a type of emotional disconnection between spouses, or at least between one partner and the other (Salamat Ghomsari, 2020; Tabatabai Soorijeh et al., 2020).

The quality of marital relationships is a dynamic concept, and its nature and level can change over time. Marital relationship quality does not represent a fixed image of categorical classifications but rather reflects a continuum that encompasses significant features of marital interactions and functioning, such as high-quality versus low-quality marital relationships (Ahmadi et al., 2019). It is a multidimensional concept encompassing various aspects of couple relationships, including compatibility, satisfaction, happiness, the sense of well-being, cohesion, and commitment. It is not necessarily the opposite of marital conflict or disagreement; rather, it comprises both positive dimensions (such as happiness and constructive marital interactions) and negative dimensions (such as conflicts and negative attitudes) that exist within the relationship between spouses (Barzegaran et al., 2021; Niknam & Rikhtegar Boroujeni, 2021). Fincham and Bradbury (1987) argue that the quality of marital relationships is dependent on the way couples interact and cope with stressful life situations, as dysfunctional communication patterns between them result in unresolved critical issues within the marriage, leading to repeated conflicts and the gradual deterioration of marital compatibility (Pasha, 2024).

Emotion plays a crucial role in various aspects of life, such as adapting to life changes and coping with stressful events. The process of emotion regulation allows emotionally vulnerable individuals to remain present in the moment and place, thereby achieving a more objective understanding of their circumstances instead of reacting excessively or anxiously. In other words, those who utilize emotion regulation strategies tend to show greater resilience under difficult conditions (Deldadeh Mehraban et al., 2023; Nasirnia Samakoush & Yousefi, 2023; Pasha, 2024). Emotion regulation can be defined as a cognitive method for managing aroused emotional information (Hassani et al., 2022). Furthermore, emotional regulation ability refers to the capacity to understand emotions, modulate emotional experiences, and express emotions in a way that fosters socially adaptive behavior and enhances appropriate, nonconfrontational interactions (Mohammadi et al., 2020). Emotion regulation is a process that helps individuals increase, decrease, or maintain emotional, behavioral, and cognitive components. Possessing emotion regulation skills

enables individuals to express their emotions appropriately and reduce the intensity of unpleasant emotions such as sadness. Those with cognitive emotion regulation skills are more capable of mitigating or controlling negative emotions, and there is a significant relationship between emotion regulation and reductions in self-harm and emotional problems such as symptoms of depression, anxiety, and stress (Akbari et al., 2020; Masumi tabar et al., 2020).

Schema therapy is considered a modern and integrative approach, primarily based on the extension and development of cognitive and behavioral concepts and methods. Schema therapy integrates principles and foundations from cognitive-behavioral schools, attachment theory, object relations, constructivism, and psychoanalysis into a valuable conceptual treatment model (Pasha, 2024). The goal of schema therapy is to treat problems rooted in childhood, adolescence, and developmental stages. This therapy focuses on meeting unmet childhood needs and breaking dysfunctional emotional and behavioral patterns through techniques such as chair work, imagery rescripting, and limited reparenting (Deldadeh Mehraban et al., 2023). Imagery rescripting is an experiential technique used in schema therapy that addresses a specific memory associated with the current issue (Mohammadi et al., 2020).

Therefore, the present study seeks to answer the question: Does schema therapy affect marital relationships and cognitive emotion regulation in couples on the verge of divorce?

2. Methods and Materials

2.1. Study Design and Participants

The research method was quasi-experimental with a pretest-posttest design and a control group. The statistical population studied in this research included couples on the verge of divorce who referred to counseling centers in Tehran during the first three months of 2024. Sampling was conducted using a convenience sampling method. A total of 32 individuals on the verge of divorce were selected and then randomly assigned to two groups: 16 participants in the experimental group and 16 in the control group. For data collection, the Marital Relationship Questionnaire and the Cognitive Emotion Regulation Questionnaire were utilized. Subsequently, schema therapy sessions were implemented for the experimental group based on a protocol developed by the researcher, held over 8 sessions (two 90-minute sessions per week).

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2.2. Measures

2.2.1. Marital Relationship Quality

The revised version of the Marital Relationship Quality Scale developed by Busby, Crane, Larson, and Christensen in 1995 is used to measure the quality of marital relationships. This questionnaire consists of 14 items and three subscales: agreement (6 items), satisfaction (5 items), and cohesion (3 items), which together indicate the overall marital relationship quality. Higher scores reflect better marital relationship quality. The 14-item questionnaire uses a six-point Likert scale ranging from 0 to 5, where "strongly agree" receives a score of 5 and "strongly disagree" receives a score of 0 (5 = always agree, 4 = almost always agree, 3 = sometimes agree, 2 = often disagree, 1 = almost always disagree, 0 = always disagree). The original version of this scale, which consists of 32 items, was developed by Spanier based on the theories of Lewis and Spanier concerning marital quality. Bradbury, Fincham, and Beach (2000) also introduced the 14-item version as an appropriate instrument for evaluating marital relationship quality after presenting their own theoretical model. Confirmatory factor analysis conducted in the United States validated the three-factor structure of the questionnaire and confirmed its construct validity. The reliability of the questionnaire was measured using Cronbach's alpha method, and the coefficients for the three subscales-agreement, satisfaction, and cohesionwere reported as 0.79, 0.80, and 0.90, respectively. To assess criterion validity, the ENRICH Marital Satisfaction Questionnaire (1983), Olson et al.'s Family Adaptability and Cohesion Evaluation Scales (1986), and Spanier's Dyadic Adjustment Scale (1976) were used. The reported validity coefficients showed significant correlations between the Marital Relationship Quality Questionnaire factors and the criterion questionnaires, with all relationships being statistically significant (p < .0001). The extracted factors demonstrated high reliability and satisfactory validity.

2.2.2. Cognitive Emotion Regulation

This questionnaire was developed by Garnefski et al. in 2001. It is a multidimensional self-report instrument consisting of 36 items and has specific forms for both adults and children. The Cognitive Emotion Regulation Scale assesses nine cognitive strategies, including self-blame, acceptance, rumination, positive refocusing, refocus on planning, positive reappraisal, putting into perspective, catastrophizing, and blaming others. The 36-item

questionnaire uses a six-point Likert scale ranging from 0 to 5 (never = 1, rarely = 2, sometimes = 3, often = 4, always = 5). Every four items assess one factor, and the total nine factors evaluated are: self-blame, other-blame, catastrophizing, rumination, refocus on planning, acceptance, positive refocusing, positive reappraisal, and putting into perspective. This questionnaire contains no reverse-coded items.

2.3. Intervention

The schema therapy intervention was conducted over a period of four weeks, comprising a total of 8 structured sessions, with each session lasting 90 minutes and held twice per week. The protocol was developed by the researcher based on the principles outlined by Young, Klosko, and Weishaar (2003), and was tailored specifically for couples on the verge of divorce. In the initial sessions, participants were introduced to the concept of early maladaptive schemas, their developmental origins, and how these schemas impact emotional responses and relationship dynamics. Psychoeducation was provided on schema modes, and participants engaged in exercises to identify dominant schemas and coping styles contributing to marital dissatisfaction. Subsequent sessions focused on experiential techniques such as imagery rescripting and chair work to challenge and modify maladaptive schema-driven responses. Couples were guided through role-playing activities to improve empathy, emotional communication, and constructive conflict resolution. Cognitive restructuring strategies were integrated to help participants reframe negative automatic thoughts and beliefs related to intimacy, trust, and vulnerability. Behavioral pattern-breaking tasks were assigned as homework to encourage the practice of new, adaptive interaction styles outside the therapy setting. Throughout the intervention, therapists utilized limited reparenting techniques to model healthier emotional responses and validate unmet childhood needs, fostering corrective emotional experiences. Regular feedback was solicited from participants to monitor progress and ensure alignment with therapeutic goals. The final sessions were devoted to consolidating therapeutic gains, reinforcing adaptive schemas and behaviors, and developing personalized relapse prevention plans to maintain improvements in marital functioning and emotion regulation beyond the therapy period.

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2.4. Data Analysis

Data were analyzed using repeated measures analysis of variance (ANOVA) to assess within-subject and between-group differences across pretest and posttest scores. This statistical technique was employed to evaluate the effect of schema therapy on marital relationship quality and cognitive emotion regulation, as well as to examine interaction effects between time (pretest vs. posttest) and group (experimental vs. control). Assumptions of normality, homogeneity of variances, and sphericity were tested prior to conducting ANOVA. Effect sizes were calculated using partial eta

squared to determine the magnitude of observed effects, and statistical power was reported to assess the robustness of the results. All analyses were conducted at a significance level of p < .05 using SPSS software version 26.

3. Findings and Results

Table 1 shows the mean and standard deviation scores for marital relationship quality and positive and negative cognitive emotion regulation in both the experimental and control groups.

Table 1

Mean and Standard Deviation of Pretest and Posttest Scores for Marital Relationship Quality

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Marital Relationship Quality	Control	30.48	5.18	32.68	5.57
	Experimental	31.78	5.78	44.57	6.64
Positive Cognitive Regulation	Control	30.35	7.68	29.45	7.12
	Experimental	28.78	7.47	46.32	7.56
Negative Cognitive Regulation	Control	45.15	6.46	47.14	7.47
	Experimental	48.68	7.65	62.25	8.35

Based on the results obtained, since the within-subject factor of agreement was statistically significant at the pretest-posttest level, it can be concluded that the interaction effect between agreement level and group is significant. Therefore, it can generally be stated that schema therapy has an effect on the marital relationships of couples on the verge of divorce.

 Table 2

 Results of ANOVA for Within-Subject Factors of Research Variables and Their Interaction with Group

Variable	Source of Variation	Sum of Squares	df	Mean Square	F Value	Significance Level (p)	Effect Size	Statistical Power
Marital Relationship	Relationship Quality	5337.375	1	5337.375	153.531	0.0001	0.653	0.0001
	Relationship * Group	3125.486	1	3125.486	42.537	0.0001	0.621	0.0001
	Error Variance	2078.531	29	71.673				

According to the obtained results, since the withinsubject factor for positive cognitive emotion regulation was significant at the pretest-posttest level, it can be concluded that schema therapy has an effect on cognitive emotion regulation in couples on the verge of divorce.

 Table 3

 Results of ANOVA for Within-Subject Factors of Research Variables and Their Interaction with Group

Variable	Source of Variation	Sum of Squares	df	Mean Square	F Value	Significance Level (p)	Effect Size	Statistical Power
Positive Cognitive	Positive Cognitive	6587.275	1	6587.275	128.567	0.0001	0.598	0.0001
Regulation	* Group	4512.684	1	4512.684	49.637	0.0001	0.512	0.0001
	Error Variance	3578.351	29	123.391				
Negative Cognitive	Negative Cognitive	25312.563	1	25312.563	213.458	0.0001	0.765	0.0001

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Regulation	* Group	19351.861	1	19351.861	156.321	0.0001	0.721	0.0001
	Error Variance	3812.354	29	131.460				

4. Discussion and Conclusion

The findings indicated that the mean scores of marital relationship quality and cognitive emotion regulation in couples on the verge of divorce were significantly higher in the posttest compared to the pretest. Therefore, schema therapy has an impact on improving marital relationships and cognitive emotion regulation in such couples. This result is consistent with the findings of previous studies (Ahmadi et al., 2019; Barzegaran et al., 2021; Grabowski, 2023; Niknam & Rikhtegar Boroujeni, 2021; Pasha, 2024; Salamat Ghomsari, 2020; Tabatabai Soorijeh et al., 2020). Schema therapy helps individuals replace maladaptive coping styles with more adaptive ones, thereby enabling them to fulfill their basic emotional needs. Consequently, schema therapy facilitates the restructuring of perceptions, beliefs, and mental images, allowing individuals to adopt more adaptive coping strategies in their interactions with the environment and various situations (Barzegaran et al., 2021). This process ultimately guides individuals toward better adjustment with their surroundings.

The primary function of schemas lies in their influence on information processing. Although schemas typically assist the mind in decision-making, often offering the most expected predictions and preparing the brain for normative functioning, they can also serve as resistant forces against change. As a result, individuals may encounter difficulties in modifying their behavioral patterns (Pasha, 2024). These difficulties appear to be mainly linked to schemas or the organization of perceptions, mental representations, beliefs, and feedback mechanisms.

The findings demonstrated that the posttest scores for marital relationship quality and cognitive emotion regulation in couples on the verge of divorce were significantly higher than their pretest scores. Accordingly, schema therapy appears to influence both domains. This conclusion aligns with prior research outcomes (Akbari et al., 2020; Deldadeh Mehraban et al., 2023; Hassani et al., 2022; Masumi tabar et al., 2020; Mohammadi et al., 2020; Nasirnia Samakoush & Yousefi, 2023; Pasha, 2024). Schemas tend to induce biases in how individuals interpret events, which may manifest as misunderstandings, distorted attitudes, incorrect assumptions, and unrealistic goals or expectations. Moreover, humans have a cognitive tendency toward consistency, which often leads them to misinterpret

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situations in a way that reinforces their existing schemas—emphasizing schema-consistent information while ignoring or devaluing schema-inconsistent data (Pasha, 2024).

Emotional schema therapy, through the integration of cognitive therapy, can reduce interpersonal problems and emotional instability, thereby facilitating emotion regulation. In essence, emotional schema therapy helps individuals confront life challenges by replacing maladaptive emotion regulation strategies with more adaptive emotional management approaches, thereby enhancing their ability to manage and regulate emotions effectively.

One of the primary limitations of this study is the relatively small sample size, which restricts the generalizability of the findings to the broader population of couples on the verge of divorce. The use of convenience sampling and selection from a single geographical area (Tehran) further limits external validity. Additionally, the reliance on self-report measures may have introduced social desirability bias, affecting the accuracy of participants' responses regarding marital quality and cognitive emotion regulation. The absence of long-term follow-up also limits the ability to assess the durability of schema therapy's effects over time. Moreover, the study did not account for potential confounding variables such as participants' individual psychological disorders, duration of marital conflict, or previous therapy experiences.

Future research should consider expanding the sample size and including participants from diverse geographical socio-cultural backgrounds to enhance generalizability of the findings. Employing random sampling methods and including multiple counseling centers across different regions can help overcome limitations related to sampling bias. Researchers are encouraged to incorporate longitudinal designs with follow-up assessments to evaluate the long-term effectiveness of schema therapy on marital relationship quality and emotion regulation. Utilizing mixed methods approaches, including qualitative interviews or behavioral assessments, may provide richer insights into how schema change processes manifest in reallife interactions. It is also recommended to control for potential moderating variables such as gender, attachment style, and individual psychopathology, which may influence therapy outcomes. Furthermore, future studies could compare schema therapy with other evidence-based

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approaches, such as Emotion-Focused Therapy or Acceptance and Commitment Therapy, to determine comparative efficacy. Training therapists with standardized intervention protocols and assessing treatment fidelity can also improve the reliability of intervention outcomes and provide a clearer understanding of the mechanisms of change.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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