

Comparison of the Effectiveness of Schema Therapy-Based Couple Therapy and Emotionally Focused Couple Therapy on Attachment Behaviors in Incompatible Couples

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ABSTRACT

Objective: This study aimed to compare the effectiveness of schema therapy-based couple therapy and emotionally focused couple therapy on attachment behaviors in incompatible couples.

Methods and Materials: The research employed a quasi-experimental design with a pre-test, post-test, control group, and a two-month follow-up period. The statistical population included all couples who sought psychological and counseling services in Tehran in 2023. Using purposive sampling, 45 couples who met the inclusion criteria were selected and randomly assigned to three equal groups (15 couples per group). Data were collected using the Spanier Marital Adjustment Questionnaire (1976) and the Accessibility, Responsiveness, and Companionship Questionnaire by Sandberg et al. (2012). Participants in the experimental groups received therapeutic interventions over 10 weekly sessions, each lasting 90 minutes, while the control group did not receive any interventions. Data were analyzed using repeated-measures analysis of variance (ANOVA).

Findings: The results indicated that both schema therapy-based couple therapy and emotionally focused couple therapy significantly increased attachment behaviors in incompatible couples compared to the control group ($p < 0.05$).

Conclusion: Given the effectiveness of these therapeutic approaches, psychologists and counselors working in this field are recommended to utilize these intervention methods to enhance attachment behaviors in couples experiencing incompatibility.

Keywords: Schema Therapy-Based Couple Therapy, Emotionally Focused Couple Therapy, Attachment Behavior, Incompatible Couples

1. Introduction

The family is considered the most fundamental institution in shaping a healthy personality, and the normality or abnormality of society is closely tied to the general conditions of the family. Marital adjustment plays a crucial role in the efficiency of the family system. The quality of marital life depends on marital adaptation, and marital adjustment is one of the key characteristics of a desirable and healthy family (Henderson et al., 2023). On the other hand, marital discord is among the most significant factors leading to tension, emotional detachment, disintegration of family unity, and ultimately, the formation of an environment that not only fails to meet the emotional, psychological, and security needs of its members but also causes psychological distress, emotional disturbances, and various psychological problems. Such discord can contribute to dysfunctional parent-child relationships, impulsive behaviors, marital infidelity, and divorce (Goyal & Nagendran, 2023).

When examining effective components in marital adjustment and quality of life, many studies highlight both the direct role (Koçyigit & Uzun, 2024) and the mediating role of attachment behaviors in determining the quantity and quality of marital relationships (Nunes et al., 2022). In this regard, Bowlby (1973) posits that accessibility and responsiveness are measurable and key behaviors in relationships, significantly determining attachment status and marital distress. Attachment behaviors are defined as actions that enhance an individual's sense of security regarding attachment and emotional closeness (Sumbaga & Lapian, 2023). If accessibility, responsiveness, and empathy—components of attachment behavior—are sufficient to fulfill the emotional needs of couples within the relationship, they lead to the development of positive attitudes toward each other and the relationship itself, ultimately fostering adaptive and satisfying relationships (Shaver & Mikulincer, 2009; Shrout et al., 2023).

Given the importance of family well-being and the fact that internal conflicts within the family can lead to relationship breakdown, threaten marital unity, and ultimately result in family dissolution and divorce, the need for effective, empirically supported intervention programs with a couple-centered approach has been emphasized. Couple therapy is applicable in various situations where there is communication dysfunction or an inability to maintain a successful marital relationship. Over the years, various approaches have been introduced in couple therapy

to enhance marital life. Among these, emotionally focused couple therapy (EFT) and schema therapy-based couple therapy have gained prominence. These approaches analyze how each spouse's intrapsychic domains shape their shared relational context (Atkinson & Perris, 2020; Van Diest et al., 2023).

Emotionally focused couple therapy is a short-term couple therapy model based on a combination of experiential and systemic therapy principles (Huerta et al., 2023). According to this approach, marital discord creates pervasive negative emotions and attachment injuries, and therapists can reframe problems, enabling both partners to engage actively in restructuring their communication patterns and fostering secure attachment (Johnson et al., 2018). Studies have demonstrated the effectiveness of this therapy in addressing a wide range of issues, including reducing sexual dysfunction, increasing positive emotions and perceived intimacy (Van Diest et al., 2023), reducing negative mood and psychological distress in couples (Ganz et al., 2022), decreasing marital distress (Rahim & Magner, 1995), enhancing couples' overall well-being, and promoting marital cohesion and intimacy (Scarlat, 2021; Spengler et al., 2022).

On the other hand, relationship issues often extend beyond current interactions between spouses and are rooted in an individual's past experiences (Young et al., 2005). One of the most effective couple therapy approaches that examines the influence of past experiences and attitudes on current relationships is schema therapy-based couple therapy. Schema therapy is primarily an extension of traditional cognitive-behavioral therapy (CBT), integrating concepts from CBT, attachment theory, Gestalt therapy, object relations theory, constructivism, and psychoanalysis into a comprehensive conceptual and therapeutic framework (Körük & Özabacı, 2023; Wilde et al., 2021). The primary goal of this therapeutic approach is to enhance psychological awareness and increase conscious control over schemas, while its ultimate aim is to improve maladaptive schemas and coping styles used in daily life (Koppers et al., 2023). Research has demonstrated that this intervention is effective in enhancing marital communication and reducing relationship problems (Chan & Tan, 2019), alleviating marital burnout and improving emotion regulation, increasing sexual satisfaction and enhancing communication patterns in married women, and improving marital intimacy among couples at risk of divorce (Körük & Özabacı, 2023; Uluyol & Özen-Çıplak, 2024).

Despite the intrinsic differences between these two therapeutic models, their effectiveness varies within each socio-cultural and familial structure, being influenced by family and social factors prevalent in that specific context. Emotional expression is a cross-cultural construct, and Iran, as part of Asian collectivist societies, exhibits a distinct emotional expression style compared to individualistic societies. Additionally, suppressive norms regarding negative emotion expression in Iranian culture may hinder couples from properly accessing and expressing their emotions, contributing to the deterioration of marital relationships. Consequently, it is crucial to investigate and compare these prominent couple therapy approaches within the cultural and social context of Iranian couples. Accordingly, applied research and practical strategies are necessary to reduce marital problems and improve couple relationships, thereby preventing long-term psychological and social consequences and further marital distress that can adversely affect parent-child relationships and the upbringing of future generations. In light of these considerations, the present study aims to address the following research question:

Is there a difference in the effectiveness of schema therapy-based couple therapy and emotionally focused couple therapy on attachment behaviors in incompatible couples?

2. Methods and Materials

2.1. Study design and Participant

This study is applied in terms of its objective and follows a quasi-experimental design with a pre-test, post-test, control group, and a two-month follow-up period. The experimental groups (Group 1 = Schema Therapy-Based Couple Therapy, Group 2 = Emotionally Focused Couple Therapy) received intervention sessions based on standardized treatment protocols. However, the control group did not receive any intervention and was placed on a waiting list.

The statistical population comprised all couples seeking psychological and counseling services in Tehran in 2023. Purposive sampling was used to select participants. Based on the research design and considering the group-based intervention method, as well as the potential dropout rate in the groups, 90 participants (15 couples per group) were randomly selected from those who had visited the Salamat Afarinan Asayesh Institute in Tehran. The selected participants were randomly assigned to three groups of 30 individuals each: Experimental Group 1 (Schema Therapy-

Based Couple Therapy), Experimental Group 2 (Emotionally Focused Couple Therapy), and the Control Group (no intervention).

Inclusion criteria included providing informed consent to participate in the study, scoring 101 or lower on the Marital Adjustment Screening Questionnaire, having a minimum of three years of marital life (Kouhi et al., 2014), being within the age range of 25 to 50 years, possessing basic literacy (reading and writing skills) (Didani et al., 2020), and committing to attending all therapy sessions. Exclusion criteria included incomplete responses in self-report measures or withdrawal from participation, initiating divorce proceedings, use of prescribed psychiatric medication or substance abuse, failure to adhere to session regulations, receiving counseling services outside the study sessions, and missing more than one therapy session.

2.2. Measures

2.2.1. Marital Adjustment

This study utilized self-report questionnaires and structured intervention protocols. The first instrument was the Marital Adjustment Questionnaire. The Marital Adjustment Screening Questionnaire by Spanier (1976) was used to identify incompatible couples. This questionnaire consists of 32 items across four subscales: Dyadic Satisfaction (items 16, 17, 18, 19, 20, 21, 22, 23, 31, 32), Dyadic Cohesion (items 24, 25, 26, 27, 28), Dyadic Consensus (items 1, 2, 3, 5, 8, 9, 10, 11, 12, 13, 14, 15), and Affectional Expression (items 4, 6, 7, 29, 30). The total score ranges from 0 to 150, calculated by summing all item scores. The questionnaire follows a Likert scale format, with a mix of positively and negatively worded items to enhance validity. Scores of 101 or lower indicate marital incompatibility. Spanier (1976) reported a Cronbach's alpha reliability of 0.96. In an Iranian study, internal reliability using Cronbach's alpha was reported as 0.85 (Khatibi et al., 2024). In the present study, Cronbach's alpha was calculated at 0.79.

2.2.2. Attachment Behaviors

The second instrument was the Accessibility, Responsiveness, and Companionship Questionnaire. This questionnaire, developed by Sandberg et al. (2012), measures attachment behaviors in marital relationships. It consists of 12 items across six subscales: Accessibility, Responsiveness, Companionship, Spouse Accessibility,

Spouse Responsiveness, and Spouse Companionship. Responses follow a five-point Likert scale, ranging from "never" (1 point) to "always" (5 points). The total score ranges from 12 to 60, with higher scores indicating greater attachment behaviors in marital relationships. Items 1, 2, 5, 7, 8, and 11 are reverse-scored. Sandberg et al. (2012) reported Cronbach's alpha reliability between 0.66 and 0.85, test-retest reliability between 0.60 and 0.75, and construct validity confirmed through factor analysis. In an Iranian study, overall reliability using Cronbach's alpha and test-retest methods was reported at 0.86 and 0.90, respectively. Convergent validity with Dyadic Adjustment and Marital Satisfaction Questionnaires was reported at 0.68 and 0.72, and divergent validity with the Marital Conflict Questionnaire was reported at -0.58, which is considered high and acceptable (Sadeghi et al., 2019). In the present study, Cronbach's alpha reliability was calculated at 0.73.

2.3. Intervention

2.3.1. Emotionally Focused Couple Therapy

In the first session, the therapist introduces the therapy process, establishes rapport, and explains general treatment rules. The therapist assesses the couple's motivation for participation, defines emotions and their functions, evaluates the nature of the couple's problems and relationship patterns, and clarifies treatment goals and expectations.

The second session focuses on identifying the couple's negative interaction cycle and creating conditions for them to recognize and express these patterns. The therapist assesses the attachment bond between partners, examines obstacles to secure attachment, introduces the principles of emotionally focused therapy (EFT), and explains the role of emotions in interpersonal interactions. The session also emphasizes restructuring interactions and increasing flexibility in the couple's communication while establishing a therapeutic agreement.

In the third session, the therapist helps partners access underlying emotions that drive their interactions, emphasizing attachment-related fears and needs. A safe emotional environment is fostered to facilitate open communication. The therapist validates partners' experiences, encourages deeper emotional exploration, and focuses on secondary emotions expressed in conflict cycles. By guiding partners to identify primary emotions, the therapist enhances emotional awareness and cognitive insight into their relationship.

The fourth session reframes relational distress in terms of unmet attachment needs. The therapist emphasizes partners' ability to express emotions and attachment behaviors, helping them understand how fear and defense mechanisms influence emotional and cognitive processes. The session ensures alignment between the therapist's conceptualization and the couple's perception of their challenges while mapping their negative cycles within an attachment framework.

The fifth session encourages partners to identify and express previously rejected emotional needs and denied aspects of the self. The therapist helps the couple reflect on their interaction patterns with empathy and respect, increasing awareness of attachment needs and fostering corrective emotional experiences.

In the sixth session, the therapist deepens emotional awareness, clarifies each partner's role in the relationship, and fosters acceptance of each other's experiences. Partners are guided toward new interactional patterns, reinforcing emotional validation and emphasizing the natural and healthy aspects of their attachment needs.

The seventh session facilitates deeper emotional engagement and expression of needs. The therapist supports the couple in expanding their emotional experiences, recognizing attachment needs, and strengthening their emotional bonds to develop a more secure connection.

The eighth session involves creating new interactional experiences and breaking old dysfunctional patterns. The therapist helps clarify relational cycles, reinforces the importance of attachment needs, and promotes sustained emotional responsiveness between partners.

In the ninth session, the therapist consolidates changes achieved during therapy by highlighting improvements in relational dynamics. The couple reflects on the differences between their past and present interactions, strengthening their secure bond so they can discuss conflicts and seek solutions without relationship damage.

The tenth and final session involves reviewing progress, discussing positive and negative aspects of the therapeutic experience, evaluating treatment outcomes, and administering the post-test assessment. The therapist acknowledges the couple's efforts and provides recommendations for maintaining relational growth.

2.3.2. Schema Therapy-Based Couple Therapy

In the first session, the therapist establishes rapport, introduces group rules, and discusses the couple's current

relational issues. Partners share their concerns while the therapist assesses their expectations and readiness for therapy.

The second session introduces early maladaptive schemas (EMS), explaining their types, characteristics, and how they shape relational dynamics. The therapist discusses coping styles and helps couples recognize the connection between their schemas and present relational difficulties.

The third session continues schema education, deepening couples' understanding of maladaptive schemas and their impact. The therapist explains schema-related coping strategies and helps partners link their ongoing marital struggles to early experiences.

In the fourth session, the therapist introduces cognitive techniques, including the schema validity test and the war metaphor to challenge maladaptive beliefs. Using an empathic confrontation approach, the therapist helps couples examine evidence supporting or refuting their schemas, encouraging cognitive restructuring.

The fifth session focuses on evaluating the benefits and drawbacks of coping responses. The therapist facilitates a dialogue between the schema-driven self and the healthy self, helping couples construct schema flashcards as reminders for adaptive thinking and behavior.

In the sixth session, the therapist introduces experiential techniques, linking past imagery to present emotions. Through imagery rescripting and guided visualization, partners reprocess distressing early memories to reduce the emotional intensity of maladaptive schemas.

The seventh session involves behavioral interventions, where the therapist helps couples identify specific problematic behaviors that need modification. The session emphasizes setting clear behavioral change goals.

The eighth session provides strategies for prioritizing behaviors that require schema-breaking interventions. The therapist helps couples identify the most disruptive relational behaviors and strengthens motivation for change.

The ninth session involves practicing healthy behaviors through role-playing and imagery exercises. Couples work

on overcoming barriers to change and implementing significant modifications in their relationship dynamics.

In the tenth and final session, the therapist reviews progress, summarizes key therapeutic insights, and acknowledges the couple's commitment. A final post-test assessment is conducted, and participants receive guidance for maintaining progress in their relationship.

2.4. Data Analysis

For data analysis, this study employed both descriptive statistics and inferential statistics. Descriptive statistics included the calculation of mean and standard deviation. Assumption testing was conducted using the Shapiro-Wilk test for normality, Levene's test for homogeneity of variance, M-Box test for covariance matrix homogeneity, and interaction between pre-test and group to assess regression slope homogeneity. Multicollinearity analysis was also performed.

Inferential statistics involved multivariate analysis of covariance (MANCOVA) and repeated measures analysis of variance (ANOVA). To compare the effectiveness of schema therapy-based couple therapy and emotionally focused couple therapy, Bonferroni post hoc tests were conducted. All statistical analyses were performed using SPSS version 26.

3. Findings and Results

The mean age of participants in the schema therapy group was 40.20 years, in the emotionally focused therapy group was 42.33 years, and in the control group was 40.53 years. In all three groups, most participants had a high school diploma or lower education level. Additionally, the majority of participants in all three groups had been married for more than six years. Table 1 presents descriptive statistics (mean and standard deviation) for the total score and dimensions of each dependent variable across different measurement phases (pre-test, post-test, and follow-up) in the experimental and control groups.

Table 1

Means and Standard Deviations of Attachment Behaviors by Group and Measurement Phase

Dependent Variable	Group	N	Pre-Test (M ± SD)	Post-Test (M ± SD)	Follow-Up (M ± SD)
Accessibility	Schema Therapy	15 Couples	5.40 ± 1.35	8.66 ± 0.97	9.00 ± 0.92
	Emotionally Focused Therapy	15 Couples	4.85 ± 1.45	8.26 ± 1.57	8.50 ± 1.64
	Control	15 Couples	4.80 ± 1.20	4.20 ± 1.20	4.13 ± 1.12
Responsiveness	Schema Therapy	15 Couples	4.14 ± 1.50	6.86 ± 1.18	7.46 ± 0.91
	Emotionally Focused Therapy	15 Couples	3.50 ± 1.30	6.60 ± 1.68	7.65 ± 1.39
	Control	15 Couples	4.06 ± 1.83	3.80 ± 1.47	3.53 ± 1.18

Companionship	Schema Therapy	15 Couples	4.60 ± 0.98	6.92 ± 1.16	7.26 ± 1.03
	Emotionally Focused Therapy	15 Couples	4.80 ± 1.74	7.53 ± 1.24	7.74 ± 1.33
	Control	15 Couples	4.40 ± 1.59	3.73 ± 0.79	3.73 ± 0.79
Spouse Accessibility	Schema Therapy	15 Couples	3.20 ± 1.20	6.60 ± 1.12	7.06 ± 1.16
	Emotionally Focused Therapy	15 Couples	3.40 ± 1.05	6.73 ± 1.43	7.30 ± 1.17
	Control	15 Couples	4.00 ± 1.30	3.80 ± 1.32	3.66 ± 1.29
Spouse Responsiveness	Schema Therapy	15 Couples	3.46 ± 1.45	7.10 ± 1.55	7.45 ± 1.76
	Emotionally Focused Therapy	15 Couples	4.26 ± 1.62	7.70 ± 1.33	8.06 ± 1.53
	Control	15 Couples	5.33 ± 1.87	4.86 ± 1.40	4.66 ± 1.29
Spouse Companionship	Schema Therapy	15 Couples	3.40 ± 1.05	7.06 ± 1.38	7.85 ± 0.91
	Emotionally Focused Therapy	15 Couples	3.75 ± 1.43	6.70 ± 1.94	7.53 ± 1.55
	Control	15 Couples	5.13 ± 1.76	4.66 ± 1.87	4.40 ± 1.95
Total Attachment Behavior	Schema Therapy	15 Couples	24.20 ± 3.78	43.26 ± 2.40	46.13 ± 2.44
	Emotionally Focused Therapy	15 Couples	24.60 ± 3.97	43.60 ± 5.53	46.85 ± 5.27
	Control	15 Couples	27.73 ± 3.93	25.06 ± 1.70	24.13 ± 2.03

Before conducting the analysis of variance (ANOVA), the Shapiro-Wilk test was used to check the assumption of normality in score distribution. The results showed that for all dependent variables, the significance level was greater than 0.05 ($p > 0.05$), indicating that the data followed a normal distribution. Therefore, using ANOVA for statistical analysis was appropriate. Another assumption for ANOVA is the equality of variance across groups. This assumption implies that the variance of scores in the different groups is statistically equivalent. To examine this assumption, Levene's test was performed before conducting ANOVA. The results confirmed that the assumption of equal variance was met for all dependent variables, which, given the randomized group assignment and adequate sample size, justified the use of ANOVA for hypothesis testing. Additionally, M-Box's test was used to check for the homogeneity of variance-covariance matrices. The results indicated that the significance level obtained was greater than 0.05, meaning the assumption of equal variance-covariance matrices was not violated. Since the variance-covariance matrices were homogeneous, ANOVA could be reliably used in this study. However, Mauchly's test of sphericity produced a significance level of 0.001 for attachment behavior scores, leading to the rejection of the

sphericity assumption. Consequently, the assumption of variance homogeneity was not strictly met, violating the statistical F-test model. Therefore, Greenhouse-Geisser's conservative test was used as an alternative method to evaluate within-subject effects.

The results of the multivariate analysis of variance (MANOVA) assessing the effects of independent variables on attachment behaviors, indicate that the effect of the independent variables was statistically significant for all dimensions of attachment behavior, including accessibility (Wilks' Lambda = 0.416, $F(4, 82) = 11.302$, $p < 0.001$, $\eta^2 = 0.355$), responsiveness (Wilks' Lambda = 0.383, $F(4, 82) = 12.609$, $p < 0.001$, $\eta^2 = 0.381$), companionship (Wilks' Lambda = 0.537, $F(4, 82) = 7.482$, $p < 0.001$, $\eta^2 = 0.267$), spouse accessibility (Wilks' Lambda = 0.217, $F(4, 82) = 23.504$, $p < 0.001$, $\eta^2 = 0.534$), spouse responsiveness (Wilks' Lambda = 0.416, $F(4, 82) = 11.288$, $p < 0.001$, $\eta^2 = 0.355$), spouse companionship (Wilks' Lambda = 0.235, $F(4, 82) = 21.790$, $p < 0.001$, $\eta^2 = 0.515$), and overall attachment behavior (Wilks' Lambda = 0.159, $F(4, 82) = 30.873$, $p < 0.001$, $\eta^2 = 0.601$). These findings suggest that the independent variables had a significant effect on the total attachment behavior score and each of its dimensions.

Table 2

Repeated Measures ANOVA Results for the Effect of Group and Time on Attachment Behaviors

Dependent Variable	Source	Sum of Squares	Error Sum of Squares	F Statistic	p-value	Effect Size (η^2)	Statistical Power
Accessibility	Group	289.081	144.541	50.033	0.000	0.704	1.000
	Time	134.415	109.643	62.357	0.000	0.598	1.000
	Group × Time	113.719	46.380	26.378	0.000	0.557	1.000
Responsiveness	Group	152.237	76.119	20.505	0.000	0.494	0.886
	Time	134.415	76.075	59.412	0.000	0.586	1.000
	Group × Time	100.563	28.458	22.225	0.000	0.514	0.996
Total Attachment Behavior	Group	4667.911	2333.956	118.893	0.000	0.850	1.000
	Time	4880.933	3643.299	228.510	0.000	0.845	1.000
	Group × Time	3825.289	1427.664	89.544	0.000	0.810	1.000

Table 2 presents the results of repeated measures ANOVA to examine the effects of the two intervention approaches (schema therapy-based couple therapy and emotionally focused couple therapy) on the total attachment behavior score and its dimensions. The results show that, in addition to the main effects of group and time, the interaction effect of group \times time was statistically significant for accessibility ($F(2, 82) = 26.378, p < 0.001, \eta^2 = 0.557$), responsiveness ($F(2, 82) = 22.225, p < 0.001, \eta^2 = 0.514$),

companionship ($F(2, 82) = 16.032, p < 0.001, \eta^2 = 0.433$), spouse accessibility ($F(2, 82) = 42.308, p < 0.001, \eta^2 = 0.668$), spouse responsiveness ($F(2, 82) = 25.746, p < 0.001, \eta^2 = 0.551$), spouse companionship ($F(2, 82) = 36.478, p < 0.001, \eta^2 = 0.635$), and total attachment behavior ($F(2, 82) = 89.544, p < 0.001, \eta^2 = 0.810$). These findings indicate that the independent variables significantly influenced the total attachment behavior score and each of its dimensions.

Table 3

Bonferroni Post Hoc Comparisons for Group and Time Effects on Attachment Behavior

Variable	Comparison 1	Comparison 2	Mean Difference	Standard Error	p-value
Accessibility	Pre-Test vs. Post-Test	Pre-Test vs. Follow-Up	-2.022	0.250	0.000
	Pre-Test vs. Post-Test	Post-Test vs. Follow-Up	-0.178	0.101	0.255
Responsiveness	Pre-Test vs. Post-Test	Pre-Test vs. Follow-Up	-1.844	0.235	0.000
	Pre-Test vs. Post-Test	Post-Test vs. Follow-Up	-0.476	0.180	0.040
Companionship	Pre-Test vs. Post-Test	Pre-Test vs. Follow-Up	-1.467	0.268	0.000
	Pre-Test vs. Post-Test	Post-Test vs. Follow-Up	-0.178	0.091	0.174
Spouse Accessibility	Pre-Test vs. Post-Test	Pre-Test vs. Follow-Up	-2.178	0.189	0.000
	Pre-Test vs. Post-Test	Post-Test vs. Follow-Up	-0.311	0.140	0.095
Spouse Responsiveness	Pre-Test vs. Post-Test	Pre-Test vs. Follow-Up	-2.222	0.259	0.000
	Pre-Test vs. Post-Test	Post-Test vs. Follow-Up	-0.156	0.120	0.602
Spouse Companionship	Pre-Test vs. Post-Test	Pre-Test vs. Follow-Up	-2.067	0.220	0.000
	Pre-Test vs. Post-Test	Post-Test vs. Follow-Up	-1.444	0.504	0.001
Total Attachment Behavior	Pre-Test vs. Post-Test	Pre-Test vs. Follow-Up	-11.800	0.785	0.000
	Pre-Test vs. Post-Test	Post-Test vs. Follow-Up	-1.733	0.378	0.409
Accessibility	Schema Therapy vs. EFT	Schema Therapy vs. Control	-3.311	0.358	0.000
	EFT vs. Control	Schema Therapy vs. Control	-2.844	0.358	0.000
Responsiveness	Schema Therapy vs. EFT	Schema Therapy vs. Control	-2.222	0.406	0.000
	EFT vs. Control	Schema Therapy vs. Control	-2.133	0.406	0.000
Companionship	Schema Therapy vs. EFT	Schema Therapy vs. Control	-2.422	0.311	0.548
	EFT vs. Control	Schema Therapy vs. Control	2.733	0.311	0.000
Spouse Accessibility	Schema Therapy vs. EFT	Schema Therapy vs. Control	-1.800	0.386	0.001
	EFT vs. Control	Schema Therapy vs. Control	-2.000	0.386	0.000
Spouse Responsiveness	Schema Therapy vs. EFT	Schema Therapy vs. Control	-1.067	0.461	0.017
	EFT vs. Control	Schema Therapy vs. Control	-1.733	0.461	0.002
Spouse Companionship	Schema Therapy vs. EFT	Schema Therapy vs. Control	-1.378	0.504	0.027
	EFT vs. Control	Schema Therapy vs. Control	-1.267	0.504	0.048
Total Attachment Behavior	Schema Therapy vs. EFT	Schema Therapy vs. Control	-12.222	0.934	0.000
	EFT vs. Control	Schema Therapy vs. Control	-12.711	0.934	0.000

Table 3 presents the results of Bonferroni post hoc comparisons for attachment behavior scores and their dimensions across the three groups and three measurement phases. The results indicate that the difference in mean attachment behavior scores between the pre-test and post-test phases, as well as between the pre-test and follow-up phases, was statistically significant. However, the difference between post-test and follow-up scores was not significant ($p = 0.409$). Additionally, the post hoc comparisons for group effects show that the mean attachment behavior score differed significantly between the schema therapy-based couple therapy group and the control group, as well as between the emotionally focused couple therapy group and

the control group. This suggests that both intervention approaches led to significant increases in attachment behavior scores at post-test and follow-up compared to pre-test levels.

Furthermore, although both couple therapy approaches were effective in improving overall attachment behavior, there was no statistically significant difference between the two intervention methods ($p = 1.000$), indicating that schema therapy-based couple therapy and emotionally focused couple therapy had comparable effectiveness in enhancing attachment behaviors.

4. Discussion and Conclusion

The results of the study indicate that schema therapy-based couple therapy is effective in enhancing attachment behaviors in incompatible couples. This finding is consistent with previous studies (Grecucci et al., 2018; Scarlat, 2021; Uluyol & Özen-Çıplak, 2024). In explaining this finding, it should be noted that attachment behaviors are among the most influential factors in predicting the quality of interpersonal and marital relationships. Avoidant and anxious attachment behaviors contribute to marital discord and conflicts, whereas secure attachment behaviors foster satisfying relationships, adaptability, and flexibility. Avoidant and anxious attachment behaviors activate negative emotions, playing a significant role in the formation and perpetuation of marital and interpersonal conflicts, leading to a vicious cycle of dysfunctional relationships. The schema therapy approach posits that the failure to develop secure attachment is a key factor in the formation of maladaptive schemas and schema-related mindsets, which can have long-term effects on individuals. When couples encounter similar situations, such as rejection and abandonment, their schema-driven mindset is activated, influencing their emotional, cognitive, and behavioral responses accordingly.

Overall, marital discord and distress, which can lead to family disintegration, stem from the perception of schema-based expectations of marital issues. Therefore, it can be expected that improving maladaptive schemas will reduce marital discord and conflicts. However, as previously mentioned, the formation of maladaptive schemas and the mitigation of their adverse effects largely depend on the fulfillment of emotional needs, particularly the development of secure attachment during childhood. Consequently, the interventions employed in schema therapy-based couple therapy—such as recognizing schemas, identifying coping styles, and understanding schema-related mindsets—are all aimed at exploring the developmental roots of attachment and their effects on interpersonal relationships in adulthood. Couples with harmful and avoidant attachment behaviors tend to suppress their emotions and feelings, avoiding intimacy due to their fear of rejection and abandonment. As a result, their relationship lacks sufficient dynamism and vitality. Therefore, schema therapy-based couple therapy helps couples recognize their schemas, schema-related mindsets, and coping styles. Through cognitive and emotional interventions, they work to modify these patterns,

ultimately strengthening secure attachment and reducing marital discord.

Another finding of the study revealed that emotionally focused couple therapy (EFT) effectively improves attachment behaviors. This finding aligns with previous research (Ganz et al., 2022; Wiebe et al., 2017). In explaining this finding, it can be stated that emotionally focused couple therapy focuses on identifying attachment cycles, understanding the fundamental needs of couples, reconstructing new relationship dynamics, expressing underlying emotions, and introducing new strategies for managing behavioral and emotional issues. Throughout EFT sessions, novel experiences emerge, challenging individuals' entrenched mental patterns, which are often shaped by past experiences. This process encourages couples to reassess their expectations of each other. As a result, they discover new ways to regulate and manage their emotions.

Moreover, validating emotions—even negative ones—helps couples feel accepted and, in turn, fosters a sense of calm. The therapist's reassurance and composure provide an environment where couples remain engaged in emotional experiences without being overwhelmed by them. The therapist's ability to accurately reflect, validate, and clarify painful experiences allows couples to organize and restructure their emotional responses. When couples' experiences are understood in a safe environment by the therapist, their ability to tolerate emotional distress increases. Research has also confirmed that eliminating dysfunctional emotional cycles and reconstructing emotional bonds are crucial components that enhance the effectiveness of this therapeutic approach.

Furthermore, changes in attachment expression can be achieved by modifying behavioral responses. These behavioral responses include practicing respectful self-disclosure, openness and empathy, learning emotion regulation techniques, altering mental representations of oneself and others, and reorganizing cognitive structures related to attachment-based relationships. Based on this, it can be expected that significant changes in attachment behaviors occur in individuals undergoing intervention. The emphasis on emotions is a fundamental mechanism of change in EFT, as it leverages emotions to motivate partners and elicit new responses in their interactions, ultimately revitalizing their relationships. The primary goal of emotionally focused couple therapy is to enhance the effectiveness of relational experiences, restructure couple interactions, and ultimately establish secure attachment and a sense of safety. During therapy, couples were taught to

enhance their communication and intimacy skills by recognizing their own emotions and those of their partners, providing support, being accessible, responding promptly to their partner's emotional needs, and fostering secure behaviors. Based on this, it can be concluded that creating emotional experiences within couples' current emotional relationships is a crucial factor in improving attachment-related responses. This process helps couples address attachment-related conflicts stemming from insecure attachment and learn more constructive ways to cope with feelings of deprivation and lack of trust.

Additionally, the findings of this study revealed that schema therapy-based couple therapy and emotionally focused couple therapy are equally effective in improving attachment behaviors. Given the nature of attachment behaviors, this comparable effectiveness suggests that schema therapy improves attachment behaviors by modifying maladaptive schemas and schema-related mindsets, while emotionally focused therapy fosters relational repair and the development of empathetic and trust-based relationships. One of the primary causes of marital discord is attachment-related behavioral issues. Participation in therapy sessions using either of these approaches enables individuals to move away from emotional avoidance and effectively recognize and regulate their emotions. A key technique in both therapeutic approaches is modifying and adjusting emotional schemas while reorganizing emotional regulation. Both approaches aim to normalize painful and distressing emotional experiences, thereby helping couples develop greater emotional tolerance and acceptance. Therefore, it appears that in both couple therapy approaches, modifying maladaptive schemas—particularly emotional schemas—indirectly contributes to improving attachment behaviors and reducing marital discord.

The study had several limitations. The statistical population was restricted to incompatible couples seeking counseling services in Tehran, and the limited sample size, due to methodological constraints, affected the generalizability of the findings. The short follow-up period (two months) was another limitation, whereas studies conducted outside Iran typically implement follow-up periods of six months to one year. Another major limitation was the reliance on self-report measures for data collection, which could introduce response bias. Additionally, the non-random and purposive sampling method used in this study further restricted the generalizability of the results.

5. Limitations and Suggestions

For future research, it is recommended that the study population be expanded to include incompatible couples from various urban areas and individuals seeking counseling services from family courts, judicial conflict resolution centers, and family therapy clinics, using a simple random sampling method to enhance the generalizability of findings. It is also suggested that future studies re-examine this hypothesis using alternative methods, such as interviews, alongside questionnaires to assess the research variables. From a methodological perspective, future research should employ true experimental designs, including pre-test and post-test designs with follow-up periods and control groups, while increasing the sample size to improve the validity and reliability of findings regarding the effectiveness of these interventions.

From a practical standpoint, given the various advantages of schema therapy-based couple therapy, counselors and psychologists are encouraged to utilize this therapeutic approach to enhance the behavioral and emotional well-being of incompatible couples and other couples experiencing marital difficulties in psychological counseling centers. Furthermore, considering the effectiveness of emotionally focused couple therapy in addressing psychological and emotional factors in incompatible couples, it is recommended that this intervention approach be implemented in therapeutic settings to support individuals facing marital challenges. EFT offers the additional advantage of being adaptable to group therapy formats with a limited number of sessions. Finally, it is suggested that future studies explore an integrated couple therapy model combining emotionally focused therapy and schema therapy, incorporating religious and cultural perspectives specific to Iranian couples, and assessing its effectiveness. To improve the accuracy of measuring dependent variables such as conflict resolution styles and fear of intimacy, future researchers should develop and validate assessment tools based on diverse theoretical frameworks, including both Western psychological theories and religious-Islamic principles.

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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