KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 26 October 2025
Revised 29 January 2026
Accepted 04 February 2026
Published online 01 May 2026

Applied Family Therapy Journal

Volume 7, Issue 3, pp 1-10

E-ISSN: 3041-8798

The Role of Schema Therapy and Cognitive–Behavioral Therapy in Reducing Alexithymia in Maladjusted Couples: A Comparative Study

Fatemeh. Saroukhani[1], Abdollah. Shafiabadi[2*], Sima. Ghodrati[3]

[1] Department of Counseling, Ro.C., Islamic Azad University, Roudehen, Iran
[2] Department of Counseling, Faculty of Psychology and Educational Sciences, Allameh Tabataba'i University, Tehran, Iran
[3] Department of Counseling, WT.C., Islamic Azad University, Tehran, Iran

*** Corresponding author email address**: Shafiabady@atu.ac.ir

A r t i c l e I n f o

Article type:
Original Article

How to cite this article:
Saroukhani, F., Shafiabadi, A., & Ghodrati, S. (2026). The Role of Schema Therapy and Cognitive–Behavioral Therapy in Reducing Alexithymia in Maladjusted Couples: A Comparative Study. *Applied Family Therapy Journal*, *7*(3), 1-10.
http://dx.doi.org/10.61838/kman.aftj.5040

A B S T R A C T

Objective: The present study aimed to compare the effectiveness of schema therapy and cognitive–behavioral therapy (CBT) in reducing alexithymia in maladjusted couples.

Methods and Materials: This applied, quasi-experimental study employed a pretest–posttest design with a control group and a two-month follow-up. The statistical population comprised couples who referred to psychology clinics in District 2 of Tehran during the first half of 2025 due to marital conflict. Using convenience sampling, 45 couples were recruited and randomly assigned to three groups: schema therapy (n = 15), cognitive–behavioral therapy (n = 15), and a control group (n = 15). Following attrition of one couple from the CBT group, analyses were conducted on 44 couples. The experimental groups received ten sessions of their respective interventions, while the control group received no treatment during the study period. Data were collected using the Toronto Alexithymia Scale (TAS-20) at pretest, posttest, and follow-up, and analyzed using repeated-measures analysis of variance.

Findings: Repeated-measures ANOVA revealed a significant main effect of time on alexithymia scores ($p < .001$) and a significant interaction effect between group and time ($p < .001$). Post hoc comparisons indicated that both schema therapy and CBT produced significant reductions in alexithymia from pretest to posttest ($p < .001$). However, schema therapy resulted in significantly greater reductions than CBT at posttest ($p < .01$), and these effects remained significantly more stable at the two-month follow-up ($p < .01$). No significant changes were observed in the control group across measurement points ($p > .05$).

Conclusion: Both schema therapy and cognitive–behavioral therapy are effective in reducing alexithymia among maladjusted couples, but schema therapy demonstrates superior effectiveness and greater durability of outcomes, suggesting that emotion-focused and schema-based interventions may be particularly beneficial for couples with pronounced emotional processing deficits.

Keywords: *schema therapy; cognitive–behavioral therapy; alexithymia; maladjusted couples*

1. Introduction

Marital relationships constitute one of the most influential interpersonal contexts shaping adults' emotional regulation, psychological well-being, and mental health across the lifespan. A growing body of psychological research has demonstrated that the quality of marital interactions is closely associated with emotional awareness, affective communication, and the capacity to identify and express internal emotional states (Alexander et al., 2021; Bodenmann et al., 2020). When couples experience persistent conflict, dissatisfaction, or emotional distance, deficits in emotional processing and expression often become both a consequence and a maintaining factor of relational dysfunction. Among these deficits, alexithymia—characterized by difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking—has emerged as a particularly salient construct in understanding maladjusted marital relationships (Esmaeili Anamogh et al., 2024; Fiedler et al., 2025).

Alexithymia is no longer conceptualized merely as an individual personality trait, but rather as a multidimensional emotional-processing vulnerability that dynamically interacts with relational contexts and interpersonal stressors. Contemporary affective neuroscience research indicates that alexithymia is associated with impairments in affective abstraction, emotion conceptualization, and integration of interoceptive signals, which in turn compromise adaptive emotional communication within close relationships (Alexander et al., 2021; Fiedler et al., 2025). In marital contexts, these impairments may manifest as emotional withdrawal, misinterpretation of partners' affective cues, and escalation of unresolved conflicts, thereby contributing to chronic relational dissatisfaction (Moghaddam et al., 2024; Zandi et al., 2024).

Empirical evidence consistently demonstrates a robust negative association between alexithymia and marital satisfaction, intimacy, forgiveness, and psychological adjustment among couples. Meta-analytic findings indicate that higher levels of alexithymia are linked to lower marital satisfaction and poorer relationship quality across diverse cultural contexts (Esmaeili Anamogh et al., 2024). Furthermore, alexithymia has been shown to exacerbate maladaptive communication patterns, weaken emotional responsiveness, and undermine problem-solving processes between partners, particularly in couples experiencing chronic conflict (Doherty et al., 2024; Salehi et al., 2024). These findings highlight the necessity of therapeutic interventions that directly target emotional awareness and expression within couple relationships.

From a clinical perspective, couple therapy approaches differ substantially in their theoretical assumptions regarding emotional processing and mechanisms of change. Cognitive–behavioral couple therapy (CBT) has historically emphasized cognitive restructuring, communication skills training, behavioral exchange, and problem-solving strategies as core mechanisms for improving relationship functioning (Bouchard et al., 2024; Mason et al., 2022). Within this framework, emotional difficulties such as alexithymia are often addressed indirectly through modification of maladaptive cognitions, enhancement of emotion regulation skills, and restructuring dysfunctional interaction patterns (Gkintoni & Nikolaou, 2024; Patel et al., 2023).

CBT-based interventions have demonstrated effectiveness in reducing emotional distress, improving communication, and alleviating comorbid psychological symptoms in both individual and couple contexts. Studies have shown that CBT can significantly reduce rumination, depressive symptoms, and emotion dysregulation, which may indirectly facilitate improved emotional expression in intimate relationships (Mason et al., 2022; Patel et al., 2023). However, critics argue that standard CBT protocols may insufficiently address deeper emotional schemas and long-standing affective avoidance patterns that characterize alexithymia, particularly in chronically distressed couples (Bodenmann et al., 2020; Doherty et al., 2024).

In contrast, schema therapy represents an integrative, emotion-focused therapeutic model that explicitly targets early maladaptive schemas, unmet emotional needs, and deeply ingrained coping styles that originate in early relational experiences (Bach et al., 2018; Young et al., 2003). Schema therapy conceptualizes emotional unawareness and suppression as adaptive responses to early emotional deprivation, invalidation, or trauma, which later become maladaptive in adult intimate relationships. Within this framework, alexithymia is understood not merely as a skill deficit, but as a protective emotional disengagement rooted in maladaptive schemas such as emotional deprivation, defectiveness/shame, and emotional inhibition (Bach et al., 2018; Fiedler et al., 2025).

Recent empirical studies have provided growing support for the effectiveness of schema-based interventions in enhancing emotional awareness, reducing internal shame, and improving relational functioning. For example, mindfulness-based schema therapy has been shown to

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

significantly reduce maladaptive emotional reactions and internalized shame in relationally distressed populations (Aghaei et al., 2024). Moreover, schema therapy has demonstrated superior long-term outcomes compared to other therapeutic approaches in addressing complex emotional and personality-related difficulties, particularly when emotional processing deficits are prominent (Kool et al., 2024).

In couple therapy contexts, schema therapy offers a distinct advantage by integrating individual emotional schemas with dyadic interaction patterns. By helping partners recognize how their schemas are activated within the relationship, schema therapy facilitates greater emotional insight, empathy, and corrective emotional experiences between partners (Nosrat Talab Haghi et al., 2024). Comparative studies have indicated that schema-based couple interventions may be more effective than other emotion-focused or cognitive approaches in improving forgiveness, emotional regulation, and relational repair among conflicted couples (Nosrat Talab Haghi et al., 2024; Zandi et al., 2024).

Despite the growing empirical support for both CBT and schema therapy in couple interventions, direct comparative studies examining their differential effectiveness on alexithymia in maladjusted couples remain limited. Existing research often focuses on related constructs such as marital conflict, communication patterns, or emotional regulation, without isolating alexithymia as a primary outcome variable (Bouchard et al., 2024; Salehi et al., 2024). Given the central role of emotional awareness and expression in marital functioning, addressing this gap is of both theoretical and clinical significance.

Cultural and contextual factors further underscore the importance of examining alexithymia within couple relationships. Research conducted in Middle Eastern and collectivist cultures suggests that sociocultural norms surrounding emotional expression, marital roles, and family expectations may intensify emotional inhibition and externally oriented thinking, thereby increasing vulnerability to alexithymia among couples (Alwhaibi et al., 2024; Nosrat Talab Haghi et al., 2024). Additionally, beliefs related to marriage, emotional restraint, and relational obligation may influence how couples experience and express emotional distress, necessitating culturally sensitive therapeutic approaches (Alwhaibi et al., 2024; Bunt & Hazelwood, 2017).

Recent structural and mediational studies have further demonstrated that alexithymia functions as a key mechanism linking early family experiences, forgiveness processes, and mental well-being in couples. For instance, alexithymia has been shown to mediate the relationship between family-of-origin health and couples' psychological well-being, highlighting its foundational role in relational emotional dynamics (Zandi et al., 2024). Similarly, marital commitment has been found to mediate the effects of alexithymia on marriage quality, suggesting that emotional awareness is central to sustaining relational bonds under stress (Moghaddam et al., 2024).

Taken together, the literature suggests that while both cognitive–behavioral therapy and schema therapy are effective in improving aspects of couple functioning, they may differ substantially in their capacity to address the deep emotional processing deficits underlying alexithymia. CBT's structured, skills-based focus may facilitate short-term improvements in emotional regulation and communication, whereas schema therapy's emotion-focused and experiential techniques may produce more enduring changes by restructuring maladaptive emotional schemas (Bodenmann et al., 2020; Kool et al., 2024). However, empirical evidence directly comparing these approaches on alexithymia outcomes in maladjusted couples remains insufficient.

Accordingly, the present study aimed to compare the effectiveness of schema therapy and cognitive–behavioral therapy in reducing alexithymia among maladjusted couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of purpose and quasi-experimental in terms of methodology, employing a pretest–posttest design with a control group. The statistical population included all couples who referred to psychology clinics in District 2 of Tehran during the first half of 2025 due to marital problems and conflicts. From this population, a sample consisting of 45 couples was selected using convenience sampling and then randomly assigned to three groups, including two experimental groups (schema therapy and cognitive–behavioral therapy) and one control group.

During the implementation of the study, one couple from the cognitive–behavioral therapy group withdrew due to repeated absences from therapy sessions; therefore, data analyses were conducted based on information obtained from 44 couples. Inclusion criteria were being married and aged between 30 and 35 years, having at least one year of shared marital life, obtaining a score above the cutoff point

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

on the Marital Maladjustment Questionnaire, no concurrent participation in other psychotherapeutic interventions, relative mental health, willingness and informed consent to participate in the study, and holding at least a bachelor's degree. Exclusion criteria included absence from more than two therapy sessions, use of psychotropic medications during the study period, withdrawal from continued participation, or occurrence of divorce during the course of the study.

At the implementation stage, after selecting the sample and obtaining informed consent from participants, the Alexithymia Questionnaire was administered as a pretest to all three groups. Subsequently, the first experimental group received schema therapy over ten sessions based on Young's model (Young, 2003). These sessions were designed and implemented with a focus on identifying and modifying early maladaptive schemas, maladaptive coping styles, enhancing emotional awareness, and facilitating emotional expression. The second experimental group participated in ten sessions of cognitive–behavioral therapy, which included training in communication skills, cognitive restructuring, identification of maladaptive thoughts related to emotions, emotion regulation training, and strengthening problem-solving skills. During this period, no therapeutic intervention was provided for the control group.

After completion of the therapeutic interventions, the posttest was administered to all groups using the same measurement instrument. To examine the stability of intervention effects, a follow-up assessment was conducted two months after the completion of the therapy sessions. In accordance with ethical research principles, all participants received comprehensive explanations regarding the study objectives, confidentiality of information, and their right to withdraw from the study at any time, after which they completed informed consent forms. Additionally, after the completion of the study, appropriate therapeutic interventions were also provided to the control group.

2.2. Measures

Alexithymia Questionnaire: The Toronto Alexithymia Scale (TAS-20) is a 20-item instrument developed by Bagby et al. (1994) to assess alexithymia across three subscales: Difficulty Identifying Feelings (7 items), Difficulty Describing Feelings (5 items), and Externally Oriented Thinking (8 items). The scoring procedure assigns 1 point to "strongly disagree," 2 to "disagree," 3 to "neither agree nor disagree," 4 to "agree," and 5 to "strongly agree." In an Iranian sample, Besharat (2013, p. 90) reported the overall reliability of the scale using split-half and test–retest methods as 0.71 and 0.83, respectively, and reported the validity of the scale as 0.85. In the study by Peyvastegar (2018, p. 55), reliability coefficients calculated using Cronbach's alpha and split-half methods for the subscales of Difficulty Identifying Feelings, Difficulty Describing Feelings, and Externally Oriented Thinking were 0.83, 0.79, and 0.82, respectively.

2.3. Interventions

The schema therapy intervention was delivered across ten structured sessions with an integrative and experiential focus aimed at identifying, modifying, and healing early maladaptive schemas. The first session was devoted to participant orientation, administration of the pretest, establishment of therapeutic alliance, enhancement of motivation for participation, and provision of an overview of the integrative schema-focused approach to change and schema repair. The second session introduced the core concepts of early maladaptive schemas, including their definitions, developmental origins, mechanisms of maintenance, schema domains, associated unmet emotional needs, and maladaptive coping styles. In the third session, experiential techniques were initiated, with a particular focus on the role of parenting styles in schema formation and encouragement of free emotional expression related to schema-originating experiences. The fourth session emphasized modifying distressing emotional memories through imagery-based change techniques and examined the role of child temperament in schema development. The fifth session focused on activating schema-related emotions, identifying early maladaptive schemas, and analyzing the role of coping styles in reinforcing and maintaining schemas. In the sixth session, therapeutic work centered on emotional expression, healthy emotional discharge, and examination of avoidance coping styles and their contribution to schema persistence. The seventh session continued experiential memory modification while addressing overcompensation coping styles and their function in maintaining maladaptive schemas. The eighth session focused on the surrender coping style, exploring its role in schema perpetuation and relational dysfunction. The ninth session examined inhibiting and facilitating factors in schema formation and maintenance, including environmental influences such as supportive figures and biological or temperamental factors. The tenth and final session involved administration of the posttest,

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

review and integration of therapeutic gains, discussion of outcomes, emphasis on personal agency in modifying maladaptive behavioral patterns, and formal termination of the intervention.

The cognitive–behavioral therapy intervention was implemented over ten sessions with a structured, skills-based, and problem-focused orientation. The first session introduced participants to the principles, rules, and goals of the sessions, provided an overview of the cognitive–behavioral model, and clarified treatment objectives. The second session focused on behavioral exchange agreements and training in role-reversal techniques to enhance mutual understanding. The third session introduced the concept of communication, including the "Four Horsemen" framework, reviewed prior content, and taught effective speaker and listener skills. The fourth session further developed communication skills by introducing empathic communication and training in the "paper-and-pencil" technique for structured dialogue. The fifth session addressed the relationship between thoughts, emotions, and behaviors, emphasizing differentiation among these components and identification of automatic thoughts and their associated emotional and behavioral responses. The sixth session focused on cognitive schemas, including identification of maladaptive schemas, development of positive schemas, and use of role-play and reframing techniques for practice. The seventh session introduced cognitive distortions, examined their types, and explored the relationship between automatic thoughts and cognitive errors. The eighth session addressed impulsivity, strategies for impulse control and self-regulation, and techniques for mood enhancement through increased engagement in pleasant activities. The ninth session focused on stress conceptualization and management, problem-solving strategies, and training in progressive muscle relaxation. The tenth and final session consisted of summarizing the intervention, evaluating progress, consolidating skills learned, and concluding the therapeutic process.

2.4. Data Analysis

For data analysis, descriptive statistics including means and standard deviations were used, and inferential statistics were applied to test the hypotheses. Given the presence of three measurement points (pretest, posttest, and follow-up), the data were analyzed using repeated-measures analysis of variance. Prior to conducting the analysis, statistical assumptions including normality of data distribution, homogeneity of variances, and sphericity were examined and confirmed. All analyses were performed using SPSS-26.

3. Findings and Results

In the section on participants' demographic characteristics, descriptive indices of couples' age were examined across the three groups: schema therapy, cognitive–behavioral therapy, and control. The results showed that the mean age of couples in the schema therapy group was 43.55 years (SD = 4.87), in the cognitive–behavioral therapy group 44.12 years (SD = 5.33), and in the control group 43.86 years (SD = 5.13). To examine differences in mean age across the study groups, a one-way analysis of variance was conducted, the results of which indicated no statistically significant difference among the three groups (F = 0.767, p = .412). Therefore, the research groups were homogeneous with respect to the age variable. Examination of participants' educational levels also showed that the highest frequencies in all three groups corresponded to bachelor's and master's degrees, with only a small percentage holding a high school diploma or a doctoral degree. Comparison of the distribution of educational levels between women and men indicated a relatively similar pattern across the three research groups, with no notable differences observed. Overall, the descriptive results of demographic characteristics indicated that the research groups were relatively homogeneous in terms of variables such as age, employment status, and educational level; therefore, the baseline conditions of the groups were appropriate and reliable for comparing the effects of therapeutic interventions on alexithymia.

Table 1

Means and Standard Deviations of Alexithymia at Pretest, Posttest, and Follow-Up by Group

Group	Assessment	N	Minimum	Maximum	Mean	SD
Schema Therapy	Pretest	15	67.00	84.00	77.0000	5.140
	Posttest	15	50.00	59.00	55.2667	6.711
	Follow-up	15	49.00	58.00	54.2667	6.711
Cognitive–Behavioral Therapy	Pretest	14	71.00	83.00	77.4286	5.673

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

	Posttest	14	63.00	70.00	66.5000	6.244
	Follow-up	14	62.00	69.00	65.5000	6.244
Control	Pretest	15	74.00	78.00	76.0667	5.767
	Posttest	15	74.00	76.00	75.1333	6.435
	Follow-up	15	73.00	77.00	75.2667	6.878

As shown in Table 1, the mean alexithymia scores of the schema therapy and cognitive–behavioral therapy groups decreased at the posttest and follow-up stages compared to the pretest, with no marked difference between the posttest and follow-up scores; however, only very slight differences were observed across the three assessment points in the control group.

Table 2

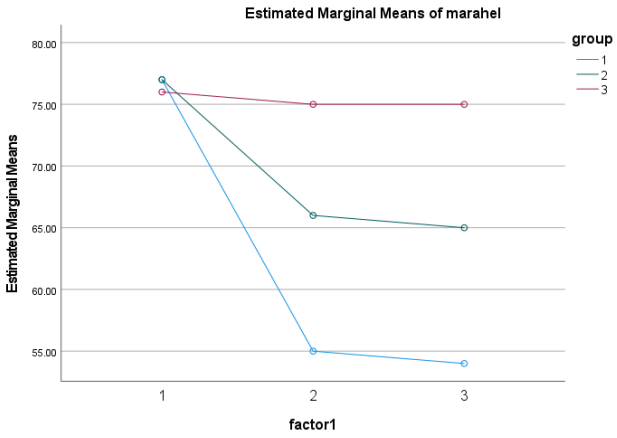
Repeated-Measures Results Comparing Schema Therapy and Cognitive–Behavioral Therapy on Alexithymia in Maladjusted Couples

Effect	Test	Value	F	Hypothesis df	Error df	p	η^2
Repeated factor	Pillai's Trace	0.979	924.358[b]	2.000	40.000	.000	0.979
	Wilks' Lambda	0.021	924.358[b]	2.000	40.000	.000	0.979
	Hotelling's Trace	46.218	924.358[b]	2.000	40.000	.000	0.979
	Roy's Largest Root	46.218	924.358[b]	2.000	40.000	.000	0.979
Group × Repeated factor	Pillai's Trace	1.131	26.681	4.000	82.000	.000	0.566
	Wilks' Lambda	0.030	96.269[b]	4.000	80.000	.000	0.828
	Hotelling's Trace	27.368	266.840	4.000	78.000	.000	0.932
	Roy's Largest Root	27.168	556.954[c]	2.000	41.000	.000	0.964

Table 2 reports the results of multivariate tests comparing the effectiveness of schema therapy and cognitive–behavioral therapy on alexithymia in maladjusted couples. According to the results presented in the table, all multivariate tests indicate a significant variance for the interaction between group and time (for example, Pillai's Trace = 0.566, F = 26.681, $p < .001$). Therefore, there is a statistically significant difference between the effectiveness of schema therapy and cognitive–behavioral therapy in reducing alexithymia among maladjusted couples. Based on the descriptive findings (Table 1), it can be stated that schema therapy is more effective than cognitive–behavioral therapy in reducing alexithymia in maladjusted couples. The figure below illustrates changes in alexithymia across the three groups over the three time points; Group 1 represents schema therapy, Group 2 represents cognitive–behavioral therapy, and Group 3 represents the control group.

Figure 1

Comparison of alexithymia across three groups and three time points



AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

4. Discussion

The present study aimed to compare the effectiveness of schema therapy and cognitive–behavioral therapy (CBT) in reducing alexithymia among maladjusted couples. The findings demonstrated that both therapeutic approaches led to a statistically significant reduction in alexithymia from pretest to posttest, and that these improvements were largely maintained at the follow-up stage. However, schema therapy was found to be significantly more effective than CBT, with greater magnitude of change and higher stability of treatment effects over time. These results provide important empirical evidence regarding the differential mechanisms of change associated with these two widely used couple therapy approaches.

The observed reduction in alexithymia in both experimental groups is consistent with prior research emphasizing the role of structured psychotherapeutic interventions in enhancing emotional awareness, emotion regulation, and affective communication within intimate relationships. Cognitive–behavioral therapy, through its emphasis on cognitive restructuring, communication skills training, and behavioral modification, has been shown to indirectly reduce emotional suppression and improve emotional clarity by targeting maladaptive cognitions and dysfunctional interaction patterns (Bouchard et al., 2024; Mason et al., 2022). The present findings align with studies demonstrating that CBT-based interventions can reduce emotional dysregulation, rumination, and distress tolerance deficits, which are closely related to alexithymic features (Gkintoni & Nikolaou, 2024; Patel et al., 2023). By teaching couples to identify automatic thoughts related to emotions and to practice adaptive communication strategies, CBT may facilitate a gradual increase in emotional expression and understanding.

Nevertheless, the superior effectiveness of schema therapy observed in this study suggests that interventions targeting deeper emotional structures may be particularly beneficial for couples characterized by high levels of alexithymia. Schema therapy conceptualizes alexithymia not merely as a surface-level skill deficit, but as a manifestation of early maladaptive schemas and emotional coping styles that originate in unmet emotional needs during childhood (Bach et al., 2018; Young et al., 2003). From this perspective, difficulties in identifying and describing emotions are understood as protective strategies developed in response to emotional deprivation, invalidation, or chronic relational stress. The experiential and emotion-focused techniques of schema therapy—such as imagery rescripting, limited reparenting, and schema mode work—directly address these underlying vulnerabilities, which may explain the greater and more durable reductions in alexithymia observed in the schema therapy group.

The findings of the present study are consistent with recent empirical evidence supporting the effectiveness of schema-based interventions in improving emotional processing and reducing internalized emotional distress. For example, Aghaei et al. reported significant reductions in emotional reactivity and internal shame following mindfulness-based schema therapy, highlighting the capacity of schema-focused approaches to enhance emotional awareness and acceptance (Aghaei et al., 2024). Similarly, Kool et al. demonstrated that schema therapy produces robust and sustained effects in individuals with complex emotional and personality-related difficulties, suggesting that its depth-oriented focus may yield longer-lasting outcomes than more symptom-focused treatments (Kool et al., 2024). The greater stability of schema therapy effects at follow-up in the present study further supports this interpretation.

In the context of couple relationships, schema therapy offers additional advantages by explicitly linking individual emotional schemas to dyadic interaction patterns. Maladjusted couples often become trapped in repetitive cycles of schema activation, in which one partner's emotional inhibition or withdrawal triggers the other partner's unmet emotional needs, leading to escalation of conflict or emotional disengagement. By helping partners identify and understand their own and each other's schemas, schema therapy promotes empathy, emotional attunement, and corrective emotional experiences within the relationship (Nosrat Talab Haghi et al., 2024). This mechanism may be particularly relevant for reducing alexithymia, as emotional awareness is fostered not only intrapersonally but also interpersonally through emotionally corrective relational experiences.

The present results also align with findings from comparative studies of couple therapy approaches. Bodenmann et al. noted that while cognitive–behavioral and emotion-focused approaches share common goals, emotion-focused and schema-oriented interventions tend to place greater emphasis on emotional accessibility, responsiveness, and engagement, which are critical components of relational repair (Bodenmann et al., 2020). Moreover, comparative research has shown that schema therapy may outperform

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

other couple therapy modalities in improving forgiveness and cognitive emotion regulation among conflicted couples, both of which are closely related to alexithymia (Nosrat Talab Haghi et al., 2024; Zandi et al., 2024).

The findings of this study are also supported by broader theoretical and empirical literature linking alexithymia to marital dissatisfaction and poor relationship quality. Meta-analytic evidence indicates that alexithymia is strongly and negatively associated with marital satisfaction, intimacy, and emotional closeness across cultures (Esmaeili Anamogh et al., 2024). Structural modeling studies further suggest that alexithymia plays a mediating role between early family experiences, forgiveness, and couples' mental well-being, underscoring its central position in relational emotional dynamics (Zandi et al., 2024). By producing greater reductions in alexithymia, schema therapy may therefore exert a more profound impact on the overall emotional climate of the relationship.

Cultural considerations may also help explain the differential effectiveness observed in this study. In sociocultural contexts where emotional restraint, indirect emotional expression, and role-based marital expectations are emphasized, emotional inhibition may be more deeply internalized and schema-driven rather than purely cognitive (Alwhaibi et al., 2024; Bunt & Hazelwood, 2017). Schema therapy's focus on unmet emotional needs and experiential emotional processing may therefore be particularly well-suited for addressing alexithymia in such contexts, compared to CBT's more rational and skills-based approach. This interpretation is consistent with research highlighting the importance of culturally sensitive, emotion-focused interventions in couple therapy (Moghaddam et al., 2024; Nosrat Talab Haghi et al., 2024).

5. Conclusion

In sum, the findings of the present study suggest that while both schema therapy and cognitive–behavioral therapy are effective in reducing alexithymia among maladjusted couples, schema therapy demonstrates superior effectiveness and greater durability of outcomes. These results support theoretical models that conceptualize alexithymia as a deep-seated emotional processing deficit rooted in early maladaptive schemas, and they highlight the importance of emotion-focused and experiential interventions in couple therapy. The study contributes to the growing literature advocating for integrative and depth-oriented therapeutic approaches when addressing complex emotional difficulties in intimate relationships.

6. Limitations & Suggestions

Despite the valuable findings of this study, several limitations should be acknowledged. First, the sample size was relatively small and drawn from a single urban area, which may limit the generalizability of the results to other populations and cultural contexts. Second, reliance on self-report measures may have introduced response biases related to social desirability or limited emotional insight. Third, the follow-up period was relatively short, preventing conclusions about the long-term maintenance of treatment effects. Finally, therapist effects and treatment fidelity were not systematically examined, which may have influenced the observed outcomes.

Future studies are encouraged to replicate the present findings using larger and more diverse samples, including couples from different cultural and socioeconomic backgrounds. Longitudinal designs with extended follow-up periods would provide deeper insight into the durability of therapeutic effects on alexithymia. Additionally, future research could examine potential mediators and moderators of change, such as attachment styles, emotion regulation strategies, or schema modes, to better understand the mechanisms through which different couple therapies reduce alexithymia.

From a clinical perspective, practitioners working with maladjusted couples are encouraged to assess alexithymia as a core relational vulnerability and to consider incorporating schema-focused, emotion-oriented interventions when emotional awareness and expression are significantly impaired. Integrating experiential techniques that target unmet emotional needs may enhance the effectiveness of couple therapy, particularly in cases characterized by chronic emotional inhibition or relational disengagement.

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.

AFTJ Applied Family Therapy Journal
E-ISSN: 3041-8798

Ethical Considerations

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

Transparency of Data

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

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

F.S. was responsible for the conceptualization of the study, literature review, and coordination of the schema therapy intervention. A.S. contributed to the research design, methodological supervision, and implementation of the cognitive–behavioral therapy protocol, as well as critical review of the manuscript. S.G. was involved in data collection, statistical analysis, interpretation of findings, and drafting the initial version of the manuscript. All authors participated in revising the manuscript, approved the final version, and take full responsibility for the accuracy and integrity of the study.

Declaration

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

References

Aghaei, F., Abbasi, G., & Hassanzadeh, R. (2024). The Effectiveness of Mindfulness-Based Schema Therapy on Emotional Reaction and Internal Shame in Betrayed Women. *Journal of Psychological Science*, *23*(144), 141-158. https://doi.org/10.61186/jps.23.144.8

Alexander, R., Aragón, O. R., Bookwala, J., Cherbuin, N., Gatt, J. M., Kahrilas, I. J. K. N., Lawrence, A., Lowe, L., Morrison, R. G., Mueller, S. C., Nusslock, R., Papadelis, C., Polnaszek, K. L., Helene Richter, S., Silton, R. L., & Styliadis, C. (2021). The neuroscience of positive emotions and affect: Implications for cultivating happiness and wellbeing. *Neuroscience & Biobehavioral Reviews*, *121*, 220-249. https://doi.org/10.1016/j.neubiorev.2020.12.002

Alwhaibi, R. M., Almuwais, A. K., Alotaibi, M., AlTaleb, H. M., Alsamiri, S. M., & Khan, R. (2024). Health beliefs of unmarried adult Saudi individuals toward safe marriage and the role of premarital screening in avoiding consanguinity: a nationwide cross-sectional study. *Frontiers in Public Health*, *12*, 1379326. https://doi.org/10.3389/fpubh.2024.1379326

Bach, B., Lockwood, G., & Young, J. E. (2018). A new look at the schema therapy model: organization and role of early maladaptive schemas. *Cognitive behaviour therapy*, *47*(4), 328-349. https://doi.org/10.1080/16506073.2017.1410566

Bodenmann, G., Kessler, M., Kuhn, R., Hocker, L., & Randall, A. K. (2020). Cognitive-behavioral and emotion-focused couple therapy: Similarities and differences. *Clinical psychology in Europe*, *2*(3). https://doi.org/10.32872/cpe.v2i3.2741

Bouchard, K. N., Bergeron, S., & Rosen, N. O. (2024). Feasibility of a cognitive-behavioral couple therapy intervention for sexual interest/arousal disorder. *The Journal of Sex Research*, 1-11. https://doi.org/10.1093/jsxmed/qdae054.018

Bunt, S., & Hazelwood, Z. J. (2017). Walking the walk, talking the talk: Love languages, self-regulation, and relationship satisfaction. *Personal Relationships*, *24*(2), 280-290. https://doi.org/10.1111/pere.12182

Doherty, W. J., Harris, S. M., & Mussa, K. (2024). Relationship Undermining in Couple Therapy. *Contemporary Family Therapy*, 1-6. https://doi.org/10.1007/s10591-024-09702-2

Esmaeili Anamogh, B., Paknejad, H., & Narimani, M. (2024). The relationship between emotional alexithymia and marital satisfaction: A meta-analytic study. *Cultural-Educational Journal of Women and Family*, *19*(67), 167-188. https://cwfs.ihu.ac.ir/article_209059.html

Fiedler, S. A., Lee, K. M., Nook, E. C., Lindquist, K. A., Gendron, M., & Satpute, A. B. (2025). Affective abstraction predicts variation in alexithymia, depression, and autism spectrum quotient. *Emotion*. https://doi.org/10.1037/emo0001497

Gkintoni, E., & Nikolaou, G. (2024). The cross-cultural validation of neuropsychological assessments and their clinical applications in cognitive behavioral therapy: A scoping analysis. *International journal of environmental research and public health*, *21*(8), 1110. https://doi.org/10.3390/ijerph21081110

Kool, M., Van, H., Arntz, A., Bartak, A., Peen, J., Dil, L., De Boer, K., & Dekker, J. (2024). Dosage effects of psychodynamic and schema therapy in people with comorbid depression and personality disorder: four-arm pragmatic randomised controlled trial. *The British Journal of Psychiatry*, *225*(1), 274-281. https://doi.org/10.1192/bjp.2024.56

Mason, E. C., Grierson, A. B., Sie, A., Sharrock, M. J., Li, I., Chen, A. Z., & Newby, J. M. (2022). Co-occurring insomnia and anxiety: a randomized controlled trial of internet cognitive behavioral therapy for insomnia versus internet cognitive behavioral therapy for anxiety. *Sleep*, *46*(2). https://doi.org/10.1093/sleep/zsac205

Moghaddam, N. E., Shahbazi, M., & Moghaddam, K. K. (2024). Marital Commitment Mediates the Effects of Forgiveness and Alexithymia on Marriage Quality in Nursing Students. *Journal of Client Centered Nursing Care*, *10*(4). https://doi.org/10.32598/JCCNC.10.4.658.1

Nosrat Talab Haghi, A., Jajarmi, M., & Bakhshipour, A. (2024). Comparing the Effectiveness of Emotionally Focused Couple Therapy and Schema Therapy on Marital Forgiveness and Cognitive Emotion Regulation in Conflicting Couples. *Rooyesh-e-Ravanshenasi Journal*, *13*(12), 157-166. https://frooyesh.ir/browse.php?a_id=5917&slc_lang=en&sid=1&printcase=1&hbnr=1&hmb=1

Patel, A., Daros, A. R., Irwin, S. H., Lau, P., Hope, I. M., Perkovic, S. J. M., Laposa, J. M., Husain, M. I., Levitan, R. D., Kloiber, S., & Quilty, L. C. (2023). Associations between rumination, depression, and distress tolerance during CBT treatment for depression in a tertiary care setting. *Journal of affective*

disorders, *339*, 74-81. https://doi.org/10.1016/j.jad.2023.06.063

Salehi, M., Abkenar, B. N., & Rashidi, T. (2024). The Effectiveness of Gottman's Systemic Cognitive Couple Therapy on Marital Conflicts, Communication Patterns, and Alexithymia in Couples With Marital Conflict. *Jarac*, *6*(3), 145-152. https://doi.org/10.61838/kman.jarac.6.3.16

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. Guilford Press. https://books.google.com/books/about/Schema_Therapy.html?id=1x7TDwAAQBAJ

Zandi, N., Ahmadian, H., & Goodarzi, M. (2024). Structural Modeling of the Relationships Between Family of Origin Health, Alexithymia, and Communication Beliefs with Couples' Mental Well-being: The Mediating Role of Forgiveness. *Disability Studies Journal*(14), 1-11. https://www.magiran.com/paper/2781137/modeling-the-structural-relationships-between-the-original-family-health-alexithymia-and-communication-beliefs-with-the-mental-wellbeing-of-couples-the-mediating-role-of-forgiveness?lang=en