

# Comparison of the Effectiveness of Emotionally Focused Couple Therapy and Schema Therapy on Emotional Exhaustion and Attachment Styles in Women with Marital Conflict

Zahra. Shahbaz<sup>1</sup>, Hadi. Barati<sup>1\*</sup>

1. Department of Psychology, Kho.C., Islamic Azad University, Khomeinishahr, Iran

\* Corresponding author email address: [hadi.barati2026@iau.ac.ir](mailto:hadi.barati2026@iau.ac.ir)

### Article Info

#### Article type:

Original Article

#### How to cite this article:

Shahbaz, Z. & Barati, H. (2026). Comparison of the Effectiveness of Emotionally Focused Couple Therapy and Schema Therapy on Emotional Exhaustion and Attachment Styles in Women with Marital Conflict. *Applied Family Therapy Journal*, 7(4), 1-15. <http://dx.doi.org/10.61838/kman.aftj.5122>



© 2026 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

### ABSTRACT

**Objective:** The present study aimed to compare the effectiveness of Emotionally Focused Couple Therapy (EFCT) and Schema Therapy on emotional exhaustion and attachment styles (secure, avoidant, and ambivalent) in women experiencing marital conflict.

**Methods and Materials:** This study employed a quasi-experimental design with three groups (two experimental groups and one control group) and three measurement stages (pretest, posttest, and 45-day follow-up). The statistical population consisted of women with marital conflict who referred to family and couple counseling centers in Isfahan during spring 2025. Forty-five participants were selected using purposive sampling based on inclusion criteria and randomly assigned to an Emotionally Focused Couple Therapy group, a Schema Therapy group, or a control group (n = 15 per group). The EFCT intervention was conducted in nine 90-minute group sessions held twice weekly, whereas Schema Therapy was delivered in twelve 90-minute group sessions twice weekly. The control group received no intervention. Data were collected using the Emotional Exhaustion Questionnaire and the Attachment Styles Questionnaire and analyzed using repeated measures analysis of variance with Greenhouse–Geisser correction and Bonferroni post hoc comparisons in SPSS-26.

**Findings:** Repeated measures analysis indicated significant between-group differences for emotional exhaustion, secure attachment, avoidant attachment, and ambivalent attachment ( $p < .001$ ). Significant main effects of time were observed across all variables ( $p < .001$ ), demonstrating meaningful change across pretest, posttest, and follow-up stages. Significant time  $\times$  group interaction effects confirmed differential change patterns among groups ( $p < .001$ ). Post hoc comparisons showed that both EFCT and Schema Therapy significantly reduced emotional exhaustion and insecure attachment styles while increasing secure attachment compared with the control group at posttest and follow-up ( $p < .05$ ). EFCT demonstrated significantly greater effectiveness than Schema Therapy only in reducing emotional exhaustion at posttest and follow-up ( $p < .05$ ), whereas no significant differences were found between the two interventions in attachment style outcomes ( $p > .05$ ).

**Conclusion:** Both Emotionally Focused Couple Therapy and Schema Therapy were effective interventions for reducing emotional exhaustion and improving

attachment security among women experiencing marital conflict, with treatment effects maintained at follow-up; however, EFCT showed superior effectiveness in alleviating emotional exhaustion, suggesting its particular suitability for couples presenting with relational burnout and affective depletion.

**Keywords:** *Emotional exhaustion, attachment styles, emotionally focused couple therapy, schema therapy, women, marital conflict.*

## 1. Introduction

Marital conflict is a prevalent relational stressor with clinically meaningful consequences for individual well-being, couple functioning, and family systems. Contemporary research conceptualizes marital conflict not only as discrete disagreements but as recurring, escalating interactional patterns that erode perceived safety and mutual responsiveness, thereby increasing vulnerability to distress and relational dissatisfaction (Dong et al., 2022; Jackson et al., 2023; Nisanci & Nisanci, 2023). These patterns are consequential because they can shape daily affective experience, amplify interpersonal threat appraisals, and undermine dyadic regulation processes that couples rely on to recover after stressors. In family contexts, marital conflict is also implicated in broader developmental and intergenerational pathways: parental distress and couple conflict can co-occur with parent-child conflict and predict maladaptive outcomes in children and adolescents (Liu & Vazsonyi, 2024; Maya et al., 2024; Wang et al., 2023). Although the downstream effects on offspring are important, marital conflict itself is a direct treatment target, particularly when it is chronic, emotionally dysregulating, and accompanied by relationship burnout or emotional exhaustion.

A growing body of literature highlights that persistent conflict is linked to “marital burnout” and related constructs that capture depletion, emotional overextension, and diminished relational efficacy. Systemic and integrative couple interventions have increasingly focused on reducing conflict and burnout while strengthening adaptive communication, affect regulation, and intimacy (Dinmohaamadpour et al., 2024; Hashemizadeh et al., 2025). In clinical practice, the phenomenon often manifests as emotional exhaustion—an affective state characterized by reduced emotional energy and perceived inability to cope with ongoing relational demands. While emotional exhaustion was originally articulated within occupational and stress frameworks, its core features (depletion, irritability, diminished engagement) map meaningfully onto relationship contexts marked by chronic stress and negative affect (Ferreira et al., 2019; Jonge, 1995). Empirical work across work and performance settings indicates that

emotional exhaustion is associated with negative affect, reduced engagement, and poorer outcomes, underscoring the plausibility that similar mechanisms operate when the “demand context” is an intimate relationship rather than a workplace (Chen et al., 2020; Chen et al., 2019). Importantly, emotional exhaustion has also been studied in diverse populations—students, teachers, athletes, and healthcare workers—suggesting it is a robust transcontextual indicator of strain (Akhavisamarin et al., 2022; Arens & Morin, 2016; Mahboubi Joghhan et al., 2021; Mirarab Razi et al., 2019; Safaiean et al., 2022). This broader evidence base supports the rationale for examining emotional exhaustion in women experiencing marital conflict, particularly given that gendered role expectations and caregiving burdens may intensify emotional labor in intimate relationships and amplify depletion processes.

From a developmental and interpersonal perspective, attachment theory offers a coherent framework for understanding why marital conflict can become chronic and emotionally exhausting. Bowlby’s foundational account emphasizes attachment as a system organizing proximity-seeking and security in the face of threat, with internal working models shaping expectations about responsiveness and support (Bowlby, 1973). Hazan and Shaver extended attachment theory to romantic love, proposing that adult intimate bonds are organized by attachment processes analogous to caregiver-child relationships, particularly under stress (Hazan & Shaver, 1987; Shaver et al., 1988). In adult relationships, internal working models influence emotion regulation strategies, conflict behavior, and interpretations of partner intent. Subsequent scholarship has elaborated how attachment styles are associated with cognitive-affective representations of self and others, which are especially salient in close relationships (Alexandru, 2022; Collins et al., 1996). In the context of marital conflict, insecure attachment strategies—avoidant deactivation or anxious hyperactivation—can perpetuate negative cycles by increasing withdrawal, protest, mistrust, and misattunement, thereby undermining co-regulation and escalating distress.

Iranian and international findings converge in linking attachment insecurity to relationship problems and marital conflict. Studies comparing married individuals with and without marital conflict have documented differences in

attachment styles and relationship maintenance strategies, suggesting that conflict is embedded in enduring relational orientations rather than being purely situational (Abooe Mehrizi et al., 2021). Additional work has modeled marital conflict based on attachment styles and proposed that early maladaptive schemas mediate these pathways, particularly among women facing severe relational instability (e.g., approaching divorce) (Adlparvar et al., 2022). These findings align with broader clinical evidence that attachment insecurity is intertwined with maladaptive cognitive-emotional structures that bias interpretation and coping, contributing to persistent relational distress.

Schema theory and schema therapy provide a complementary framework for explaining how early experiences shape adult relationship functioning. Schema therapy, as articulated by Young, conceptualizes early maladaptive schemas as pervasive patterns comprising memories, emotions, cognitions, and bodily sensations that develop when core needs are unmet and are later activated in adult relationships (Young & Weishaar, 2003). These schemas can shape partner selection, perception of threat, and coping responses, and they often intensify during relational stress, thereby contributing to rigid interactional patterns and heightened emotional reactivity. The cognitive link between attachment and psychopathology has been empirically supported, with early maladaptive schemas functioning as mediators between attachment quality and symptoms such as depression (Bosmans et al., 2010; Roelofs et al., 2011). In couples, vulnerability schemas can structure expectations and coping strategies, making conflict episodes more threatening and more difficult to resolve adaptively (Tilden & Dattilio, 2005). Reviews of schema therapy's conceptual basis and its application to mood and anxiety disorders suggest that schema-focused work can address deeper maintaining mechanisms beyond surface-level symptom reduction (Hawke & Provencher, 2011).

Clinical trials and applied research support schema therapy's effectiveness, including predominantly group-based models and hybrid individual-plus-group formats. Randomized evidence demonstrates benefits of schema therapy for complex clinical presentations, and contemporary adaptations extend schema-based approaches to various populations and problem domains (Arntz et al., 2022; Bernstein et al., 2022; Straarup et al., 2022). Within applied settings, schema therapy has also been associated with improvements in emotional exhaustion and related outcomes, suggesting potential relevance for relational contexts where depletion is central (Safaeian et al., 2022).

Furthermore, schema therapy has been examined for its impact on attachment styles and emotion regulation capacities, including in populations characterized by problematic personality traits and dysregulated emotion processing (Aleyasin & Mahmoudi, 2024). In couples and marital samples, schema therapy has been linked to improvements in attachment styles and marital intimacy, supporting its plausibility as a relationally relevant intervention even when delivered in formats not explicitly couple-based (Mohammadi et al., 2024).

Emotionally Focused Couple Therapy (EFCT), grounded in attachment theory, is a leading evidence-based couple intervention designed to restructure interactional cycles, create corrective emotional experiences, and foster secure bonding. EFCT conceptualizes couple distress as driven by insecure attachment processes and negative interactional cycles that organize partners' emotions, behaviors, and interpretations of each other, especially under threat (Johnson, 2009; Johnson & Greenman, 2006). The EFCT change process emphasizes accessing primary emotions, reframing problems in terms of attachment needs, and facilitating new patterns of emotional engagement and responsiveness that cultivate a secure bond (Johnson et al., 2005). EFCT has also been connected to the broader emotion-focused therapy tradition, which provides a transdiagnostic formulation emphasizing emotion as both a target and mechanism of change (Qiu et al., 2020; Timulak & Keogh, 2020). This is relevant for couples because chronic conflict is often marked by secondary reactive emotions (e.g., anger, contempt) masking primary vulnerabilities (e.g., fear of rejection), and EFCT directly targets this emotional architecture.

Empirical studies show that EFCT is associated with improvements in attachment security and relationship functioning. Research has documented changes in relationship-specific attachment during EFCT, supporting the claim that attachment can be modified within the therapeutic context through new emotional experiences and interactional restructuring (Burgess Moser et al., 2016). EFCT has also shown efficacy in improving attachment style and sexual satisfaction among couples, indicating benefits across both relational and intimacy domains (Ghaznavi Khezrabadi & Niknam, 2019). In "Hold Me Tight"-based EFCT interventions, improvements have been observed in attachment styles, marital adjustment, and sexual intimacy, suggesting that attachment-focused relational work can produce broad, clinically meaningful gains (Nouri & Iranmanesh, 2022). More recent Iranian and international

studies extend EFCT to specific relational stressors, including infertility-related distress and depression, where reductions in marital burnout and comorbid symptoms are reported (Fathi et al., 2024). EFCT has also been associated with increased resilience and reduced marital burnout in young couples, suggesting that attachment-oriented change may enhance adaptive coping and relational endurance (Mehdi Gholi et al., 2024). Notably, emotion-focused interventions have been examined in both couple and individual formats for couples facing high-threat relational contexts such as extramarital affairs, with evidence indicating improvements in attachment security constructs (Ghafourian Mohebi et al., 2025). Given that infidelity and betrayal are often intertwined with attachment injury processes and crisis-level conflict, practitioner guidance emphasizes structured, evidence-informed approaches to stabilize the relationship and address intense affective responses (Peluso, 2007).

In Iran, EFCT has a growing evidence base in group and couple formats and has been studied specifically among women experiencing relationship burnout. Group EFCT has been reported to reduce women's marital burnout, indicating that EFCT processes may be amenable to group delivery and may address key outcomes linked to exhaustion and withdrawal (Davarnia et al., 2015). Parallel lines of work compare EFCT to other relational interventions and suggest that EFCT can be competitive or superior for certain outcomes, including burnout reduction, depending on population and comparison condition (Fathi et al., 2024). At the same time, schema-based interventions have also been studied for relational outcomes and attachment, and some comparative studies suggest that both EFCT and schema-based approaches can improve secure attachment and reduce insecure attachment styles among couples with marital conflict (Cheraghi Seifabad et al., 2021; Tanbakouchian et al., 2021). Collectively, these studies indicate that both EFCT and schema therapy may target core maintaining mechanisms of marital conflict—attachment insecurity, maladaptive emotion regulation, and rigid cognitive-emotional patterns—yet they may do so via different proximal pathways (interactional restructuring versus schema/mode change). This raises a clinically important comparative question: whether one approach yields superior benefits for emotional exhaustion, and whether both approaches produce comparable changes in attachment styles.

Women experiencing marital conflict represent a particularly important population for investigating these

questions. Marital conflict is associated with psychological distress, compromised well-being, and reduced relational functioning, and intervention research in Iran increasingly focuses on enhancing adaptability, mental well-being, and emotion regulation capacities among women with couple conflicts (Hashemizadeh et al., 2025). Given that emotional exhaustion is both a marker of strain and a potential barrier to engaging effectively in relationship repair, interventions that reduce exhaustion may facilitate broader relational change. At the same time, attachment style is not merely an outcome but also a mechanism influencing how partners interpret therapeutic tasks, tolerate vulnerability, and respond to relationship stressors (Alexandru, 2022; Collins et al., 1996). Schema processes may further shape responsiveness to attachment-based interventions, as schemas can bias threat detection and coping even when partners attempt new interactional behaviors (Bosmans et al., 2010; Tilden & Dattilio, 2005). Therefore, directly comparing EFCT and schema therapy in a marital conflict sample can inform treatment selection and integration, especially in applied counseling settings where pragmatic decisions about protocol choice are necessary.

Comparative effectiveness research is strengthened when interventions are well specified, protocols are delivered with fidelity, and outcomes are clearly operationalized. Across clinical disciplines, structured protocols and careful evaluation are central to evidence-based practice; for example, technology-focused reviews in other medical specialties illustrate the emphasis on specifying techniques and clinical uses, which parallels psychotherapy's emphasis on manualization and procedural clarity (Greenberg & Goldman, 2013). In couple and individual psychotherapy, such clarity allows investigators to attribute observed outcomes to theorized mechanisms and supports replication across contexts (Johnson et al., 2005; Qiu et al., 2020; Young & Weishaar, 2003). Additionally, given evidence that stress and exhaustion processes are measurable, stable enough for tracking change, and relevant across contexts, studying emotional exhaustion as an outcome in marital conflict is theoretically and clinically justified (Arens & Morin, 2016; Chen et al., 2020; Ferreira et al., 2019). Finally, because marital conflict is heterogeneous—varying by triggers (e.g., financial strain), reporting discrepancies between partners, and co-occurring stressors—intervention research benefits from measuring both affective depletion and relational attachment orientation to capture multidimensional change (Dong et al., 2022; Jackson et al., 2023; Nisanci & Nisanci, 2023).

Taken together, the literature suggests that (a) marital conflict is a sustained relational stressor with significant psychosocial consequences; (b) emotional exhaustion is a clinically meaningful indicator of depletion that may be intensified by chronic conflict; (c) attachment insecurity and maladaptive schemas are key theoretical mechanisms maintaining conflict; and (d) both EFCT and schema therapy have empirical support for improving attachment-related outcomes and reducing burnout/exhaustion-related distress, yet direct comparisons—especially among women with marital conflict—remain limited and clinically consequential (Arntz et al., 2022; Burgess Moser et al., 2016; Cheraghi Seifabad et al., 2021; Davarnia et al., 2015; Mohammadi et al., 2024; Safaiean et al., 2022).

Accordingly, the aim of the present study was to compare the effectiveness of Emotionally Focused Couple Therapy and Schema Therapy on emotional exhaustion and attachment styles (secure, avoidant, and ambivalent/anxious) in women experiencing marital conflict.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study employed a quasi-experimental design with three groups (two experimental groups and one control group) and three measurement phases (pretest, posttest, and a 45-day follow-up). The statistical population consisted of all women experiencing marital conflict in the city of Isfahan who referred to counseling centers active in family counseling and couple therapy during the spring of 2025. After coordination with counseling centers specializing in family and couple therapy services, women with marital conflict who were willing to participate in the study were invited through purposive sampling. Considering the inclusion and exclusion criteria, 45 women with marital conflict were selected and randomly assigned to two experimental groups and one control group (15 participants in each group). The research instruments were administered to all three groups at baseline. Subsequently, one experimental group received the Schema Therapy protocol in a group format across 12 sessions of 90 minutes each, while the other experimental group received the Emotionally Focused Couple Therapy protocol in a group format across nine 90-minute sessions. The control group received no therapeutic intervention. Following completion of the intervention sessions, the research instruments were administered again to all participants, and finally, after a 45-

day follow-up period, the instruments were re-administered to all participants. The inclusion criteria consisted of participants' willingness and informed consent to participate in the study, full attendance in therapeutic sessions, complete responses to questionnaires at pretest, posttest, and follow-up stages, and absence of concurrent psychological treatment. Exclusion criteria included withdrawal of consent or unwillingness to continue participation, absence from intervention sessions exceeding one session, and simultaneous participation in other counseling or psychotherapy programs.

### 2.2. Measures

The Emotional Exhaustion Questionnaire developed by Jang (1995) consists of eight items rated on a seven-point Likert scale ranging from "never" to "always." Higher scores indicate greater emotional exhaustion. In the original study, content validity was confirmed by experts (Jang, 1995). The validity of the questionnaire was also supported in the study conducted by Amiri et al. (2015). The reliability of the instrument was reported as 0.85 using Cronbach's alpha in the original research (Jang, 1995). Amiri et al. (2015) reported internal consistency of 0.881, and Mirarab Razi et al. (2019) reported a Cronbach's alpha coefficient of 0.97. In the present study, the reliability coefficient calculated using Cronbach's alpha was 0.934.

Attachment Styles Questionnaire. The 18-item Attachment Styles Questionnaire developed by Collins and Read (1990) assesses interpersonal skills and intimate relationship styles using a Likert response format. Each item is scored from 1 (strongly disagree) to 5 (strongly agree). The questionnaire measures three attachment styles. Secure attachment includes items 1, 8, 9, 10, 14, and 17; avoidant attachment includes items 3, 4, 7, 15, 16, and 18; and anxious attachment includes items 2, 5, 6, 11, 12, and 13, with participants classified into attachment styles based on obtained scores (Hashem et al., 2017). Collins and Read (1990), as cited in Pakdaman and Khanjani (2011), demonstrated that scores for secure, avoidant, and anxious attachment remained stable across an eight-month interval and even over a two-year period. Cronbach's alpha coefficients reported by Collins and Read (1990) for secure, avoidant, and anxious attachment were 0.81, 0.78, and 0.85, respectively, and Hashemi et al. (2017) reported coefficients of 0.68, 0.70, and 0.78, respectively. In the present study, reliability coefficients calculated using Cronbach's alpha

were 0.871 for secure attachment, 0.774 for avoidant attachment, and 0.905 for ambivalent attachment.

### 2.3. Interventions

Emotionally Focused Couple Therapy (EFCT) Protocol. The EFCT intervention was delivered based on the treatment package developed by Johnson (2004) and Johnson et al. (2005) and was provided to participants in nine 90-minute sessions held twice weekly. The protocol began with establishing empathy with couples and forming a strong therapeutic alliance by clarifying treatment goals, procedures, and the couple's presenting relationship concerns. It then focused on tracking and describing repetitive interactional sequences that maintained distress, identifying internal and external barriers to secure attachment, and helping partners recognize negative cycles through emotional tracking and analysis of affective states. Across subsequent sessions, therapists facilitated access to underlying, unacknowledged emotions within interactional contexts, differentiated primary and secondary emotions, and reframed the problem and the couple's interactional cycle in attachment terms. Emotional experience was intensified to increase engagement, emotional confrontation, and responsiveness to the partner, with the presenting difficulties repeatedly reformulated in relation to core attachment needs and unmet longings. The intervention emphasized promoting awareness, mutual engagement, and acceptance of attachment-related vulnerabilities, injuries, and fears, while supporting each partner in hearing, validating, and responding to the other, thereby deepening emotional involvement. Couples were guided to take responsibility for their role in relational patterns, articulate expectations and attachment needs, and facilitate acceptance by the spouse. The protocol then targeted restructuring interactional patterns by promoting the expression of needs and wants, strengthening emotional engagement, and improving partner responsiveness to requests. In the final phase, therapists supported the emergence of new solutions to longstanding problems, assisted partners in redefining the relationship, cultivated a secure relational environment and trust, consolidated healthy interactional patterns, increased accessibility and responsiveness, integrated new interactional positions, and concluded treatment.

Schema Therapy Protocol. The schema therapy intervention was implemented according to Young's model (Young, 2003; Hamidpour & Andouz, 2011) and was delivered to participants in 12 group sessions of 70 minutes

each, held twice weekly. The program started with orientation, rapport building, clarifying study aims, enhancing treatment motivation, and administering the pretest. Early sessions provided psychoeducation on schema therapy concepts, including the introduction of early maladaptive schemas, their mechanisms of maintenance, developmental origins, and core emotional needs, followed by continued conceptual training focused on coping styles with everyday examples and education on schema modes to prepare participants for assessment and change. The protocol then moved into schema assessment and individualized formulation by identifying participants' schemas, increasing insight into their personal schema patterns, using in-session imagery techniques for assessment, and discussing how schemas shape daily functioning and interpersonal life. The change phase was initiated by strengthening readiness and motivation for schema change and presenting an integrated framework of cognitive, experiential/emotional, and behavioral strategies, forming a shared commitment to "fight the schemas" across these three levels. Cognitive work included schema validity testing, examining confirming and disconfirming evidence, and evaluating the advantages and disadvantages of schemas and coping styles; this was extended through homework review, training and practicing dialogues between the "healthy" and "schema-driven" parts, developing and using educational/flash cards, and completing schema monitoring records. Experiential strategies were then introduced by explaining their rationale, teaching and conducting imagery and chair-work-type "imaginal dialogue" exercises in session, strengthening the "Healthy Adult" mode, identifying unmet emotional needs, and addressing schemas at an affective level. This experiential work continued by helping participants process emotions toward parents and unmet needs, facilitating emotional catharsis for blocked affect, and applying limited re-parenting with appropriate boundaries. The behavioral phase involved re-teaching coping styles and their role in schema maintenance, selecting and prioritizing specific target behaviors for change, and implementing behavioral pattern-breaking through motivation enhancement, evaluating the impact of sustaining behaviors, rehearsing healthy behaviors via imagery-based practice, and continued use of educational cards to support behavioral change. The final session focused on reviewing the effects of schema change, summarizing and integrating gains, drawing conclusions, and administering the posttest.

2.4. Data Analysis

The data were analyzed using repeated measures analysis of variance with SPSS version 26.

3. Findings and Results

The descriptive findings of the present study include the frequency and percentage distribution of participants' demographic characteristics, which are presented in Table 1.

**Table 1**

*Frequency and Percentage Distribution of Sample Demographic Characteristics*

Variable	Category	Emotionally Focused Therapy Frequency (%)	Schema Therapy Frequency (%)	Control Frequency (%)	Chi-Square (p-value)
Age	Under 30 years	2 (13.3)	5 (33.3)	9 (60.0)	$\chi^2 = 8.32$ (p = .081)
	30–40 years	10 (66.7)	9 (60.0)	4 (26.7)	
	40–50 years	3 (20.0)	1 (6.7)	2 (13.3)	
Marital Duration	5–10 years	3 (20.0)	6 (40.0)	9 (60.0)	$\chi^2 = 7.42$ (p = .283)
	10–15 years	6 (40.0)	6 (40.0)	2 (13.3)	
	15–20 years	3 (20.0)	2 (13.3)	1 (6.7)	
	Over 20 years	3 (20.0)	1 (6.7)	3 (20.0)	
Education	Diploma	3 (20.0)	1 (6.7)	5 (33.3)	$\chi^2 = 6.35$ (p = .386)
	Associate Degree	3 (20.0)	3 (20.0)	1 (6.7)	
	Bachelor's Degree	5 (33.3)	8 (53.3)	7 (46.7)	
	Master's Degree and Higher	4 (26.7)	3 (20.0)	2 (13.3)	
Employment Status	Homemaker	7 (46.7)	6 (40.0)	8 (53.3)	$\chi^2 = 0.536$ (p = .765)
	Employed	8 (53.3)	9 (60.0)	7 (46.7)	

The results presented in Table 1 indicate that most participants in the Emotionally Focused Therapy group (n = 10, 66.7%) were aged between 30 and 40 years. Similarly, the majority of participants in the Schema Therapy group (n = 9, 60.0%) were within the same age range, whereas most participants in the control group (n = 9, 60.0%) were under 30 years of age. Regarding marital duration, six participants (40.0%) in the Emotionally Focused Therapy group had been married between 10 and 15 years. In the Schema Therapy group, equal frequencies were observed for the 5–10-year and 10–15-year marital duration categories. In the control group, most participants (n = 9, 60.0%) had been married for 5–10 years.

Bachelor's degree education had the highest frequency across all three groups, including five participants (33.3%) in the Emotionally Focused Therapy group, eight participants (53.3%) in the Schema Therapy group, and seven participants (46.7%) in the control group. In both therapeutic groups, the majority of participants were employed, including eight participants (53.3%) in the Emotionally Focused Therapy group and nine participants (60.0%) in the Schema Therapy group. In contrast, most participants in the control group were homemakers (n = 8, 53.3%). Results of the chi-square test indicated no statistically significant differences among groups regarding demographic characteristics (p > .05).

**Table 2**

*Descriptive Statistics of Research Variables by Group and Measurement Phase*

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-up Mean	Follow-up SD
Emotional Exhaustion	Emotionally Focused Therapy	33.07	8.89	23.66	7.18	23.10	6.60
	Schema Therapy	32.20	7.98	27.13	7.65	27.07	7.54
	Control	31.27	6.30	31.60	6.18	32.46	6.15
Secure Attachment	Emotionally Focused Therapy	13.13	3.48	19.60	2.89	19.66	2.84
	Schema Therapy	12.06	1.98	18.46	3.70	18.13	3.54

Avoidant Attachment	Control	12.60	1.54	12.47	1.50	13.14	1.59
	Emotionally Focused Therapy	12.10	2.82	8.20	1.56	8.20	1.78
	Schema Therapy	11.13	2.13	8.13	1.45	7.87	2.04
Ambivalent Attachment	Control	12.20	3.14	12.13	2.85	12.66	3.01
	Emotionally Focused Therapy	16.73	5.89	10.53	4.15	10.06	3.73
	Schema Therapy	15.13	7.99	10.07	3.93	10.54	4.24
	Control	13.14	4.22	13.60	3.83	14.10	3.94

As shown in Table 2, the mean scores of emotional exhaustion and avoidant and ambivalent attachment styles decreased more substantially in the experimental groups compared to the control group at the posttest and follow-up stages relative to the pretest phase. In contrast, the mean scores of secure attachment increased in the experimental groups across posttest and follow-up measurements.

The use of parametric repeated measures tests requires several preliminary assumptions, including normal distribution of scores, homogeneity of variances, and equality of covariance matrices. The purpose of examining the normality assumption is to determine whether the distribution of scores is consistent with a normal population distribution. This assumption implies that the difference

between the observed score distribution of the sample and the theoretical normal distribution equals zero. The Shapiro–Wilk test was used to evaluate this assumption. The results indicated that the null hypothesis of normal distribution of scores for all research variables remained supported at all three stages (pretest, posttest, and follow-up) in both groups, as all significance levels were greater than .05. The Levene test confirmed the assumption of homogeneity of variances across groups for all research variables at pretest, posttest, and follow-up stages ( $p > .05$ ). However, the assumption of sphericity, examined using Mauchly’s test, was violated for all research variables ( $p < .05$ ). Therefore, the Greenhouse–Geisser correction was applied in testing the research hypotheses.

**Table 3**

*Results of Between-Subjects and Within-Subjects Effects Analysis for Research Variables*

Variable	Effect	Source	Sum of Squares	df	Mean Square	F	Sig.	Effect Size ( $\eta^2$ )	Statistical Power
Emotional Exhaustion	Between-subjects	Group	84.27	2	42.13	28.49	.001	.576	1.000
	Within-subjects	Time	656.615	1.36	484.16	116.57	.001	.735	1.000
		Time × Group	562.74	2.72	206.57	49.73	.001	.703	1.000
Secure Attachment	Between-subjects	Group	541.88	2	270.94	14.66	.001	.411	.998
	Within-subjects	Time	557.97	1.41	395.80	157.96	.001	.790	1.000
		Time × Group	257.674	2.82	91.39	36.47	.001	.635	1.000
Avoidant Attachment	Between-subjects	Group	290.68	2	145.34	9.52	.001	.312	.972
	Within-subjects	Time	152.726	1.61	94.75	79.56	.001	.654	1.000
		Time × Group	95.32	3.22	29.57	24.82	.001	.542	1.000
Ambivalent Attachment	Between-subjects	Group	227.26	2	113.63	29.58	.001	.585	1.000
	Within-subjects	Time	374.93	1.25	298.40	68.58	.001	.620	1.000
		Time × Group	281.46	2.51	112.006	25.74	.001	.551	1.000

Based on the findings presented in Table 3, the between-subjects analysis showed significant differences among the experimental groups (Emotionally Focused Therapy and Schema Therapy) and the control group in emotional exhaustion ( $F = 28.49, p < .001, \eta^2 = .576$ ), secure

attachment ( $F = 14.66, p < .001, \eta^2 = .411$ ), avoidant attachment ( $F = 9.52, p < .001, \eta^2 = .312$ ), and ambivalent attachment ( $F = 29.58, p < .001, \eta^2 = .585$ ). Within-subjects analyses also demonstrated a significant main effect of time, indicating overall differences across measurement stages for

emotional exhaustion ( $F = 116.57, p < .001, \eta^2 = .735$ ), secure attachment ( $F = 157.96, p < .001, \eta^2 = .790$ ), avoidant attachment ( $F = 79.56, p < .001, \eta^2 = .654$ ), and ambivalent attachment ( $F = 68.58, p < .001, \eta^2 = .620$ ). Furthermore, the interaction effect of time and group membership was significant for emotional exhaustion ( $F = 49.73, p < .001, \eta^2 = .703$ ), secure attachment ( $F = 36.47, p < .001, \eta^2 = .635$ ), avoidant attachment ( $F = 24.82, p < .001, \eta^2 = .542$ ), and ambivalent attachment ( $F = 25.74, p < .001, \eta^2 = .551$ ), indicating that changes across pretest, posttest, and follow-up stages differed significantly among the groups.

**Table 4**

*Post Hoc Comparison Results Among Three Groups Across Research Variables*

Variable	Group 1	Group 2	Posttest Mean Difference	Posttest Sig.	Posttest Effect Size	Follow-up Mean Difference	Follow-up Sig.	Follow-up Effect Size
Emotional Exhaustion	Control	Emotionally Focused Therapy	-7.93	.004	.285	-9.46	.001	.305
		Schema Therapy	-4.46	.020	.167	-5.40	.010	.188
	Emotionally Focused Therapy	Schema Therapy	3.46	.027	.121	4.06	.025	.136
Secure Attachment	Control	Emotionally Focused Therapy	7.13	.001	.428	6.53	.001	.396
		Schema Therapy	6.00	.001	.334	5.00	.001	.315
	Emotionally Focused Therapy	Schema Therapy	-1.13	.282	.027	-1.53	.139	.051
Avoidant Attachment	Control	Emotionally Focused Therapy	-3.93	.001	.395	-4.46	.001	.394
		Schema Therapy	-4.00	.001	.403	-4.86	.001	.436
	Emotionally Focused Therapy	Schema Therapy	-0.067	.930	.001	-0.40	.642	.005
Ambivalent Attachment	Control	Emotionally Focused Therapy	-3.06	.030	.101	-3.93	.010	.149
		Schema Therapy	-3.53	.018	.124	-3.46	.020	.119
	Emotionally Focused Therapy	Schema Therapy	-0.467	.750	.002	0.471	.730	.003

According to Table 4, at the posttest stage, significant differences were observed between the Emotionally Focused Therapy group and the control group, including lower emotional exhaustion scores ( $MD = -7.93, p = .004$ ), higher secure attachment scores ( $MD = 7.13, p < .001$ ), lower avoidant attachment scores ( $MD = -3.93, p < .001$ ), and lower ambivalent attachment scores ( $MD = -3.06, p = .030$ ) in the Emotionally Focused Therapy group. These differences remained significant at the follow-up stage, including reduced emotional exhaustion ( $MD = -9.46, p < .001$ ), increased secure attachment ( $MD = 6.53, p < .001$ ), reduced avoidant attachment ( $MD = -4.46, p < .001$ ), and reduced ambivalent attachment ( $MD = -3.93, p = .010$ ).

Similarly, significant differences were found between the Schema Therapy group and the control group at posttest, including reduced emotional exhaustion ( $MD = -4.46, p = .020$ ), increased secure attachment ( $MD = 6.00, p < .001$ ), reduced avoidant attachment ( $MD = -4.00, p < .001$ ), and

reduced ambivalent attachment ( $MD = -3.53, p = .018$ ). These effects also remained significant at follow-up, including reduced emotional exhaustion ( $MD = -5.40, p = .010$ ), increased secure attachment ( $MD = 5.00, p < .001$ ), reduced avoidant attachment ( $MD = -4.86, p < .001$ ), and reduced ambivalent attachment ( $MD = -3.46, p = .020$ ).

Comparison between Emotionally Focused Therapy and Schema Therapy revealed a significant difference only in emotional exhaustion at posttest ( $MD = 3.46, p = .027$ ) and follow-up ( $MD = 4.06, p = .025$ ), indicating greater effectiveness of Emotionally Focused Therapy in reducing emotional exhaustion. No significant differences were observed between the two treatment approaches in secure, avoidant, or ambivalent attachment styles at posttest or follow-up ( $p > .05$ ).

Overall, both Emotionally Focused Therapy and Schema Therapy were effective in reducing emotional exhaustion, increasing secure attachment, and decreasing avoidant and

ambivalent attachment styles at posttest, and these effects were maintained at follow-up. In comparison of the two therapeutic approaches, Emotionally Focused Therapy demonstrated greater effectiveness only in reducing emotional exhaustion, whereas no significant differences were observed between the treatments regarding attachment styles.

#### 4. Discussion

The present study compared the effectiveness of Emotionally Focused Couple Therapy (EFCT) and schema therapy on emotional exhaustion and attachment styles among women experiencing marital conflict, using a three-stage design (pretest, posttest, and 45-day follow-up). The findings showed that both interventions produced significant improvements relative to the control group: emotional exhaustion decreased, secure attachment increased, and avoidant and ambivalent attachment decreased at posttest, with effects sustained at follow-up. In addition, EFCT demonstrated greater efficacy than schema therapy specifically in reducing emotional exhaustion at both posttest and follow-up, while no statistically significant differences emerged between the two treatments in attachment-style outcomes. This pattern indicates that both approaches are clinically meaningful for attachment-related change in the context of marital conflict, but EFCT may exert a stronger or more rapid impact on affective depletion and relational “burnout-like” states.

With respect to emotional exhaustion, the overall decline observed in both treated groups is consistent with the view that chronic relational stress functions similarly to other high-demand interpersonal contexts in producing sustained negative affect and depletion. Prior work in occupational and performance contexts shows that emotional exhaustion is strongly associated with prolonged stress exposure, reduced psychological resources, and diminished engagement, suggesting that exhaustion is responsive to interventions that restore regulation and meaning in relational exchanges (Chen et al., 2020; Chen et al., 2019; Ferreira et al., 2019). Evidence from educational contexts similarly links emotional exhaustion to impaired outcomes and psychosocial strain (Akhavisamarin et al., 2022; Arens & Morin, 2016), supporting the plausibility that reducing persistent stressors (here, conflictual relational cycles) can alleviate exhaustion. In Iranian samples, emotional exhaustion has been observed in groups facing substantial stress (e.g., athletes during COVID-19 disruptions),

reinforcing the idea that exhaustion reflects a broad stress response rather than a context-specific symptom (Mahboubi Joghhan et al., 2021). In the current study, the marked reduction of emotional exhaustion following EFCT and schema therapy suggests that both protocols likely attenuated the ongoing interpersonal stress load and improved adaptive coping and affect regulation in conflict situations.

The finding that EFCT was more effective than schema therapy in reducing emotional exhaustion is theoretically coherent with EFCT’s primary mechanism of change: rapid de-escalation of negative interaction cycles and creation of corrective emotional experiences that restore safety, responsiveness, and engagement. EFCT conceptualizes couple distress as rooted in insecure bonding and rigid negative cycles; by tracking these cycles, accessing primary emotions, and fostering new interaction patterns, the intervention aims to reduce threat reactivity and increase perceived relational security (Johnson, 2009; Johnson et al., 2005; Johnson & Greenman, 2006). When relational threat decreases and partners become more accessible and responsive, the emotional “cost” of maintaining the relationship can drop quickly, which may translate into measurable reductions in exhaustion. This explanation is consistent with evidence that EFCT can produce changes in relationship-specific attachment processes during treatment (Burgess Moser et al., 2016) and improve relational outcomes such as adjustment and intimacy (Nouri & Iranmanesh, 2022). In contexts characterized by intense emotional strain, EFCT has also been associated with reductions in marital burnout and improvements in resilience, indicating an impact on both depletion and adaptive capacity (Fathi et al., 2024; Mehdi Gholi et al., 2024). Iranian research on group EFCT for women similarly reports reductions in marital burnout, which conceptually overlaps with emotional exhaustion and supports the direction of the present results (Davarnia et al., 2015). Taken together, the comparative advantage of EFCT in emotional exhaustion may reflect its direct, interaction-focused pathway to diminishing relational threat and restoring emotional connection, thereby reducing the chronic activation that fuels exhaustion.

Schema therapy also reduced emotional exhaustion relative to control, which can be explained through its focus on early maladaptive schemas, coping styles, and modes that shape emotional responses and interpersonal behavior. Young’s model proposes that when schemas are triggered in close relationships, individuals may engage in

overcompensatory, avoidant, or surrender coping that maintains distress and blocks need satisfaction (Young & Weishaar, 2003). By increasing schema awareness, challenging schema validity, and practicing healthier behavioral alternatives, schema therapy can reduce cognitive-emotional reactivity and improve emotion regulation, which in turn may lower exhaustion. Empirical evidence supports schema therapy's effectiveness in reducing emotional exhaustion in applied samples (e.g., female nurses), suggesting that schema-level change can diminish depletion processes (Safaeian et al., 2022). Reviews also emphasize schema therapy's relevance across mood and anxiety presentations, in part because schemas and maladaptive coping contribute to sustained distress and impaired emotion regulation (Hawke & Provencher, 2011). Additionally, randomized evidence indicates schema therapy's utility in complex clinical conditions, including group-based formats, supporting its capacity to modify entrenched patterns that can drive emotional strain (Arntz et al., 2022; Bernstein et al., 2022; Straarup et al., 2022). Thus, the reduction in emotional exhaustion following schema therapy in women with marital conflict is consistent with both theory and prior outcomes research, even if EFCT's interactional focus appears comparatively more potent for exhaustion in the present sample.

Regarding attachment styles, both EFCT and schema therapy increased secure attachment and decreased avoidant and ambivalent attachment relative to control, and these gains were maintained at follow-up. This is aligned with attachment theory's foundational premise that perceived security and internal working models are shaped by repeated relational experiences and can be revised when individuals encounter consistent responsiveness and safe emotional engagement (Bowlby, 1973). Adult attachment research conceptualizes romantic bonds as attachment processes activated under stress, meaning that conflict episodes are "attachment-relevant" situations that can consolidate insecurity or provide opportunities for repair (Hazan & Shaver, 1987; Shaver et al., 1988). From this perspective, interventions that change how partners respond to distress—whether by transforming interaction cycles (EFCT) or by modifying schema-driven appraisals and coping (schema therapy)—should plausibly shift attachment-related orientations. The current pattern is consistent with prior findings that EFCT improves attachment security and reduces insecure attachment in couples (Ghaznavi Khezarabadi & Niknam, 2019; Nouri & Iranmanesh, 2022). It also accords with evidence that emotion-focused

interventions can affect attachment security even when delivered in individual formats, including in high-threat relational contexts such as extramarital affairs (Ghafourian Mohebi et al., 2025). The observed attachment changes are similarly compatible with research emphasizing that attachment styles correspond to internal working models of self and others, which can become more positive and secure when relational experiences shift toward responsiveness and acceptance (Alexandru, 2022; Collins et al., 1996).

The schema-therapy effects on attachment outcomes are also theoretically expected and empirically supported. Schema theory proposes that early relational experiences contribute to schemas that guide expectations of closeness, trust, and worthiness, which overlap substantially with attachment representations. Studies suggest that schemas mediate the relationship between attachment quality and psychological outcomes, indicating a cognitive pathway by which attachment-related insecurity is maintained (Bosmans et al., 2010; Roelofs et al., 2011). In marital conflict contexts, modeling work in Iranian samples shows that early maladaptive schema domains can mediate associations between attachment styles and marital conflict, particularly among women facing severe relational instability (Adlparvar et al., 2022). This provides a direct rationale for schema therapy as an intervention capable of altering attachment-related outcomes: by modifying schemas and coping patterns, individuals may become more able to tolerate intimacy, reduce defensive withdrawal, and regulate anxiety about rejection. Empirical studies in Iranian couple samples report that schema therapy improves attachment styles and marital intimacy (Mohammadi et al., 2024), and other work indicates schema-based interventions can influence attachment styles and cognitive emotion regulation capacities (Aleyasin & Mahmoudi, 2024). Comparative studies in related populations—such as women experiencing marital boredom or couples with marital conflict—suggest that both EFCT and schema-based approaches can reduce avoidant and ambivalent attachment and increase secure attachment, mirroring the present findings (Cheraghi Seifabad et al., 2021; Tanbakouchian et al., 2021). Therefore, the absence of significant differences between EFCT and schema therapy on attachment styles in the current study is consistent with the possibility that both approaches, despite different techniques, converge on changing core security-related processes.

A clinically relevant interpretation of the non-difference in attachment outcomes is that attachment style change may be influenced by common factors shared across both

interventions: increased emotional awareness, structured opportunities for corrective interpersonal experience, improved meaning-making about relational patterns, and enhanced behavioral experimentation in close-contact situations. EFCT emphasizes in-session emotional engagement and partner responsiveness, whereas schema therapy emphasizes insight into schemas, experiential techniques (e.g., imagery), and behavioral pattern breaking; however, both can produce repeated experiences that contradict insecure expectations and promote a more secure internal working model (Johnson & Greenman, 2006; Young & Weishaar, 2003). Additionally, because attachment dynamics are activated under stress, any reduction in conflict intensity and improvement in dyadic coping may facilitate security gains. This explanation is supported by research indicating that marital conflict is associated with broader psychosocial adjustment issues, and that improving family relational climate can buffer adverse outcomes (Liu & Vazsonyi, 2024; Maya et al., 2024). Moreover, marital conflict is multi-determined and sometimes compounded by contextual factors such as financial strain, which can indirectly worsen marital outcomes (Jackson et al., 2023). Interventions that improve relational coping and emotional regulation may thus shift attachment-relevant experiences even if they do not target attachment directly in identical ways.

The sustained effects at follow-up across emotional exhaustion and attachment styles suggest that both interventions produced changes robust enough to persist beyond immediate treatment termination. In EFCT, maintenance may reflect consolidation of new interaction patterns and bonding events that continue to generate security and reduce threat sensitivity over time (Burgess Moser et al., 2016; Johnson et al., 2005). In schema therapy, maintenance may reflect continued application of cognitive and behavioral pattern-breaking strategies and increased activation of the “healthy adult” mode, which could stabilize gains by reducing schema-driven reactions during conflict episodes (Young & Weishaar, 2003). The follow-up stability also aligns with evidence that attachment-related constructs can show meaningful continuity over time but remain responsive to relational experiences and interventions (Collins et al., 1996; Hazan & Shaver, 1987). Practically, the persistence of improvements is encouraging for counseling settings because it suggests that relatively brief, structured protocols can yield durable benefits for women in conflictual relationships.

## 5. Conclusion

Finally, it is important to situate the findings in relation to the broader landscape of marital conflict and intervention research. Marital conflict is not only a dyadic phenomenon but can be shaped by parenting stress, empathy dynamics, and broader family system variables, which may influence treatment responsiveness (Dong et al., 2022). Discrepancies in partners’ perceptions of conflict can also complicate assessment and intervention planning, underscoring the value of structured models that can work with differing narratives (Nisanci & Nisanci, 2023). Furthermore, relational crises such as infidelity can intensify attachment injuries and exhaustion; emotion-focused approaches have been explicitly studied in such contexts and may be particularly suited to repairing bonding ruptures (Ghahfourian Mohebi et al., 2025; Peluso, 2007). Although the present study focused on women with marital conflict rather than specific crisis subtypes, the demonstrated effects suggest both EFCT and schema therapy can be valuable components of clinical service delivery, with EFCT potentially prioritized when emotional exhaustion is especially prominent.

## 6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. The sample size was relatively small and drawn from a specific city and counseling-center population, which may limit generalizability to other regions or non-treatment-seeking women. The study relied on self-report measures, which can be influenced by social desirability, response bias, and momentary emotional states. The follow-up period was relatively short (45 days), so long-term maintenance of effects remains uncertain. In addition, because the interventions were delivered in group formats and the control group received no active intervention, non-specific factors such as therapist attention, group support, and expectancy effects may have contributed to outcome differences. Finally, the design did not incorporate partner-reported outcomes or observational measures of interaction patterns, which would have strengthened the interpretation of change mechanisms, especially for attachment-related outcomes.

Future studies should replicate these findings with larger and more diverse samples, including participants from multiple cities and varying socioeconomic backgrounds, to enhance external validity. Extending follow-up intervals (e.g., 3, 6, and 12 months) would clarify the durability and

trajectory of changes in emotional exhaustion and attachment styles. Incorporating multi-method assessment (partner reports, clinician ratings, behavioral observation of conflict interactions, and physiological indicators of stress reactivity) would provide a more comprehensive understanding of how interventions exert their effects. Research comparing individual, couple, and group formats for both EFCT and schema therapy could identify optimal delivery modes for different clinical profiles. Finally, mechanism-focused designs that test mediators (e.g., changes in negative interaction cycles, emotion regulation, schema activation, or perceived partner responsiveness) would help refine treatment selection and support more personalized intervention planning.

In clinical practice, both EFCT and schema therapy can be recommended as effective options for women experiencing marital conflict, particularly when the clinical goals include reducing emotional exhaustion and strengthening secure attachment while decreasing avoidant and ambivalent tendencies. When emotional exhaustion and relationship depletion are especially salient, EFCT may be prioritized due to its comparatively stronger effects on exhaustion in this study, with a focus on de-escalating negative cycles and fostering emotionally corrective bonding experiences. Schema therapy may be especially useful when maladaptive longstanding patterns, rigid beliefs, and recurrent coping styles are prominent, and can be integrated to address deeper cognitive-emotional structures that maintain conflict. Therapists should emphasize treatment adherence, skill generalization between sessions, and relapse prevention planning, including strategies for managing conflict triggers and maintaining constructive emotional engagement after treatment ends. In counseling centers, structured screening for attachment insecurity and exhaustion-related symptoms may help match clients to the most suitable protocol or to an integrated intervention plan based on presenting needs and maintaining mechanisms.

### 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.

### 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

S.R. contributed to the development of the research proposal, implementation of the intervention sessions, participant recruitment, and preparation of the initial manuscript draft. M.H.H. supervised the study, guided the methodological design and statistical analysis procedures, and critically reviewed and refined the manuscript to ensure theoretical and analytical rigor. Both authors contributed to data interpretation, revised the manuscript, and approved the final version for publication.

### Declaration

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

### References

- Abooe Mehrizi, M., Mousavi, S. F., & Bagheri, F. (2021). Comparison of Mindful Self-Care, Attachment Styles, and Relationship Maintenance Strategies in Married Individuals With and Without Marital Conflict. *Quarterly Journal of Counseling and Psychotherapy Culture*, 11(41), 181-210. [https://qccpc.atu.ac.ir/article\\_10747.html?lang=en](https://qccpc.atu.ac.ir/article_10747.html?lang=en)
- Adlparvar, E., Safaei Rad, I., Erfani, N., & Jadidi, H. (2022). Modeling Marital Conflicts Based on Attachment Styles: The Mediating Role of Early Maladaptive Schema Domains in Women on the Verge of Divorce. *medical journal of mashhad university of medical sciences*, 65(1), 203-217. [https://mjms.mums.ac.ir/article\\_20523.html](https://mjms.mums.ac.ir/article_20523.html)
- Akhavisamarin, Z., Ebrahimi, S., Shakeri, R., & Shokouhi Rad, M. (2022). Structural Equation Modeling of Academic Adjustment Based on Academic Self-Efficacy Mediated by Emotional Exhaustion in Students. *Journal of Educational Psychology Studies*, 19(45), 1-13. [https://jep.s.usb.ac.ir/article\\_6966.html](https://jep.s.usb.ac.ir/article_6966.html)

- Alexandru, A. M. (2022). Attachment Styles, Alexithymia and Interpersonal Relationships. *Studia Doctoralia*, 13(1), 23-34. <https://journals.unibuc.ro/index.php/sd/en/article/view/1303>
- Aleyasin, S. A., & Mahmoudi, S. (2024). The Effectiveness of Schema Therapy on Attachment Styles and Cognitive Emotion Regulation in Individuals with Dark Personality. *Scientific Journal of Social Psychology*, 11(67), 111-127. <https://www.magiran.com/paper/2608044/?lang=en>
- Arens, A. K., & Morin, A. J. (2016). Relations between teachers' emotional exhaustion and students' educational outcomes. *Journal of Educational Psychology*, 108(6), 800. <https://doi.org/10.1037/edu0000105>
- Arntz, A., Jacob, G. A., Lee, C. W., Brand-de Wilde, O. M., Fassbinder, E., Harper, R. P., Lavender, A., Lockwood, G., Malogiannis, I. A., Ruths, F. A., Schweiger, U., Shaw, I. A., Zarbock, G., & Farrell, J. M. (2022). Effectiveness of Predominantly Group Schema Therapy and Combined Individual and Group Schema Therapy for Borderline Personality Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*, 79(4), 287-299. <https://doi.org/10.1001/jamapsychiatry.2022.0010>
- Bernstein, D. P., van Wijk-Herbrink, M. F., & Kersten, T. (2022). Forensic Schema Therapy and SafePath: Individual- and Milieu-Therapy Approaches for Complex Personality Disorders and Externalizing Behavior Problems. In *Clinical Forensic Psychology* (pp. 587-608). Palgrave Macmillan. [https://doi.org/10.1007/978-3-030-80882-2\\_30](https://doi.org/10.1007/978-3-030-80882-2_30)
- Bosmans, G., Braet, C., & Van Vlierberghe, L. (2010). Attachment and symptoms of psychopathology: Early maladaptive schemas as a cognitive link? *Clinical Psychology & Psychotherapy*, 17(5), 374-385. <https://doi.org/10.1002/cpp.667>
- Bowlby, J. (1973). *Attachment and loss: Separation* (Vol. 2). Basic Books. [https://books.google.com/books/about/Separation.html?id=C oKpgqpF78QC&source=kp\\_book\\_description](https://books.google.com/books/about/Separation.html?id=C oKpgqpF78QC&source=kp_book_description)
- Burgess Moser, M., Johnson, S. M., Dalgleish, T. L., Lafontaine, M. F., Wiebe, S. A., & Tasca, G. A. (2016). Changes in Relationship-Specific Attachment in Emotionally Focused Couple Therapy. *Journal of marital and family therapy*, 42(2), 231-245. <https://doi.org/10.1111/jmft.12139>
- Chen, H., Richard, O. C., Boncoeur, O. D., & Ford Jr, D. L. (2020). Work engagement, emotional exhaustion, and counterproductive work behavior. *Journal of Business Research*, 114, 30-41. <https://doi.org/10.1016/j.jbusres.2020.03.025>
- Chen, K. Y., Chang, C. W., & Wang, C. H. (2019). Frontline employees' passion and emotional exhaustion: The mediating role of emotional labor strategies. *International Journal of Hospitality Management*, 76, 163-172. <https://doi.org/10.1016/j.ijhm.2018.05.006>
- Cheraghi Seifabad, N., Ehteshamzadeh, P., Asgari, P., & Joharifard, R. (2021). Comparison of the Effectiveness of Mode-Deactivation Schema Therapy and Emotion-Focused Couple Therapy on Increasing Secure Attachment Style and Reducing Avoidant and Ambivalent Attachment Styles in Couples with Marital Conflict. *Applied Counseling*, 10(2), 73-98. [https://jac.scu.ac.ir/article\\_16559.html?lang=en](https://jac.scu.ac.ir/article_16559.html?lang=en)
- Collins, N., Clark, C. L., & Shaver, P. R. (1996). Attachment styles and internal working models of self and relationship partners. In *Knowledge structures in close relationships: A social psychological approach* (pp. 25). <https://www.taylorfrancis.com/chapters/edit/10.4324/9781315806631-3/attachment-styles-internal-working-models-self-relationship-partners-phillip-shaver-nancy-collins-catherine-clark>
- Davarnia, R., Zaharakar, K., Moayeri, N., & Shakrami, M. (2015). Investigating the Efficacy of Group Emotionally Focused Couple Therapy in Reducing Women's Marital Burnout. *Journal of Medical Sciences of Islamic Azad University, Tehran Medical Branch*, 25(2), 132-140. <https://www.magiran.com/paper/1412649/assessing-the-performance-of-emotionally-focused-group-couples-therapy-efct-on-reducing-couple-burnout-in-women?lang=en>
- Dinmohaamadpour, M., Tavaneai, S., Kabiri, E., Hajiyousefi, E., Beki Ardekani, E., & Mohebian, M. (2024). The Effectiveness of Systemic Family Therapy on Marital Conflicts and Marital Burnout of Couples. *Iranian Evolutionary Educational Psychology Journal*, 6(2), 157-169. <https://www.magiran.com/paper/2729188/the-effectiveness-of-systemic-family-therapy-on-marital-conflicts-and-marital-burnout-of-couples?lang=en>
- Dong, S., Dong, Q., & Chen, H. (2022). Mothers' parenting stress, depression, marital conflict, and marital satisfaction: The moderating effect of fathers' empathy tendency. *Journal of affective disorders*, 299, 682-690. <https://doi.org/10.1016/j.jad.2021.12.079>
- Fathi, A., Alipour, A., & Malekirad, A. A. (2024). Comparison of the Effectiveness of Emotionally Focused Couple Therapy and Gottman Couple Therapy on Marital Burnout and Depression in Infertile Couples. *Journal of Arak University of Medical Sciences*, 26(2), 35-44. <https://www.google.com/url?sa=t&source=web&rct=j&opi=89978449&url=https://www.sid.ir/fileserver/jf/146-283134-x-1168237.pdf&ved=2ahUKEwjXmrH72e-SAXWU6QEHeyDOPAQFnoECBsQAQ&usq=AOvVaw2S5ZlIx6aOG-qg38Pq76Z>
- Ferreira, A. I., da Costa Ferreira, P., Cooper, C. L., & Oliveira, D. (2019). How daily negative affect and emotional exhaustion correlates with work engagement and presenteeism-constrained productivity. *International Journal of Stress Management*, 26(3), 261. <https://doi.org/10.1037/str0000114>
- Ghafourian Mohebi, F., Alivandi Vafa, M., Rasouli, R., & Ramezani, M. A. (2025). Comparison of the Effectiveness of Emotion-Focused Therapy in Both Couple and Individual Formats on Experiences in Close Relationships-Relationship Structure (Attachment Security) of Couples with Extramarital Affairs. *Clinical Psychology and Personality*. [https://cpap.shahed.ac.ir/article\\_4834.html?lang=en](https://cpap.shahed.ac.ir/article_4834.html?lang=en)
- Ghaznavi Khezrabadi, F., & Niknam, M. (2019). The Effectiveness of Emotionally Focused Couple Therapy on Attachment Style and Sexual Satisfaction of Couples. *Journal of Birjand University of Medical Sciences*, 26(3), 213-225. <https://doi.org/10.32592/JBirjandUnivMedSci.2019.26.3.103>
- Greenberg, J. A., & Goldman, R. H. (2013). Barbed suture: A review of the technology and clinical uses in obstetrics and gynecology. *Reviews in Obstetrics and Gynecology*, 6(3-4), 107-115. <https://pubmed.ncbi.nlm.nih.gov/24920976/>
- Hashemizadeh, F. S., Atashpour, S. H., & Farhadi, H. (2025). Comparison of the Effectiveness of Paradox Therapy with Scheduling and Matrix of Acceptance and Commitment Therapy on Family Adaptability and Mental Well-being of Women with Couple Conflicts. *Journal of Cognitive Psychology and Psychiatry*, 11(6), 106-122. <https://doi.org/10.32598/shenakht.11.6.106>
- Hawke, L. D., & Provencher, M. D. (2011). Schema theory and schema therapy in mood and anxiety disorders: A review. *Journal of Cognitive Psychotherapy*, 25(4), 257-276. <https://doi.org/10.1891/0889-8391.25.4.257>
- Hazan, C., & Shaver, P. (1987). Romantic love conceptualized as an attachment process. *Journal of personality and social*

- psychology, 52(3), 511. <https://doi.org/10.1037/0022-3514.52.3.511>
- Jackson, J. B., Carrese, D. H., & Willoughby, B. J. (2023). The indirect effects of financial conflict on economic strain and marital outcomes among remarried couples. *International Journal of Stress Management*, 30(1), 69-83. <https://doi.org/10.1037/str0000277>
- Johnson, S. M. (2009). Attachment theory and emotionally focused therapy for individuals and couples: Perfect partners. In *Attachment theory and research in clinical work with adults* (pp. 410-433). The Guilford Press. <https://psycnet.apa.org/record/2009-02347-016>
- Johnson, S. M., Bradley, B., Furrow, J., Lee, A., Palmer, G., Tilley, D., & Woolley, S. (2005). *Becoming an emotionally focused couple therapist: The workbook*. Brunner/Routledge. [https://books.google.com/books/about/Becoming\\_an\\_Emotionally\\_Focused\\_Couple\\_T.html?id=R0euzBbO8MMC](https://books.google.com/books/about/Becoming_an_Emotionally_Focused_Couple_T.html?id=R0euzBbO8MMC)
- Johnson, S. M., & Greenman, P. S. (2006). The path to a secure bond: Emotionally focused couple therapy. *Journal of Clinical Psychology*, 62(5), 597-609. <https://doi.org/10.1002/jclp.20251>
- Jonge, J. D. (1995). *Job autonomy, well-being, and health: A study among Dutch health care workers* <https://cris.maastrichtuniversity.nl/en/publications/job-autonomy-well-being-and-health-a-study-among-dutch-health-car/>
- Liu, D., & Vazsonyi, A. T. (2024). Longitudinal Links Between Parental Emotional Distress and Adolescent Delinquency: The Role of Marital Conflict and Parent-Child Conflict. *Journal of youth and adolescence*, 53(1), 200-216. <https://doi.org/10.1007/s10964-023-01921-4>
- Mahboubi Joghani, M., Asgari, R., Eghbali, K., & Aflatoun, S. (2021). Investigating the State of Emotional Exhaustion and Social Phobia Caused by the COVID-19 Outbreak Among Professional Athletes (Case Study: Track and Field). *Sport Psychology Studies*, 9(32), 267-282. [https://spsyj.ssric.ac.ir/article\\_2167\\_en.html](https://spsyj.ssric.ac.ir/article_2167_en.html)
- Maya, J., Fuentes, I., Arcos-Romero, A. I., & Jiménez, L. (2024). Parental Attachment and Psychosocial Adjustment in Adolescents Exposed to Marital Conflict. *Children*, 11(3), 291-299. <https://doi.org/10.3390/children11030291>
- Mehdi Gholi, M. R., Doukaneifard, F., & Jahangir, P. (2024). The Effectiveness of Emotionally Focused Couple Therapy on Marital Burnout and Resilience in Young Couples. *Journal of Applied Family Therapy*, 4(2), 47-59. <https://doi.org/10.61838/kman.aftj.4.2.3>
- Mirarab Razi, R., Azizi Shamami, M., & Gerayli, F. (2019). Investigating the Relationship between Classroom Management Knowledge and Emotional Exhaustion with the Moderating Role of Creativity. *Research in Teaching*, 7(3), 141-157. [https://trj.uok.ac.ir/article\\_61198.html?lang=en](https://trj.uok.ac.ir/article_61198.html?lang=en)
- Mohammadi, M., Shafkan Kopkan, A., Shafiabadi, A., & Farhangi, A. (2024). The Effectiveness of Schema Therapy on Attachment Styles and Marital Intimacy of Couples in Tehran. *Woman and family studies*. <https://www.magiran.com/paper/2780101/the-effectiveness-of-schema-therapy-on-attachment-styles-and-marital-intimacy-of-couples-in-tehran-city?lang=en>
- Nisanci, Z., & Nisanci, A. (2023). Between-reporter agreement among couples: exploring nonlinear patterns in marital conflict. *Journal of interpersonal violence*, 38(1-2), 16-36. <https://doi.org/10.1177/08862605221118963>
- Nouri, N., & Iranmanesh, S. I. (2022). The Effectiveness of "Hold Me Tight" Emotionally Focused Couple Therapy on Attachment Styles, Marital Adjustment, and Sexual Intimacy of Couples. *Quarterly Journal of Applied Psychological Research*, 13(1), 363-387. [https://japr.ut.ac.ir/article\\_87638.html?lang=en](https://japr.ut.ac.ir/article_87638.html?lang=en)
- Peluso, P. R. (2007). *Infidelity: A practitioner's guide to working with couples in crisis*. Routledge. <https://books.google.com/books/about/Infidelity.html?hl=sk&id=57OTAgAAQBAJ>
- Qiu, S., Hannigan, B., Keogh, D., & Timulak, L. (2020). Learning emotion-focused therapy: certified emotion-focused therapists' perspectives. *Person-Centered & Experiential Psychotherapies*, 1-21. <https://doi.org/10.1080/14779757.2020.1717989>
- Roelofs, J., Lee, C. W., Ruijten, T., & Lobbestael, J. (2011). The mediating role of early maladaptive schemas in the relation between quality of attachment relationships and symptoms of depression in adolescents. *Behavioural and Cognitive Psychotherapy*, 39(4), 471-479. <https://doi.org/10.1017/S1352465811000117>
- Safaeian, M., Kakavand, A., Bahrami Hidaji, M., Mohammadi Shir Mahalleh, F., & Ranjbari Pour, T. (2022). The Effectiveness of Schema Therapy on Referential Thinking and Emotional Exhaustion in Female Nurses. *Rooyesh-e-Ravanshenasi Journal*, 11(11), 115-124. <https://www.magiran.com/paper/2545088/the-effectiveness-of-schema-therapy-on-referential-thinking-and-emotional-exhaustion-in-female-nurses?lang=en>
- Shaver, P., Hazan, C., & Bradshaw, D. (1988). Love as attachment: The integration of three behavioral systems. In *The Psychology of Love* (pp. 68-99).
- Straarup, N. S., Renneberg, H. B., Farrell, J., & Younan, R. (2022). Group schema therapy for patients with severe anxiety disorders. *Journal of Clinical Psychology*. <https://doi.org/10.1002/jclp.23351>
- Tanbakouchian, R., Zanganeh Motlagh, F., & Bayat, M. R. (2021). Comparison of the Effectiveness of Emotion-Focused Approach and Group Schema Therapy on Attachment Styles of Women Suffering from Marital Boredom. *Woman's Cultural Psychology*, 12(45), 61-73. <https://sanad.iau.ir/en/Article/920418>
- Tilden, T., & Dattilio, F. (2005). Vulnerability schemas of individuals in couples' relationships: A cognitive perspective. *Contemporary Family Therapy: An International Journal*, 27(2), 139-162. <https://doi.org/10.1007/s10591-005-4036-4>
- Timulak, L., & Keogh, D. (2020). Emotion-focused therapy: A transdiagnostic formulation. *Journal of Contemporary Psychotherapy*, 50(1), 1-13. <https://doi.org/10.1007/s10879-019-09426-7>
- Wang, P., Gan, X., Li, H., & Jin, X. (2023). Parental marital conflict and internet gaming disorder among Chinese adolescents: The multiple mediating roles of deviant peer affiliation and teacher-student relationship. *PLoS One*, 18(1), e0280302. <https://doi.org/10.1371/journal.pone.0280302>
- Young, J. E. K. J. S., & Weishaar, M. E. (2003). *Schema therapy: A practical guide for clinicians*. Arjmand Publications. [https://books.google.com/books/about/Schema\\_Therapy.html?id=1x7TDWAAQBAJ](https://books.google.com/books/about/Schema_Therapy.html?id=1x7TDWAAQBAJ)