


## Effectiveness of Schema Therapy on Emotional Expression and Emotional Maturity of Conflicting Couples

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### ABSTRACT

**Objective:** Differences between couples and their continuous interaction can create multiple grounds for conflict, which may lead to severe negative outcomes such as stress, depression, grief, worry, and despair. The current research aimed to determine the effectiveness of schema therapy on emotional expression and emotional maturity in conflicting couples.

**Methods and Materials:** The research method was a quasi-experimental design with pre-test, post-test, and a control group with a three-month follow-up period. The statistical population of the current study included all conflicting couples seeking help at counseling clinics and psychological services in District 1 of Tehran in 2023, from which 30 couples were selected through convenience sampling and randomly placed into two groups, 15 couples in the experimental group and 15 in the control group. Assessment tools included the Sanaie Marital Conflict Questionnaire (2000), the Singh and Bhargava Emotional Maturity Scale (1990), and the King and Emmons Emotional Expression Questionnaire (1990). The experimental group underwent eight two-hour schema therapy sessions based on Young et al. (2003) twice a week. Data were analyzed using repeated measures analysis of variance.

**Findings:** Results showed significant differences between groups in post-test and follow-up in emotional expression and emotional maturity ( $p < .05$ ), and schema therapy had lasting effects during the follow-up period ( $p < .05$ ).

**Conclusion:** Schema therapy can be used as an effective approach to improve emotional expression and emotional maturity in conflicting couples.

**Keywords:** Emotional Expression, Emotional Maturity, Conflicting Couples, Schema Therapy

## 1. Introduction

The family is one of the primary institutions in society; the health of a society depends on the health of its families, and for a family to be healthy, its members must possess good mental health and interpersonal relationships (Darbani, 2020). The foundation and growth of a family are based on the relationship between spouses, and the stability and continuity of family life depend on the spouses' attitudes and their interactions with each other (Keshavarz Hedayati et al., 2021). Differences between spouses and their ongoing interactions often create numerous grounds for conflict, which is natural. However, if the spouses lack appropriate skills to manage their conflicts, the intensity and duration of the conflict may increase (Rahbari, 2021). Marital conflict refers to high levels of disagreement between spouses characterized by hostility, anger, and tension in relationships, often over conflicting needs, beliefs, values, or goals (Zhu, 2022), leading to severe negative outcomes such as stress, depression, grief, worry, and despair (Tasew, 2021). Thus, identifying effective factors to minimize marital conflicts seems essential.

Several factors threaten marital relationships over time and cause marital conflicts, which can lead to divorce and infidelity, one of which is problems in emotional expression. Emotional expression is a consistent individual pattern or style in expressing verbal and non-verbal cues (eye contact, laughter, emphatic head nodding, and caressing) (King, 1990). King and Emmons conceptualized emotional expression in three dimensions: positive emotion expression, negative emotion expression, and intimacy expression. Negative expression refers to the tendency to respond with negative emotions such as disgust, anger, revulsion, and embarrassment. Positive expression indicates a tendency to respond with positive emotions like happiness, satisfaction, interest, and love, while intimacy expression involves engaging in intimate behaviors with others (King, 1990; Nabizadeh, 2022). The emotional expression of couples is associated with marital satisfaction and plays a significant role in interpersonal interactions. Positive emotional expressions such as affection and kindness enhance intimacy with the partner, while negative emotional expressions like destructive anger and despair lead to dissatisfaction in marital relationships (Farmanbar, 2023; Ghadiani, 2020). The study by Mahmoudpour et al. (2021) indicates a significant correlation between emotional expression and marital conflicts (Mahmoudpour, 2021), and the study by Jesuorobo and Igbineweka (2023) highlights the significant

role of positive emotional expression in marital intimacy (Jesuorobo, 2023).

Another influential factor in the lives of couples is emotional maturity (Gholami Gherashiran, 2022). Emotional maturity is the ability to manage one's emotions and assess others' feelings in interpersonal communications to make appropriate decisions, characterized primarily by tolerating displeasures and indifference to stimuli that negatively affect the individual (Saadatkhah, 2020). Emotional maturity is considered a principal factor in shaping personality, attitudes, and behaviors and thus contributes to forming relationships, enhancing self-worth, and improving individual mental health (Shamsi, 2021). Research shows a significant and positive relationship between emotional maturity and marital conflict (Mirzaei, 2022) and between emotional maturity and marital satisfaction (Edwards, 2022).

Various psychological therapies have been employed to reduce factors affecting conflicts among couples, each with its own effectiveness. One such therapy, which has recently become a preferred transdiagnostic therapeutic approach among psychotherapists, is schema therapy (Young, 2006). Originating from Beck's cognitive therapy (1976), schema therapy is recognized as an effective and practical form of psychotherapy that integrates earlier treatments such as cognitive-behavioral therapy, attachment theory, psychodynamic object relations, self-psychology, relational psychology, social psychotherapy, and Gestalt therapy (Atkinson, 2020). The focus of schema therapy is on early maladaptive schemas, defined as patterns of interpersonal learning experiences from childhood that are presumed to fundamentally shape human perception and psychological experiences and play a key role in the development and maintenance of psychological disorders (Kopf-Beck, 2020). Schema therapy envisions five theoretical constructs: 1- early maladaptive schemas, 2- schema domains, 3- schema persistence, 4- schema avoidance, and 5- schema compensation (Edwards, 2022; Elhaei, 2020; Fadaei moghadam, 2022). It addresses the deepest levels of cognition, targets early maladaptive schemas, and assists patients in overcoming these schemas through cognitive, emotional, behavioral, and interpersonal strategies (Fadaei moghadam, 2022). Research has demonstrated the impact of schema therapy on emotional expression and emotional maturity. For instance, Khatatbeh and Al-Ahmed (2022) showed in their study that Emotional Schema Therapy was effective in reducing emotional exhaustion and improving relational needs among married couples (Khatatbeh, 2022).

The study by Farmanbar and colleagues (2023) indicated that schema therapy influences the components of ambivalence in emotional expression (positive emotion expression, intimacy expression, and negative emotion expression) in individuals with borderline personality disorder (Farmanbar, 2023). Aghili and colleagues' (2022) study demonstrated that Emotional Schema Therapy significantly affects the emotional maturity of women suffering from chronic pain (Aghili, 2022). Ghadiani and Nejad Hosseini's (2020) research concluded that schema therapy impacts the emotional expression of divorced women (Ghadiani, 2020).

Given that a healthy family translates into healthy individuals and that an unhealthy family leads to widespread societal issues, and if no effort is made towards the improvement and advancement of family life, social problems will increasingly worsen. Therefore, it is necessary to use various educational and psychotherapeutic approaches to enhance emotional maturity and emotional expression. Another necessity of this research is the existing research gap in the effectiveness of schema therapy in conflicting couples. The results of such research could be widely useful in pre-marital and post-marital counseling and can offer interventionist insights that can save a shared life from the risk of downfall and divorce. Thus, family courts, psychologists, and counselors can use the results of this research in their professional work. Therefore, given the aforementioned, the present research was conducted to determine the effectiveness of schema therapy on emotional expression and emotional maturity in conflicting couples.

## 2. Methods and Materials

### 2.1. Study Design and Participants

The present study was a quasi-experimental design utilizing a pre-test, post-test control group with a three-month follow-up period. The statistical population consisted of all conflicting couples who visited counseling and psychological services clinics in District 1 of Tehran in 2023, from which 30 couples were selected through convenience sampling and randomly assigned to two groups, 15 in the experimental group and 15 in the control group. Inclusion criteria for the study participants included completing a consent form for treatment, having a minimum of three years of marital cohabitation, a minimum educational level of high school diploma, absence of psychiatric disorders, not receiving individual counseling services during the treatment sessions, and scoring above

130 on the Marital Conflict Questionnaire. Exclusion criteria included applicants for divorce, absence from more than two sessions, incomplete questionnaires, substance or alcohol use, and a history of psychiatric hospitalization.

The research was conducted as follows: after necessary coordination with the psychological services clinics in District 1 of Tehran, based on the inclusion and exclusion criteria, 30 individuals were selected and randomly divided into two groups, one experimental and one control. After grouping, participants completed the research questionnaire as a pre-test before the intervention. The experimental group received Young et al.'s (2003) schema therapy protocol in eight two-hour sessions held twice a week, conducted by the researcher, whereas the control group received no intervention. The content validity of the protocol was also reviewed and deemed satisfactory by experts from the Islamic Azad University, Roudehen Branch. After the therapy sessions, both groups completed the research questionnaire again in the post-test phase. Additionally, a follow-up phase was conducted 60 days later where participants answered the questionnaires again. Ethical considerations were as follows: 1) At the beginning of the research, informed consent was obtained from individuals after honestly explaining the research objectives; 2) Effective communication was maintained with participants to support them in any potential issues; 3) Confidentiality of the information was strictly maintained by the researcher; 4) Participants were not pressured to continue attending sessions and could leave or withdraw from the study at any time.

### 2.2. Measures

#### 2.2.1. Marital Conflict

Developed by Sanaie in 2000, this questionnaire measures seven areas of marital conflict (reduced cooperation, reduced sexual relations, increased emotional reactions, increased child support solicitation, increased individual relations with own relatives, decreased family relations with spouse's relatives and friends, and separation of financial matters). The questionnaire consists of 42 items scored on a five-point Likert scale from 1 (never) to 5 (always), with a score range from 42 to 210, where higher scores indicate greater conflict. Sanaie's research (2000) used this scale on a group of 111 individuals, including 53 men and 58 women with marital conflict, and a control group of 108 normal couples, showing significant differences between the conflicted and non-conflicted groups, indicating

the test's discriminative power. The questionnaire's reliability was reported with a Cronbach's alpha of .53. In Rajaei and colleagues' study (2022), Cronbach's alpha was .75 (Rajaei, 2022). In the current study, the reliability of this questionnaire using Cronbach's alpha was .78.

### 2.2.2. Emotional Maturity

Developed by Singh and Bhargava in 1990, this scale measures individuals' emotional maturity and includes 48 items across five subscales: emotional instability, emotional regression, social maladjustment, personality disintegration, and lack of independence. Responses are rated on a five-point Likert scale from 1 (never) to 5 (very much), with total scores considered as the emotional maturity score. Lower scores indicate higher emotional maturity. Singh and Bhargava (1990) reported Cronbach's alpha for the subscales as ranging from .42 to .86, with the validity reported at .85. In the Iranian sample, the content validity was .64, and reliability using Cronbach's alpha was .91 (Jafariharandi, 2019; Singh, 1990). In the present study, Cronbach's alpha was .90.

### 2.2.3. Emotional Expression

Designed by King and Emmons in 1990, this questionnaire assesses emotional expression and includes 16 items across three subscales: positive emotional expression, intimacy expression, and negative emotional expression. Scoring is based on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Items 6, 8, and 9 are reverse scored due to their negative emotional direction. The total score ranges from 19 to 80, with higher scores indicating higher emotional expression. King and Emmons (1990) reported a Cronbach's alpha of .70, .74, and .63 for the subscales, and a significant positive correlation of .55 with the Multidimensional Personality Questionnaire for convergent validity. In Bahramimashoof and colleagues' study (2022), Cronbach's alpha was .70 (Bahramimashoof, 2022; King, 1990). In the current study, Cronbach's alpha for the positive emotional instrumentality was .87, for intimacy instrumentality was .79, and for negative emotional instrumentality was .84.

## 2.3. Intervention

### 2.3.1. Schema Therapy

This protocol, based on Young et al.'s (2006) "Schema Therapy: A Practitioner's Guide," was implemented in eight

two-hour sessions held twice weekly (Young, 2006). The content validity of this therapy in the current research was also reviewed and deemed satisfactory by several experts from the Islamic Azad University, Roudehen Branch, and the therapy was administered by the researcher during the pre-test, post-test, and follow-up phases.

#### Session 1: Introduction and Pre-test

The first session is primarily focused on introductions and setting the foundation for the group therapy process. The therapist introduces the members to each other and outlines the rules of the group, the goals, and the overall structure of the therapy. Participants are also informed about their commitments during therapy. A pre-test is administered to establish a baseline for evaluating the effects of the therapy. This session is crucial for acquainting participants with the basics of schema therapy and establishing a collaborative therapeutic environment.

#### Session 2: Assessment of Issues

In the second session, participants are guided to assess their issues from the perspective of schema therapy. The session involves extracting experiences related to avoidance, overcompensation, and personal values. The therapist helps the participants create a list of the advantages, disadvantages, and their personal strategies for managing their issues. The primary goal is to define schema therapy and familiarize participants with the concept of schemas.

#### Session 3: Identifying Inefficacies

This session aims to articulate the inefficacies in the participants' life patterns, particularly those that are harmful. Participants learn to identify maladaptive schemas and understand their roles in perpetuating anxiety. The session includes education and implementation of therapeutic techniques designed to manage negative events using an understanding of schema influences.

#### Session 4: Therapeutic Techniques Training

The fourth session introduces therapeutic techniques and the use of empathic confrontation and re-parenting strategies to validate schemas and examine evidence. The focus is on maintaining a full awareness of mental states, thoughts, and behaviors in the moment, without judgment, facilitating improvement in schema patterns.

#### Session 5: Re-defining Evidence

Participants are trained to redefine the evidence that supports their schemas, examining the advantages and disadvantages of their early maladaptive schemas and coping styles. This session strives to develop knowledge of ineffective coping strategies through trained techniques.

Session 6: Therapeutic Techniques of Imagery and Letter Writing

The sixth session involves training in imagery and letter writing to parents, recalling memories, and discussing feelings about how parental behavior has impacted their lives and contributed to schema formation. The goal is to identify damaging schemas and plan goals based on personal values, preparing a list of obstacles in realizing these values and fostering positive emotions.

Session 7: Managing Punitive and Demanding Parent Modes

This session focuses on therapeutic techniques to combat punitive and demanding parent modes and re-parenting the limited modes associated with vulnerable and angry child schemas. Techniques are employed, and plans are made to foster positive and empathetic feelings.

Session 8: Review and Practice of Therapeutic Techniques and Post-test

The final session revolves around the review and practice of the therapeutic techniques taught, with an emphasis on coping styles and meaningfulness in real-life scenarios. A post-test is conducted to assess the changes and improvements following the therapy sessions. Participants are asked to discuss the outcomes of the sessions and the application of the learned techniques in their real-world experiences to foster a sense of meaningfulness and generate positive emotions. Coordination for a follow-up meeting in two months is also arranged during this session.

2.4. Data analysis

Data were analyzed using repeated measures analysis of variance with SPSS-26 software.

3. Findings and Results

The findings of the study concerning demographic information showed that 30 couples (15 in the experimental group and 15 in the control group) participated. The mean and standard deviation of age for the experimental group were 31.51 and 2.29 years, respectively, and for the control group, 31.38 and 2.48 years, respectively. Furthermore, the mean and standard deviation for the duration of marriage were 11.76 and 3.35 years for the experimental group, and 12.04 and 3.76 years for the control group. Regarding the criterion of having children, 55% of the couples in the experimental group had children, and 45% did not, while in the control group, 35% did not have children, and 65% did. Lastly, for the educational level in the experimental group, 50% had a diploma and 50% had higher than a diploma; similarly, in the control group, 55% had a diploma and 45% higher than a diploma. Before presenting the results of the repeated measures analysis of variance, the assumptions of parametric tests were evaluated. Accordingly, the results of the Kolmogorov-Smirnov test (Table 1) indicated that the assumption of normal distribution of sample data in the variables of emotional expression and emotional maturity in both the experimental and control groups at the pre-test, post-test, and follow-up stages was maintained ( $p < .05$ ).

**Table 1**

*Descriptive Statistics of Dependent Variables at Pre-test, Post-test, and Follow-up*

Variables	Stage	Mean	Standard Deviation	K-S Test's P Value
Emotional Expression Experimental Group	Pre-test	35.53	10.54	.11
	Post-test	47.13	8.44	.17
	Follow-up	44.66	8.47	.23
Control Group	Pre-test	36.13	12.11	.22
	Post-test	36.53	11.80	.19
	Follow-up	36.40	12.65	.14
Emotional Maturity Experimental Group	Pre-test	103.86	35.93	.33
	Post-test	85.66	32.89	.21
	Follow-up	84.53	29.74	.18
Control Group	Pre-test	105.86	36.24	.29
	Post-test	107.26	31.93	.12
	Follow-up	106.60	36.36	.21

The assumption of homogeneity of variance was also tested using Levene's test, the results of which were not

significant, indicating that the assumption of homogeneity of variances was met ( $p < .05$ ). On the other hand, t-test results



showed that the mean score differences between the experimental and control groups in the dependent variables (emotional expression and emotional maturity) at the pre-test were not significant ( $p > .05$ ). Additionally, Mauchly's test indicated that the assumption of sphericity in the variables of emotional expression and emotional maturity was maintained ( $p < .05$ ). A repeated measures analysis of

variance was used to examine the effectiveness of schema therapy on emotional expression and emotional maturity in conflicting couples. In this study, there was one within-subjects factor, which was the measurement time of the research variable in three stages: pre-test, post-test, and follow-up, and one between-subjects factor, which was group membership.

**Table 2**

*Repeated Measures Analysis of Variance for Examining Group Differences in the Research Variable*

Source	Sum of Squares	df	Mean Square	F Value	P Value	Effect Size	Power
<b>Emotional Expression</b>							
Stages	457.80	2	228.90	55.62	.0001	.66	1
Group	298.84	1	298.84	8.45	.02	.23	.75
Interaction	518.09	2	259.54	62.83	.0001	.69	1
Error	230.44	112	4.11				
<b>Emotional Maturity</b>							
Stages	518.60	2	259.30	136.41	.0001	.83	1
Group	448.90	1	488.90	7.39	.03	.20	.69
Interaction	468.29	2	234.14	123.18	.0001	.81	1
Error	106.44	112	1.90				

As the results in Table 2 indicate, the F value for the interaction effect of stages and group for the variables emotional expression (171.74) and emotional maturity (87.69) is significant at the level of .001. This finding indicates that there are significant differences between the

experimental and control groups in terms of the research variables (emotional expression and emotional maturity) at the pre-test, post-test, and follow-up stages. To examine which stage of the test this effect occurred, the results of the Bonferroni post hoc test are considered.

**Table 3**

*Pairwise Differences at Pre-test, Post-test, and Follow-up*

Component	Test Stages	Mean Difference	Standard Error	Significance
Emotional Expression	Pre-test to Post-test	4	.61	.0001
	Pre-test to Follow-up	5.30	.63	.0001
	Post-test to Follow-up	1.30	.21	.11
Emotional Maturity	Pre-test to Post-test	18.4	.36	.0001
	Pre-test to Follow-up	19.33	.41	.0001
	Post-test to Follow-up	.66	.28	.09

As Table 3 results show, the differences between the mean scores from pre-test to post-test and from pre-test to follow-up for the components of emotional expression and emotional maturity in conflicting couples are significant. However, there is no significant difference between the mean scores from post-test to follow-up for these components. This means that the mean scores for emotional expression and emotional maturity of conflicting couples, which had significantly changed from the pre-test to the post-test, did not undergo a significant change at the follow-up stage. This implies that the mean scores for emotional expression and emotional maturity of conflicting couples

that had significantly changed from the pre-test maintained their stability through the follow-up stage. Thus, while schema therapy had a significant effect on the mean scores of emotional expression and emotional maturity of conflicting couples in the post-test stage, it was able to maintain its effect over time.

**4. Discussion and Conclusion**

The current study was conducted with the aim of determining the effectiveness of schema therapy on emotional expression and emotional maturity in conflicting couples. The findings indicated that schema therapy was

effective in improving the emotional expression of conflicting couples. This finding is consistent with the results of prior studies (Aghili, 2022; Atkinson, 2020; Danaei Sij, 2018; Edwards, 2022; Elhaei, 2020; Fadaei moghadam, 2022; Farmanbar, 2023; Ghadiani, 2020; Ismaeilzadeh, 2021; Khatatbeh, 2022; Kopf-Beck, 2020; Mohamm, 2022; Salicru, 2023).

It can be explained that schema therapy induces changes in emotional, behavioral, cognitive, and experiential domains (Atkinson, 2020). This therapy employs experiential techniques to assist patients in expressing and managing their emotions as mature and healthy individuals (Ismaeilzadeh, 2021). In this therapeutic model, after identifying maladaptive cognitions and inefficient emotional responses, the therapist describes and explains their connection with cognitive, behavioral, interpersonal, and present strategies to address marital issues. Essentially, the therapist, by identifying the underlying causes of marital problems and involving the patient, replaces maladaptive and inefficient behavioral patterns with healthier behavioral styles and adaptive coping methods (Aghili, 2022; Atkinson, 2020). From Young's schema therapy perspective, each person forms schemas during childhood. A schema is an organized cognitive structure that forms in childhood and manifests in specific behaviors, feelings, and thoughts. Schema therapy, by employing cognitive therapy and replacing it with adaptive emotional management strategies for dealing with life problems, reduces chronic interpersonal problems and emotional instability, thereby activating emotional regulation in the individual (Young, 2006). This treatment also facilitates the patient's use of normative and adaptive coping strategies. Utilizing adaptive coping strategies, coupled with the expansion of psychological capacity and problem-solving skills, improves their emotional expression (Farmanbar, 2023). Consequently, the improvement of spouses' emotional expressions towards each other influences their behavior towards each other. When one spouse shows positive emotional expression, such as care and appreciation for something done in the marriage context, it reinforces the behavior and encourages the spouse to show more positive behavior in the future, increasing the value spouses place on each other and thus enhancing the quality of their marital relationships and reducing marital conflicts (Jesuorobo, 2023).

Additionally, the results showed that schema therapy was effective in improving the emotional maturity of conflicting couples. This finding aligns with the results of prior studies (Aghili, 2022; Ismaeilzadeh, 2021; Khatatbeh, 2022;

Sundgren, 2023). In explaining this finding, it can be said that the primary goal of schema therapy for couples is to nurture stable patterns of secure attachment to facilitate bonding between spouses (Sundgren, 2023). In fact, schema therapy helps patients become aware of their cognitions, emotions, and coping strategies and to manage their schemas consciously (Ismaeilzadeh, 2021). Schema therapy, in addition to questioning maladaptive emotional schemas that are the main cause of the formation of inefficient and illogical emotional thoughts, emotionally also facilitates the release of negative emotions and feelings, such as anger due to unsatisfied self-activation and secure attachment needs learned during childhood years. By using an experiential method that reconstructs childhood schemas and memories, it greatly assists in the expression of suppressed emotions and feelings, ultimately leading to emotional self-censorship, thereby strengthening the perception of the relationship, enhancing relationship quality, and boosting emotional expression in couples, which can increase their emotional maturity (Aghili, 2022; Sundgren, 2023).

Therefore, it can be generally concluded that schema therapy, by replacing maladaptive schemas with compatible behavioral styles, has a significant impact on emotional disorders and thus affects the emotional expression and emotional maturity of conflicting couples, making it an effective approach for improving emotional expression and emotional maturity in such couples.

## 5. Limitations & Suggestions

The current study faced several limitations, including the limited sample size restricted to Tehran, the use of convenience sampling, a short follow-up period, and reliance on self-report questionnaires, which could introduce unintended biases in the results. Therefore, it is recommended that future research be conducted in other cities with a larger sample size and using instruments like interviews to generalize the results. Furthermore, a comparison of the effectiveness of schema therapy with other therapeutic approaches should also be undertaken.

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## 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.

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## Authors' Contributions

All authors equally contributed in this article.

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