KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 12 August 2025
Revised 02 December 2025
Accepted 09 December 2025
Initial Published 13 December 2025
Final Publication 01 January 2026

KMAN Counseling & Psychology Nexus

Volume 4, pp 1-10

E-ISSN: 3041-9026

Comparison of the Effectiveness of Schema Therapy and Emotion-Focused Therapy (EFT) in Increasing Marital Intimacy among Couples

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A r t i c l e I n f o

Article type:
Original Research
Section:
Family and Couple Therapy

How to cite this article:
Siavoshi, H., & Kordestani, D. (2026). Comparison of the Effectiveness of Schema Therapy and Emotion-Focused Therapy (EFT) in Increasing Marital Intimacy among Couples. *KMAN Conseling and Psychology Nexus, 4*, 1-10.
http://doi.org/10.61838/kman.fct.psynexus.4857

A B S T R A C T

Intimacy is one of the fundamental pillars of stable relationships and is defined as emotional closeness, trust, the exchange of thoughts and feelings, and mutual understanding between spouses. Accordingly, the present study was conducted with the aim of comparing the effectiveness of schema therapy and emotion-focused therapy (EFT) in increasing marital intimacy among couples. The research employed a quasi-experimental design with pretest, posttest, and follow-up measurements using two experimental groups and one control group. The sample consisted of 60 eligible volunteer couples who had sought services at counseling centers in Hamedan and were purposively selected based on cutoff scores on the Marital Conflict Questionnaire. Participants were then assigned to three groups of 20 individuals. Two groups were randomly designated as the experimental groups (schema therapy and emotion-focused therapy), and the third group served as the control group. Two standardized instruments were used: the Sanaei Marital Conflict Questionnaire (1996) and the Thompson and Walker Marital Intimacy Scale (1983). Considering the statistical assumptions, the research findings were analyzed using repeated-measures ANOVA and the Bonferroni post-hoc test in SPSS version 26. The results indicated a significant difference between the schema-therapy and EFT experimental groups and the control group in marital intimacy ($p < .05$). Moreover, no significant difference was found between the schema-therapy and EFT groups in the posttest and follow-up phases based on the mean scores of the variable ($p < .05$). Both schema therapy and emotion-focused therapy are effective in enhancing marital intimacy. Therefore, training in schema therapy and EFT can be used to increase marital intimacy among couples.

Keywords: *effectiveness, schema therapy, emotion-focused therapy (EFT), marital intimacy, couples*

1. Introduction

Marital intimacy constitutes one of the fundamental pillars of long-term relational stability, serving as the emotional, cognitive, and behavioral foundation through which partners develop closeness, trust, mutual responsiveness, and a shared sense of meaning in their relationship. Conceptually, intimacy is not limited to emotional expression but encompasses empathy, vulnerability, needs communication, forgiveness, shared values, and dyadic emotional regulation, all of which contribute to the couple's global relational functioning. Decades of relational research emphasize that marital intimacy is a critical determinant of relationship satisfaction, resilience in the face of stressors, and long-term relational maintenance (Bradbury & Karney, 2014). Across developmental, clinical, and systemic frameworks, intimacy has been conceptualized as both an outcome and a process—continuously shaped by internal psychological schemas, emotional experiences, interpersonal patterns, and contextual life events.

Recent empirical findings underscore the intricate links between intimacy, mental health, and well-being. Biopsychosocial models highlight that depressive symptoms, physical health challenges, and relational processes significantly predict sexual satisfaction and harmonious sexual passion, both of which are closely linked to the quality of intimacy within long-term relationships (Busby et al., 2024). Furthermore, emerging evidence suggests that mood and anxiety symptoms in one or both partners may disrupt intimacy processes by reducing emotional availability, heightening relational withdrawal, and reinforcing negative interaction cycles; this is especially notable given the high global prevalence of mood-related symptoms across populations, including postpartum women and parents, which significantly affect relational functioning (Hunter et al., 2024). Thus, interventions aimed at improving intimacy must address not only behavioral skills but also underlying emotional and cognitive vulnerabilities.

One major body of research has explored early maladaptive schemas as foundational cognitive–emotional structures influencing relational functioning. According to schema theory, schemas develop from early relational experiences, particularly experiences of unmet core emotional needs in childhood, and subsequently shape adult interpretations, emotional responses, and behavioral tendencies in close relationships. Empirical studies confirm that maladaptive schemas are strongly associated with romantic relationship dissatisfaction, insecure attachment dynamics, maladaptive coping in conflict situations, emotional reactivity, and diminished intimacy (Kover et al., 2025). These schemas, once activated in close relationships, can trigger avoidance, overcompensation, or surrender patterns, thereby disrupting communication, empathy, and emotional closeness.

Schema therapy (ST) has therefore become an important therapeutic approach in clinical and relational contexts, originally developed to treat personality disorders but increasingly adapted for couples with entrenched relational patterns. Evidence demonstrates that schema therapy—delivered in both individual and group formats—can significantly modify maladaptive patterns in patients with chronic interpersonal and emotional difficulties (Arntz et al., 2022). Further research indicates that schema therapy is effective not only in severe psychopathology but also in relational problems, including disorders involving anxiety, trauma, and interpersonal avoidance (Peeters et al., 2022). Its therapeutic mechanisms, including imagery rescripting, mode work, limited reparenting, and cognitive restructuring, enable couples to identify the childhood roots of relational distress and develop healthier adult modes of interaction. Clinical applications show promising results in the context of marital intimacy, including increased trust, emotional openness, and secure connection between partners (Mohammadi et al., 2025).

Research within Iranian contexts has also documented the usefulness of schema-based interventions for improving marital intimacy and attachment patterns, especially among couples presenting with chronic relational conflict (Kamali et al., 2025). Additionally, schema-related constructs influence help-seeking behaviors in couples: relational schemas predicting whether individuals initiate therapy when experiencing relationship distress, which underscores the relevance of schema-focused interventions at both preventive and clinical levels (Spiker et al., 2020). Newer relational studies further emphasize the dyadic nature of schemas, demonstrating that adult attachment patterns and interpersonal schemas jointly influence marital adjustment through actor and partner effects, thus reinforcing the need to address reciprocal schema activation within therapeutic settings (Uluyol & Özen-Çıplak, 2024).

Another prominent intervention for enhancing relational intimacy is Emotion-Focused Therapy (EFT), a humanistic-experiential, attachment-based approach aimed at restructuring emotional processes and interaction cycles within couples. EFT proposes that intimacy is strengthened

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E-ISSN: 3041-9026

through accessible, responsive, and engaged emotional exchanges, which allow partners to form or restore secure attachment bonds. A growing body of literature provides robust evidence supporting the efficacy of EFT in ameliorating relational distress, improving empathic responsiveness, reducing negative interaction patterns, and enhancing emotional accessibility between partners. A comprehensive meta-analysis recently confirmed the long-term effectiveness of EFT in strengthening intimacy, empathy, and relational satisfaction across diverse populations (Spengler et al., 2025). EFT's emotional-deepening techniques help partners express unmet attachment needs, transform secondary emotions (e.g., anger, withdrawal), and cultivate primary emotional responses conducive to connection.

EFT has further demonstrated utility in the treatment of couples exhibiting comorbid relational and affective difficulties. Transdiagnostic models of EFT show efficacy in reducing mood disorder symptoms while simultaneously improving relational dynamics (Timulak et al., 2024). This dual impact is crucial because emotional dysregulation and unresolved attachment wounds frequently co-occur with marital intimacy problems. Moreover, EFT has shown effectiveness in reducing marital violence, increasing marital adjustment, and improving sexual intimacy among distressed couples, especially in cultures where emotional expression is constrained by social norms (Panabad et al., 2022). Given these effects, EFT is considered one of the most evidence-based and empirically validated approaches for couple therapy.

In addition to interventions directly targeting schemas or emotional processes, broader relational research has examined antecedents of marital intimacy. Factors such as forgiveness, empathy, communication patterns, and mindfulness predict fluctuations in relational satisfaction and closeness. Systematic reviews highlight that forgiveness plays a pivotal role in sustaining relationship quality and maintaining marital satisfaction over time (Mendes-Teixeira & Duarte, 2021). Other research indicates that empathy—especially cognitive and emotional empathy—significantly predicts intimacy and day-to-day relational satisfaction (Wen et al., 2022). Marital empathy and forgiveness also interact with personality traits such as extraversion to predict marital satisfaction (Tahmasebi & Khoramabadi, 2023). Furthermore, communication patterns, especially the balance between demand–withdraw behaviors, have been shown to strongly influence intimacy formation and maintenance, with group-based communication interventions improving relational outcomes (Najafi & Khoyini, 2019). Collectively, these findings indicate that intimacy is shaped by a constellation of emotional, cognitive, communicative, and behavioral processes.

Clinical and epidemiological work also shows that external stressors, health-related burdens, and psychosocial vulnerabilities affect marital intimacy. For example, physical or dermatological health conditions such as psoriasis predict depression levels, which are moderated by marital adjustment, underscoring intimacy as a protective factor in psychological well-being (Sharma et al., 2024). Similarly, menopausal symptoms predict decreased marital relationship quality, indicating that developmental and life-cycle factors significantly shape intimacy trajectories (Zaman et al., 2022). As couples navigate medical, occupational, or psychosocial challenges, intimacy acts as a buffer enhancing resilience and mutual support.

Despite these insights, couples with entrenched maladaptive schemas and negative emotional cycles often require structured therapeutic interventions to restore intimacy. Schema therapy and EFT represent two of the most empirically supported approaches for improving relational functioning, yet few comparative studies have examined their differential or overlapping effectiveness specifically for marital intimacy. Early evidence suggests both approaches uniquely contribute to intimacy enhancement: schema therapy by altering deep-seated cognitive–emotional patterns, and EFT by restructuring attachment-related interaction cycles. However, the mechanisms through which each approach enhances intimacy—and whether one approach demonstrates superior or more sustained outcomes—remain understudied, particularly in non-Western cultural contexts where marital roles, emotional norms, and relational expectations may differ from Western norms.

Furthermore, clinical research highlights the importance of adapting relational interventions to socio-cultural contexts, recognizing that marital intimacy is shaped by culturally grounded assumptions about emotional expression, interpersonal boundaries, and marital roles. Given that schema activation and emotional accessibility vary across cultural contexts, comparative intervention studies contribute significantly to developing culturally responsive couple therapy frameworks. Although growing evidence supports the use of schema therapy among culturally diverse populations, including Iranian couples (Kamali et al., 2025; Mohammadi et al., 2025), the literature

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E-ISSN: 3041-9026

still lacks rigorous experimental studies directly comparing this modality with EFT.

Taken together, the literature underscores the need for comparative research that examines the distinct therapeutic contributions of schema therapy and EFT to marital intimacy. Understanding their relative and combined effectiveness not only advances clinical science but also enhances therapeutic decision-making for practitioners working with conflict-affected couples.

Accordingly, the aim of this study is to compare the effectiveness of schema therapy and emotion-focused therapy in improving marital intimacy among couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pretest–posttest–follow-up structure, including two experimental groups and one control group. The statistical population consisted of all couples who visited family counseling centers in the city of Hamedan during the first three months of 2025 for counseling services, totaling 180 individuals. To determine the sample size, 118 individuals from the 180 counseling center clients were initially selected through purposive sampling and completed the Marital Conflict Questionnaire. Based on the questionnaire's cutoff scores (162 to 270), eligible participants were screened, and 60 qualified volunteers were randomly selected and assigned to three groups of 20. Finally, two groups were randomly designated as the experimental groups (schema therapy and emotion-focused therapy (EFT)), and one group was designated as the control group.

The inclusion criteria consisted of: (1) being a married couple (officially registered marriage); (2) at least one year having passed since beginning married life; (3) having marital problems (such as low intimacy or poor empathy), confirmed by a counselor or referred by counseling centers; (4) age range between 25 and 55 years for both spouses; (5) having at least a high school diploma (to ensure comprehension of therapeutic session content); (6) providing informed consent to participate in the study and attend therapeutic sessions; (7) not receiving concurrent similar treatments (e.g., schema therapy or EFT delivered in parallel); (8) obtaining a score between 162 and 270 on the Marital Conflict Questionnaire. The exclusion criteria included: (1) being in the process of divorce or having made a definite decision to separate; (2) lack of cooperation or repeated absences from therapy sessions; and (3) unwillingness to continue participation at any stage of the study.

It should be noted that data collection began after receiving an introduction letter from Islamic Azad University, Borujerd Branch. Coordination with the directors of the family counseling centers in Hamedan was conducted to gain entry to the organizations and obtain necessary information from couples. With the cooperation of the centers' staff, a list of couples who had attended counseling during the first quarter of 2025 was prepared. After initial screening, two groups were randomly selected as the experimental groups (schema therapy and emotion-focused therapy (EFT)), and one group was selected as the control group. After group formation, the experimental groups were provided with explanations regarding the interventions and were asked to actively participate in all sessions. The intervention sessions were then implemented for the two experimental groups according to the treatment protocol for each group, held in the conference room. Chairs were arranged in a semicircle to facilitate group participation.

Before implementing the interventions, questionnaires were distributed among all three groups; following the completion of intervention sessions, the questionnaires were administered again, and members of the control group were contacted and invited to the counseling centers to complete the questionnaires. Finally, two months after the posttest phase, participants again completed the questionnaire for the follow-up phase.

2.2. Measures

The standard Sanaei Marital Conflict Questionnaire (MCQ; 1996): This tool was used for the initial screening. Each item contains five response options scored from 1 to 5. Individuals were screened based on the cutoff score range (162 to 270). The maximum total score is 270 and the minimum is 54. Higher scores indicate greater marital conflict and lower scores indicate a better relationship and less conflict. Items are scored as Never (1), Rarely (2), Sometimes (3), Often (4), and Always (5). Items 47, 45, 33, 30, 26, 14, 11, 3, and 54 are reverse-scored. In Sanaei's 1996 study, the Cronbach's alpha coefficient for this questionnaire was reported as .88.

Thompson and Walker Marital Intimacy Scale (1983) contains 17 items and was developed by Walker and Thompson in 1983 to measure affection and intimacy within the family. The scale is scored on a 7-point Likert scale

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E-ISSN: 3041-9026

(from Never = 1 to Always = 7). Its face validity has been confirmed, and its reliability was reported as .88. In a study by Zarsheghayi et al. (2010), after factor analysis, the correlation of the total test score with its subscales was calculated and considered an indicator of validity, and the Cronbach's alpha coefficient was reported as .91.

2.3. Interventions

The couples' group schema therapy intervention was delivered in twelve 90-minute sessions based on the protocol of Young et al. (2003) and Young & Klosko (2003), with content validity confirmed by five clinical psychology and couple therapy experts and intervention fidelity ensured through session-by-session monitoring (reliability ≈ .90). Across the sessions, couples were first introduced to one another, the therapist, the goals of group therapy, the concepts of schemas, coping styles, schema therapy principles, and group confidentiality rules. They were then familiarized with Young's 18 schemas and their roots in unmet childhood needs and completed exercises identifying their own and their partner's active schemas. The five schema domains and the parental role in schema formation were explained, followed by a written childhood-memory exercise linking early experiences to current schemas. Subsequent sessions introduced coping styles (surrender, avoidance, overcompensation), common maladaptive patterns in marital conflict, and exercises analyzing partners' coping styles. Couples identified schema triggers in their communication and explored links between schemas and misunderstandings, aggression, or withdrawal. The concept of the "Healthy Adult" mode and its regulatory role was taught, with practical exercises generating Healthy Adult responses to a partner's schema activation. Guided imagery work was used to reconstruct painful childhood memories to modify their emotional charge. Chair-work techniques were employed to work with internal modes—Punitive Parent, Vulnerable Child, and Healthy Adult—with couples engaging in therapeutic dialogues shifting from unhealthy parts to healthy ones. Unresolved marital conflicts were examined, and structured methods for rebuilding trust were practiced. Skills such as non-judgmental listening, emotional reflection, and empathy were taught through guided real-interaction exercises. Couples then defined realistic relational goals, designed home-practice tasks to strengthen the Healthy Adult mode, and developed "if–then" plans for schema-triggering situations. Finally, the entire treatment process was reviewed, cognitive–emotional–behavioral changes were evaluated, group feedback was exchanged, and a three-month follow-up plan was established.

The couples' group EFT intervention was conducted in twelve 90-minute sessions following the Johnson and Greenberg (1980) protocol, with content validity verified by expert review and fidelity ensured through systematic session monitoring (reliability ≈ .90). The intervention began with introducing group members and therapists, outlining EFT goals, defining confidentiality and respect norms, and engaging couples in expressing their expectations of the relationship and treatment. Couples were then taught to identify their negative interaction cycle (e.g., pursuer–withdrawer) and recognize how repetitive behavioral patterns maintain relational distress, followed by exercises mapping each couple's cycle. They learned to differentiate between primary emotions (such as fear, sadness, and the need for connection) and secondary emotions (such as anger and withdrawal) and described real situations in which secondary emotions escalated conflict. Foundational attachment needs—belonging, safety, and acceptance—were explored through written and verbal sharing. Subsequent sessions focused on suppressed emotions like fear of rejection or feeling unseen, with guided practice in expressing vulnerable emotions honestly to one's partner. Couples then practiced active listening and empathic responding using "I feel… because…" communication. Secure-bond interactions were strengthened through supportive, validating feedback exercises. Increasing acceptance of each partner's emotional experience was addressed through active emotional responding to vulnerability. Couples co-constructed new relational agreements and drafted an emotional commitment pledge. They reviewed relational gains and practiced applying learned skills to real-life situations. Barriers to relapse into negative cycles were examined, and future conflict-management plans were created. The final session consolidated the therapeutic process, evaluated personal and relational changes, and provided an opportunity for celebration of progress and mutual feedback.

2.4. Data analysis

After data collection, and in accordance with the level of measurement and statistical assumptions (normality, homogeneity of variances, homogeneity of the variance–covariance matrix, and sphericity), repeated-measures

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ANOVA and the Bonferroni post-hoc test were used for data analysis at a significance level of .05 using SPSS version 26.

3. Findings and Results

In this study, 60 male and female participants were assigned to the experimental groups (schema therapy and emotion-focused therapy) and the control group. The chi-square test indicated that the groups were homogeneous in terms of education level and age, with no significant differences between them. Descriptive indicators of the study variables in the pretest, posttest, and follow-up stages are presented in Table 1.

Table 1

Descriptive Indicators of the Study Variables in the Experimental and Control Groups Across the Three Testing Stages

Variable	Group	Schema Therapy		EFT		Control	
		Mean	SD	Mean	SD	Mean	SD
Intimacy	Pretest	80.28	5.85	95.25	7.02	29.05	9.04
	Posttest	100.10	4.61	71.75	5.22	28.65	8.98
	Follow-up	97.95	4.24	71.50	5.20	27.65	8.33

The results in Table 1 indicate that the mean scores of intimacy in the posttest and follow-up stages increased compared to the pretest in both experimental groups, while no noticeable differences were observed between the mean scores of the control group across the three stages.

Before performing repeated-measures ANOVA, the assumptions of Box's M and Levene's test were examined. Neither was statistically significant ($p > .05$), indicating that the homogeneity of covariance matrices and homogeneity of variances for intimacy across the three stages were met. Mauchly's test of sphericity showed that the assumption of equal within-subject variances for marital intimacy across stages was not met ($p < .05$). Given that the Greenhouse–Geisser epsilon value was lower than .71, the Huynh–Feldt correction was used.

Table 2

Results of Repeated-Measures ANOVA for the Intimacy Variable

Variable	Source of Variation	F	p-value	Eta Squared	Power
Intimacy	Within-group Effect (Time)	990.921	< .001	.982	1
	Between-group Effect (Group)	286.620	< .001	.962	1
	Time × Group Interaction	414.384	< .001	.936	1

Based on Table 2, the effect of time on intimacy scores in the pretest, posttest, and follow-up stages was significant ($p < .001$). The between-group effect also indicated significant differences between the experimental (schema therapy and EFT) and control groups in mean intimacy scores across all stages ($p < .001$). The time × group interaction effect was also significant ($p < .001$), demonstrating that the experimental groups differed significantly from the control group in changes in marital intimacy over time. This confirms the effectiveness of schema therapy and EFT in enhancing marital intimacy in the posttest and follow-up stages compared with the control group. Additionally, differences between posttest and follow-up scores were not significant, indicating sustained treatment effects over time.

Table 3

Bonferroni Post-Hoc Test Results for Time Comparisons

Variable	Baseline Stage	Comparison Stage	Schema Therapy			EFT		Control	
			Mean Diff.	SE	p	Mean Diff.	SE	p	
Intimacy	Pretest	Posttest	-30.71	1.42	.001	-68.45	1.95	.001	
	Pretest	Follow-up	-15.69	1.52	.001	-42.45	1.89	.001	
	Posttest	Follow-up	-15.20	.66	.012	.263	.349	1.00	

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The results in Table 3 show that the intimacy scores of the schema therapy and EFT groups increased significantly from pretest to posttest and follow-up ($p < .001$). However, no significant differences were found across the control group's scores at different times.

Table 4

Bonferroni Post-Hoc Test Results for Pairwise Group Comparisons

Variable	Reference Group	Compared Group	Mean Difference	SE	p-value
Intimacy	Schema Therapy	EFT	21.19	1.63	.001
	Schema Therapy	Control	46.83	1.63	.001
	EFT	Control	27.61	1.63	.001

As Table 4 indicates, both schema therapy and EFT were more effective than the control group in improving marital intimacy ($p < .001$). Additionally, schema therapy was significantly more effective than EFT in increasing marital intimacy ($p < .001$).

4. Discussion

The purpose of the present study was to compare the effectiveness of schema therapy and emotion-focused therapy (EFT) on increasing marital intimacy among couples. The results demonstrated that both interventions significantly improved intimacy from pretest to posttest and that these improvements were sustained at follow-up. In contrast, the control group showed no meaningful changes across measurement stages, indicating that intimacy difficulties do not spontaneously resolve without targeted intervention. Although both schema therapy and EFT produced strong effects, schema therapy demonstrated a comparatively stronger impact on intimacy outcomes. These findings affirm the central role of cognitive-emotional transformation and attachment-based emotional processing in enhancing relational closeness, empathy, and mutual responsiveness between partners.

One explanation for the observed efficacy of schema therapy lies in the theoretical foundation of early maladaptive schemas as longstanding cognitive-emotional patterns rooted in childhood experiences. These schemas shape expectations, emotional reactions, and interpersonal behaviors throughout adulthood, particularly within intimate relationships. Evidence from prior research supports this rationale, showing that maladaptive schemas strongly predict diminished romantic satisfaction and relational distress (Kover et al., 2025). Schema therapy, by identifying, activating, and restructuring these schemas, enables couples to understand the childhood origins of their conflicts and to shift from automatic defensive reactions to healthier adult modes of interaction. This aligns with evidence that schema therapy produces significant improvements in interpersonal functioning across various clinical populations, including personality disorders and trauma-related conditions (Arntz et al., 2022; Peeters et al., 2022). The strong observed effects in the present study are consistent with findings from culturally adapted schema-based interventions that have improved marital intimacy, emotional regulation, and attachment security among Iranian couples (Kamali et al., 2025; Mohammadi et al., 2025). Similarly, schema-related cognitions influence couples' willingness to seek therapy, which reinforces the notion that maladaptive schemas are central determinants of relational difficulties (Spiker et al., 2020). Taken together, these studies support the conclusion that schema therapy offers a robust mechanism for modifying ingrained relational patterns, thereby enhancing intimacy.

EFT also demonstrated substantial effectiveness in increasing marital intimacy, consistent with its theoretical emphasis on emotional bonding, attachment security, and interaction cycle restructuring. EFT interventions focus on transforming secondary defensive emotions—such as anger and withdrawal—into primary emotions like vulnerability, fear, and longing for connection. This process enables partners to express core needs for love, safety, and acceptance, which strengthens intimacy. The present findings align strongly with the results of a recent comprehensive meta-analysis indicating that EFT yields significant and durable improvements in intimacy, empathy, and relationship satisfaction across diverse populations (Spengler et al., 2025). Other studies further demonstrate EFT's efficacy for couples with relational and mood-related comorbidities, highlighting that emotional openness and mutual responsiveness enhance both psychological functioning and relational outcomes (Timulak et al., 2024). Moreover, experimental and clinical research shows that EFT reduces marital conflict, increases emotional

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E-ISSN: 3041-9026

attunement, and improves sexual intimacy, particularly in populations confronting chronic relational stressors (Panabad et al., 2022). These convergent findings help explain the significant improvements in marital intimacy observed among couples receiving EFT in the present study.

The comparatively greater effect size of schema therapy relative to EFT may be attributed to the deep cognitive restructuring achieved through schema identification and rescripting processes. While EFT focuses primarily on emotional experience and relational interaction patterns, schema therapy simultaneously addresses long-standing belief systems, internalized parental modes, and coping mechanisms that influence both intrapersonal and interpersonal functioning. Studies have shown that schema therapy effectively transforms rigid relational patterns, reduces dysfunctional coping styles, and enhances secure adult functioning (Arntz et al., 2022; Koppers et al., 2023). Such cognitive restructuring may complement or enhance emotional expression, resulting in more substantial or longer-lasting improvements in intimacy. Additionally, schema therapy's emphasis on the "Healthy Adult" mode aligns with research showing that forgiveness, empathy, emotional acceptance, and communication skills play critical roles in fostering intimacy (Mendes-Teixeira & Duarte, 2021; Wen et al., 2022). Further, studies indicate that empathy and forgiveness contribute significantly to marital satisfaction and relational coherence (Tahmasebi & Khoramabadi, 2023). Therefore, schema therapy's structured approach may produce stronger or more stable improvements in intimacy than EFT for couples whose relational difficulties arise from deeply entrenched maladaptive schemas.

At the same time, EFT's effectiveness observed in the present study is strongly supported by prior research highlighting the centrality of emotional experiences and attachment processes in shaping marital intimacy. Intimacy has long been recognized as a dynamic interactional process rooted in emotional availability, responsiveness, and engagement (Bradbury & Karney, 2014). EFT's focus on restructuring emotional cycles directly addresses these core relational components. For instance, research demonstrates that anxiety, depressive symptoms, and emotional withdrawal significantly affect marital adjustment and sexual satisfaction, emphasizing the need for interventions that facilitate emotional openness and empathy (Busby et al., 2024; Hunter et al., 2024). Moreover, findings that attachment patterns and interpersonal schemas predict dyadic adjustment lend further support to EFT's relational focus (Uluyol & Özen-Çıplak, 2024). The improved intimacy observed in the EFT group in the present study thus aligns with extensive evidence that emotional responsiveness and secure bonding processes constitute key determinants of relational well-being.

The stability of gains in both intervention groups at follow-up suggests that schema therapy and EFT both produce enduring benefits for couples. This sustainability is consistent with research showing long-term treatment gains in schema therapy for severe and chronic conditions (Arntz et al., 2022) and long-term relational improvements following EFT (Spengler et al., 2025). Additionally, interventions targeting communication patterns, emotional regulation, and cognitive restructuring tend to yield lasting effects due to their impact on underlying relational structures and behavioral habits. The absence of spontaneous improvement in the control group reinforces the conclusion that marital intimacy difficulties require structured therapeutic attention and do not generally resolve without targeted intervention.

The present findings also align with broader literature on determinants of marital quality. Studies indicate that communication skills training improves intimacy and relational harmony (Najafi & Khoyini, 2019), mindfulness enhances empathy and day-to-day satisfaction (Wen et al., 2022), and life-cycle factors such as menopausal symptoms and chronic illness influence the quality of marital relationships (Sharma et al., 2024; Zaman et al., 2022). These multidimensional influences underscore why therapeutic approaches must address both individual vulnerabilities and interactional dynamics. Schema therapy's cognitive–developmental foundation and EFT's emotional–interactional basis offer complementary pathways to achieving these therapeutic goals.

5. Conclusion

Overall, the results of the present study contribute to growing evidence supporting schema therapy and EFT as highly effective approaches for enhancing marital intimacy. The findings highlight the central role of schema change and emotional bonding processes in improving relational functioning and underscore the importance of integrating cognitive-emotional and attachment-based frameworks in couple therapy.

This study is limited by its sample size, which restricts the generalizability of findings to broader or more diverse populations. The reliance on self-report measures may

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introduce social desirability bias or inaccurate recall. The follow-up period, although sufficient to assess short-term maintenance, does not allow conclusions regarding long-term durability of treatment effects. Additionally, the study did not control for therapist effects, treatment expectancy, or differences in couple readiness for change.

Future studies should include larger and more diverse samples to enhance generalizability across cultural, socioeconomic, and developmental contexts. Longitudinal designs with extended follow-up periods would provide insight into long-term stability of treatment effects. Future comparative research could examine therapist variables, treatment fidelity, and the mechanisms of change unique to schema therapy and EFT. Mixed-methods approaches may further illuminate subjective experiences of intimacy change in couples.

Practitioners should consider integrating schema-based cognitive restructuring with emotionally focused techniques to address both deep cognitive patterns and emotional interaction cycles. Therapists may benefit from assessing schema activation early in treatment and tailoring interventions to specific maladaptive modes. Couple therapy programs may incorporate structured communication training, empathy-building exercises, and emotional bonding tasks to maximize treatment outcomes.

Authors' Contributions

H. S. and D. K. jointly designed the study and developed the research framework. H. S. coordinated participant recruitment, supervised data collection, and managed the therapeutic implementation for both schema therapy and EFT groups. D. K. conducted the statistical analyses, including repeated-measures ANOVA and Bonferroni post-hoc testing, and contributed to interpreting the findings. Both authors collaboratively prepared, revised, and approved the final manuscript.

Declaration

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

Transparency Statement

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

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

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E-ISSN: 3041-9026