Comparison of the Effectiveness of Schema Therapy and Cognitive–Behavioral Therapy on Distress Tolerance in Maladjusted Couples

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ABSTRACT

The present study aimed to compare the effectiveness of schema therapy and cognitive–behavioral therapy (CBT) on distress tolerance in maladjusted couples. This applied research was conducted using a quasi-experimental design with pretest–posttest and a control group. The statistical population consisted of all couples who referred to psychology clinics in District 2 of Tehran during the first half of 2025. A sample of 45 couples was selected through convenience sampling and randomly assigned to three groups: schema therapy, cognitive–behavioral therapy, and control. Following the withdrawal of one couple from the cognitive–behavioral therapy group, data analysis was conducted on 44 couples. Research instruments included the Emotional Distress Tolerance Questionnaire, which was administered at three stages: pretest, posttest, and a two-month follow-up. The schema therapy group received ten intervention sessions based on Young's model, including identification of maladaptive schemas, coping styles, and emotional restructuring techniques (Young, 2003). The cognitive–behavioral therapy group participated in ten sessions focusing on communication skills training, cognitive restructuring, stress management, and modification of dysfunctional patterns (Beck, 2011). No intervention was implemented for the control group. Data were analyzed using repeated measures analysis of variance. The results indicated that both interventions significantly improved couples' distress tolerance; however, schema therapy demonstrated significantly greater effectiveness than cognitive–behavioral therapy, and its effects remained more stable at the follow-up stage. Based on these findings, it can be concluded that the deeper, emotion-focused, and core-level interventions characteristic of schema therapy play a more substantial role in enhancing distress tolerance among maladjusted couples.

Keywords: Schema therapy; Cognitive–behavioral therapy; Distress tolerance; Maladjusted couples

1. Introduction

Marriage remains one of the most central and enduring interpersonal institutions shaping psychological health, emotional stability, and social functioning across cultures. Contemporary research consistently demonstrates that marital quality exerts profound effects on mental health outcomes, physical well-being, and overall life satisfaction, while marital conflict and maladjustment constitute major predictors of psychological distress and relational dysfunction. Within this context, distress tolerance—defined as an individual's perceived and actual capacity to withstand negative emotional states without resorting to maladaptive coping—has emerged as a pivotal psychological construct influencing marital functioning, emotional regulation, and relational resilience (Mahmoudpour et al., 2018; Rauf et al., 2023). Empirical evidence indicates that low distress tolerance is associated with heightened emotional reactivity, impaired communication, reduced marital satisfaction, and increased vulnerability to conflict escalation (Salimi & Soudani, 2023; Taheri & Mahvash Shirazi, 2019). Consequently, enhancing distress tolerance among couples, particularly those experiencing relational maladjustment, has become a critical objective in contemporary couple therapy.

The psychological burden associated with marital maladjustment is not confined to emotional discomfort but extends into broader psychosocial domains. Longitudinal research has demonstrated that marital breakdown and chronic relational strain significantly elevate psychological distress, depressive symptoms, anxiety, and long-term health risks (Tavares & Aassve, 2013). The accumulation of unresolved conflict undermines attachment security, erodes trust, and disrupts emotional intimacy, often resulting in persistent relational dissatisfaction and psychological vulnerability (Bunt & Hazelwood, 2017; Doherty et al., 2024). These findings underscore the necessity for therapeutic interventions that not only alleviate symptomatic distress but also address the deeper emotional and cognitive mechanisms sustaining relational dysfunction.

Distress tolerance functions as a central regulatory mechanism within this relational ecosystem. Individuals with higher distress tolerance demonstrate greater emotional stability, improved conflict management, enhanced communication, and stronger commitment to relationship maintenance, even under conditions of heightened stress (Mahmoudpour et al., 2018; Rauf et al., 2023). Conversely, deficits in distress tolerance amplify emotional volatility,

impulsive responses, and maladaptive interaction patterns, thereby intensifying relational instability and conflict persistence (Taheri & Mahvash Shirazi, 2019). Interventions that strengthen distress tolerance, therefore, hold substantial promise for improving marital adjustment and relational sustainability.

Among the most empirically supported therapeutic approaches for addressing relational distress and emotional dysregulation are Cognitive–Behavioral Therapy (CBT) and Schema Therapy. CBT has long been established as an effective intervention for modifying dysfunctional cognitions, maladaptive behaviors, and emotional responses across a wide range of psychological conditions (Gkintoni & Nikolaou, 2024; Mason et al., 2022). Within the domain of couple therapy, CBT interventions emphasize communication skills training, cognitive restructuring, behavioral exchange, stress management, and problem-solving strategies, yielding consistent improvements in relationship satisfaction and emotional functioning (Bodenmann et al., 2020; Bouchard et al., 2024). Recent technological advancements further extend the reach and precision of CBT through artificial intelligence-based tools, enhancing assessment, personalization, and treatment delivery in both individual and couple therapy contexts (Jiang et al., 2024).

Despite these strengths, CBT's focus on present-oriented cognitive and behavioral modification may be insufficient for couples whose relational difficulties originate from deeply entrenched emotional patterns and early maladaptive schemas. Schema Therapy, developed as an integrative extension of CBT, directly targets these foundational psychological structures by addressing early maladaptive schemas, schema modes, attachment needs, and emotion regulation capacities (Bach et al., 2018; Kellogg & Young, 2006). Schema therapy conceptualizes chronic relational dysfunction as emerging from unmet childhood needs that generate enduring cognitive-emotional patterns shaping adult relationships. These schemas activate maladaptive coping responses during intimate interactions, perpetuating cycles of conflict, emotional withdrawal, and relational instability (Bamelis et al., 2011; Pilkington & Karantzas, 2024).

Contemporary research increasingly validates the broad clinical utility of schema therapy across diverse populations and psychological conditions. Systematic reviews and bibliometric analyses demonstrate robust evidence supporting schema therapy's effectiveness for personality disorders, emotional dysregulation, and complex relational

difficulties (Joshua et al., 2025; Pilkington & Karantzas, 2024). Recent randomized controlled trials further confirm schema therapy's capacity to produce enduring emotional and behavioral change by restructuring deep cognitive-affective patterns (Veenstra-Spruit et al., 2024). Its application has expanded to special populations, including individuals with autism spectrum disorder, highlighting its adaptability and depth of therapeutic impact (Vuijk et al., 2024).

The conceptual superiority of schema therapy for enhancing distress tolerance lies in its direct engagement with emotion-laden memory networks, attachment injuries, and core psychological needs. While CBT improves distress tolerance primarily through cognitive reframing and skill acquisition, schema therapy simultaneously transforms the emotional roots of distress by fostering corrective emotional experiences, strengthening self-compassion, and restructuring maladaptive internal working models (Bach et al., 2018; Joshua et al., 2025). This integrative depth suggests that schema therapy may offer more sustainable improvements in emotional resilience and relational stability among maladjusted couples.

Within marital contexts, early maladaptive schemas profoundly shape attachment behaviors, emotional responsiveness, and conflict resolution patterns. Schema activation during marital interactions often manifests as heightened emotional reactivity, withdrawal, blame, or avoidance, reinforcing maladaptive relational cycles (Bamelis et al., 2011; Kellogg & Young, 2006). Schema therapy's focus on identifying these patterns and modifying underlying emotional needs positions it as a particularly powerful intervention for couples struggling with chronic relational distress and low distress tolerance.

Recent research supports this theoretical proposition. Empirical findings indicate that schema-based interventions significantly improve emotional regulation, interpersonal functioning, and distress tolerance across clinical populations (Pilkington & Karantzas, 2024; Veenstra-Spruit et al., 2024). Moreover, applications of schema therapy in younger populations demonstrate its preventive and developmental benefits for emotional resilience and relational competence (Joshua et al., 2025). In contrast, although CBT remains highly effective for symptom reduction and communication enhancement, its long-term impact on deeply rooted emotional vulnerabilities may be comparatively limited (Bodenmann et al., 2020; Mason et al., 2022).

The increasing complexity of relational stressors in contemporary society further amplifies the need for integrative therapeutic approaches. Cultural transitions, evolving gender roles, economic pressures, and shifting family structures have intensified emotional demands placed on intimate relationships (Alwhaibi et al., 2024; Doherty et al., 2024). These dynamics heighten the prevalence of relational distress and underscore the importance of interventions capable of addressing both surface behaviors and underlying emotional schemas. Research on marital commitment and relational stability consistently identifies emotional regulation capacity and distress tolerance as critical mediators of relationship success (Mahmoudpour et al., 2018; Rauf et al., 2023).

Despite growing recognition of schema therapy's clinical advantages, direct empirical comparisons between schema therapy and CBT in the specific domain of distress tolerance among maladjusted couples remain scarce. Existing studies often focus on individual psychopathology, personality disorders, or general relationship satisfaction rather than isolating distress tolerance as a primary outcome variable (Pilkington & Karantzas, 2024; Vuijk et al., 2024). Moreover, many couple-based studies emphasize short-term outcomes without sufficient attention to the durability of emotional change over time (Bouchard et al., 2024; Salimi & Soudani, 2023).

Addressing this gap is of substantial clinical and theoretical importance. Distress tolerance functions as a foundational capacity supporting emotional stability, conflict management, and relational persistence, and its enhancement may represent a core mechanism through which therapeutic interventions exert long-term effects on marital adjustment (Rauf et al., 2023; Taheri & Mahvash Shirazi, 2019). Understanding whether schema therapy provides superior and more durable improvements in distress tolerance compared to CBT has direct implications for treatment selection, clinical training, and intervention design.

Furthermore, recent methodological advances in therapy research emphasize the importance of multimodal outcome assessment, follow-up evaluation, and cross-cultural validation of therapeutic models (Gkintoni & Nikolaou, 2024; Veenstra-Spruit et al., 2024). Integrating these perspectives strengthens the scientific foundation of couple therapy and enhances its applicability across diverse populations and cultural contexts. Within this evolving framework, the present study contributes empirical evidence

addressing a critical unresolved question in contemporary couple therapy research.

Therefore, the aim of the present study was to compare the effectiveness of schema therapy and cognitive–behavioral therapy on distress tolerance in maladjusted couples.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in nature and employed a quasi-experimental design with pretest–posttest and a control group. The statistical population consisted of all couples who referred to psychology clinics in District 2 of Tehran during the first half of 2025 due to marital problems. From this population, a sample of 45 couples was selected using convenience sampling and then randomly assigned to three groups, including two experimental groups (schema therapy and cognitive–behavioral therapy) and one control group. However, during the implementation of the study, one couple from the cognitive–behavioral therapy group was excluded due to absence from sessions, and ultimately data analysis was conducted on 44 couples. The inclusion criteria were being married within the age range of 30 to 35 years, having at least one year of marital life, obtaining a score above the cut-off point on the Marital Maladjustment Questionnaire, having no simultaneous participation in other therapeutic programs, willingness and informed consent to participate in the study, and holding a bachelor's or master's degree. In addition, absence from more than two therapy sessions, use of psychotropic medications, withdrawal from participation, or occurrence of divorce were considered exclusion criteria. In the implementation phase, after sample selection and obtaining informed consent, the Emotional Distress Tolerance Questionnaire was administered as the pretest in all three groups. Then, the first experimental group participated in ten sessions of schema therapy based on Young's model (Young, 2003), and the second experimental group participated in ten sessions of cognitive–behavioral therapy, while no intervention was provided for the control group. At the end of the treatment period, the posttest was administered to all groups, and in order to examine the stability of treatment effects, a follow-up test was conducted two months after the completion of the intervention. To observe research ethics principles, participants were informed of the study objectives and assured of the confidentiality of their information, after which they completed informed consent forms, and following the completion of the study, therapeutic interventions were also provided for the control group.

2.2. Measures

Emotional Distress Tolerance Questionnaire: This self-report instrument was developed by Simons and Gaher (2005) and consists of 15 items and four subscales: appraisal, tolerance, regulation, and absorption. The subscales assess individuals' abilities in subjective evaluation of distress, the degree of attention to negative emotions when they occur, regulatory actions for tolerating distress, and emotional distress tolerance. Items are rated on a five-point Likert scale, with higher scores indicating greater distress tolerance. Simons and Gaher (2005) reported Cronbach's alpha coefficients of 0.72 for distress tolerance, 0.82 for absorption by negative emotions, 0.78 for subjective appraisal of distress, 0.70 for regulation of efforts to alleviate distress, and 0.82 for the total scale. In the study by Taheri and Mahvi (2019), the Cronbach's alpha coefficient for this questionnaire was obtained as 0.72. In the present study, Cronbach's alpha coefficients for the components of distress tolerance, including tolerance, appraisal, absorption, and emotion regulation, were obtained as 0.79, 0.78, 0.88, and 0.91, respectively.

2.3. Intervention

The schema therapy intervention was implemented over ten structured sessions based on Young's integrative model of schema change. The first session focused on orientation, administration of the pretest, enhancing motivation for participation, and introducing the general principles of schema-focused therapeutic change. In the second session, participants were introduced to the definitions and core concepts of early maladaptive schemas, the mechanisms of schema formation and maintenance, associated developmental needs and domains, and primary coping styles. The third session initiated experiential techniques, with emphasis on the role of parenting patterns in schema development and encouraging free emotional expression of formative life events. The fourth session aimed at modifying distressing emotional memories and examined the influence of child temperament in schema formation. During the fifth session, therapists facilitated emotional activation related to maladaptive schemas and explored the reinforcing role of coping styles. The sixth session emphasized healthy emotional expression and discharge while specifically examining avoidant coping patterns and their contribution to

schema maintenance. In the seventh session, further modification of negative emotional memories was conducted alongside analysis of overcompensatory coping patterns. The eighth session focused on surrender coping styles and their role in perpetuating maladaptive schemas. The ninth session examined protective factors that hinder schema formation and maintenance, including supportive relationships and biological or temperamental influences. The final session included administration of the posttest, comprehensive review and integration of therapeutic gains, reinforcement of personal agency in modifying maladaptive behavioral styles, and formal termination of treatment.

The cognitive–behavioral therapy program consisted of ten sessions designed to improve cognitive, emotional, and behavioral functioning. The first session introduced participants to the structure, rules, and objectives of the intervention and provided psychoeducation regarding the cognitive–behavioral model and treatment goals. The second session focused on behavioral exchange agreements and role-reversal techniques. In the third session, communication skills were addressed through instruction on effective communication, introduction of the "Four Horsemen" concept in relationship conflict, review of previous material, and training in speaker–listener skills. The fourth session expanded communication training by introducing empathic communication and teaching the "pencil and paper" technique. The fifth session examined the interrelationship between thoughts, emotions, and behaviors, differentiating these components and identifying automatic thoughts and associated emotional and behavioral responses. In the sixth session, participants explored cognitive schemas, practiced constructing positive schemas, and engaged in behavioral enactment through reframing exercises. The seventh session focused on cognitive distortions, their types, and the relationship between automatic thoughts and cognitive errors. The eighth session addressed impulsivity and impulse control strategies, along with techniques for mood enhancement and increasing pleasant activities. The ninth session provided

psychoeducation on stress, stress management strategies, problem-solving techniques, and progressive muscle relaxation training. The final session consolidated therapeutic content, evaluated progress, and conducted a structured termination and conclusion of treatment.

2.4.   Data analysis

The data were analyzed at two levels of descriptive statistics (mean and standard deviation) and inferential statistics; at this stage, given the three measurement points, repeated measures analysis of variance was used in SPSS version 26, and prior to its implementation, the assumptions of the test, including normality, homogeneity, and sphericity, were examined and confirmed.

3.   Findings and Results

In the demographic characteristics section, the mean and standard deviation of the couples' ages in the three experimental and control groups were examined. The mean age of participants in the schema therapy group was 43.55 years (SD = 4.87), in the cognitive–behavioral therapy group 44.12 years (SD = 5.33), and in the control group 43.86 years (SD = 5.13). The results of the analysis of variance indicated that the difference in mean age among the three groups was not statistically significant (F = 0.767, p = .412); therefore, the groups were homogeneous with respect to age. Examination of educational level showed that the highest frequency in all three groups belonged to bachelor's and master's degree levels, and a small percentage of participants held a diploma or doctoral degree. Overall, the distribution of educational levels among men and women in the three groups was relatively similar, and no notable differences were observed between groups. These findings indicate that the research groups were relatively homogeneous in terms of demographic characteristics, including age, employment status, and educational level, and the baseline conditions of the groups for comparing the effects of therapeutic interventions were reliable.

Table 1

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

Group	Test Phase	N	Mean	Standard Deviation
Schema Therapy	Pretest	15	38.7333	7.16606
	Posttest	15	63.8667	4.99809
	Follow-Up	15	64.9333	4.99238
Cognitive–Behavioral Therapy	Pretest	14	41.6429	6.34220
	Posttest	14	53.0000	6.74563

	Follow-Up	14	54.0000	6.74563
Control	Pretest	15	40.0000	6.04725
	Posttest	15	38.6000	5.64035
	Follow-Up	15	41.0000	5.04725

The results presented in Table 1 indicate that the mean distress tolerance scores in the schema therapy group increased from pretest (38.73) to posttest (63.87) and follow-up (64.93). In the cognitive–behavioral therapy group, the mean increased from 41.64 at pretest to 53.00 at posttest and 54.00 at follow-up. In contrast, the control group showed no significant change, and its mean remained nearly constant. These results indicate the positive effect of both therapeutic approaches on increasing couples' distress tolerance, particularly in the schema therapy group.

Table 2

Repeated Measures Analysis Results for Comparing Schema Therapy and Cognitive–Behavioral Therapy on Distress Tolerance in Maladjusted Couples

Effect	Statistic	Value	F	Hypothesis df	Error df	Significance	Partial Eta Squared
Within-Subject Factor	Pillai's Trace	.987	1567.439	2	4	< .001	.987
	Wilks' Lambda	.013	1567.439	2	4	< .001	.987
	Hotelling's Trace	78.372	1567.439	2	4	< .001	.987
	Roy's Largest Root	78.372	1567.439	2	4	< .001	.987
Group × Time Interaction	Pillai's Trace	1.432	51.742	4	82	< .001	.987
	Wilks' Lambda	.012	164.401	4	80	< .001	.987
	Hotelling's Trace	46.246	450.899	4	78	< .001	.987
	Roy's Largest Root	45.414	930.997	2	41	< .001	.987

Figure 1

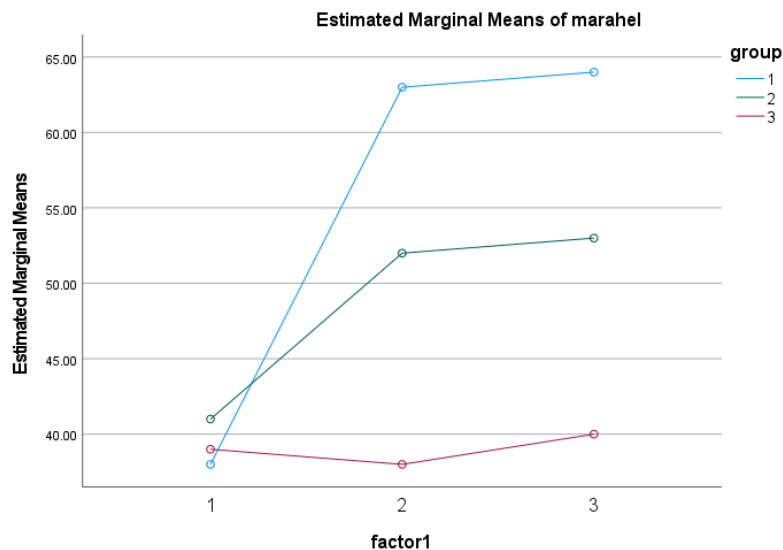*Comparison of distress tolerance across the three groups at the three time points.*

Table 2 presents the results of multivariate tests for comparing the effectiveness of schema therapy and cognitive–behavioral therapy on distress tolerance in maladjusted couples. As shown in Table 4, all multivariate tests indicate a statistically significant variance for the interaction effect of group and time (for example, Pillai's Trace = .716, F = 51.742, p < .001). Therefore, there is a statistically significant difference between the effectiveness of schema therapy and cognitive–behavioral therapy on distress tolerance in maladjusted couples. Based on the descriptive findings (Table 1), it can be stated that the effectiveness of schema therapy in improving distress tolerance among maladjusted couples is greater than that of cognitive–behavioral therapy. The figure above illustrates the changes in distress tolerance across the three groups at the three time points. Group 1 represents the schema therapy

group, Group 2 represents the cognitive–behavioral therapy group, and Group 3 represents the control group.

4.   Discussion

The present study examined the comparative effectiveness of schema therapy and cognitive–behavioral therapy on distress tolerance among maladjusted couples. The findings demonstrated that both interventions significantly improved couples' distress tolerance from pretest to posttest, with effects maintained at the two-month follow-up. However, schema therapy produced significantly greater improvement and more stable outcomes over time compared to cognitive–behavioral therapy. These results provide important empirical support for the superior capacity of schema-based interventions to enhance emotional resilience within distressed marital relationships.

The overall improvement in distress tolerance observed in both intervention groups is consistent with prior research emphasizing the central role of therapeutic interventions in strengthening couples' emotional regulation and relational functioning. Distress tolerance has been identified as a crucial determinant of marital satisfaction, emotional stability, and adaptive conflict management (Mahmoudpour et al., 2018; Rauf et al., 2023). Previous studies indicate that when couples acquire strategies for managing negative emotions and stressful interactions, they exhibit reduced conflict intensity, greater relational commitment, and enhanced psychological well-being (Salimi & Soudani, 2023; Taheri & Mahvash Shirazi, 2019). The significant improvement observed in the cognitive–behavioral therapy group aligns with extensive literature demonstrating CBT's effectiveness in modifying dysfunctional cognitions, improving communication patterns, and strengthening problem-solving skills in intimate relationships (Bodenmann et al., 2020; Bouchard et al., 2024).

CBT's impact on distress tolerance can be attributed to its structured focus on cognitive restructuring, behavioral skill acquisition, and stress management. By teaching couples to identify maladaptive thoughts, regulate emotional reactions, and implement constructive interaction strategies, CBT fosters increased emotional control and adaptive coping during relational stressors (Gkintoni & Nikolaou, 2024; Mason et al., 2022). Furthermore, recent developments integrating artificial intelligence into CBT have further enhanced its precision and accessibility, allowing for personalized feedback and continuous monitoring of emotional states (Jiang et al., 2024). These mechanisms

plausibly explain the meaningful gains in distress tolerance achieved by the CBT group in the present study.

Nevertheless, the significantly greater and more durable improvement observed in the schema therapy group underscores the distinctive therapeutic advantages of schema-based interventions for couples experiencing chronic relational distress. Schema therapy's theoretical framework posits that enduring emotional difficulties originate from early maladaptive schemas formed through unmet childhood needs and adverse attachment experiences (Bach et al., 2018; Kellogg & Young, 2006). These schemas, when activated in adult intimate relationships, generate intense emotional responses, maladaptive coping patterns, and dysfunctional interaction cycles (Bamelis et al., 2011; Pilkington & Karantzas, 2024). By directly targeting these deep-rooted cognitive–emotional structures, schema therapy facilitates fundamental transformation in emotional processing rather than merely symptom management.

The superior efficacy of schema therapy in enhancing distress tolerance is strongly supported by contemporary research. Systematic reviews and bibliometric analyses document robust evidence for schema therapy's effectiveness in improving emotional regulation, interpersonal functioning, and long-term psychological stability (Joshua et al., 2025; Pilkington & Karantzas, 2024). Randomized controlled trials further demonstrate that schema therapy produces sustained emotional and behavioral change through the modification of early maladaptive schemas and schema modes (Veenstra-Spruit et al., 2024). Moreover, schema therapy's effectiveness across diverse populations, including individuals with autism spectrum disorder, highlights its adaptability and depth of impact (Vuijk et al., 2024).

In the context of marital relationships, the emotional depth of schema therapy is particularly salient. Couples experiencing maladjustment often display entrenched patterns of emotional reactivity, avoidance, and mutual misunderstanding that are resistant to surface-level behavioral interventions. Schema therapy addresses these patterns by facilitating corrective emotional experiences, strengthening self-compassion, and meeting core emotional needs within the therapeutic relationship (Bach et al., 2018; Kellogg & Young, 2006). Through these mechanisms, individuals develop greater emotional security and resilience, enabling them to tolerate distressing emotions without resorting to maladaptive coping strategies. This process plausibly accounts for the superior improvements in distress tolerance observed in the schema therapy group.

The durability of schema therapy's effects at follow-up further distinguishes it from CBT. While CBT effectively equips couples with practical skills, its focus on present-oriented cognitive and behavioral change may not fully restructure the emotional foundations underlying chronic distress (Bodenmann et al., 2020). In contrast, schema therapy's emphasis on transforming early emotional memories and attachment representations fosters enduring internal change that persists beyond the termination of therapy (Bamelis et al., 2011; Veenstra-Spruit et al., 2024). This theoretical distinction is reflected in the present study's findings, where schema therapy maintained superior outcomes over time.

These results also resonate with broader relationship research emphasizing the centrality of emotional regulation and distress tolerance in marital stability. Low distress tolerance has been consistently linked to increased marital conflict, reduced satisfaction, and elevated psychological distress (Rauf et al., 2023; Taheri & Mahvash Shirazi, 2019). Conversely, couples who demonstrate higher emotional tolerance exhibit greater relational commitment, effective communication, and adaptive coping during crises (Bunt & Hazelwood, 2017; Mahmoudpour et al., 2018). The present findings suggest that schema therapy may offer a more powerful pathway for cultivating these protective capacities.

Furthermore, contemporary societal pressures intensify the emotional demands placed on intimate relationships. Cultural transitions, shifting social roles, and increasing economic stress contribute to rising levels of marital distress across populations (Alwhaibi et al., 2024; Doherty et al., 2024). Under such conditions, interventions capable of addressing both surface behaviors and underlying emotional vulnerabilities are essential. Schema therapy's integrative model, which combines cognitive, behavioral, emotional, and attachment-based techniques, appears particularly well-suited for addressing the multifaceted challenges faced by modern couples (Bach et al., 2018; Pilkington & Karantzas, 2024).

5. Conclusion

The present study therefore contributes important empirical evidence to the evolving literature on couple therapy by demonstrating the comparative superiority of schema therapy in enhancing distress tolerance among maladjusted couples. These findings extend previous research that has primarily focused on individual psychopathology and general relationship satisfaction by

highlighting distress tolerance as a critical therapeutic outcome (Pilkington & Karantzas, 2024; Rauf et al., 2023). By isolating this construct, the study clarifies a key mechanism through which therapeutic interventions exert long-term effects on relational adjustment and psychological well-being.

Despite its contributions, the present study is subject to several limitations. The sample size was relatively modest and drawn from a specific geographical region, which may limit the generalizability of the findings to broader populations. The follow-up period was limited to two months, preventing conclusions regarding the long-term stability of treatment effects beyond this interval. Additionally, reliance on self-report measures may have introduced response biases. Finally, the study did not assess potential moderating variables such as attachment style, personality traits, or severity of marital conflict, which could influence treatment outcomes.

Future studies should employ larger and more diverse samples across different cultural contexts to enhance external validity. Longitudinal designs with extended follow-up periods are recommended to examine the durability of schema therapy's effects over time. Researchers should also explore potential mediators and moderators of treatment outcomes, such as attachment patterns, emotional intelligence, and personality dimensions. Comparative studies integrating physiological and behavioral measures of emotional regulation would further enrich understanding of how therapeutic change unfolds within couples.

Clinicians working with distressed couples should consider prioritizing schema therapy when emotional dysregulation and low distress tolerance constitute central treatment concerns. Training programs for couple therapists should incorporate advanced schema-based techniques to strengthen practitioners' capacity for addressing deep emotional vulnerabilities. Mental health service providers are encouraged to integrate schema therapy into standard couple counseling protocols to enhance long-term relational outcomes and psychological resilience.

Authors' Contributions

F.S. conceptualized the study, designed the research methodology, and supervised the overall research process; A.S. contributed to the development of the therapeutic protocols, coordinated participant recruitment, and oversaw the implementation of the interventions; S.G. performed data

analysis, interpreted the results, and prepared the initial draft of the manuscript. All authors reviewed and approved the final version of the 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.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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