

Effectiveness of Schema Therapy on Agreeableness and Sense of Coherence in Women with Marital Conflicts

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ABSTRACT

Objective: The present study aimed to investigate the effectiveness of schema therapy on agreeableness and sense of coherence among women experiencing marital conflicts.

Methods and Materials: This study employed a quantitative quasi-experimental design with a pretest–posttest control group. The statistical population consisted of women with marital conflicts who referred to psychological counseling centers in Rasht during 2025. Using purposive sampling, 34 participants were initially selected, and after attrition, 30 participants remained and were randomly assigned to an experimental group (n = 15) and a control group (n = 15). Inclusion criteria included willingness to participate, residency in Rasht, and age between 30 and 50 years. The experimental group received a schema therapy intervention based on Young’s model delivered in six 45-minute sessions, while the control group received no psychological intervention during the study period. Data were collected using the Kansas Marital Conflict Scale, the Agreeableness subscale of the NEO Five-Factor Inventory, and Antonovsky’s Sense of Coherence Questionnaire. Data analysis was conducted using analysis of covariance (ANCOVA) and independent samples t-tests in SPSS Version 26 after confirming statistical assumptions.

Findings: Results of independent t-tests revealed statistically significant differences between experimental and control groups in posttest agreeableness and sense of coherence scores ($p < .001$). One-way ANCOVA results demonstrated significant effects of schema therapy on all components of sense of coherence, including comprehensibility ($F = 9.80, p = .004$), manageability ($F = 5.54, p = .026$), and meaningfulness ($F = 12.25, p = .002$). Additionally, schema therapy significantly increased agreeableness compared with the control condition ($p < .001$), indicating meaningful psychological change following intervention.

Conclusion: Schema therapy was effective in improving agreeableness and strengthening sense of coherence among women with marital conflicts.

Keywords: Schema Therapy, Agreeableness, Sense of Coherence, Marital Conflicts

1. Introduction

Marital relationships constitute one of the most influential interpersonal contexts shaping psychological well-being, emotional regulation, and personality development throughout adulthood. The family system functions as a primary social environment in which emotional security, identity formation, and psychological adjustment are continuously negotiated. Healthy marital functioning is associated with higher psychological resilience, improved emotional balance, and greater life satisfaction, whereas persistent marital conflict represents a significant psychosocial stressor that threatens individual mental health and family stability. Contemporary psychological literature increasingly recognizes marital conflict not merely as situational disagreement but as a multidimensional phenomenon rooted in cognitive, emotional, personality, and developmental factors (Radnia et al., 2022; Sabzevari et al., 2022). Studies have shown that maladaptive communication patterns, unresolved emotional needs, and dysfunctional cognitive schemas contribute substantially to chronic relational distress, ultimately leading to marital dissatisfaction and emotional disengagement.

Marital conflicts are strongly linked with psychological vulnerability, emotional dysregulation, and impaired interpersonal functioning. Research indicates that couples experiencing severe relational discord frequently demonstrate deficits in adaptive personality traits such as agreeableness, empathy, and cooperative interaction, which are essential for sustaining intimacy and mutual understanding (Akbarzadeh & Zaharakar, 2022; Karimnejad et al., 2014). Agreeableness reflects individuals' tendency toward compassion, cooperation, flexibility, and emotional responsiveness in social relationships, making it a central personality dimension in marital harmony. Lower agreeableness has been associated with heightened conflict escalation, defensive communication, and reduced emotional attunement between partners. Moreover, biological and emotional reactivity processes during marital conflict further intensify relational tension, suggesting that both psychological and physiological mechanisms contribute to maladaptive couple dynamics (Makhanova et al., 2018).

Beyond personality characteristics, the concept of sense of coherence has gained increasing attention in marital and health psychology as a protective psychological resource. Sense of coherence refers to individuals' perception that life experiences are comprehensible, manageable, and

meaningful, enabling effective coping with stress and relational challenges. Individuals possessing a strong sense of coherence demonstrate greater resilience, adaptive coping strategies, and improved relational adjustment (Hirsikangas et al., 2024). Empirical findings indicate that strengthening sense of coherence through psychological interventions enhances quality of life, emotional functioning, and interpersonal stability. Intervention studies involving empowerment-based and therapeutic programs have reported significant improvements in coherence perceptions and psychological adaptation across diverse populations (Fazeli et al., 2022; Hourzad et al., 2018). Within marital contexts, sense of coherence operates as an integrative psychological framework that helps partners interpret conflicts constructively rather than catastrophically, thereby reducing emotional exhaustion and relational burnout.

Recent theoretical models propose that marital adjustment emerges from the interaction between personality traits, cognitive schemas, emotional regulation capacities, and mindfulness-related processes. Wisdom-adjustment models highlight sense of coherence as a mediating factor linking emotional awareness, marital adjustment, and adaptive relational functioning (Radnia et al., 2022). Likewise, mindfulness and differentiation-based interventions have demonstrated effectiveness in reducing marital conflicts among women by promoting self-awareness and emotional regulation capacities (Mohammadipour & Shojaei, 2018). These findings underscore the necessity of therapeutic approaches that simultaneously target cognitive structures, emotional processing, and interpersonal behavior patterns rather than focusing solely on surface-level communication skills.

Schema theory provides a comprehensive explanatory framework for understanding persistent marital problems. According to schema therapy, early maladaptive schemas develop during childhood through unmet emotional needs, dysfunctional attachment experiences, and adverse interpersonal environments, shaping enduring patterns of cognition, emotion, and behavior across adulthood (Young et al., 2021). These schemas influence how individuals perceive themselves and others within intimate relationships, often activating maladaptive coping responses such as avoidance, overcompensation, or emotional surrender. Comparative studies of couples at different stages of marital dissolution have demonstrated that early maladaptive schemas are significantly more pronounced among distressed and divorcing couples than among satisfied partners (Moradi & Diarian, 2020). Furthermore,

maladaptive schemas predict marital burnout and emotional disconnection, particularly among women experiencing chronic relational stress (Satarian & Shojaei-Jeshvaghani, 2025).

Schema therapy has emerged as one of the most integrative and empirically supported therapeutic approaches for addressing deep-rooted relational difficulties. By combining cognitive-behavioral, experiential, interpersonal, and attachment-based techniques, schema therapy aims to modify dysfunctional schemas, heal unmet emotional needs, and strengthen the Healthy Adult mode (Farrell et al., 2024). Clinical applications of schema therapy emphasize emotional awareness, imagery rescripting, cognitive restructuring, and corrective relational experiences within therapy. Research has consistently demonstrated that schema-based interventions improve marital satisfaction, intimacy, and emotional expression among couples facing severe relational distress (Bibak et al., 2025; Shahabi & Sanagoo, 2019). Similarly, schema therapy interventions focusing on imagery techniques have shown significant effectiveness in enhancing marital intimacy among couples experiencing conflict (Kamali et al., 2025).

Empirical evidence further supports the effectiveness of schema therapy in reducing psychological distress and enhancing adaptive functioning in individuals and couples. Group emotional schema therapy has been shown to reduce emotional dysregulation and psychological distress among divorced women, highlighting its capacity to restructure maladaptive emotional patterns (Mohammadi et al., 2019). Additional studies report improvements in attachment styles, marital intimacy, and relational engagement following schema therapy interventions (Mohammadi et al., 2025). Investigations involving couples with marital conflict indicate that schema therapy not only alleviates distress but also enhances life engagement and emotional participation within relationships (Zerang et al., 2025). These outcomes suggest that schema therapy addresses the underlying psychological mechanisms sustaining marital conflict rather than merely treating its behavioral manifestations.

The therapeutic impact of schema-based interventions can also be understood through emotional processing frameworks. Effective couple therapy requires accessing vulnerable emotional experiences underlying defensive interpersonal patterns, enabling partners to respond with empathy and emotional attunement (Troksell, 2023). Schema therapy facilitates this process by helping individuals recognize emotional triggers connected to early

schemas and reinterpret relational experiences through healthier cognitive-emotional lenses. Emotional schema interventions have been associated with reductions in anxiety symptoms and improvements in emotion regulation and marital satisfaction among women with psychological disorders (Razzaghi et al., 2025). Such findings emphasize that modifying emotional meaning systems is central to sustainable marital change.

Personality development research further suggests that cognitive inhibition, emotional control, and adaptive self-regulation play essential roles in interpersonal adjustment and conflict resolution (Sinha & Mackrij, 2019). Schema therapy directly targets these regulatory processes by restructuring maladaptive beliefs and strengthening self-reflective capacities. Through experiential and cognitive techniques, individuals gradually develop greater agreeableness, empathy, and cooperative interaction styles, thereby improving relational functioning. Contemporary clinical scholarship highlights schema therapy as particularly suitable for complex relational problems because it integrates personality change with emotional healing and behavioral modification (Farrell et al., 2024; Hirsikangas et al., 2024).

In Iranian cultural contexts, marital relationships are deeply embedded within social, emotional, and familial expectations, making marital conflict a significant psychological and social concern. Studies conducted among Iranian couples demonstrate that cognitive flexibility, emotional self-compassion, and schema restructuring significantly predict marital adjustment and relationship satisfaction (Akbarzadeh & Zaharakar, 2022). Family-oriented therapeutic approaches and schema-based interventions have been effective in improving communication patterns and reducing emotional divorce among women experiencing marital distress (Sabzevari et al., 2022). Collectively, these findings highlight the relevance of culturally sensitive therapeutic models that address both intrapersonal vulnerabilities and relational dynamics.

Despite growing evidence supporting schema therapy, research examining its simultaneous effects on personality traits such as agreeableness and psychological constructs such as sense of coherence remains limited. While prior studies have investigated schema therapy's impact on marital satisfaction, emotional regulation, attachment styles, and psychological distress, fewer studies have explored how schema modification influences broader personality functioning and existential coping frameworks within

marital relationships (Bibak et al., 2025; Zerang et al., 2025). Understanding these mechanisms is essential because sustainable marital improvement likely depends on both personality transformation and enhanced meaning-making capacities. Recent investigations emphasize the need for integrative research examining cognitive, emotional, and personality outcomes following schema therapy interventions among women experiencing marital conflict (Kamali et al., 2025; Satarian & Shojaei-Jeshvaghani, 2025).

Given the central role of agreeableness in interpersonal harmony and the protective function of sense of coherence in coping with relational stress, examining therapeutic approaches capable of improving both constructs represents an important clinical and research priority. Schema therapy, with its focus on unmet emotional needs, maladaptive schemas, and corrective emotional experiences, appears particularly suited to addressing the underlying psychological mechanisms contributing to marital conflict. However, empirical evidence evaluating these outcomes within controlled experimental designs remains insufficient, particularly among women experiencing persistent marital conflict.

Therefore, the present study aimed to investigate the effectiveness of schema therapy on agreeableness and sense of coherence in women with marital conflicts.

2. Methods and Materials

2.1. Study design and Participant

This study was classified as applied research in terms of purpose, quantitative in terms of data type, and quasi-experimental in methodological nature, employing a pretest–posttest design with a control group. The statistical population consisted of all women experiencing marital conflicts who referred to psychological counseling centers in Rasht during the third two-month period of 2025. From this population, 34 participants were selected using purposive sampling; considering an attrition of four participants, a final sample of 30 individuals was randomly assigned to two groups (experimental group: 15 participants; control group: 15 participants). Inclusion criteria consisted of willingness to participate in the study, residency in Rasht, and an age range between 30 and 50 years. Exclusion criteria included absence from more than two therapy sessions and incomplete responses to questionnaire items. Ethical considerations included informing participants about the objectives and procedures of the study prior to implementation. The researcher committed to providing

interpretation of the results to participants upon request, and necessary clarifications were offered whenever ambiguities arose.

2.2. Measures

The Kansas Marital Conflict Scale (KMCS) was developed by Kansas (1985) and consists of 27 items. The scale is scored using a four-point Likert scale ranging from 1 (never) to 4 (almost always). The minimum and maximum possible scores are 27 and 108, respectively, with a cutoff point of 67.5; scores above 67.5 indicate high marital conflict, whereas scores below 67.5 reflect lower marital conflict. Kansas (1985) reported construct validity using factor analysis (0.55) and internal consistency reliability using Cronbach's alpha (0.79). Abbaszadeh et al. (2021) confirmed the content validity of the instrument based on expert psychological evaluation and reported a Cronbach's alpha reliability coefficient of 0.82. In the present study, content validity was also confirmed through expert review, and reliability was obtained using Cronbach's alpha (0.88).

Agreeableness was assessed using the Agreeableness subscale of the NEO Five-Factor Inventory (NEO-FFI) developed by Costa and McCrae (1992). The inventory includes 60 items rated on a five-point Likert scale ranging from strongly disagree (1) to strongly agree (5). In this study, the agreeableness subscale (items 4, 9, 14, 19, 24, 29, 34, 39, 44, 49, 54, and 59) was employed. The minimum and maximum scores range from 12 to 60, with a cutoff score of 36; scores above 36 indicate higher agreeableness, whereas scores below 36 reflect lower agreeableness. Costa and McCrae (1992) reported factorial validity of 0.86 and internal consistency reliability using Cronbach's alpha of 0.78. Alipour (2012) confirmed the content validity of the instrument through expert judgment and reported a Cronbach's alpha coefficient of 0.73. In the present study, content validity was similarly confirmed, and reliability was calculated using Cronbach's alpha (0.81).

Sense of coherence was measured using the Antonovsky Sense of Coherence Questionnaire (ACQ) developed by Antonovsky (1993), consisting of 13 items rated on a seven-point Likert scale ranging from 1 to 7. The questionnaire includes three subscales: comprehensibility, manageability, and meaningfulness of life events. The minimum and maximum scores range from 13 to 91, with a cutoff point of 52; scores above 52 indicate higher sense of coherence, whereas lower scores indicate weaker sense of coherence. Antonovsky (1993) reported construct validity using factor

analysis (0.61) and internal consistency reliability using Cronbach's alpha (0.73). Mohammadzadeh (2011) confirmed the instrument's validity through expert evaluation and reported a Cronbach's alpha reliability coefficient of 0.76. In the present study, validity was confirmed through expert review, and reliability was calculated using Cronbach's alpha (0.83).

2.3. Intervention

The schema therapy intervention protocol was developed based on Young's Schema Therapy model (Young, 2003) and implemented across six individual sessions, each lasting approximately 45 minutes. In the first session, after establishing rapport and therapeutic alliance, the therapist introduced the principles, goals, and rationale of schema therapy, and clients' presenting marital problems were conceptualized within the schema therapy framework. During the second session, objective evidence supporting or contradicting maladaptive schemas was explored through examination of participants' past and current life experiences, followed by discussion comparing maladaptive schemas with healthy schema patterns. The third session focused on cognitive techniques, including schema validity testing, redefining evidence that maintains maladaptive schemas, and evaluating the advantages and disadvantages of different coping styles. In the fourth session, the concept of the "Healthy Adult" mode was strengthened, unmet

emotional needs were identified, and participants were trained in emotional expression strategies aimed at releasing suppressed or blocked emotions. The fifth session emphasized the development of healthy communication through imagery dialogue techniques, cognitive restructuring strategies for schema change, guided imagery of problematic situations, and gradual confrontation with the most distressing interpersonal scenarios. The sixth session concentrated on therapeutic relationship consolidation, improving relationships with significant others, role-playing exercises, behavioral rehearsal of adaptive responses, and completion of structured homework assignments designed to reinforce newly learned healthy behavioral patterns.

2.4. Data Analysis

To analyze the research findings, the parametric statistical test of analysis of covariance (ANCOVA) was employed. All statistical analyses were conducted using SPSS software, Version 26.

3. Findings and Results

Among the 30 participants included in the study, 13 individuals (43.3%) were aged between 20 and 30 years, 7 participants (23.3%) were aged between 30 and 40 years, and 10 participants (33.3%) reported being between 40 and 50 years of age.

Table 1

Descriptive Statistics of Research Variables by Experimental and Control Groups (n = 30)

Variable	Condition	Group	Mean	Standard Deviation	Shapiro-Wilk	p
Comprehensibility	Pretest	Experimental	14.20	2.72	0.89	0.06
		Control	14.12	4.42	0.96	0.74
	Posttest	Experimental	18.40	2.50	0.91	0.10
		Control	14.94	3.56	0.96	0.84
Manageability	Pretest	Experimental	15.53	3.59	0.92	0.14
		Control	15.88	3.77	0.95	0.48
	Posttest	Experimental	18.40	3.95	0.90	0.07
		Control	14.35	3.13	0.92	0.16
Meaningfulness	Pretest	Experimental	13.40	4.13	0.93	0.21
		Control	13.32	3.23	0.92	0.17
	Posttest	Experimental	16.67	2.40	0.92	0.15
		Control	13.76	3.69	0.97	0.82
Agreeableness	Pretest	Experimental	21.00	3.88	0.95	0.49
		Control	21.32	3.31	0.96	0.69
	Posttest	Experimental	34.10	9.43	0.89	0.06
		Control	21.03	3.40	0.91	0.13

The descriptive findings indicate that both experimental and control groups demonstrated relatively similar mean scores during the pretest phase across all study variables,

suggesting baseline equivalence between groups. Following the intervention, notable increases were observed in the experimental group's posttest means for comprehensibility,

manageability, meaningfulness, and agreeableness, whereas the control group showed minimal change. The Shapiro–Wilk test values were non-significant ($p > .05$) across

variables, confirming that the assumption of normality was satisfied and that parametric statistical analyses were appropriate.

Table 2

Independent Samples t-Test Results for Agreeableness and Sense of Coherence in Women with Marital Conflicts

Variable	Test	F	Sig.	t	df	Sig. (Two-tailed)	Mean Difference	Std. Error Difference	95% CI Lower	95% CI Upper
Agreeableness	Equal variances assumed	15.51	0.001	6.97	28	0.000	16.43	2.35	11.71	21.15
	Equal variances not assumed	—	—	6.97	57.77	0.000	16.43	2.35	11.71	21.15
Sense of Coherence	Equal variances assumed	12.10	0.001	4.47	28	0.000	20.12	5.11	8.41	18.12
	Equal variances not assumed	—	—	4.47	39.11	0.000	20.12	5.11	8.41	18.12

The independent samples t-test demonstrated statistically significant differences between the experimental and control groups in both agreeableness and sense of coherence scores at posttest ($p < .001$). Levene’s test indicated inequality of variances; however, results remained significant under both

variance assumptions. The substantial mean differences suggest that participants receiving schema therapy experienced markedly higher levels of agreeableness and sense of coherence compared with those in the control condition.

Table 3

One-Way ANCOVA Results Comparing Experimental and Control Groups in Sense of Coherence Components

Component	Experimental SS	Error SS	Experimental MS	Error MS	F	p	Effect Size
Comprehensibility	132.30	378.01	132.30	13.50	9.80	0.004	0.25
Manageability	61.63	311.33	61.63	11.11	5.54	0.026	0.16
Meaningfulness	80.03	182.93	80.03	6.53	12.25	0.002	0.30

Results of the one-way ANCOVA revealed statistically significant differences between experimental and control groups across all components of sense of coherence after controlling for pretest scores. Schema therapy significantly improved comprehensibility ($F = 9.80, p = .004$),

manageability ($F = 5.54, p = .026$), and meaningfulness ($F = 12.25, p = .002$). Effect size estimates ranged from moderate to large, indicating that the intervention produced meaningful psychological improvements in participants’ perception of life coherence.

Table 4

Final Adjusted Means of Sense of Coherence Components in Experimental and Control Groups

Component	Group	Mean	Mean Difference	Standard Error	Significance Level
Comprehensibility	Experimental	18.40	4.28	1.82	0.001
	Control	14.12	—	—	—
Manageability	Experimental	18.40	2.48	3.32	0.001
	Control	15.88	—	—	—
Meaningfulness	Experimental	16.67	3.45	2.92	0.001
	Control	13.32	—	—	—

The adjusted posttest means further confirmed the effectiveness of schema therapy, as participants in the experimental group demonstrated higher estimated mean scores than the control group across all sense of coherence components. Significant mean differences in

comprehensibility, manageability, and meaningfulness ($p = .001$) indicate that schema therapy contributed to enhanced cognitive understanding of life events, improved perceived coping capacity, and greater perceived meaning in life experiences among women with marital conflicts.

4. Discussion

The present study examined the effectiveness of schema therapy on agreeableness and sense of coherence among women experiencing marital conflicts. The findings demonstrated that schema therapy significantly improved agreeableness as well as all components of sense of coherence, including comprehensibility, manageability, and meaningfulness. Descriptive statistics indicated that the experimental and control groups were comparable at baseline; however, following the intervention, participants who received schema therapy showed substantial psychological improvement compared with the control group. The analysis of covariance confirmed that these differences remained statistically significant after controlling for pretest scores, suggesting that the observed changes can be attributed to the therapeutic intervention rather than natural variation or measurement effects.

One of the central findings of the study was the significant increase in agreeableness among women who participated in schema therapy sessions. Agreeableness represents an interpersonal personality trait characterized by empathy, flexibility, cooperation, and emotional responsiveness—qualities essential for maintaining constructive marital interactions. The improvement observed in the present study can be interpreted within the theoretical framework of schema therapy, which aims to modify early maladaptive schemas that distort interpersonal perception and emotional reactions (Young et al., 2021). Individuals involved in marital conflict often interpret partner behavior through schema-driven cognitive filters shaped by earlier relational experiences, leading to defensiveness, hostility, or withdrawal. Schema therapy helps clients recognize these maladaptive patterns and replace them with healthier relational responses, thereby facilitating more cooperative and compassionate interaction styles.

The improvement in agreeableness aligns with previous empirical studies reporting that schema therapy enhances marital adjustment, emotional intimacy, and interpersonal functioning. For example, schema-based interventions have been shown to increase marital intimacy and relational satisfaction among couples experiencing conflict (Kamali et al., 2025; Shahabi & Sanagoo, 2019). Similarly, research examining schema therapy in couples on the brink of divorce demonstrated significant improvements in emotional expression and marital satisfaction following intervention (Bibak et al., 2025). These outcomes support the

interpretation that schema therapy contributes to personality-related changes by addressing underlying emotional needs and cognitive distortions rather than merely teaching communication skills. The findings also correspond with research suggesting that cognitive flexibility and self-compassion predict better marital adjustment, emphasizing the role of adaptive personality characteristics in relationship stability (Akbarzadeh & Zaharakar, 2022).

Another important result of this study was the significant enhancement of sense of coherence among participants receiving schema therapy. Sense of coherence reflects individuals' ability to perceive life experiences as understandable, controllable, and meaningful, thereby strengthening coping capacity under stress. The increase in comprehensibility observed in the experimental group suggests that schema therapy enabled participants to reinterpret marital conflicts within a coherent psychological framework. Through cognitive restructuring and schema awareness, individuals learned to understand emotional triggers and relational patterns more clearly, reducing confusion and emotional chaos. Similar findings have been reported in intervention studies demonstrating that psychological treatments can significantly improve sense of coherence and overall quality of life (Hirsikangas et al., 2024).

The improvement in the manageability component indicates that participants developed stronger perceptions of personal competence and coping ability when facing marital stressors. Schema therapy encourages the development of the "Healthy Adult" mode, which strengthens self-regulation, emotional tolerance, and adaptive decision-making. Previous intervention research has similarly shown that therapeutic programs aimed at empowerment and psychological restructuring enhance coping capacity and perceived control over life challenges (Hourzad et al., 2018). Moreover, narrative-based and psychological interventions have been found to strengthen sense of coherence by helping individuals reorganize personal experiences into meaningful narratives (Fazeli et al., 2022). The present findings therefore reinforce the view that schema therapy functions as a deep cognitive-emotional restructuring process that enhances adaptive coping mechanisms.

The meaningfulness dimension of sense of coherence also increased significantly following the intervention. This outcome may be explained by schema therapy's emphasis on unmet emotional needs and experiential techniques such as imagery rescripting, which help individuals reconnect with personal values and emotional authenticity. When

maladaptive schemas are modified, individuals often reinterpret relationships as opportunities for growth rather than sources of threat. Previous research indicates that marital adjustment and sense of coherence are closely interconnected constructs influencing psychological well-being and relational resilience (Radnia et al., 2022). By strengthening emotional meaning-making processes, schema therapy appears to restore psychological engagement and relational motivation among women experiencing marital distress.

The findings of the present study are also consistent with studies demonstrating that schema-focused interventions reduce psychological distress and improve emotional regulation capacities. Emotional schema therapy has been shown to decrease anxiety symptoms and improve marital satisfaction among women with psychological disorders (Razzaghi et al., 2025). Likewise, schema therapy has been associated with enhanced attachment security, improved intimacy, and greater life engagement among couples experiencing relational conflict (Mohammadi et al., 2025; Zerang et al., 2025). These results suggest that schema therapy influences multiple psychological domains simultaneously, producing comprehensive changes in emotional, cognitive, and interpersonal functioning.

From an emotional processing perspective, schema therapy facilitates access to vulnerable emotions underlying defensive interaction patterns. Couples in conflict frequently engage in protective behaviors that conceal underlying needs for attachment, validation, and security. Therapeutic exposure to vulnerable emotional experiences allows individuals to replace defensive responses with empathy and emotional attunement, ultimately improving relational outcomes (Troksell, 2023). The increase in agreeableness observed in the present study may therefore reflect enhanced emotional openness and reduced interpersonal threat perception.

The findings can also be interpreted in light of personality regulation models. Adaptive interpersonal functioning requires effective inhibition of impulsive reactions and regulation of negative affect. Schema therapy strengthens cognitive control and emotional awareness, enabling individuals to respond more thoughtfully during interpersonal conflict situations (Sinha & Mackrijji, 2019). The observed improvements in agreeableness and coherence therefore reflect both personality development and enhanced psychological regulation capacities. Comparative studies of couples across stages of marital dissolution have shown that maladaptive schemas are strongly associated with relational

instability, further supporting the therapeutic importance of schema modification (Moradi & Diarian, 2020).

Cultural and contextual considerations also support the relevance of the present findings. In collectivistic cultural settings where family cohesion and marital stability hold strong social importance, unresolved emotional schemas may exert particularly powerful effects on marital relationships. Research conducted among Iranian women has demonstrated that early maladaptive schemas predict marital burnout and emotional disengagement, highlighting the need for interventions targeting deep psychological structures (Satarian & Shojaei-Jeshvaghani, 2025). Family-oriented therapeutic approaches have similarly shown effectiveness in improving communication patterns and reducing emotional divorce among women with marital conflicts (Sabzevari et al., 2022). The current study extends these findings by demonstrating that schema therapy not only reduces relational distress but also strengthens broader personality and existential coping resources.

Furthermore, previous studies have shown that schema-based emotional interventions effectively reduce psychological distress among divorced women and individuals experiencing relational trauma (Mohammadi et al., 2019). The present results expand this literature by showing that schema therapy may function preventively, improving psychological resources before marital breakdown occurs. By enhancing agreeableness and sense of coherence, schema therapy appears to promote relational resilience, emotional flexibility, and constructive conflict resolution.

5. Conclusion

Overall, the findings support the theoretical assumption that marital conflicts are sustained by maladaptive cognitive-emotional schemas rather than isolated behavioral disagreements. Schema therapy addresses these foundational mechanisms by integrating cognitive restructuring, experiential techniques, and corrective relational experiences, consistent with contemporary clinical guidelines for schema-based treatment (Farrell et al., 2024). The convergence between the present results and prior research strengthens confidence in schema therapy as an effective intervention for women experiencing marital conflict, capable of fostering both personality growth and psychological coherence.

6. Limitations and Suggestions

Despite the valuable findings, several limitations should be considered when interpreting the results. First, the sample size was relatively small and limited to women referring to counseling centers in a single city, which may restrict generalizability to broader populations or different cultural contexts. Second, the quasi-experimental design, although methodologically appropriate, did not allow full control over all potential confounding variables such as partner behavior, socioeconomic stressors, or previous therapy experiences. Third, reliance on self-report questionnaires may have introduced response bias related to social desirability or emotional awareness. Additionally, the study did not include long-term follow-up assessments; therefore, the durability of therapeutic effects remains unclear. Finally, participation was limited to women, preventing comparison of intervention effects across genders or within couple-based therapeutic frameworks.

Future studies are encouraged to employ larger and more diverse samples drawn from multiple cultural and clinical settings to enhance external validity. Longitudinal research designs incorporating follow-up assessments would clarify the stability and maintenance of schema therapy outcomes over time. Researchers may also compare schema therapy with other evidence-based couple interventions to determine relative effectiveness across psychological outcomes. Investigating mediating variables such as emotional regulation, attachment security, or cognitive flexibility could provide deeper insight into mechanisms of change. Moreover, incorporating partner participation or conducting dyadic analyses may offer a more comprehensive understanding of relational transformation processes. Future research could also examine technological or group-based adaptations of schema therapy to increase accessibility and clinical scalability.

From a practical perspective, the findings suggest that schema therapy can be incorporated into marital counseling programs as an effective intervention for women experiencing relational conflict. Counseling centers and family therapy clinics may benefit from integrating schema-based assessment and intervention strategies into routine therapeutic services. Training practitioners in schema therapy techniques such as imagery rescripting, emotional processing, and Healthy Adult mode strengthening may enhance therapeutic effectiveness in marital counseling settings. Preventive applications of schema therapy could also be implemented in premarital education and

relationship enrichment programs to address maladaptive schemas before severe conflict emerges. Additionally, interdisciplinary collaboration between psychologists, counselors, and family support institutions may facilitate wider dissemination of schema therapy interventions aimed at promoting marital stability, emotional well-being, and family cohesion.

Authors' Contributions

B.H.S. was responsible for designing the study, implementing the schema therapy intervention, coordinating participant recruitment, and drafting the initial manuscript. S.M.V. supervised the research process, provided methodological guidance and statistical oversight, and critically revised the manuscript to strengthen its scientific and clinical interpretation. Both authors contributed to data interpretation, manuscript refinement, and approved the final version for publication.

Declaration

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

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. The present study received ethical approval under code IR.IAU.LIAU.REC.1404.072.

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