Journal Website

Article history:
Received 29 July 2026
Revised 17 November 2026
Accepted 24 November 2026
Initial Publication 25 November 2026
Final Publication 01 November 2027

Psychology of Woman Journal

Volume 8, Issue 5, pp 1-15

E-ISSN: 3041-8615

The Effectiveness of Schema Therapy on Forgiveness and Marital Adjustment in Married Women

Masuodeh. Emadi[1], Felor. Khayatan[2*]

[1] M.A. of Clinical Psychology, Department of Psychology, Isf.C., Islamic Azad University, Isfahan, Iran
[2] Associate Professor, Department of Psychology, Isf.C., Islamic Azad University, Isfahan, Iran

*** Corresponding author email address**: f.khayatan@khuisf.ac.ir

A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Emadi, M. & Khayatan, F. (2027). The Effectiveness of Schema Therapy on Forgiveness and Marital Adjustment in Married Women. *Psychology of Woman Journal*, *8*(5), 1-15.
http://dx.doi.org/10.61838/kman.pwj.6713

© 2027 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

A B S T R A C T

Objective: This study aimed to determine the effectiveness of schema therapy in improving forgiveness and marital adjustment among married women.

Methods and Materials: The present study employed a quasi-experimental pretest-posttest control-group design with a 45-day follow-up. The statistical population consisted of married women attending the Family Cultural Center of Isfahan in 2025. Using convenience sampling, 36 eligible women were initially recruited and randomly assigned to experimental and control groups; following attrition, the final sample consisted of 30 participants, with 15 women in each group. The experimental group received eight sessions of schema therapy, each lasting approximately 60–90 minutes, whereas the control group received no intervention during the study period. Data were collected using the Heartland Forgiveness Scale and the Dyadic Adjustment Scale. Measurements were conducted at pretest, posttest, and follow-up. Data were analyzed in SPSS version 26 using descriptive statistics and repeated-measures analysis of variance with Greenhouse–Geisser correction where required.

Findings: Repeated-measures analysis showed a significant effect of time on forgiveness, $F(1.638, 45.867) = 23.136$, $p < .001$, partial $\eta^2 = 0.452$, and a significant Time × Group interaction, $F(1.638, 45.867) = 19.434$, $p < .001$, partial $\eta^2 = 0.410$. The between-group effect was also significant, $F(1, 28) = 4.66$, $p = .039$, partial $\eta^2 = 0.152$. For marital adjustment, the effect of time was significant, $F(1.902, 53.248) = 24.800$, $p < .001$, partial $\eta^2 = 0.470$, as was the Time × Group interaction, $F(1.902, 53.248) = 30.879$, $p < .001$, partial $\eta^2 = 0.524$. The between-group effect was significant, $F(1, 28) = 9.71$, $p = .004$, partial $\eta^2 = 0.258$. Bonferroni comparisons indicated significant pretest-posttest and pretest-follow-up differences for both outcomes.

Conclusion: Schema therapy was effective in improving forgiveness and marital adjustment among married women, and the effects remained evident at the 45-day follow-up, supporting its usefulness as a psychological intervention for enhancing marital functioning.

Keywords: *Schema Therapy, Forgiveness, Marital Adjustment, Married Women, Couple Therapy, Early Maladaptive Schemas*

1. Introduction

Marriage is one of the most enduring and psychologically consequential interpersonal relationships in adulthood, and the quality of marital functioning is closely associated with emotional well-being, interpersonal security, life satisfaction, and the stability of family systems. Marital relationships are not static; rather, they develop through repeated patterns of communication, emotional exchange, mutual expectations, conflict management, and adaptation to changing individual and contextual demands. Within this dynamic process, marital adjustment reflects the extent to which spouses are able to establish a workable balance between personal needs and shared responsibilities, maintain emotional closeness, reach agreement on important areas of family life, and preserve satisfaction with the relationship despite inevitable disagreements. Contemporary research has therefore conceptualized marital adjustment as a multidimensional construct influenced by individual psychological characteristics, relational processes, and broader meaning systems. For example, marital adjustment has been linked to spirituality, moral integrity, cognitive flexibility, duration of marriage, and perceived relational resources, suggesting that successful marital functioning depends on both intrapersonal capacities and interpersonal processes (Ahmadi et al., 2025; Bedir Akpınarlı & Eryücel, 2024). In this context, identifying modifiable psychological mechanisms that contribute to healthier marital functioning remains an important objective in couple and family psychology.

One psychological process that appears particularly relevant to marital functioning is forgiveness. Marriage necessarily involves situations in which one partner experiences disappointment, hurt, neglect, unfairness, or violation of expectations by the other. Because close relationships involve frequent and emotionally salient interactions, even relatively ordinary relational transgressions can accumulate over time and contribute to resentment, emotional distancing, and a decline in marital satisfaction. Forgiveness may interrupt this process by reducing persistent negative motivation toward the offending partner and facilitating a more balanced, compassionate, and constructive orientation toward the relationship. Empirical research has increasingly supported the importance of forgiveness in intimate relationships. Marital offence-specific forgiveness has been shown to play an important mediating role in the association between personal characteristics and marital satisfaction, highlighting its significance as a relational mechanism rather than merely an individual virtue (Brudek & Kaleta, 2023). Similarly, forgiveness has been identified as an important component in pathways linking marriage-related expectations to marital adjustment, with psychological processes such as mindfulness contributing to this association (Bolluk Ugur & Çakmak Tolan, 2024). Evidence from studies of married women also indicates that forgiveness may function as an intermediary between communication patterns and adverse relational outcomes, further suggesting that the capacity to forgive is embedded in broader patterns of marital interaction (Charestad et al., 2026).

Forgiveness is a complex psychological construct that includes changes in cognition, emotion, motivation, and interpersonal orientation following perceived wrongdoing. It does not imply denial of harm, excusing destructive behavior, or abandonment of personal boundaries. Rather, forgiveness generally involves a reduction in revenge, avoidance, persistent hostility, and preoccupation with the offense, accompanied by an increased capacity to respond to the offender in a less rigid and emotionally burdened manner. Contemporary scholarship also recognizes that forgiveness may be directed toward the self, other people, uncontrollable circumstances, or, in some conceptual traditions, a transcendent or divine source. Research on forgiveness has consequently expanded beyond interpersonal reconciliation to include self-forgiveness, spiritually oriented forgiveness, and structured interventions designed to promote forgiving responses (Fincham & Maranges, 2024; Vismaya et al., 2024; Worthington, 2024). This broader literature suggests that forgiveness is not simply a spontaneous moral reaction but a psychological capacity that may be facilitated through systematic therapeutic processes.

The relevance of forgiveness to marital adjustment becomes clearer when marital difficulties are understood as repetitive interpersonal cycles rather than isolated disagreements. Partners may interpret each other's behavior through established beliefs about worth, trust, abandonment, criticism, emotional availability, or entitlement. When these beliefs become rigid, relational events can be perceived through biased cognitive-affective frameworks, causing relatively minor incidents to activate intense emotional responses and longstanding patterns of avoidance, submission, criticism, or withdrawal. Over time, such patterns can reduce flexibility in marital interactions and make the repair of relational injuries increasingly difficult.

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

Theoretical and empirical evidence suggests that early maladaptive schemas may be particularly influential in this process because they represent enduring patterns involving memories, emotions, beliefs, bodily sensations, and expectations concerning the self and others. These schemas typically originate in unmet emotional needs and may continue to guide adult interpersonal behavior even when the original developmental context is no longer present.

Schema theory provides a particularly useful framework for understanding persistent marital problems because it connects early developmental experiences with present relational functioning. Early maladaptive schemas can shape how individuals perceive intimacy, evaluate a partner's intentions, respond to criticism, tolerate emotional closeness, and interpret relational conflict. Research has demonstrated that early maladaptive schemas and family functioning contribute to the prediction of dyadic marital adjustment, indicating that entrenched cognitive-emotional patterns may play a substantial role in the quality of marital relationships (Körük & Özabacı, 2023). Other findings similarly suggest that schema-related processes are associated with a range of psychological symptoms and interpersonal difficulties, supporting the broader proposition that maladaptive schemas function as organizing structures that influence emotional and behavioral responses across contexts (Moon & Nam, 2025; Özmen, 2023). Thus, marital difficulties may persist not only because of what occurs between spouses in the present, but also because current interactions repeatedly activate older emotional themes and maladaptive meanings.

The relationship between schemas and forgiveness is especially important for understanding why some individuals remain psychologically attached to relational injuries. If an interpersonal offense activates schemas involving rejection, mistrust, defectiveness, emotional deprivation, or vulnerability, the event may be experienced as confirmation of a broader and more enduring negative belief about the self or others. Under these circumstances, forgiving a spouse may become difficult because the offense is no longer interpreted as a discrete event; instead, it becomes embedded within a larger narrative of anticipated rejection or unmet emotional needs. Evidence linking early maladaptive schemas with forgiveness-related processes supports this interpretation. Research among women with adverse family backgrounds has demonstrated associations between early maladaptive schemas, trauma-related experiences, and forgiveness, indicating that forgiveness may be influenced by deeper developmental and cognitive-emotional structures (Borzyszkowska et al., 2023). Accordingly, therapeutic approaches that directly modify maladaptive schemas may help individuals respond to relational injuries with greater flexibility and less schema-driven rigidity.

Schema therapy, developed as an integrative treatment model, was designed specifically to address chronic and recurrent patterns that are insufficiently explained by surface-level cognition alone. It combines cognitive, experiential, behavioral, and relational techniques to identify early maladaptive schemas, understand their developmental origins, recognize the coping styles used to manage them, and gradually replace maladaptive responses with healthier alternatives. Through cognitive restructuring, imagery-based techniques, limited reparenting, empathic confrontation, behavioral pattern breaking, and the strengthening of adaptive modes, schema therapy seeks to modify both the meaning attached to painful experiences and the behavioral patterns that maintain dysfunction. Its emphasis on unmet emotional needs and repetitive interpersonal patterns makes it particularly relevant to marital contexts, where longstanding relational sensitivities may repeatedly influence communication, interpretation, and emotional responsiveness.

Recent studies have shown that schema therapy can produce beneficial changes across a variety of psychological domains, suggesting that its effects extend beyond symptom reduction to broader improvements in emotional and relational functioning. For instance, schema therapy has been associated with improvements in emotion-related functioning and self-directed psychological processes among individuals experiencing persistent psychological difficulties (Bateni Noushabadi & Khayyatan, 2026). It has also demonstrated beneficial effects on resilience, distress tolerance, and patterns of emotional functioning in mothers facing significant parenting demands (Rajaeizadeh & Khayyatan, 2025). Similarly, schema-based interventions have been applied successfully to quality of life and repetitive negative cognitive-emotional processes, indicating that modifying maladaptive schemas may influence multiple interconnected dimensions of psychological adaptation (Rahimi Sadegh et al., 2025). Evidence from intervention studies with different populations further supports the clinical usefulness of schema-focused methods for altering rigid interpersonal and self-evaluative patterns (Pukat et al., 2025; Sistani et al., 2025).

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

The potential effectiveness of schema therapy in marital contexts may be particularly strong because marriage frequently activates schemas through intimacy, dependency, expectations of care, and the possibility of rejection or disappointment. In close relationships, individuals are repeatedly exposed to situations that resemble the relational themes around which their schemas were originally organized. As a result, maladaptive schemas can become especially visible in interactions with a spouse. When schema activation occurs, individuals may interpret their partner's behavior through previously established assumptions rather than the immediate relational context, leading to rigid expectations and repetitive conflict cycles. Research on the connection between schema patterns and interpersonal functioning supports this broader conceptualization, showing that schema-related constructs are linked to anxiety, emotional reactivity, interpersonal sensitivity, and coping tendencies across different populations (Mrvoljak-Theodoropoulou & Aggeli, 2026; Overman et al., 2025). Although these studies have examined different outcomes and settings, collectively they reinforce the importance of schema-based cognitive-emotional organization in shaping how individuals respond to socially significant experiences.

Forgiveness may be one of the mechanisms through which schema therapy can influence marital functioning. Schema therapy encourages individuals to reconsider deeply held interpretations about themselves and others, recognize the developmental origins of emotionally charged reactions, and distinguish present relational realities from earlier unmet needs. Through this process, a spouse's behavior may be interpreted with greater nuance and less automaticity. When maladaptive schemas become less dominant, individuals may become more capable of evaluating interpersonal injuries without immediately filtering them through longstanding expectations of rejection, humiliation, deprivation, or abandonment. This may reduce repetitive rumination about marital offenses and create greater psychological space for forgiveness. Forgiveness interventions themselves have demonstrated that structured psychological work can modify responses to interpersonal injury and support more adaptive emotional processing (Vismaya et al., 2024; Worthington, 2024). Religious and meaning-oriented practices have also been associated with forgiveness-related tendencies and stress responses, suggesting that forgiving responses are shaped by broader interpretive systems rather than by isolated emotional states alone (Wunk, 2024).

Schema therapy may also influence marital adjustment more directly by changing the recurring patterns through which spouses relate to one another. Maladaptive schemas often contribute to behaviors such as excessive accommodation, withdrawal, rigid expectations, emotional disengagement, or persistent sensitivity to perceived rejection. These behaviors can make constructive problem solving difficult and can gradually erode emotional intimacy. By helping individuals identify and challenge maladaptive schemas and replace dysfunctional coping patterns with healthier responses, schema therapy may increase relational flexibility, improve the interpretation of a partner's behavior, and support more adaptive emotional engagement. Evidence that schema processes predict dyadic adjustment provides a strong rationale for expecting that their therapeutic modification could lead to measurable changes in marital functioning (Körük & Özabacı, 2023). Moreover, studies examining marital adjustment have emphasized the importance of cognitive flexibility, psychological resources, spiritual well-being, and adaptive meaning-making, all of which are compatible with a broader schema-based understanding of marital adaptation (Ahmadi et al., 2025; Bedir Akpınarlı & Eryücel, 2024).

Direct evidence is also emerging for the usefulness of schema therapy in relation to forgiveness and couple functioning. A comparative intervention study among couples attending counseling centers in Isfahan found that schema therapy was effective in modifying spouse-related emotional experiences, forgiveness, and gratitude, providing particularly relevant support for the application of schema-focused treatment in marital settings (Torajizadeh et al., 2025). Such findings suggest that schema therapy may not only reduce maladaptive internal patterns but may also alter the relational consequences of those patterns. When individuals become more aware of schema-driven interpretations and coping responses, they may be better able to separate present marital events from past emotional wounds, respond less defensively to relational disappointment, and develop more constructive responses toward their spouse.

A further strength of schema therapy is that it integrates cognitive and experiential methods rather than relying solely on rational disputation. Relational injuries often have an emotional intensity that cannot be fully addressed through logical reinterpretation alone. Experiential techniques such as imagery rescripting and limited reparenting allow individuals to access the emotional meanings attached to schemas and revise them in a more direct manner. This may

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

be especially relevant to forgiveness because persistent inability to forgive is often maintained not only by beliefs but also by emotionally vivid memories, repeated mental replay of the offense, and a continued sense of threat or injustice. Research across psychological domains indicates that maladaptive emotional processing is closely connected with rigid interpretive patterns and that effective intervention often requires modification of both cognition and emotional response (Harmon-Jones & Harmon-Jones, 2023; Pop et al., 2025). In this sense, schema therapy offers a theoretically coherent approach for addressing the cognitive-emotional structures that may undermine both forgiveness and marital adjustment.

Interpersonal functioning is also influenced by broader processes of self-awareness, relational expectations, and the ability to respond adaptively under emotionally demanding circumstances. Studies in different psychological contexts have emphasized the role of emotional self-awareness, interpersonal skill development, and adaptive regulation in determining the quality of social responses (Salimi Golangeshi & Dastmardi, 2025; Sasani Siahkamari et al., 2025). Other intervention research has shown that structured psychological treatment can modify entrenched interpersonal response patterns and improve the individual's ability to function more adaptively in socially demanding situations (Hagberg et al., 2023). Although such studies do not directly examine marital forgiveness, they support the broader therapeutic principle that interpersonal patterns are modifiable and that targeted psychological intervention can facilitate healthier relational functioning.

From a wider perspective, interpersonal judgments are also influenced by moral meanings and interpretations of fairness, responsibility, and transgression. Research in moral psychology has shown that judgments about behavior are shaped by underlying moral frameworks and value systems, suggesting that responses to perceived wrongdoing are partly organized by broader meaning structures (Ramos et al., 2024). Within marriage, such moral interpretations may affect whether a partner's behavior is seen as understandable, disappointing, disloyal, or unforgivable. Likewise, socially significant emotional reactions can intensify when people perceive themselves as judged, blamed, or held accountable, demonstrating the importance of interpretive context in shaping interpersonal reactions (Overman et al., 2025). These findings are compatible with schema theory, which proposes that existing cognitive-emotional frameworks influence how interpersonal events are interpreted and experienced.

The broader literature further suggests that unresolved emotional reactions can have important consequences for interpersonal environments. Studies examining emotionally charged interactions in organizational, healthcare, and social contexts have documented the disruptive effects of poorly processed emotional responses on communication, judgment, and relational functioning (Côté-Lussier & David, 2023; Grünebaum et al., 2023). Similarly, interventions focused on modifying maladaptive emotional patterns have demonstrated benefits for family and relational functioning (Ebrahimi Gerafmi, 2025). These findings, although drawn from varied contexts, support the broader clinical rationale for interventions that target entrenched emotional and cognitive patterns rather than focusing exclusively on surface-level disagreements. In marital therapy, schema therapy may therefore be particularly useful because it addresses the deeper psychological structures that can transform ordinary relational stressors into persistent patterns of resentment, disconnection, and maladjustment.

The growing literature on forgiveness also emphasizes that forgiving responses can be cultivated and are associated with psychological adaptation across different contexts. Contemporary work has examined forgiveness not only as an interpersonal phenomenon but also as a multidimensional psychological process connected to meaning, spirituality, coping, and well-being (Fincham & Maranges, 2024; Wunk, 2024). Intervention-based evidence further indicates that forgiveness can be strengthened through deliberate therapeutic procedures rather than being treated as a fixed personality characteristic (Vismaya et al., 2024; Worthington, 2024). These findings are important for marital research because they suggest that forgiveness can be considered a clinically meaningful outcome and a potentially modifiable contributor to marital adaptation.

Despite the growing evidence regarding forgiveness, marital adjustment, and schema-related processes, important gaps remain. Much of the existing literature has examined correlations among early maladaptive schemas, marital functioning, and forgiveness, while fewer studies have experimentally investigated whether directly modifying maladaptive schemas produces sustained changes in both forgiveness and marital adjustment. Moreover, although schema therapy has shown promising effects across a range of psychological and interpersonal outcomes, there remains a need for controlled studies examining its effectiveness among married women using pretest, posttest, and follow-up assessments. Such designs are particularly valuable because immediate post-intervention improvement does not

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

necessarily demonstrate that treatment gains are maintained. Examining outcomes after a follow-up period can therefore provide stronger evidence regarding the stability and practical significance of therapeutic change.

The present study was designed to address this gap by examining schema therapy within a controlled longitudinal framework among married women. By focusing simultaneously on forgiveness and marital adjustment, the study considers both an intrapersonal-interpersonal process involved in responding to marital injuries and a broader indicator of relationship functioning. This approach is consistent with evidence suggesting that forgiveness and marital adjustment are interconnected rather than isolated constructs and that schema-related cognitive-emotional patterns may influence both (Bolluk Ugur & Çakmak Tolan, 2024; Brudek & Kaleta, 2023; Charestad et al., 2026). Furthermore, existing schema therapy research provides a plausible theoretical and empirical basis for expecting that modification of maladaptive schemas may result in more adaptive marital functioning (Bateni Noushabadi & Khayyatan, 2026; Rahimi Sadegh et al., 2025; Rajaeizadeh & Khayyatan, 2025). Taken together, the literature supports the need for further empirical examination of schema therapy as an intervention for improving key relational outcomes among married women.

Accordingly, the aim of the present study was to determine the effectiveness of schema therapy in improving forgiveness and marital adjustment among married women.

2. Methods and Materials

2.1. Study design and Participant

The present study employed a quasi-experimental design with an experimental group and a control group and included three measurement occasions consisting of pretest, posttest, and a 45-day follow-up assessment. The statistical population consisted of married women residing in Isfahan, Iran. Participants were recruited from married women attending the Family Cultural Center of Isfahan in 2025. Initially, 36 eligible women were selected through convenience sampling based on the predefined inclusion criteria and were randomly assigned to an experimental group and a control group, with 18 participants in each group. Before the intervention, both groups completed the study measures as the pretest. During the preliminary stage, three participants from the control group were excluded because of unwillingness to continue participation and insufficient cooperation during the pretest phase. During the intervention period, two participants from the experimental group were excluded because of repeated absences, and one participant was excluded because she did not meet the marital-status criterion. Consequently, the final sample consisted of 30 married women, including 15 participants in the experimental group and 15 participants in the control group. The inclusion criteria were willingness to participate in the study and provision of informed consent, being married, residing in Isfahan, and having the ability to attend the schema therapy sessions regularly. The exclusion criteria included unwillingness to continue participation, concurrent participation in other psychological or therapeutic interventions, and absence from more than two intervention sessions. After completion of the treatment, both groups completed the posttest measures, and the same instruments were administered again 45 days later to evaluate the persistence of the intervention effects. Ethical principles, including confidentiality of information, anonymity, voluntary participation, informed consent, and the participants' right to withdraw from the study at any stage, were observed throughout the research process. To ensure ethical treatment of the control group, schema therapy sessions were made available to control-group participants after completion of the study.

2.2. Measures

The Heartland Forgiveness Scale developed by Thompson et al. in 2005 was used to assess forgiveness. This instrument consists of 18 items and measures three dimensions of forgiveness, namely forgiveness of self, forgiveness of others, and forgiveness of situations or circumstances beyond one's control. The self-forgiveness subscale includes Items 1 to 6, the forgiveness-of-others subscale includes Items 7 to 12, and the situational forgiveness subscale includes Items 13 to 18. Responses are scored on a seven-point Likert scale ranging from 1, indicating strongly disagree, to 7, indicating strongly agree. Items 2, 4, 6, 7, 9, 11, 13, 15, and 17 are reverse-scored. The possible total score ranges from 18 to 126, with higher scores indicating a greater tendency toward forgiveness. Thompson et al. reported an overall reliability coefficient of 0.76 for the scale, while the reliability coefficients for self-forgiveness, forgiveness of others, and situational forgiveness were reported as 0.79, 0.72, and 0.77, respectively. Evidence for convergent validity has also been reported through significant associations with other established measures of forgiveness. In an Iranian study conducted by Ebrahimi et

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

al., the Cronbach's alpha coefficient for the total scale was reported as 0.84, while satisfactory reliability coefficients were also obtained for its subscales. Test-retest reliability for the total score was reported as 0.86, and the coefficients for self-forgiveness, forgiveness of others, and forgiveness of uncontrollable situations were 0.74, 0.82, and 0.77, respectively. Convergent validity was supported by a positive correlation of 0.53 with life satisfaction, while divergent validity was demonstrated by a negative correlation of -0.45 with anger rumination. In the present study, the internal consistency coefficient obtained for the total forgiveness scale was 0.833.

The Dyadic Adjustment Scale developed by Spanier in 1976 was used to measure marital adjustment. The scale consists of 32 items and assesses four major dimensions of marital functioning, including dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. The dyadic satisfaction dimension is assessed by Items 16, 17, 18, 19, 20, 21, 22, 23, 31, and 32; dyadic cohesion is assessed by Items 24, 25, 26, 27, and 28; dyadic consensus is assessed by Items 1, 2, 3, 5, 8, 9, 10, 11, 12, 13, 14, and 15; and affectional expression is assessed by Items 4, 6, 29, and 30. The response format varies across items, with most items using Likert-type response options reflecting the frequency or degree of agreement between spouses. The total score ranges from 0 to 160, with higher scores indicating better marital adjustment and more satisfactory dyadic functioning. Scores below 101 are generally interpreted as indicating difficulties in the marital relationship and lower levels of marital adjustment. The original instrument has demonstrated strong internal consistency, with a Cronbach's alpha coefficient of approximately 0.96 for the total score. Reliability coefficients for the subscales have also been reported at acceptable to excellent levels, including approximately 0.94 for dyadic satisfaction, 0.81 for dyadic consensus, 0.90 for dyadic cohesion, and 0.73 for affectional expression. Iranian psychometric evaluations have further supported the reliability and validity of the scale. Sanaei reported an overall Cronbach's alpha coefficient of 0.94, and the instrument has demonstrated satisfactory content validity, concurrent validity, and known-groups validity through its ability to differentiate between married and divorced couples and its positive association with other established measures of marital satisfaction. The scale was also standardized for use in Iran by Amoozgar and Hosseinnezhad, and its temporal stability was examined through test-retest assessment over a 10-day interval. In the present study, the Cronbach's alpha coefficient for the total marital adjustment score was 0.749.

2.3. Intervention

The experimental group received a schema therapy intervention based on Young's schema therapy model, whereas the control group did not receive any psychological intervention during the study period. The intervention consisted of eight sessions lasting approximately 60 to 90 minutes each and was delivered regularly to the participants in the experimental group. The first session focused on establishing the therapeutic relationship, conducting a clinical interview, explaining the therapeutic model and its expected usefulness, assessing the suitability of participants for schema therapy, introducing the structure and objectives of the sessions, establishing the therapeutic contract, administering the pretest measures, and obtaining feedback. The second session introduced early maladaptive schemas, their major characteristics and classifications, and maladaptive coping styles, with particular emphasis on linking current interpersonal and marital difficulties to underlying schemas. Participants were assigned homework involving identification of problematic situations, associated schemas, and corresponding coping responses. The third session focused on cognitive techniques for challenging identified schemas, including reviewing the previous session, using the war metaphor, evaluating the validity of schemas, applying empathic confrontation, and redefining evidence that appeared to support maladaptive schemas. Participants were asked to identify schema-driven behaviors and document evidence supporting and contradicting their schemas. The fourth session focused on cognitive techniques for modifying dysfunctional coping responses through examining their advantages and disadvantages, conducting dialogues between the healthy and maladaptive aspects of the schema system, and preparing schema flashcards for use outside therapy. The fifth session emphasized experiential techniques intended to modify maladaptive emotional responses and address unmet emotional needs through imagery exercises, linking past imagery to present experiences, imaginary dialogues, limited reparenting, discussion of distressing memories, and imagery-based disruption of habitual coping patterns. Participants were also assigned therapeutic letter-writing exercises. The sixth session focused on behavioral pattern breaking through imagery rehearsal, role-playing, application of schema flashcards, and identification of problematic situations,

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

cognitions, emotions, behaviors, and healthier behavioral alternatives. The seventh session further developed behavioral change by increasing motivation for adaptive behavior, practicing healthier behavioral responses through imagery and role-playing, identifying and overcoming barriers to behavioral change, and encouraging meaningful changes in daily and marital functioning. Behavioral experiments were assigned as homework. The eighth and final session involved reviewing completed assignments, consolidating the cognitive, emotional, and behavioral changes achieved during treatment, summarizing the therapeutic process, administering the posttest measures, and formally terminating treatment. Forty-five days after completion of the intervention, both groups were reassessed to determine whether changes in forgiveness and marital adjustment were maintained over time.

2.4. Data Analysis

The collected data were analyzed using SPSS version 26 at both descriptive and inferential levels. Descriptive statistics, including frequency, mean, and standard deviation, were calculated to summarize participants' characteristics and the scores of forgiveness and marital adjustment across the pretest, posttest, and 45-day follow-up assessments. At the inferential level, repeated-measures analysis of variance was employed to examine changes in forgiveness and marital adjustment over time and to determine whether the pattern of change differed significantly between the experimental and control groups. Before conducting the main inferential analyses, the relevant statistical assumptions for repeated-measures analysis were evaluated. The significance level for statistical tests was set at 0.05.

3. Findings and Results

The final sample consisted of 30 married women, with 15 participants (50.0%) assigned to the experimental group and 15 participants (50.0%) assigned to the control group. Regarding educational attainment, in the experimental group, 2 participants (13.3%) had elementary or middle-school education, 4 (26.7%) had high-school or diploma-level education, and 9 (60.0%) had university education. In the control group, 2 participants (13.3%) had elementary or middle-school education, 6 (40.0%) had high-school or diploma-level education, and 7 (46.7%) had university education. Regarding age, 7 participants (46.7%) in the experimental group were younger than 30 years, 3 (20.0%) were between 30 and 40 years, and 5 (33.3%) were older than 40 years. In the control group, 7 participants (46.7%) were younger than 30 years, 4 (26.7%) were between 30 and 40 years, and 4 (26.7%) were older than 40 years. Concerning the number of children, 2 participants (13.3%) in the experimental group had no children, 5 (33.3%) had one child, 7 (46.7%) had two children, and 1 (6.7%) had more than two children. In the control group, 3 participants (20.0%) had no children, 6 (40.0%) had one child, 2 (13.3%) had two children, and 4 (26.7%) had more than two children.

Table 1

Descriptive statistics for forgiveness and marital adjustment by group and measurement time

Variable	Measurement	Experimental Mean	Experimental SD	Control Mean	Control SD
Forgiveness	Pretest	14.35	2.70	17.90	5.56
	Posttest	20.40	2.99	17.85	5.57
	Follow-up	19.00	3.40	17.85	8.05
Marital adjustment	Pretest	11.45	2.41	13.00	4.05
	Posttest	16.35	4.55	13.30	4.35
	Follow-up	16.30	3.13	13.50	4.33

As shown in Table 1, the experimental and control groups had relatively comparable scores before the intervention, whereas a clearer divergence emerged after schema therapy. The mean forgiveness score in the experimental group increased from 14.35 (SD = 2.70) at pretest to 20.40 (SD = 2.99) at posttest and remained elevated at 19.00 (SD = 3.40) at the 45-day follow-up. In comparison, forgiveness scores in the control group remained relatively stable across the three assessments, with means of 17.90, 17.85, and 17.85, respectively. A similar pattern was observed for marital adjustment. The experimental group's mean increased from 11.45 (SD = 2.41) at pretest to 16.35 (SD = 4.55) at posttest and remained at 16.30 (SD = 3.13) at follow-up, whereas the control group's scores changed only slightly from 13.00 (SD = 4.05) at pretest to 13.30 (SD = 4.35) at posttest and 13.50 (SD = 4.33) at follow-up. Overall, the descriptive findings

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

indicated improvement in both study outcomes following schema therapy, with much smaller changes observed in the control group.

Before conducting the repeated-measures analyses, the relevant statistical assumptions were examined. The Shapiro–Wilk test indicated no significant departure from normality for forgiveness in either the experimental group ($W = 0.919$, $p = 0.193$) or the control group ($W = 0.958$, $p = 0.614$), and the same was found for marital adjustment in the experimental group ($W = 0.946$, $p = 0.285$) and control group ($W = 0.959$, $p = 0.613$). Levene's test was also nonsignificant for forgiveness, $F(1, 28) = 0.859$, $p = 0.351$, and marital adjustment, $F(1, 28) = 0.952$, $p = 0.334$, supporting the assumption of homogeneity of error variances. Mauchly's test of sphericity was statistically significant for forgiveness, $W = 0.779$, $\chi^2(2) = 6.740$, $p = 0.034$, and marital adjustment, $W = 0.748$, $\chi^2(2) = 5.433$, $p = 0.041$, indicating violation of the sphericity assumption. Therefore, Greenhouse–Geisser corrections were applied to the within-subject effects. The corresponding Greenhouse–Geisser epsilon values were 0.719 for forgiveness and 0.771 for marital adjustment.

Table 2

Repeated-measures analysis of variance for forgiveness and marital adjustment

Variable	Effect	Sum of Squares	df	Mean Square	F	p	Partial η^2	Power
Forgiveness	Time	1360.556	1.638	830.562	23.136	< .001	0.452	1.000
	Time × Group	1142.867	1.638	697.672	19.434	< .001	0.410	0.999
	Error	1646.578	45.867	35.899	—	—	—	—
	Group	1899.60	1	1899.60	4.66	0.039	0.152	0.407
	Between-subject Error	11422.62	28	407.95	—	—	—	—
Marital adjustment	Time	2623.267	1.902	1379.420	24.800	< .001	0.470	1.000
	Time × Group	3266.289	1.902	1717.547	30.879	< .001	0.524	1.000
	Error	2961.778	53.248	55.622	—	—	—	—
	Group	3156.54	1	3156.54	9.71	0.004	0.258	0.853
	Between-subject Error	9100.22	28	325.01	—	—	—	—

As presented in Table 2, the repeated-measures analysis revealed a statistically significant effect of time on forgiveness, $F(1.638, 45.867) = 23.136$, $p < .001$, partial $\eta^2 = 0.452$, indicating that forgiveness scores changed significantly across the three measurement occasions. More importantly, the Time × Group interaction was significant, $F(1.638, 45.867) = 19.434$, $p < .001$, partial $\eta^2 = 0.410$, demonstrating that the pattern of change over time differed significantly between the experimental and control groups. The between-subject effect of group was also significant, $F(1, 28) = 4.66$, $p = 0.039$, partial $\eta^2 = 0.152$, indicating an overall difference in forgiveness between the two groups across the measurement occasions. For marital adjustment, a significant main effect of time was similarly observed, $F(1.902, 53.248) = 24.800$, $p < .001$, partial $\eta^2 = 0.470$. The Time × Group interaction was also statistically significant, $F(1.902, 53.248) = 30.879$, $p < .001$, partial $\eta^2 = 0.524$, indicating that changes in marital adjustment over time were substantially different between the groups. Furthermore, the between-subject effect of group was significant, $F(1, 28) = 9.71$, $p = 0.004$, partial $\eta^2 = 0.258$. These findings indicate that schema therapy was associated with significant changes in both forgiveness and marital adjustment across the pretest, posttest, and follow-up assessments.

Table 3

Bonferroni post-hoc comparisons across measurement occasions

Variable	Comparison	Mean Difference	SE	p
Forgiveness	Pretest vs. Posttest	18.067	2.693	< .001
	Pretest vs. Follow-up	11.067	2.709	< .001
	Posttest vs. Follow-up	7.000	1.451	0.001
Marital adjustment	Pretest vs. Posttest	26.733	3.693	< .001
	Pretest vs. Follow-up	4.850	2.809	0.011
	Posttest vs. Follow-up	17.000	2.193	0.001

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

The Bonferroni-adjusted pairwise comparisons presented in Table 3 showed statistically significant differences between the measurement occasions for both outcomes. For forgiveness, the pretest differed significantly from the posttest (mean difference = 18.067, SE = 2.693, $p < .001$) and from the follow-up assessment (mean difference = 11.067, SE = 2.709, $p < .001$). The difference between the posttest and follow-up was also significant (mean difference = 7.000, SE = 1.451, $p = 0.001$). This pattern indicates that the improvement observed immediately after the intervention remained evident at the 45-day follow-up, although some reduction from the immediate posttest level occurred. For marital adjustment, significant differences were likewise observed between pretest and posttest (mean difference = 26.733, SE = 3.693, $p < .001$), between pretest and follow-up (mean difference = 4.850, SE = 2.809, $p = 0.011$), and between posttest and follow-up (mean difference = 17.000, SE = 2.193, $p = 0.001$). Taken together with the significant Time × Group interaction, these findings support the effectiveness of schema therapy in improving forgiveness and marital adjustment among married women and indicate that intervention-related gains remained detectable during the follow-up period.

4. Discussion

The present study examined the effectiveness of schema therapy in improving forgiveness and marital adjustment among married women. The findings showed that schema therapy produced significant changes in both forgiveness and marital adjustment across the pretest, posttest, and 45-day follow-up assessments. The repeated-measures analyses demonstrated significant effects of time as well as significant Time × Group interactions for both outcomes, indicating that the pattern of change in the experimental group differed significantly from that observed in the control group. The between-group effects were also significant. In addition, the Bonferroni post-hoc comparisons showed that the improvement observed after the intervention remained evident at follow-up. Taken together, these findings indicate that schema therapy was effective not only in producing immediate improvement but also in maintaining a meaningful proportion of the therapeutic gains over time.

The first major finding was that schema therapy significantly improved forgiveness among married women. Participants who received schema therapy showed a clear increase in forgiveness from pretest to posttest, and the improvement remained observable at the 45-day follow-up. This finding is consistent with previous studies suggesting that forgiveness is closely connected to underlying cognitive-emotional structures and may be modified through interventions that target entrenched relational patterns. In particular, the present result is directly aligned with findings showing that schema therapy can improve forgiveness among couples attending counseling centers, supporting the relevance of schema-focused intervention for relational injuries and couple functioning (Torajizadeh et al., 2025). The finding is also consistent with evidence indicating that early maladaptive schemas are associated with forgiveness-related difficulties, particularly among individuals whose interpersonal experiences have been shaped by adverse family and developmental contexts (Borzyszkowska et al., 2023).

A plausible explanation for this result is that forgiveness in intimate relationships is strongly influenced by the meanings individuals assign to relational injuries. A marital offense is rarely interpreted as a completely isolated event. Instead, it may activate enduring beliefs regarding rejection, mistrust, defectiveness, emotional deprivation, abandonment, or unfairness. Once activated, such schemas may intensify the perceived significance of a spouse's behavior and cause current disagreements to be experienced as confirmation of longstanding negative expectations. Schema therapy addresses precisely these patterns by helping participants identify early maladaptive schemas, recognize their developmental origins, evaluate their validity, and distinguish present relational experiences from earlier emotional wounds. Through this process, the individual may become less likely to interpret every disappointment through a rigid schema-driven framework and more capable of responding to the spouse's behavior in a flexible and context-sensitive manner.

The effectiveness of schema therapy in increasing forgiveness may also be understood through its experiential and cognitive components. Cognitive restructuring can help individuals reevaluate exaggerated or overgeneralized beliefs about the spouse's intentions, while imagery-based techniques can reduce the emotional intensity attached to earlier experiences that continue to shape present reactions. Limited reparenting and empathic confrontation may further help participants develop a more balanced internal dialogue and greater awareness of unmet needs without automatically translating those needs into resentment toward the spouse. In this way, schema therapy may reduce the persistence of negative interpretations and facilitate a more adaptive response to perceived transgressions. This interpretation is

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

compatible with the broader forgiveness literature showing that forgiveness can be cultivated through structured psychological intervention rather than being considered an unchangeable personality characteristic (Vismaya et al., 2024; Worthington, 2024).

The present finding is also consistent with research indicating that forgiveness plays an important role in marital functioning. Forgiveness has been found to mediate the relationship between personal characteristics and marital satisfaction, suggesting that the ability to process interpersonal offenses constructively can influence the overall quality of marital relationships (Brudek & Kaleta, 2023). Similarly, forgiveness has been identified as a meaningful component in the association between marriage-related expectations and marital adjustment, highlighting its role as a mechanism through which individuals manage relational disappointments and expectations (Bolluk Ugur & Çakmak Tolan, 2024). Research with married women has also shown that forgiveness may mediate the relationship between communication patterns and marital burnout, further demonstrating that forgiveness is embedded within broader relational processes and may protect the marital relationship against the cumulative effects of unresolved conflict (Charestad et al., 2026).

Schema therapy may therefore promote forgiveness not by encouraging participants simply to overlook or minimize relational injuries, but by changing the psychological processes through which these injuries are interpreted and maintained. From a schema perspective, forgiveness can become more attainable when the individual no longer experiences the partner's behavior as absolute confirmation of a longstanding negative self-other belief. This distinction is clinically important because forgiveness that is grounded in increased psychological flexibility differs from passive acceptance or suppression. The therapeutic process may enable individuals to acknowledge hurt while simultaneously reducing rigid avoidance, retaliation, or repetitive preoccupation with the offense. Such a process is compatible with contemporary conceptualizations of forgiveness as a multidimensional change in cognition, motivation, and emotional orientation (Fincham & Maranges, 2024).

The second major finding was that schema therapy significantly improved marital adjustment. The experimental group showed greater improvement in marital adjustment from pretest to posttest than the control group, and this improvement remained evident at follow-up. This finding is consistent with research showing that early maladaptive schemas and family functioning are important predictors of dyadic marital adjustment (Körük & Özabacı, 2023). If maladaptive schemas contribute to poorer marital functioning, it is theoretically reasonable that reducing their influence through schema therapy would improve the individual's ability to function more adaptively within the marital relationship. The present finding is also compatible with studies indicating that marital adjustment is shaped by psychological resources such as cognitive flexibility, moral integrity, spirituality, and adaptive relational functioning (Ahmadi et al., 2025; Bedir Akpınarlı & Eryücel, 2024).

One mechanism through which schema therapy may improve marital adjustment is the modification of recurrent interpersonal cycles. Individuals with strong maladaptive schemas may repeatedly respond to their spouse through schema-driven coping strategies such as avoidance, overcompensation, emotional withdrawal, excessive accommodation, or rigid confrontation. These responses may then provoke complementary reactions from the partner, thereby reinforcing the original schema. For example, a person who expects rejection may become emotionally distant or hypersensitive, which can in turn reduce closeness and inadvertently confirm the expectation of rejection. Schema therapy attempts to interrupt such cycles by increasing awareness of schema activation and replacing maladaptive coping behaviors with healthier alternatives. Behavioral pattern breaking, role-play, imagery, and the use of adaptive coping cards may help participants recognize these cycles and practice more constructive responses in emotionally charged marital situations.

The observed improvement in marital adjustment may also reflect the effect of schema therapy on emotional processing and self-regulation. Although the present study did not assess these processes as outcomes, previous research has shown that schema therapy can improve broader aspects of emotional functioning and reduce self-critical or maladaptive cognitive patterns (Bateni Noushabadi & Khayyatan, 2026). Other studies have shown that schema-focused interventions can positively affect resilience, distress tolerance, and emotion-related functioning in populations experiencing psychological and interpersonal stress (Rahimi Sadegh et al., 2025; Rajaeizadeh & Khayyatan, 2025). These findings support the view that schema therapy may improve marital adjustment partly by helping individuals tolerate relational distress more effectively and respond to marital disagreements in a less rigid manner.

PWJ
Psychology of Woman Journal
E-ISSN: 3041-8615

The findings are also consistent with the broader schema literature demonstrating that early maladaptive schemas are associated with diverse forms of interpersonal and psychological difficulty. Schema-related processes have been linked to heightened sensitivity, anxiety, dysfunctional interpretations, and maladaptive relational responses (Moon & Nam, 2025; Mrvoljak-Theodoropoulou & Aggeli, 2026; Özmen, 2023). In a marital context, these processes may become particularly salient because intimate relationships frequently activate core needs related to attachment, emotional security, acceptance, recognition, and mutual responsiveness. The more strongly a marital interaction activates an individual's schema, the more likely the person may be to interpret the event according to previously learned expectations rather than its immediate context. By weakening this automatic schema-driven processing, schema therapy may make marital interactions more flexible and less reactive.

Another possible explanation for the improvement in marital adjustment is that schema therapy helps individuals develop more adaptive interpretations of their spouse's behavior. Marital conflict is often maintained not only by the behavior itself but by the meaning attached to it. The same behavior may be interpreted as neglect, rejection, disrespect, indifference, or temporary stress depending on the individual's cognitive-emotional framework. Schema therapy encourages participants to examine these interpretations and identify whether they reflect current evidence or old relational templates. This may reduce distorted attribution and create room for more balanced appraisal, which in turn can promote cooperation, emotional closeness, and more effective conflict management. This interpretation is consistent with findings showing that adaptive cognitive flexibility is an important component of marital adjustment (Ahmadi et al., 2025).

The improvement in marital adjustment may further be connected to the observed increase in forgiveness. Forgiveness and marital adjustment are conceptually distinct but closely related. Persistent resentment toward a spouse may reduce emotional intimacy, increase avoidance, and maintain negative interpretations of subsequent interactions. By contrast, greater forgiveness may allow the relationship to recover from conflict and reduce the cumulative emotional burden of past offenses. Existing research has shown that forgiveness is associated with better marital functioning and may mediate the effects of relational and personality factors on marital satisfaction and adjustment (Bolluk Ugur & Çakmak Tolan, 2024; Brudek & Kaleta, 2023). Accordingly, part of the effect of schema therapy on marital adjustment may operate through increased capacity to process relational injuries more constructively.

The pattern of post-hoc findings also deserves attention. For both forgiveness and marital adjustment, significant differences were observed between pretest and posttest as well as between pretest and follow-up. This suggests that the therapeutic gains were not limited to the immediate end of treatment. Although some change occurred between posttest and follow-up, the overall pattern indicated that the intervention effects remained detectable after 45 days. This is important because maintenance of therapeutic gains is a central concern in psychological intervention research. Schema therapy may support such maintenance because it does not merely teach isolated skills; rather, it attempts to modify underlying cognitive-emotional structures and habitual coping patterns. When participants become able to recognize schema activation and use healthier responses, the therapeutic learning may continue to influence behavior after the formal intervention has ended.

The relative durability of the effects can also be explained by the multimodal nature of schema therapy. The intervention included cognitive techniques, experiential exercises, role-play, behavioral pattern breaking, and homework assignments. These components may have strengthened learning across multiple channels. Cognitive techniques may have altered maladaptive beliefs, experiential techniques may have reduced the emotional intensity of schema-related memories, and behavioral exercises may have helped participants translate new understanding into daily relational behavior. Such integration may be especially relevant to marital outcomes because relationship patterns are maintained by reciprocal combinations of cognition, emotion, and behavior. A treatment that addresses all three domains may therefore be more likely to produce changes that persist beyond the intervention period.

The findings also align with evidence that structured psychological interventions can meaningfully alter relational and interpersonal functioning. Research in other contexts has demonstrated that targeted interventions can improve persistent interpersonal patterns and psychological flexibility (Hagberg et al., 2023; Pukat et al., 2025). Similarly, schema therapy has shown benefits across populations characterized by entrenched cognitive and interpersonal difficulties, including individuals with anxiety-related difficulties and women experiencing relational or developmental challenges (Bateni Noushabadi

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

& Khayyatan, 2026; Sistani et al., 2025). Although these studies differ from the present research in population and outcome, they support the broader assumption that schema-related patterns are modifiable and clinically relevant.

The present findings should also be interpreted within the broader theoretical context of meaning-making in close relationships. Individuals do not respond to marital events purely on the basis of objective behavior; rather, they respond to the moral, emotional, and relational meaning they attribute to those events. Research has shown that judgments of wrongdoing and responsibility are influenced by underlying moral frameworks and interpretive systems (Ramos et al., 2024). Similarly, socially salient perceptions of blame, accountability, and threat can intensify emotional responses and shape subsequent interpersonal behavior (Overman et al., 2025). Schema therapy may be effective because it addresses precisely these interpretive structures, helping individuals reconsider the meaning of relational events and reducing rigid conclusions about the spouse or the self.

Although some of the broader literature has focused on emotionally intense reactions in non-marital contexts, it also supports the idea that unprocessed emotional responses can impair interpersonal functioning and decision-making (Côté-Lussier & David, 2023; Grünebaum et al., 2023). Likewise, emotional patterns are closely linked to enduring cognitive structures, and maladaptive responses may persist when these structures remain unexamined (Harmon-Jones & Harmon-Jones, 2023; Pop et al., 2025). The present findings are consistent with this broader perspective. By helping participants identify and modify deep-seated cognitive-emotional patterns, schema therapy may reduce the persistence of maladaptive responses to marital conflict and facilitate more adaptive relational functioning.

The results are also compatible with studies emphasizing the importance of psychological awareness and adaptive interpersonal skills in healthier relational functioning (Salimi Golangeshi & Dastmardi, 2025; Sasani Siahkamari et al., 2025). Schema therapy promotes self-observation and awareness of internal patterns, which may help individuals identify when their reactions are being driven by past schemas rather than present circumstances. Such awareness can create an important pause between emotional activation and behavioral response, allowing more deliberate choices. Over time, this may improve the quality of marital exchanges and reduce repetitive cycles of hurt and misunderstanding.

5. Conclusion

Overall, the present findings add to the growing body of evidence supporting schema therapy as a potentially effective intervention for relational outcomes. The significant improvement in forgiveness suggests that schema therapy may help married women process interpersonal injuries in a more flexible and adaptive way, while the improvement in marital adjustment indicates that these changes may extend to broader aspects of relationship functioning. The results are particularly noteworthy because the intervention effects remained evident at follow-up, suggesting that schema-focused change may have at least short-term durability. These findings are consistent with theoretical models linking early maladaptive schemas to marital functioning and with previous intervention studies showing that schema therapy can produce meaningful changes in emotional and interpersonal outcomes (Körük & Özabacı, 2023; Torajizadeh et al., 2025).

6. Limitations and Suggestions

The findings of the present study should be interpreted in light of several limitations. First, the sample was relatively small and consisted only of married women attending a family cultural center in Isfahan, which limits the generalizability of the findings to married women in other regions, sociocultural contexts, and clinical or nonclinical populations. Second, convenience sampling was used before random assignment, and this may have introduced selection bias because women who voluntarily attended the center and agreed to participate may differ from other married women in motivation, help-seeking behavior, or relational concerns. Third, both main outcomes were assessed using self-report questionnaires, making the findings potentially susceptible to social desirability, recall bias, and participants' expectations about treatment effects. Fourth, the follow-up period was limited to 45 days, and therefore the long-term stability of the observed effects remains uncertain. Fifth, the study did not include reports from spouses or observational indicators of marital functioning, which could have provided a more comprehensive assessment of relational change. Finally, the relatively small sample size may have limited statistical power for detecting more subtle effects and for conducting subgroup analyses.

Future studies should replicate the present research with larger and more diverse samples drawn from different cities, cultural backgrounds, and socioeconomic groups in order to improve external validity. It would also be valuable to

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

examine schema therapy among both spouses simultaneously and to compare individual schema therapy with couple-based schema interventions. Longer follow-up periods, such as 3 months, 6 months, and 12 months, should be used to determine whether improvements in forgiveness and marital adjustment are maintained over time. Future research could also incorporate spouse reports, clinical interviews, behavioral observations of couple interaction, and qualitative data to complement self-report measures. Researchers may additionally examine potential mediators of therapeutic change, including modification of early maladaptive schemas, cognitive flexibility, relationship-specific beliefs, empathy, and reductions in relational rumination. Comparative trials examining schema therapy alongside other evidence-based interventions could also clarify whether schema therapy offers unique or superior benefits for marital functioning.

In clinical and counseling settings, schema therapy may be considered as a useful intervention for married women who experience persistent difficulties related to unresolved relational injuries and poor marital adjustment. Practitioners can place particular emphasis on identifying schemas activated within marital interactions, tracing their developmental origins, and helping clients distinguish current relational events from earlier emotional experiences. Cognitive restructuring, imagery work, limited reparenting, and behavioral pattern breaking may be especially useful when relational conflicts repeatedly trigger the same emotional and behavioral cycles. Counselors should also help clients translate schema awareness into concrete changes in daily marital interactions, including more flexible interpretations, healthier responses to disappointment, and more constructive management of interpersonal hurt. Booster sessions after the main intervention may be beneficial for consolidating gains and supporting the continued application of schema-based skills in real-life marital situations.

Authors' Contributions

Authors equally contributed to this article.

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.

References

Ahmadi, A., Jafari Roshan, M., & Baseri, A. (2025). A model of marital adjustment based on moral integrity and spirituality: The mediating role of cognitive flexibility and moderating role of marital duration. *Psychological Dynamics in Mood Disorders*, *4*(1), 120-137.

Bateni Noushabadi, R., & Khayyatan, F. (2026). Effectiveness of schema therapy on emotion regulation and self-criticism in individuals with generalized anxiety disorder. *Journal of Health Promotion Management*, *15*(1), 94-106.

Bedir Akpınarlı, B., & Eryücel, S. (2024). Marital adjustment, spiritual well-being, and locus of control in married couples. *Religions*, *15*(11), 1376. https://doi.org/10.3390/rel15111376

Bolluk Ugur, G., & Çakmak Tolan, Ö. (2024). The examination of mediating role of mindfulness in the relation between marriage role expectations, forgiveness and marital adjustment. *Current Psychology*, *43*(48), 36566-36585. https://doi.org/10.1007/s12144-024-07031-z

Borzyszkowska, A., Wojtynkiewicz, E., & Mamełka, K. (2023). Forgiveness and early maladaptive schemas and trauma among women with an alcohol-use disorder parent. *Alcoholism and Drug Addiction*, *36*(1), 41-52. https://doi.org/10.5114/ain.2023.129515

Brudek, P., & Kaleta, K. (2023). Marital offence-specific forgiveness as mediator in the relationships between personality traits and marital satisfaction among older couples: Perspectives on Lars Tornstam's theory of gerotranscendence. *Ageing & Society*, *43*(1), 161-179. https://doi.org/10.1017/S0144686X21000465

Charestad, H., Moharrami, J., & Jafari Kadijani, N. (2026). Evaluating a conceptual model of communication patterns and marital burnout: The mediating roles of forgiveness and self-worth in married women. *Assessment, Evaluation and Interventions in Couples Therapy*, *3*(2), 1-20.

Côté-Lussier, C., & David, J. D. (2023). Intuitive anger in the context of crime and punishment. *Psychology, Crime & Law*,

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615

29(5), 465-487. https://doi.org/10.1080/1068316X.2022.2027946

Ebrahimi Gerafmi, S. (2025). Effectiveness of anger management training on reducing domestic violence in marital relationships. *Journal of Research Studies in Future Psychology*, *3*, 15-19.

Fincham, F. D., & Maranges, H. M. (2024). Psychological perspectives on divine forgiveness: Seeking divine forgiveness. *Frontiers in psychology*, *15*, 1256402. https://doi.org/10.3389/fpsyg.2024.1256402

Grünebaum, A., McLeod-Sordjan, R., Pollet, S., Moreno, J., Bornstein, E., Lewis, D., Katz, A., Warman, A., Dudenhausen, J., & Chervenak, F. (2023). Anger: An underappreciated destructive force in healthcare. *Journal of Perinatal Medicine*, *51*(7), 850-860. https://doi.org/10.1515/jpm-2023-0099

Hagberg, T., Manhem, P., Oscarsson, M., Michel, F., Andersson, G., & Carlbring, P. (2023). Efficacy of transdiagnostic cognitive-behavioral therapy for assertiveness: A randomized controlled trial. *Internet Interventions*, *32*, 100629. https://doi.org/10.1016/j.invent.2023.100629

Harmon-Jones, E., & Harmon-Jones, C. (2023). Anger: Causes and components. In *Anger, aggression, and interventions for interpersonal violence* (pp. 99-118). Routledge. https://doi.org/10.4324/9781003417989-6

Körük, S., & Özabacı, N. (2023). How do early maladaptive schemas and family functions predict dyadic marital adjustment? A test on Turkish married individuals. *Journal of sex & marital therapy*, *49*(7), 772-782. https://doi.org/10.1080/0092623X.2023.2195857

Moon, E. J., & Nam, J. (2025). Exploring the relationship between other-directedness schema and dysfunctional anger expression in Korean adults: Mediating roles of rejection sensitivity and mentalizing. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *43*, 35. https://doi.org/10.1007/s10942-025-00606-0

Mrvoljak-Theodoropoulou, I., & Aggeli, K. (2026). The relationship between assertiveness, trait anxiety, and early maladaptive schemas. *Professional psychology: Research and practice*. https://doi.org/10.1037/pro0000685

Overman, S., Neo, S., & Hall, A. T. (2025). The emotional backlash of public accountability. *Public Performance & Management Review*, 1-29. https://doi.org/10.1080/15309576.2025.2469787

Özmen, A. (2023). Anger and psychological symptoms relationship: Mediator role of maladaptive schemas. *Frontiers in psychology*, *14*, 1183618. https://doi.org/10.3389/fpsyg.2023.1183618

Pop, G. V., Nechita, D. M., Miu, A. C., & Szentagotai-Tatar, A. (2025). Anger and emotion regulation strategies: A meta-analysis. *Scientific reports*, *15*. https://doi.org/10.1038/s41598-025-91646-0

Pukat, L. S., Udele, J., & Samaila, R. T. (2025). Effect of schema therapy and assertiveness training on social anxiety and interpersonal sensitivity among secondary school students in Plateau State, Nigeria. *Education Annals*, *2*(7).

Rahimi Sadegh, M., Ghanbari Hashemabadi, B., & Aghamohammadian Sherbaf, H. (2025). Effectiveness of mindfulness-based schema therapy on quality of life, anger, and rumination among university students. *Rooyesh-e-Ravanshenasi*, *14*(5), 11-22.

Rajaeizadeh, M., & Khayyatan, F. (2025). Effectiveness of schema therapy on distress tolerance, resilience, emotion regulation, and parenting styles of mothers of children with attention-deficit/hyperactivity disorder. *Rooyesh-e-Ravanshenasi*, *14*(2), 123-134.

Ramos, G. A., Johnson, W., VanEpps, E. M., & Graham, J. (2024). When consumer decisions are moral decisions: Moral Foundations Theory and its implications for consumer psychology. *Journal of Consumer Psychology*, *34*(3), 519-535. https://doi.org/10.1002/jcpy.1427

Salimi Golangeshi, A., & Dastmardi, Z. (2025). The relationship between dimensions of life skills and anger: The mediating role of emotional self-awareness. *Experimental and Cognitive Psychology*, *2*(1), 1-14.

Sasani Siahkamari, A., Mohebi, M., & Karami, Z. (2025). Designing a model for developing and deepening students' assertiveness: A case study of Imam Hassan Mojtaba Police Officer Training University. *Educational Measurement*, *16*(60), 57-82.

Sistani, F., Khayyatan, F., & Yousefi, Z. (2025). Effectiveness of schema therapy on attitudes toward love and perfectionism among single women reluctant to marry. *Research in Behavioural Sciences*, *23*(2), 204-219.

Torajizadeh, M., Mohammadi Jalali Farahani, M., & Taghvaei, D. (2025). Comparing functional analytic psychotherapy and schema therapy on emotional experience toward the spouse, forgiveness, and gratitude among couples attending counseling centers in Isfahan. *Psychological Achievements*, *32*(1), 499-524.

Vismaya, A., Gopi, A., Romate, J., & Rajkumar, E. (2024). Psychological interventions to promote self-forgiveness: A systematic review. *BMC psychology*, *12*(1), 258. https://doi.org/10.1186/s40359-024-01671-3

Worthington, E. L. (2024). REACH forgiveness: A narrative analysis of group effectiveness. *International Journal of Group Psychotherapy*, *74*(3), 330-364. https://doi.org/10.1080/00207284.2024.2340593

Wunk, M. (2024). Are religious practices indirectly related to stress at work through the tendency to forgive? A sample of Polish employees. *Journal of religion and health*, *63*(3), 2259-2275. https://doi.org/10.1007/s10943-022-01710-6

PWJ Psychology of Woman Journal
E-ISSN: 3041-8615