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# Comparing Schema Therapy and Cognitive Behavioral Therapy on Self-Differentiation, Distress Tolerance, and Forgiveness in Married Women with Marital Conflict

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## ABSTRACT

**Objective:** To compare the effectiveness of schema therapy and cognitive behavioral therapy (CBT) on self-differentiation, distress tolerance, and forgiveness in married female university students experiencing marital conflict.

**Methods and Materials:** This quasi-experimental study used a pretest–posttest design with a two-month follow-up and a control group. Forty-five married female students with marital conflict at Islamic Azad University (West Tehran Branch) were purposively recruited and randomly assigned to schema therapy (n=15), CBT (n=15), or control (n=15). Participants completed the Differentiation of Self Inventory (DSI), Distress Tolerance Scale (DTS), and Interpersonal Forgiveness Inventory (IFI) at baseline, post-intervention, and follow-up. The schema therapy and CBT groups each received eight 120-minute group sessions. Data were analyzed using multivariate repeated-measures ANOVA and Bonferroni post hoc tests

**Findings:** Both schema therapy and CBT produced significant improvements in self-differentiation, distress tolerance, and forgiveness compared with the control group at posttest and follow-up ( $p < 0.01$ ). Between-treatment comparisons indicated differential effects: schema therapy yielded greater gains in self-differentiation, whereas CBT showed superior outcomes in distress tolerance and forgiveness ( $p < 0.01$ )

**Conclusion:** Both interventions were beneficial for women with marital conflict, but they may target different therapeutic mechanisms. Schema therapy may be preferable when strengthening differentiation and autonomy is prioritized, whereas CBT may be more effective for enhancing distress tolerance and promoting forgiveness. Integrating these approaches in counseling settings could optimize outcomes.

**Keywords:** Schema therapy, cognitive behavioral therapy, self-differentiation, distress tolerance, forgiveness, marital conflict.

## Introduction

The family is one of the fundamental institutions in society; the health of a society depends on the health of its families, and in order to have a healthy family, its members must enjoy psychological well-being and desirable interpersonal relationships (Darbani et al., 2020). The basis of family formation and development lies in the relationship between spouses, and strengthening family life requires stability, continuity, and the quality of interaction and attitudes between the couple (Irani & Rezaei, 2018). Differences between spouses and their constant interaction naturally lead to conflicts. However, if couples lack appropriate conflict management skills, the intensity and duration of conflicts may increase (Rahbari et al., 2021). Marital conflict refers to high levels of disagreement between spouses, characterized by hostility, anger, and tension, often due to opposing needs, beliefs, values, or goals (Zhu et al., 2022). Such conflicts can result in significant negative outcomes such as stress, depression, sadness, worry, and despair (Tasew & Getahun, 2021). Therefore, identifying factors that minimize marital conflicts seems essential.

Numerous factors threaten marital relationships over time and lead to marital conflict, divorce tendencies, and infidelity. One such factor is low differentiation of self (Salerno et al., 2024). Differentiation refers to the ability to separate emotional processes from rational thinking and the ability to distinguish oneself from others on cognitive and emotional levels (Peleg & Boniel-Nissim, 2024). An increase in the ability to differentiate between self and environment accelerates the recovery from psychosomatic disorders. Differentiation can be examined on two levels: intrapersonal and interpersonal. On an intrapersonal level, lack of differentiation or fusion occurs when individuals cannot separate emotions from thoughts and become overwhelmed by their emotions. Interpersonally, a poorly differentiated person tends to be either completely absorbed by others' emotions or, conversely, reacts against them (Forbes et al., 2023). Differentiation builds the foundation of mutual intimacy and acceptance in effective relationships (Yu et al., 2020).

Another important factor in marital conflict is distress tolerance among couples (Nasresfahani et al., 2022). Distress tolerance is a multidimensional construct

encompassing the ability to endure, evaluate, and accept emotional states; emotion regulation strategies; and the degree of attention captured by negative emotions and its impact on functional impairment (Andrés et al., 2021). Distress tolerance is considered a meta-emotional construct assessing an individual's expectations about their ability to tolerate negative emotions, evaluate emotional situations as acceptable, and regulate attention and reactions to such emotions (AHADIAN et al., 2017). Research has shown that low distress tolerance is strongly associated with various disorders, including self-harming behaviors (Williams, 2022), major depressive disorder (Gharraee et al., 2019), and severe impulsivity (Corruble et al., 2003).

Furthermore, when couples experience conflict, intense disagreements may lead to significant disrespect. One of the most important questions they face is whether to forgive the partner and stay or end the relationship (Selterman et al., 2019). However, in most cases, forgiveness is a pathway to healing and reducing conflict (Li et al., 2024). Thus, couples often seek diverse strategies to mitigate the destructive effects of errors caused by disrupted communication. Forgiveness is a mechanism that can break the cycle of avoidance and revenge and plays a crucial role in enhancing social networks, finding deeper meaning in the relationship, and increasing marital commitment (Beltrán-Morillas et al., 2019).

Various psychological interventions have been used to reduce marital conflict, each with varying degrees of effectiveness. One increasingly preferred transdiagnostic intervention among therapists is schema therapy (Edwards, 2022). Schema therapy, derived from Beck & Weishaar (1989) cognitive therapy, is a practical and integrative form of psychotherapy that incorporates previous treatment models (Salicru, 2023). The core of schema therapy focuses on early maladaptive schemas, defined as enduring patterns of interpersonal learning formed in childhood, which are believed to shape human perception and psychological experiences and play a key role in the development and maintenance of psychological disorders (Kopf-Beck et al., 2020). Schema therapy targets these deep cognitive structures using cognitive, emotional, behavioral, and interpersonal techniques (Khoshakhlagh & Rezaei Jamalooei, 2022). Research has shown schema therapy improves emotional expression. For instance, Yazdani et al., (2021)

found that schema therapy effectively enhanced marital quality. [Darvishnejad Sicaroudi et al. \(2024\)](#) demonstrated that schema therapy significantly improved differentiation in young couples. [Abouee et al. \(2021\)](#) found that schema therapy increased self-differentiation in adolescent girls. [Agha Mirzaei et al. \(2023\)](#) reported that schema therapy positively impacted interpersonal forgiveness in women who had experienced infidelity. [Nikpour et al., \(2021\)](#) found that schema therapy was effective in enhancing forgiveness in divorced women.

Another widely used intervention for psychological and family issues is cognitive-behavioral therapy (CBT) ([Kopf-Beck et al., 2020](#)). CBT is an integration of behavior therapy and cognitive therapy with well-documented effectiveness for various psychological problems, especially depression and anxiety ([Newman et al., 2021](#)). CBT aims to identify maladaptive emotions, behaviors, and cognitive processes through systematic, explicit, and goal-directed methods ([Gonzalez-Prendes et al., 2019](#)). The therapist helps clients choose strategies for confronting problems and focuses on restructuring distorted thoughts, correcting dysfunctional beliefs, and improving problem-solving and coping skills ([Pirhekayaty, 2022](#)). [Tolin \(2024\)](#) found that CBT significantly affects sense of coherence, perceived stress, and mood states. Married women face increased psychological risks during this life stage. [Poursheykhian & Samkhaniani \(2025\)](#) reported that CBT improves intimacy and forgiveness among couples. [Gorelik et al. \(2023\)](#) found that CBT enhances resilience in couples.

In summary, married women experiencing low self-differentiation and interpersonal forgiveness face high marital conflict, and dysfunctional families pose significant social risks. Therefore, it is essential to improve self-differentiation and forgiveness through educational and therapeutic approaches. Moreover, there is a research gap concerning the effectiveness of schema therapy in conflicted women, and its impact has not been thoroughly explored. Identifying and comparing the effectiveness of brief, cost-effective therapies such as schema therapy and CBT can provide evidence-based guidance for pre- and post-marital counseling, helping to prevent divorce and promote marital stability. As such, family courts, psychologists, and counselors can benefit from the findings of this study. Therefore, the present research aims to compare

the effectiveness of schema therapy and cognitive-behavioral therapy on self-differentiation, distress tolerance, and forgiveness in female students with marital conflict at the Islamic Azad University, West Tehran Branch.

## Methods and Materials

### Study Design

The present study is fundamental in nature and employed a quasi-experimental design with pretest-posttest and a two-month follow-up with a control group. The statistical population included all female students of Islamic Azad University, West Tehran Branch (fields of psychology, sociology, educational management, arts, and engineering) who were studying in the first semester of the academic year 2022 and responded positively to the researcher's call for participation in the therapeutic intervention. Based on university statistics, this population consisted of approximately 600 individuals. From these, 45 married female students who met the inclusion criteria were selected through convenience and voluntary sampling and were randomly assigned into two experimental groups and one control group (15 individuals per group).

Sample size (15 participants per group) was deemed appropriate for counseling and psychotherapy group research. Inclusion criteria were: (1) being female; (2) being married; (3) at least three years of marriage; (4) scoring higher than 130 on the marital conflict questionnaire; (5) not receiving individual counseling during treatment sessions; (6) willingness to participate in the study; (7) consent of both the participant and their family; (8) absence of severe physical or psychological issues as self-reported; and (9) not using psychiatric medication in the past year, also based on self-report. Exclusion criteria included: (1) missing more than two sessions; (2) unwillingness to continue participation; (3) participation in other simultaneous counseling or psychotherapy programs; and (4) non-cooperation in completing the pre- and post-test questionnaires.

The procedure was as follows: after coordinating with Amin Counseling Center at the university, files of married female students with marital conflicts were reviewed. Initial interviews were conducted by phone, and qualified participants were randomly assigned to groups. Before the interventions, participants completed

the study questionnaires as a pre-test. The experimental groups underwent schema therapy and cognitive-behavioral therapy (CBT) in eight group sessions, each lasting 120 minutes, twice weekly. The control group received no intervention. After the sessions, post-tests were administered to all groups.

#### Assessment Tools

##### 1. Marital Conflict Questionnaire (MCQ):

Developed by Sanaei (2000) to assess marital conflicts across seven domains (e.g., cooperation reduction, sexual relation reduction, emotional reactivity increase, etc.). It includes 42 items scored on a 5-point Likert scale (1 = never to 5 = always). Scores range from 42 to 210, with higher scores indicating greater conflict. Sanaei reported content and face validity through comparisons between 111 conflicting and 108 non-conflicting couples. Internal consistency was reported as 0.53, and more recent studies (e.g., Rajaei et al., 2022) reported 0.75. Cronbach's alpha in the present study was 0.78.

##### 2. Differentiation of Self Inventory (DSI):

Created by Skowron & Friedlander (1998), this 45-item scale measures self-differentiation on a six-point Likert scale. It includes subscales: Emotional Reactivity, I-Position, Emotional Cutoff, and Fusion with Others. Higher scores reflect higher differentiation. Original reliability ranged from 0.72 to 0.85; criterion validity was established via correlations with depression, anxiety, stress, and self-esteem ( $r = 0.40$  to  $0.80$ ). Fakhari et al. (2014) validated the scale in Iran, reporting acceptable factor structure and Cronbach's alpha ranging from 0.48 to 0.76. The current study's Cronbach's alpha was 0.72.

##### 3. Interpersonal Forgiveness Inventory (IFI):

Developed by Ehteshami Zadeh et al. (2010), this 25-item tool includes subscales: Reconnection and Revenge

Control, Grudge Control, and Realistic Understanding. Items are rated on a 4-point Likert scale (1 = completely agree to 4 = completely disagree). Reverse scoring is applied to specific items (19–25). Total scores range from 25 to 100. Test-retest reliability over two weeks was 0.71 (total), with subscales ranging from 0.58 to 0.70. Cronbach's alpha in the current study was 0.81.

##### 4. Distress Tolerance Scale (DTS):

Developed by Simons & Gaher (2005), this 15-item scale includes subscales: Tolerance, Absorption, Appraisal, and Regulation, each rated on a 5-point scale (1 = strongly agree to 5 = strongly disagree; item 6 is reverse scored). Higher scores indicate greater distress tolerance. Reported alpha coefficients were 0.70–0.82. Previous Iranian studies e.g., Azizi & Zarei (2023) reported a Cronbach's alpha of 0.86. In the current study, reliability was 0.85.

Ethical considerations observed included: (1) informing participants of the research purpose and procedure; (2) confidentiality and data use limited to research goals; (3) providing interpretation of results upon request; (4) guidance in case of ambiguity; (5) no financial burden on participants; and (6) cultural and religious appropriateness. Data were analyzed using repeated-measures ANOVA in SPSS version 26.

#### Findings and Results

In this study, the research sample consisted of 45 participants, of whom 30 were in the experimental groups with a mean age of  $32.60 \pm 1.04$  years, and 15 were in the control group with a mean age of  $32.73 \pm 1.55$  years. This indicates that the groups were homogeneous in terms of age. All participants were women.

**Table 1**

*Means and Standard Deviations of Self-Differentiation, Distress Tolerance, and Forgiveness in the Sample*

Variable	Group	Pre-test	Post-test	Follow-up	Pre-test SD	Post-test SD	Follow-up SD
Self-Differentiation	Control	149.93	150.00	149.93	5.58	6.70	7.00
	Schema Therapy	149.86	165.13	160.66	6.03	2.97	6.10
	Cognitive Behavioral Therapy (CBT)	149.66	158.66	154.26	3.84	5.72	4.54
Distress Tolerance	Control	35.66	35.73	35.66	3.22	3.30	3.45
	Schema Therapy	35.66	44.13	40.53	3.99	2.79	4.40
	CBT	35.40	51.93	43.53	4.96	4.04	2.41
Forgiveness	Control	54.66	54.66	54.40	5.40	5.23	5.12
	Schema Therapy	54.66	64.00	59.26	5.97	3.83	4.02

CBT	55.20	72.20	63.90	6.27	4.27	3.53
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As shown in the table above, the mean score of self-differentiation in the control group was 149.93 in the pre-test, 150.00 in the post-test, and 149.93 in the follow-up phase. In the schema therapy group, the mean

scores were 149.86 (pre-test), 165.13 (post-test), and 160.66 (follow-up). For the CBT group, the scores were 149.66 (pre-test), 158.66 (post-test), and 154.26 (follow-up).

**Table 2**

*Multivariate Covariance Analysis for Comparing Experimental Groups on Dependent Variables*

Study Phase	Index	Value	F	df (Hypothesis)	df (Error)	p	Eta Squared
<b>Post-test</b>	Pillai's Trace	1.39	28.99	6	76	.001	0.69
	Wilks' Lambda	0.04	44.21	6	74	.001	0.78
	Hotelling's Trace	10.78	64.68	6	72	.001	0.84
	Roy's Largest Root	9.84	124.66	3	38	.001	0.90
<b>Follow-up</b>	Pillai's Trace	0.68	6.62	6	76	.001	0.34
	Wilks' Lambda	0.31	9.50	6	74	.001	0.43
	Hotelling's Trace	2.11	12.70	6	72	.001	0.51
	Roy's Largest Root	2.10	26.71	3	38	.001	0.67

The results presented in Table 2 indicate a statistically significant difference between the experimental and control groups on at least one of the dependent variables (self-differentiation, distress tolerance, and forgiveness) in both the post-test and follow-up phases. Specifically, the effect size in the post-test phase was 78%, meaning 78% of the individual differences in the variables could be attributed to the group differences. In the follow-up phase, the effect size was 43%.

Post hoc (Bonferroni) analysis revealed that both schema therapy and CBT interventions caused

## Discussion and Conclusion

This study aimed to compare the effectiveness of schema therapy and cognitive-behavioral therapy (CBT) on self-differentiation, distress tolerance, and forgiveness among female students at the Islamic Azad University, West Tehran Branch. The results showed that schema therapy had a greater effect on self-differentiation in these students compared to cognitive-behavioral therapy. These findings are consistent with the results of studies by [Abouee et al. \(2021\)](#), [García-León et al. \(2019\)](#), and [Zadeh & Lateef \(2012\)](#).

In explaining these results, it can be stated that differentiated individuals can maintain control in emotionally intense situations that often lead others to act impulsively or make poor decisions. Their rational and emotional systems are well-balanced, allowing them to assess situations using both logic and emotion. These

significant differences compared to the control group in the post-test and follow-up stages for all three variables: self-differentiation, distress tolerance, and forgiveness ( $p \leq 0.01$ ). Furthermore, schema therapy had a greater impact on improving self-differentiation among the participants compared to CBT ( $p \leq 0.01$ ). In contrast, CBT was more effective than schema therapy in increasing both distress tolerance and forgiveness in female students at Islamic Azad University, West Tehran Branch ( $p \leq 0.01$ ).

Individuals have a greater ability to tolerate anxiety and show fewer signs of psychological or physical distress in stressful circumstances. In contrast, undifferentiated individuals struggle to regulate their emotions and cannot distinguish between thought and feeling, making them less capable of tolerating anxiety and more likely to react impulsively ([García-León et al., 2019](#)).

Schema therapy appears to be more effective than CBT in improving self-differentiation in women. This may be because schema therapy includes assignments such as functional analysis, skill training, coping with negative emotions, and fostering a sense of mastery and empowerment. These techniques can increase motivation for therapy, promote treatment retention, and help prevent risky behaviors.

Another finding of this study showed that CBT was more effective than schema therapy in improving distress tolerance among the female students. These findings align with those of [Carter et al. \(2013\)](#), [Ahanian](#)

Moghaddam et al. (2025), and Barooti et al. (2024). In explaining these findings, CBT emphasizes the negative tendencies in information processing, which result from distorted interpretations of the self, environment, and future, triggered by maladaptive core beliefs. More recent perspectives support this model, emphasizing the connection between the nature of psychological harm and individuals' interpretations of events. CBT techniques challenge negative thoughts, promote goal-setting, and ultimately enhance distress tolerance (Gorelik et al., 2023).

Cognitive biases increase vulnerability to negative life events, making individuals more likely to interpret loss or obstacles in exaggerated, personalized, and negative ways (Pakizeh et al., 2024). Compared to schema therapy, CBT is an active, directive, time-limited approach based on the theoretical assumption that emotions and behavior are largely determined by how individuals structure and interpret the world (Tolin, 2024).

The final finding of this study showed that CBT was more effective than schema therapy in improving forgiveness among female students at the Islamic Azad University, West Tehran Branch. This finding is in line with the results of Vismaya et al. (2024), and Khayatan et al. (2018). In explaining these findings, it can be noted that schemas play a major role in thinking patterns, emotions, behavior, and how people interact with others. Maladaptive early schemas may lead to strained and conflicting social interactions. Experiential techniques in schema therapy aim to alter painful childhood memories, change internal images, bodily sensations, and emotional responses so that these memories no longer have a damaging effect.

However, in improving forgiveness, experiential techniques that focus on emotions may not sufficiently help women become aware of their emotions, accept them, and, through emotional reorganization and self-reflection, develop interpersonal emotional regulation and self-soothing capacities to repair maladaptive schemas (Khayatan et al., 2018). Techniques like imagery rescripting may not enable individuals to recognize and understand the developmental roots of their core schemas or link past memories to current life experiences. In addition, they may fall short of enhancing insight and emotional transformation from cold cognition to hot cognition.

On the other hand, CBT works by replacing negative, irrational, and distorted thoughts with positive and rational ones. By teaching clients how to challenge dysfunctional thoughts and replace them with more adaptive ones, CBT helps reform cognitive processes. These positive thoughts can, in turn, enhance optimism, positive behaviors, expand social relationships, and increase forgiveness — a significant advantage over schema therapy (Zadeh & Lateef, 2012).

Among the limitations of this study is the use of a non-random, purposive sampling method involving women with marital conflicts. The data were obtained through self-report questionnaires, which may differ from data collected through clinical observation. Another limitation was the inability to control for social and cultural variables influencing marital conflict. The absence of a follow-up period was also a limitation of the present study. Future research should use random sampling methods and include women with marital conflicts. A follow-up period is also recommended to assess the persistence of treatment effects. It is suggested that future studies control for intervening variables and use larger, more diverse samples from various cities to increase the generalizability of results.

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#### Declaration of Interest

The authors of this article declared no conflict of interest.

#### Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study were that participation was entirely optional.

#### Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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## Authors' Contributions

All authors equally contribute to this study.

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