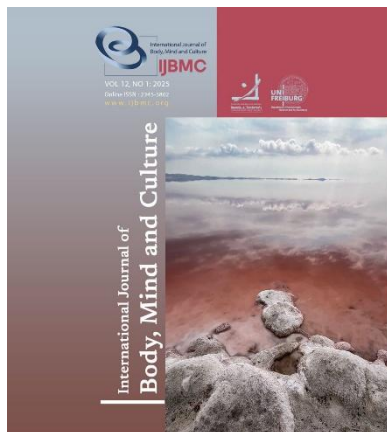


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Introduction

The family is the most fundamental social unit of any society, established through the marital bond between a man and a woman. Marriage is a sacred covenant that

Effectiveness of Schema Therapy on Psychological Distress and Life Engagement in Couples Experiencing Marital Conflict

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ABSTRACT

Objective: This study aimed to evaluate the effectiveness of schema therapy in reducing psychological distress and enhancing life engagement among couples experiencing marital conflict.

Methods and Materials: A quasi-experimental design with pre-test, post-test, and control group was employed. A total of 30 individuals (15 in the intervention group and 15 in the control group), identified as being in marital conflict, were selected through convenience sampling and randomly assigned to the study groups. The intervention group received eight 90-minute sessions of schema therapy over a four-week period. Psychological distress was measured using the Kessler Psychological Distress Scale (K10), and life engagement was assessed using the Life Engagement Test (LET). Data were analyzed using ANCOVA after controlling for pre-test scores.

Findings: After adjusting for baseline differences, the schema therapy group demonstrated significantly lower psychological distress scores ($p < 0.01$) and higher life engagement scores ($p < 0.01$) compared to the control group. Effect sizes were moderate to large for both outcomes, indicating clinically meaningful change.

Conclusion: Schema therapy appears to be an effective intervention for improving psychological well-being and increasing life engagement among individuals in distressed marital relationships. Future research with larger samples and longitudinal designs is recommended.

Keywords: Psychotherapy, Marital Therapy, Psychological Distress, Emotions, Interpersonal Relations.

unites hearts and souls. The Holy Qur'an refers to it as a firm covenant established between spouses. Marriage is one of the nearly universal human institutions, and no institution has influenced human life as intimately as it

has (Fathi & Ghorbani, 2021). Among the primary causes of incompatibility in marital life are communication problems and unsatisfactory or dysfunctional relationships between spouses. Marital incompatibility is a significant factor leading to tension, emotional detachment, and the disintegration of family unity. It not only fails to meet the emotional, psychological, and security needs of its members but also causes distress and turmoil within the family (Sedighi & Behzad, 2021).

Enthusiasm is a strong desire or drive toward an activity, object, or person and can be observed across various domains. This trait is easily measurable and refers to individuals striving for excellence in a particular field. Different scholars interpret the term as a motivational tendency of individuals toward achieving their goals (Ruiz-Alfonso et al., 2018). In other words, enthusiasm refers to a strong inclination toward a significant activity to which an individual devotes substantial time and energy and attributes high value (Mageau et al., 2011). Life engagement has attracted particular clinical and research attention due to its special significance in understanding and treating psychological disorders from the perspective of meaning therapy. Within the psychoanalytic framework, every psychological disorder is associated with specific psychological mechanisms, and life engagement plays a crucial role in individuals' mental health. Numerous studies support this assumption, indicating a significant relationship between individuals' physical and psychological health and their sense of purpose, meaning, and enthusiasm for life (Zahabi et al., 2020).

Psychological distress refers to an unhealthy mental state characterized by various symptoms, including anxiety, depression, and stress. Most individuals experience psychological distress at different levels of intensity, frequency, and manageability throughout their lives (Ghalandarzadeh & Pourneqash Tehrani, 2020). Psychological distress is one of the factors that adversely affects women's mental health and is often accompanied by negative, exhausting emotions, irritability, and worry (Bayat et al., 2019). It can lead to the deterioration of interpersonal relationships, as individuals experiencing distress often face various tensions in their interactions with spouses, children, and friends. If psychological distress is not properly managed, individuals may remain stuck in conflict (Golmohammad et al., 2021).

Schema therapy is an integrated and modern therapeutic approach that provides a structured method for assessing and modifying early maladaptive schemas. It is grounded in classical cognitive-behavioral therapy and incorporates cognitive, behavioral, interpersonal, attachment, and experiential techniques to evaluate and adjust these schemas (Giesen-Bloo et al., 2025; Hepworth, 2025; Kopf-Beck et al., 2020). This therapy aims to help clients replace maladaptive beliefs and coping styles with more adaptive ones, thereby better meeting their basic emotional needs. Schema therapy consists of two phases: the assessment and education phase and the change phase. The assessment and education phase is a multidimensional process that includes life history interviews, schema questionnaires, self-reflection tasks, and guided imagery exercises. Schemas are typically formed during childhood or adolescence and persist throughout life, often manifesting as harmful emotional and cognitive patterns (Basile et al., 2018). The schema-based cognitive therapy model emphasizes not only insight but also cognitive, emotional, interpersonal, and behavioral change (Sedighi & Behzad, 2021; Shafiee et al., 2020; Yaghoubi Nejad, 2023). Therefore, the present study aims to answer the following question: Does schema therapy affect life engagement and psychological distress in incompatible couples?

Methods and Materials

Study Design and Participants

This research employed a quasi-experimental design, consisting of a pre-test, a post-test, and a control group.

Participants were selected using convenience sampling from clients referred to counseling and psychological services centers in Tehran, Iran, between March 2023 and July 2023. The inclusion criteria required participants to be legally married, aged between 25 and 50, with at least two years of marital experience, and to report moderate to high levels of relationship dissatisfaction or unresolved conflict, as evaluated through an initial screening interview conducted by a licensed clinical psychologist. Additional eligibility criteria included (1) scoring above 22 on the Kessler Psychological Distress Scale (K10), (2) no current psychiatric treatment or psychotherapy, (3) no history of severe mental illness (e.g., schizophrenia, bipolar disorder), (4) not using psychiatric medications

during the intervention period, and (5) not participating in any other psychological interventions concurrently.

A total of 28 individuals (14 in each group) who met the eligibility criteria were enrolled after providing written informed consent. Participants were then randomly assigned to the experimental or control group using a computer-generated random sequence, managed by a third-party assistant who was not involved in the intervention or data collection to ensure allocation concealment.

After obtaining informed consent, all participants completed the pre-test assessments in person under the researcher's supervision. The experimental group then began the schema therapy program, while the control group received no treatment. Upon completion of the intervention, both groups completed the same measures as a post-test. Data collection was conducted by psychology graduate students trained in standardized administration procedures. Assessors were blinded to group allocation to reduce bias. All participants were assigned anonymous ID codes to ensure confidentiality, and all data were stored securely in password-protected digital files.

Instruments

Kessler Psychological Distress Scale (K10): The K10 is a 10-item self-report instrument designed to assess symptoms of psychological distress such as depression and anxiety over the past 30 days. Items are rated on a 5-point Likert scale ranging from 1 (none of the time) to 5 (all of the time), with higher scores indicating greater distress. The K10 has demonstrated excellent internal consistency and construct validity across multiple populations. In this study, the Cronbach's alpha was 0.89.

Life Engagement Test (LET): The LET assesses the degree to which individuals are engaged in personally meaningful activities. The test consists of 6 items, each rated on a 5-point Likert scale. Higher scores indicate a more substantial alignment with life purpose and value. The LET has demonstrated strong convergent validity with measures of well-being. In the current sample, Cronbach's alpha was 0.86.

Intervention

Participants in the experimental group received eight 90-minute sessions of schema therapy over a four-week

period (two sessions per week). The intervention was based on the protocol developed by Young et al. (2003), tailored for individuals with relational distress. The therapy was delivered in an individual format by a clinical psychologist certified in schema therapy with more than five years of experience in clinical work with couples.

The intervention aimed to identify and restructure early maladaptive schemas, address emotional needs through limited reparenting, and reduce schema-driven interpersonal behaviors. The sessions included the following components:

Session 1–2: Psychoeducation about schemas and modes; identifying core schemas using schema inventories.

Session 3–4: Cognitive restructuring and challenging maladaptive beliefs; behavioral pattern breaking.

Session 5–6: Experiential techniques including imagery rescripting and chair work.

Session 7–8: Strengthening the healthy adult mode; relapse prevention planning.

Therapy adherence was ensured through weekly clinical supervision and the use of standardized therapist checklists. Session fidelity was evaluated by a second therapist supervisor reviewing session summaries. The control group did not receive any therapeutic intervention during the study period but was placed on a waitlist and offered schema therapy after post-test assessments. This design ensured ethical responsibility and allowed the control group to benefit from the intervention upon completion of the study.

Data Analysis

Data were analyzed using SPSS version 22. Preliminary analyses included checks for normality (Shapiro-Wilk test), homogeneity of variances (Levene's test), and the assumption of homogeneity of regression slopes. Descriptive statistics (means, standard deviations) were calculated for each outcome variable. To test the intervention effects, ANCOVA was used, controlling for pre-test scores. Effect sizes (partial eta squared) were calculated and interpreted based on Cohen's criteria. A significance level of $p < .05$ was used throughout.

Findings and Results

The final sample consisted of 28 participants, with 14 individuals in the experimental group and 14 in the control group. The participants were married individuals aged between 25 and 47 years, with an average age of 36.4 years ($SD = 5.8$). The average duration of marriage was 9.2 years ($SD = 3.1$). In terms of education, 46% held a bachelor's degree, 29% had a master's degree, and 25% had a high school diploma. No

significant differences were found between the two groups in terms of age, marriage duration, or education level, indicating baseline homogeneity in demographic variables. Table 1 presents the means and standard deviations for the two outcome variables—psychological distress and life engagement—across both experimental and control groups at pre-test and post-test stages.

Table 1

Descriptive statistics of outcome variables by group and time

Group	Time	Psychological Distress ($M \pm SD$)	Life Engagement ($M \pm SD$)
Experimental	Pre-Test	28.64 \pm 5.32	16.29 \pm 3.11
	Post-Test	19.71 \pm 3.94	23.64 \pm 2.93
Control	Pre-Test	27.86 \pm 5.45	16.57 \pm 3.24
	Post-Test	26.92 \pm 5.30	17.07 \pm 3.17

As shown in the table, the experimental group exhibited a marked decrease in psychological distress and a substantial increase in life engagement from the pre-test to the post-test. In contrast, the control group demonstrated minimal change in both variables. Normality of distribution was confirmed using the Shapiro–Wilk test ($p > .05$ for all outcome variables). Levene's test for homogeneity of variances also indicated

non-significant results ($p > .05$), confirming equal variance across groups.

Furthermore, the homogeneity of regression slopes assumption was tested and met ($p > 0.05$), allowing for valid ANCOVA analysis. An analysis of covariance (ANCOVA) was conducted to compare post-test psychological distress scores between the groups while controlling for pre-test scores. The results are shown in Table 2.

Table 2

ANCOVA results for psychological distress

Source	SS	df	MS	F	p	Partial η^2
Pre-Test	1203.40	1	1203.40	28.40	< .001	.522
Group	1392.30	1	1392.30	32.87	< .001	.558
Error	1101.20	26	42.35			

The results indicate a statistically significant difference in post-test psychological distress scores between the experimental and control groups after controlling for pre-test scores, $F(1, 26) = 32.87$, $p < .001$,

with a large effect size (partial $\eta^2 = .558$). An ANCOVA was also performed to assess the effect of schema therapy on life engagement. The pre-test score was entered as a covariate. Results are provided in Table 3.

Table 3

ANCOVA results for life engagement

Source	SS	df	MS	F	p	Partial η^2
Pre-Test	815.20	1	815.20	23.86	< .001	.478
Group	938.70	1	938.70	27.47	< .001	.514
Error	888.10	26	34.16			

The analysis revealed a significant effect of schema therapy on life engagement, $F(1, 26) = 27.47$, $p < .001$, with

a large effect size (partial $\eta^2 = .514$). Participants in the experimental group reported significantly greater

engagement in meaningful life activities compared to the control group.

Discussion and Conclusion

The purpose of this study was to evaluate the effectiveness of schema therapy in reducing psychological distress and enhancing life engagement in individuals experiencing marital conflict. The results demonstrated significant improvements in both outcome variables for participants in the schema therapy group, compared to those in the control group. These findings align with previous studies emphasizing the clinical value of schema therapy in addressing emotional dysregulation, maladaptive interpersonal patterns, and core psychological needs (Basile et al., 2018).

Schema therapy targets deeply embedded maladaptive schemas developed in early childhood, which often manifest in adult relationships through emotional withdrawal, avoidance, or aggression. The observed reduction in psychological distress in the current study supports the theoretical proposition that addressing unmet emotional needs and modifying dysfunctional schema modes can lead to more adaptive coping strategies (Yaghoubi Nejad, 2023). Participants may have experienced relief as they began to recognize and reinterpret their internal narratives and relational patterns through schema awareness, imagery rescripting, and limited reparenting interventions.

The significant increase in life engagement scores indicates that participants in the experimental group not only experienced symptom reduction but also developed a stronger connection to meaningful life activities. Life engagement—defined as the extent to which one pursues personally valuable and purposeful goals—has been linked to improved mental health and well-being (Shafiee et al., 2020; Yaghoubi Nejad, 2023; Zahabi et al., 2020). This outcome suggests that schema therapy may promote existential recovery and not just symptom management, which is especially relevant for individuals in distressed marriages.

Despite these encouraging results, several limitations must be acknowledged. First, the small sample size ($n = 28$) limits the generalizability of the findings. While significant effects were observed, the study may have been underpowered to detect more nuanced differences, such as gender-specific responses or variations in

therapy responsiveness based on schema profiles. Second, the reliance on self-report measures introduces the potential for response bias, particularly in emotionally sensitive domains like marital satisfaction and distress. Third, the absence of follow-up data means that the durability of treatment gains remains unknown. Future research should incorporate longitudinal designs to assess the long-term efficacy of schema therapy in marital contexts. Additionally, although schema therapy was delivered using a standardized protocol, no formal fidelity assessment was conducted to ensure consistency across sessions. This is particularly important when evaluating therapist-dependent interventions. Furthermore, the study was conducted within a specific cultural context—Iran—which may limit the applicability of findings to other sociocultural settings. Cultural factors such as collectivist values, gender roles, and expectations around marriage and emotional expression may mediate the experience and impact of schema therapy. Therefore, replication in diverse cultural environments is recommended.

The construct of “life engagement,” while conceptually rich, remains underutilized in schema-based research and may benefit from further operational clarification. Although this study used a validated measure (Life Engagement Test), future studies should consider triangulating self-report data with behavioral indicators or partner ratings to enhance ecological validity. Clinically, these findings suggest that schema therapy may be a valuable tool for practitioners working with couples in conflict or individuals experiencing marital dissatisfaction. By addressing the underlying schemas that drive emotional reactivity and disengagement, therapists can help clients build healthier relational patterns and regain a sense of purpose in their lives. Integrating schema therapy into couples counseling programs or educational settings may provide a structured, evidence-based approach to improving psychological well-being and relational functioning.

Schema therapy appears to be an effective intervention for improving psychological well-being and increasing life engagement among individuals in distressed marital relationships. Future research with larger samples and longitudinal designs is recommended.

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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 Declaration of Helsinki, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included the fact 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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