

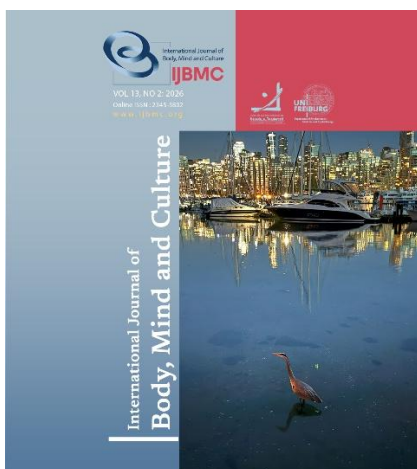
Article type:  
Original Research

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# The Effectiveness of Schema Therapy on Alexithymia and Problem Solving in Women with Marital Maladjustment

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Article history:

Received 11 Oct 2025  
Revised 27 Dec 2025  
Accepted 30 Jan 2026  
Published online 01 Feb 2026

How to cite this article:

Ehsani, S., & Zivari, N. (2026). The Effectiveness of Schema Therapy on Alexithymia and Problem Solving in Women with Marital Maladjustment. *International Journal of Body, Mind and Culture*, 13(2), 170-180.



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## ABSTRACT

**Objective:** Marital maladjustment is associated with persistent conflict, emotional disconnection, and impaired interpersonal functioning. Given its focus on early maladaptive schemas, emotional processing, and dysfunctional coping patterns, schema therapy may be an effective intervention for improving these difficulties.

**Methods and Materials:** This study employed a quasi-experimental pretest-posttest design with a control group. The statistical population consisted of women with marital maladjustment who referred to counseling centers and family clinics in Tehran, Iran, in 2026. Thirty eligible participants were selected through purposive sampling and randomly assigned to an experimental group (n = 15) and a control group (n = 15). The experimental group received eight 90-minute sessions of schema therapy, while the control group remained on a waiting list. Data were collected using the Toronto Alexithymia Scale (TAS-20) and the Problem Solving Inventory (PSI). Data analysis was performed using descriptive statistics and multivariate analysis of covariance.

**Findings:** The findings indicated that, after controlling for pretest scores, there was a significant difference between the experimental and control groups in the combined posttest scores of alexithymia and problem solving. Follow-up univariate analyses showed that schema therapy significantly reduced alexithymia and significantly improved problem solving in women with marital maladjustment.

**Conclusion:** Schema therapy was effective in improving emotional awareness and problem-solving ability among women with marital maladjustment. The findings suggest that schema therapy may be a useful intervention for reducing emotional difficulties and promoting more adaptive cognitive-interpersonal functioning in this population.

**Keywords:** Schema therapy, alexithymia, problem solving, marital maladjustment, women.

## Introduction

Marital maladjustment is one of the most important threats to family stability and psychological well-being, especially when persistent conflict, emotional disconnection, and ineffective communication become chronic features of the relationship. Research has consistently shown that couple adjustment is closely tied to broader family health and individual mental health, and lower marital adjustment is associated with poorer relational functioning and weaker emotional security within the family system (Jiménez-Picón et al., 2021). More recent work also suggests that women's marital functioning is strongly shaped by emotional processes such as suppression, self-compassion, and relational coping, highlighting the need to understand marital maladjustment not only as an interpersonal problem but also as an emotion-related and cognitive-affective difficulty (Zheng et al., 2025).

Among the variables that appear especially relevant in women with marital maladjustment, alexithymia has received growing attention. Alexithymia refers to difficulty identifying feelings, difficulty describing emotions, and a tendency toward externally oriented thinking. In marital relationships, alexithymia can disrupt emotional intimacy, reduce empathic attunement, and interfere with constructive communication. Recent findings indicate that alexithymia is associated with lower relationship satisfaction, lower sexual satisfaction, lower attachment security, and greater emotional divorce or relational disengagement (Al-Shahrani & Hammad, 2023; El Frenn et al., 2022). In married women specifically, alexithymia has also been linked with poorer psychological adjustment and more dysfunctional relational outcomes, suggesting that deficits in emotional awareness and expression may play a central role in the maintenance of marital maladjustment (Naz et al., 2026).

A second key variable in distressed marriages is problem solving. Marital life inevitably involves disagreements, unmet expectations, and recurring practical and emotional challenges, but the way couples respond to these demands is crucial. When problem solving becomes avoidant, rigid, or emotionally reactive, conflicts tend to intensify and become cyclical. Prior evidence has shown that effective problem-solving skills are positively related to marital satisfaction, whereas

poor conflict management is associated with reduced relational quality and increased dissatisfaction (Lavner et al., 2016; Moodi et al., 2022). More recent relationship research continues to support the view that emotional regulation and dyadic coping processes are closely connected with adjustment and relational quality, reinforcing the idea that problem solving in intimate relationships is never purely cognitive, but deeply embedded in emotional and interpersonal functioning (Morgan et al., 2024; Roberson et al., 2018).

From a theoretical perspective, schema therapy offers a particularly useful framework for understanding why some women remain trapped in maladaptive emotional and interpersonal cycles within marriage. Schema therapy proposes that early maladaptive schemas develop when core emotional needs are not adequately met, and these schemas later shape how individuals perceive themselves, others, and close relationships. Current schema therapy literature emphasizes that maladaptive schemas and schema modes are strongly related to emotional dysregulation, interpersonal dysfunction, and a range of psychological difficulties (Arntz & Jacob, 2017; Young et al., 2006). Recent empirical studies have also shown that early maladaptive schemas are associated with relationship satisfaction, psychological need frustration, and maladaptive relational beliefs, indicating that schemas may meaningfully influence the way partners interpret conflict, express emotion, and respond to unmet needs in marriage (Kazdin, 2021; Thimm, 2024).

This framework is especially relevant for women with marital maladjustment because maladaptive schemas may intensify both alexithymia and ineffective problem solving. For example, schemas related to defectiveness, emotional deprivation, abandonment, mistrust, or emotional inhibition may lead women to suppress feelings, misinterpret their partner's intentions, avoid emotional disclosure, or respond to marital stress with withdrawal, rumination, or defensiveness. Recent studies have reported significant links between early maladaptive schemas and alexithymia in married women, as well as between maladaptive schemas and lower marital satisfaction or emotional disengagement (Amirsasan et al., 2024; Kover et al., 2024). These findings suggest that schema-driven distortions may help explain why some women have difficulty both identifying

emotions and solving interpersonal problems adaptively in marriage.

Intervention research also provides preliminary support for the use of schema-based approaches in couple distress. A recent study comparing group-based cognitive-behavioral couple therapy and schema-based couple therapy found that schema-based intervention was effective in reducing the desire for divorce and marital burnout among women with marital conflict (Ardeh et al., 2025). Other recent comparative and applied studies have likewise suggested that schema-focused approaches can improve acceptance, intimacy, and conflict-related outcomes in distressed couples, although the literature remains limited and still requires more focused investigation of specific emotional mechanisms such as alexithymia and problem solving (Ardeh et al., 2025; Roustaei Alishah & Mostafaei, 2023). Thus, while existing evidence supports the relevance of schema therapy for relationship distress, there is still a clear need to examine its effects on core psychological processes that may underlie marital maladjustment.

Despite the growing literature on marital dysfunction, several gaps remain. First, many studies on marital maladjustment have focused on satisfaction, conflict, or divorce tendency, while fewer have simultaneously examined alexithymia and problem solving as treatment outcomes. Second, although schema therapy is theoretically well suited to address deeply rooted cognitive-emotional patterns, its effectiveness has been investigated less often in women with marital maladjustment compared with more general distressed-couple outcomes. Third, recent evidence suggests that emotional regulation difficulties are intertwined with relationship dissatisfaction over time, which underscores the importance of interventions that target both emotional awareness and cognitive-interpersonal functioning rather than surface communication alone (Morgan et al., 2024).

Accordingly, the present study aimed to investigate the effectiveness of schema therapy on alexithymia and problem solving in women with marital maladjustment. It was hypothesized that schema therapy, by identifying and modifying early maladaptive schemas, reducing emotional inhibition, and restructuring dysfunctional interpersonal responses, would decrease alexithymia and improve problem solving in women experiencing marital maladjustment.

## Methods and Materials

### *Study Design*

The present study employed a quasi-experimental design with a pretest-posttest control group format to investigate the effectiveness of schema therapy on alexithymia and problem solving in women with marital maladjustment. This design was selected because it allows the researcher to evaluate changes in the dependent variables over time while comparing an intervention group with a control group under relatively controlled conditions. In clinical and counseling research, this design is widely used when random sampling from the general population is not feasible, but participants can still be assigned to comparison groups after screening and recruitment (Creswell & Creswell, 2017; Kazdin, 2021).

### *Participants*

The statistical population of the present study consisted of married women with marital maladjustment who referred to counseling centers and family clinics in Tehran, Iran, in 2026. Marital maladjustment was operationally defined as obtaining a score below the cut-off point on a standard marital adjustment measure or presenting clinically significant relational distress confirmed during the initial assessment interview. From this population, 30 eligible participants were selected through purposive sampling and were then randomly assigned to two groups: an experimental group ( $n = 15$ ) and a control group ( $n = 15$ ). The sample size was determined in accordance with the structure of similar intervention studies in counseling settings and the feasibility of conducting a structured therapeutic program with repeated assessment.

### *Inclusion and Exclusion Criteria*

The inclusion criteria were being female, legally married, living with one's spouse, being between 20 and 45 years of age, having at least one year of marital life, reporting marital maladjustment, having at least a middle-school or high-school level of literacy sufficient to complete the study instruments, and willingness to participate in all sessions of the intervention. Participants were also required not to be receiving another structured psychological treatment during the study period.

The exclusion criteria included severe psychiatric disorders requiring immediate specialized treatment,

active suicidal ideation, substance dependence, severe domestic violence, ongoing divorce litigation in its final phase, absence from more than two therapy sessions, and unwillingness to continue participation in the study. These criteria were adopted to reduce the influence of major confounding variables and to maintain the internal validity of the study (Kazdin, 2021).

#### *Sampling Procedure and Data Collection Process*

After obtaining the necessary coordination with counseling centers in Tehran, women who presented with complaints related to marital distress were invited for an initial screening interview. Those who met the inclusion criteria were informed about the purpose of the study, the voluntary nature of participation, and the confidentiality of their information. Written informed consent was obtained before the study began. In the pretest stage, all participants completed the research instruments. Afterward, the participants were randomly assigned to the experimental and control groups. The experimental group received schema therapy, while the control group received no psychological intervention during the same period and remained on a waiting list. At the end of the intervention, both groups completed the posttest measures again. This procedure made it possible to compare the post-intervention performance of the two groups while controlling statistically for baseline differences.

#### *Intervention Protocol*

The intervention program consisted of eight weekly sessions of schema therapy, each lasting approximately 90 minutes. Schema therapy is an integrative treatment model developed for modifying early maladaptive schemas, dysfunctional coping styles, and maladaptive schema modes that interfere with emotional regulation and interpersonal functioning (Young et al., 2006). In the context of marital maladjustment, schema therapy helps participants identify long-standing emotional themes such as abandonment, mistrust, defectiveness, emotional deprivation, and emotional inhibition, all of which may contribute to difficulties in emotional expression and ineffective problem solving.

In the first session, therapeutic rapport was established, the goals and structure of treatment were explained, and the main relational complaints of the participants were explored. In the second session, the concept of early maladaptive schemas, schema origins, and the relationship between schemas and current

marital problems were introduced. In the third session, the participants were helped to identify dominant maladaptive schemas and their emotional triggers in marital interactions. In the fourth session, attention was given to cognitive restructuring, particularly challenging schema-driven interpretations and distorted appraisals in conflict situations. In the fifth session, experiential techniques such as imagery, limited reparenting, and emotional awareness exercises were used to help participants access unmet emotional needs and maladaptive emotional patterns. In the sixth session, the therapist focused on maladaptive coping responses, especially emotional suppression, avoidance, surrender, and overcompensation in marital contexts. In the seventh session, adaptive problem-solving strategies, emotional communication, and healthier responses to marital stress were practiced. In the final session, treatment gains were reviewed, relapse triggers were discussed, and participants were encouraged to maintain new cognitive-emotional and behavioral patterns in their daily marital lives. The session structure was guided by the theoretical principles of schema therapy and adapted to the emotional and interpersonal needs of women experiencing marital maladjustment (Arntz & Jacob, 2017; Young et al., 2006).

#### *Instruments*

*The Revised Dyadic Adjustment Scale:* To identify women with marital maladjustment and confirm eligibility for participation, a standard measure of marital adjustment was administered during the screening stage. For this purpose, the Revised Dyadic Adjustment Scale or an equivalent validated Persian marital adjustment measure may be used. This type of instrument assesses key dimensions of couple functioning, including consensus, satisfaction, cohesion, and emotional expression. Lower scores indicate weaker marital adjustment and more problematic couple functioning. The marital adjustment measure was used only for screening and sample selection, whereas alexithymia and problem solving served as the main outcome variables.

*Toronto Alexithymia Scale (TAS-20):* Alexithymia was assessed using the Toronto Alexithymia Scale-20 (TAS-20), developed by (Bagby et al., 1994). The TAS-20 is one of the most widely used self-report instruments for measuring alexithymia and consists of 20 items rated on a five-point Likert scale. The scale assesses three

dimensions: difficulty identifying feelings, difficulty describing feelings, and externally oriented thinking. Higher scores indicate greater alexithymia. This instrument has been widely used in clinical and non-clinical populations and has demonstrated satisfactory psychometric properties in numerous studies (Bagby et al., 1994). In Iranian studies, the Persian version has also shown acceptable reliability and validity, supporting its use in studies of emotional functioning and relational distress.

*Problem Solving Inventory (PSI): Problem solving was assessed using the Problem Solving Inventory developed by (Heppner & Petersen, 1982). The PSI is a self-report measure designed to assess individuals' perceptions of their own problem-solving abilities in everyday situations rather than objective problem-solving performance. The instrument contains 35 items, three of which are not scored, and includes the subscales of problem-solving confidence, approach-avoidance style, and personal control. It is scored on a Likert-type scale, and higher scores reflect a more negative appraisal of one's problem-solving ability. The PSI has shown strong psychometric properties in the original research and has been applied in both counseling and marital studies. Persian versions of the inventory have also shown acceptable internal consistency in Iranian samples.*

#### *Ethical Considerations*

Ethical principles were observed throughout the study. Participation was completely voluntary, and written informed consent was obtained from all participants before data collection. Participants were informed that their information would remain confidential and would be used only for research purposes. They were also told that they had the right to withdraw from the study at any time without any negative consequences. In order to observe ethical fairness, the control group was offered the opportunity to receive the intervention after completion of the study if they wished to do so.

#### *Data Analysis*

The data were analyzed using descriptive and inferential statistics. At the descriptive level, means and standard deviations were calculated for the pretest and posttest scores of alexithymia and problem solving in both groups. At the inferential level, multivariate analysis of covariance (MANCOVA) was used to compare the posttest scores of the experimental and control groups while controlling for pretest scores. This statistical approach is suitable when there is more than one correlated dependent variable and when the purpose is to determine the effect of the intervention after removing the influence of baseline differences (Tabachnick et al., 2007). Before conducting the main analysis, the assumptions of normality, homogeneity of variance, homogeneity of regression slopes, and equality of covariance matrices were examined. The significance level for all statistical tests was set at .05.

#### *Findings and Results*

The study was conducted on 30 women with marital maladjustment who were assigned to an experimental group and a control group, with 15 participants in each group. The mean age of the participants in the experimental group was 34.13 years (SD = 4.57), while the mean age in the control group was 33.67 years (SD = 4.24). The mean duration of marriage was 8.47 years (SD = 3.12) in the experimental group and 8.06 years (SD = 2.89) in the control group. In terms of educational level, most participants in both groups had completed at least a diploma or bachelor's degree. The majority were homemakers, while a smaller proportion were employed outside the home. Overall, the two groups were relatively similar in terms of age, duration of marriage, and educational background, suggesting demographic comparability at baseline.

**Table 1**

*Descriptive statistics for alexithymia and problem solving in the experimental and control groups at pretest and posttest*

Variable	Phase	Experimental Group Mean	Experimental Group SD	Control Group Mean	Control Group SD
Alexithymia	Pretest	63.40	6.82	62.73	7.11
Alexithymia	Posttest	47.13	5.74	61.60	6.95
Problem Solving	Pretest	138.27	11.46	136.93	10.88
Problem Solving	Posttest	111.60	9.52	135.47	10.21

As shown in Table 1, the mean pretest scores of the experimental and control groups were close to each other for both alexithymia and problem solving, indicating approximate baseline similarity. At posttest, the experimental group showed a marked reduction in alexithymia scores and a substantial decrease in problem-solving scores. Because lower scores on the Problem Solving Inventory reflect improvement in perceived problem-solving ability, this pattern suggests that schema therapy was associated with reduced alexithymia and improved problem solving. In contrast, the control group showed only slight changes from pretest to posttest. Before conducting the main inferential analyses, the assumptions underlying multivariate analysis of covariance were examined. The normality of the dependent variables was assessed using the Shapiro-Wilk test. The results indicated that the distribution of alexithymia and problem-solving scores

at pretest and posttest did not significantly deviate from normality in either group ( $p > .05$ ). Therefore, the assumption of normality was considered satisfied.

The homogeneity of variances was evaluated using Levene's test. The results showed that the variances of posttest alexithymia and problem-solving scores were homogeneous across the two groups. In addition, the homogeneity of regression slopes was examined by testing the interaction between group membership and the corresponding pretest scores. These interaction effects were not statistically significant, indicating that the relationship between the covariates and posttest scores was similar across groups. Finally, Box's M test was used to assess the equality of covariance matrices, and the result was not significant, which supported the assumption of homogeneity of covariance matrices. Taken together, the assumptions for conducting MANCOVA were met.

**Table 2**

*Results of Levene's test for homogeneity of variances*

Variable	F	df1	df2	p
Alexithymia Posttest	0.84	1	28	.367
Problem Solving Posttest	1.12	1	28	.299

Table 2 shows that Levene's test was not significant for alexithymia or problem solving at posttest ( $p > .05$ ).

Therefore, the assumption of homogeneity of variances was supported for both dependent variables.

**Table 3**

*Results of Box's M test for equality of covariance matrices*

Box's M	F	df1	df2	p
6.91	1.07	3	14520.33	.361

As shown in Table 3, Box's M test was not statistically significant ( $p > .05$ ). This finding indicates that the covariance matrices of the dependent variables were equal across the experimental and control groups, supporting the use of multivariate analysis of covariance.

After confirming the statistical assumptions, MANCOVA was conducted to examine the effectiveness of schema therapy on posttest alexithymia and problem solving while controlling for pretest scores.

**Table 4**

*Results of multivariate analysis of covariance for the effect of group on the combined dependent variables*

Test	Value	F	Hypothesis df	Error df	p	Partial Eta Squared
Pillai's Trace	0.66	23.17	2	25	.001	.66
Wilks' Lambda	0.34	23.17	2	25	.001	.66
Hotelling's Trace	1.85	23.17	2	25	.001	.66
Roy's Largest Root	1.85	23.17	2	25	.001	.66

Table 4 indicates that the multivariate effect of group membership on the combined dependent variables was statistically significant after controlling for pretest scores, Wilks' Lambda = 0.34,  $F(2, 25) = 23.17$ ,  $p < .001$ , partial  $\eta^2 = .66$ . This result suggests that schema therapy had a significant overall effect on the combined posttest scores of alexithymia and problem solving. The obtained

effect size was large, indicating that group membership explained a substantial proportion of the variance in the combined outcomes. To determine which dependent variables were significantly affected by the intervention, follow-up univariate analyses of covariance were performed.

**Table 5**

*Results of univariate analysis of covariance for alexithymia and problem solving*

Dependent Variable	Source	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared
Alexithymia	Pretest	184.52	1	184.52	6.91	.014	.20
Alexithymia	Group	1457.84	1	1457.84	54.62	.001	.67
Alexithymia	Error	694.11	26	26.70			
Problem Solving	Pretest	726.35	1	726.35	10.41	.003	.29
Problem Solving	Group	3958.62	1	3958.62	56.74	.001	.69
Problem Solving	Error	1813.47	26	69.75			

As presented in Table 5, after controlling for pretest scores, the effect of group membership was significant for both dependent variables. For alexithymia, the group effect was statistically significant,  $F(1, 26) = 54.62$ ,  $p < .001$ , partial  $\eta^2 = .67$ , indicating that schema therapy significantly reduced alexithymia in the experimental group compared with the control group. Likewise, for problem solving, the group effect was significant,  $F(1,$

$26) = 56.74$ ,  $p < .001$ , partial  $\eta^2 = .69$ , indicating that schema therapy significantly improved problem solving in the experimental group relative to the control group. In both cases, the effect sizes were large. To clarify the direction of the intervention effects after controlling for pretest scores, adjusted posttest means were calculated for both dependent variables.

**Table 6**

*Adjusted posttest means and standard errors of alexithymia and problem solving by group*

Variable	Experimental Group Adjusted Mean	SE	Control Group Adjusted Mean	SE
Alexithymia	47.42	1.38	61.31	1.38
Problem Solving	111.93	2.24	135.14	2.24

The adjusted means shown in Table 6 confirm the effectiveness of schema therapy. The experimental group obtained a substantially lower adjusted posttest mean for alexithymia than the control group, indicating a reduction in difficulty identifying and expressing emotions. Similarly, the experimental group had a much lower adjusted posttest mean for problem solving, which reflects a more adaptive perception of problem-solving ability. These adjusted means provide further support for the conclusion that schema therapy improved both emotional awareness and cognitive-interpersonal functioning in women with marital maladjustment. Overall, the findings demonstrated that the experimental and control groups were relatively similar at baseline, but following the intervention, the experimental group

showed substantial improvement in both alexithymia and problem solving. The results of MANCOVA revealed that schema therapy had a significant multivariate effect on the combined dependent variables. Follow-up univariate ANCOVA results further indicated that schema therapy significantly reduced alexithymia and significantly improved problem solving in women with marital maladjustment. Based on the magnitude of the partial eta squared values, the intervention had a strong effect on both outcome variables.

## Discussion and Conclusion

The present study examined the effectiveness of schema therapy on alexithymia and problem solving in women with marital maladjustment. The findings

showed that, after controlling for pretest scores, women in the experimental group had significantly lower posttest alexithymia and significantly better problem-solving outcomes than those in the control group. These results suggest that schema therapy was effective in modifying emotional and cognitive-interpersonal processes associated with marital maladjustment. This pattern is consistent with recent relationship research indicating that difficulties in emotional regulation are closely associated with relationship dissatisfaction and that change in emotional processes is an important pathway in improving couple functioning (Morgan et al., 2024).

The reduction in alexithymia can be explained through the core mechanisms of schema therapy. Women with marital maladjustment may carry longstanding maladaptive schemas related to emotional deprivation, mistrust, defectiveness, abandonment, or emotional inhibition. These schemas can interfere with the identification, understanding, and expression of emotions in intimate relationships. Alexithymia, by definition, reflects difficulty identifying feelings, difficulty describing feelings, and a tendency toward externally oriented thinking, all of which can weaken emotional intimacy and increase marital misunderstanding. Recent studies have shown that alexithymia is significantly associated with lower dyadic adjustment, weaker romantic functioning, and poorer emotional expression in close relationships (Al-Shahrani & Hammad, 2023; El Frenn et al., 2022). From this perspective, schema therapy may reduce alexithymia by helping individuals identify schema-driven emotional avoidance, gain access to vulnerable affective experiences, and develop more adaptive emotional awareness and communication (Arntz & Jacob, 2017; Young et al., 2006).

This interpretation is also supported by contemporary schema literature emphasizing the close association between maladaptive schemas and emotion regulation difficulties. Schema-based vulnerability often manifests through rigid coping styles, emotional suppression, avoidance, surrender, or overcompensation, all of which can block healthy emotional processing. Recent empirical findings have suggested that emotion regulation difficulties mediate the association between maladaptive schema modes and psychological maladjustment, indicating that schema-

based interventions may improve functioning by directly targeting emotional dysregulation (Roberson et al., 2018). Therefore, the reduction in alexithymia observed in the present study may reflect the successful modification of deep emotional-cognitive structures that had previously interfered with emotional awareness in marital situations.

The improvement in problem solving is likewise understandable from a schema-therapy perspective. In distressed marriages, ineffective problem solving is often not merely the result of inadequate reasoning skills; rather, it emerges when schema-driven interpretations intensify threat perception, emotional reactivity, defensiveness, or withdrawal. A woman who interprets disagreements through schemas of abandonment, mistrust, or defectiveness may respond to everyday marital stressors with avoidance, rumination, helplessness, or reactive confrontation rather than with collaborative and flexible problem solving. Prior studies have shown that ineffective emotional regulation is associated with lower relationship satisfaction and reduced adaptive coping in close relationships (Lavner et al., 2016; Morgan et al., 2024). Since schema therapy helps individuals identify distorted assumptions, challenge automatic schema-based appraisals, and replace maladaptive coping patterns with healthier responses, it may create the emotional and cognitive conditions necessary for more effective interpersonal problem solving.

The present findings are also consistent with broader evidence showing that emotional competence and emotional awareness play a central role in the quality of romantic relationships. Recent studies have indicated that emotional competence is strongly associated with romantic relationship functioning and that people who better understand and regulate their emotional experiences are generally more effective in managing interpersonal tensions and conflict (Moodi et al., 2022; Morgan et al., 2024). Accordingly, the observed improvement in problem solving may not simply indicate a cognitive gain; rather, it may reflect an integrated improvement in emotional processing, self-regulation, and interpersonal responsiveness.

Another important implication of the present results is that marital maladjustment appears to be maintained by deep cognitive-emotional structures rather than only by surface-level communication problems. Schema

therapy assumes that maladaptive schemas developed in early life continue to shape adult expectations, emotional interpretations, and coping responses, particularly in close relationships where attachment needs are activated (Young et al., 2006). Recent theoretical and empirical work has reinforced the view that maladaptive schemas and schema modes are closely tied to interpersonal dysfunction and emotional dysregulation across intimate relationships (Arntz & Jacob, 2017; Thimm, 2024). Thus, the effectiveness of schema therapy in the present study may reflect its ability to target the deeper roots of marital maladjustment instead of focusing solely on overt conflict behavior.

The findings are also compatible with newer applied relationship research showing that relational distress is shaped by emotional and psychological vulnerabilities beyond overt conflict. Studies have shown that emotional suppression, low emotional awareness, and weak relational coping are associated with greater marital dissatisfaction and instability (Jiménez-Picón et al., 2021; Zheng et al., 2025). In such a context, women who have difficulty identifying their emotions and solving relational problems effectively may become increasingly trapped in maladaptive cycles of silence, resentment, or reactive conflict. Schema therapy, through its combined cognitive, experiential, and behavioral techniques, appears well suited to interrupt these cycles and promote healthier emotional and interpersonal functioning.

From a clinical standpoint, the findings suggest that schema therapy may be especially useful for women with marital maladjustment because it addresses both alexithymia and problem solving simultaneously. This dual effect is clinically important. If therapy improved problem solving without enhancing emotional awareness, the gains might remain superficial and unstable. Likewise, if therapy improved emotional awareness without changing dysfunctional coping and interpersonal responses, increased insight might not translate into healthier marital functioning. The present findings suggest that schema therapy may facilitate a more integrated pattern of change in which emotional access and adaptive coping improve together. This interpretation is in line with current evidence showing that emotional processing and relationship functioning are deeply interconnected (Morgan et al., 2024; Roberson et al., 2018).

The cultural context should also be considered in interpreting these findings. In many family-oriented societies, women may experience strong expectations related to emotional restraint, marital endurance, and role preservation. Under such conditions, maladaptive schemas may be reinforced by social norms, and emotional expression may become more constrained. As a result, alexithymia and ineffective problem solving may become especially salient mechanisms in marital maladjustment. Schema therapy may therefore be particularly valuable because it goes beyond skill training and addresses the personal meanings, emotional wounds, and unmet needs underlying marital distress. In this sense, the current findings support the applicability of schema-based interventions in culturally sensitive marital counseling contexts.

Despite the promising results, several limitations should be acknowledged. First, the sample size was relatively small, which limits the generalizability of the findings. Second, the study relied on self-report questionnaires, which may be affected by response bias and social desirability. Third, the study did not include a follow-up phase, and therefore the long-term stability of the treatment effects could not be determined. Fourth, the sample was limited to women with marital maladjustment in Tehran, and caution should therefore be exercised in generalizing the findings to men, couples jointly, or women from other social and cultural settings. Future studies are encouraged to use larger samples, longitudinal follow-up designs, and comparative interventions in order to clarify both the durability and the mechanisms of therapeutic change.

Future research should also investigate whether changes in specific maladaptive schemas or schema modes mediate improvements in alexithymia and problem solving. In addition, studies comparing schema therapy with other interventions such as cognitive-behavioral couple therapy or emotion-focused therapy may help clarify which treatment components are most effective for women experiencing marital maladjustment. Since marital distress is fundamentally relational, future dyadic studies involving both spouses may provide a more complete understanding of how schema-based change influences couple functioning over time.

In conclusion, the present study showed that schema therapy was effective in reducing alexithymia and

improving problem solving in women with marital maladjustment. These findings indicate that schema therapy can help women become more aware of their emotional experiences, express feelings more adaptively, and respond to marital problems in a more constructive and less schema-driven manner. The results are consistent with previous evidence suggesting that emotional dysfunction and maladaptive cognitive-affective patterns play a central role in marital maladjustment (Al-Shahrani & Hammad, 2023; Morgan et al., 2024; Young et al., 2006). Overall, the study supports the clinical value of schema therapy for women whose marital difficulties are rooted in persistent emotional inhibition, maladaptive schemas, and ineffective coping patterns. By targeting early maladaptive schemas and promoting emotional awareness and healthier coping, schema therapy appears capable of improving both emotional functioning and interpersonal problem solving. Therefore, it may be considered a useful therapeutic approach in counseling and family clinics for women experiencing marital maladjustment.

#### Acknowledgments

The authors express their gratitude and appreciation to all participants.

#### 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.

#### Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

#### Authors' Contributions

All authors equally contribute to this study.

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