

## The Effect of Schema Conceptualization in Couple Therapy on Perceived Stress and Intimacy among Couples with Extramarital Relationship Problems

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### ABSTRACT

**Objective:** The present study aimed to investigate the effectiveness of integrative couple therapy based on schema therapy and acceptance and commitment therapy (ACT) on intimacy and the forgiveness process among couples involved in extramarital relationships.

**Methods:** This research was a quasi-experimental study with a pretest–posttest design and follow-up, including a control group. It was applied in purpose, quasi-experimental in method, and used repeated measures with a control group. The statistical population consisted of all women seeking divorce who attended counseling and social work centers in District 11 of Tehran in 2025. From this population, 60 individuals were selected through purposive sampling from a pool of 100 candidates and were randomly assigned to experimental and control groups (30 participants in each group). Two standardized questionnaires—Ray's Forgiveness Scale (1988) and the Walker and Thompson Intimacy Scale (IS)—were completed by the couples. Data analysis was conducted using SPSS-26 software, employing mean and standard deviation indices in the pretest and posttest stages.

**Results:** The results indicated that integrative schema-based and ACT couple therapy improved intimacy and forgiveness in couples involved in extramarital relationships.

**Conclusions:** By modifying maladaptive schemas and enhancing acceptance and commitment, this intervention yielded lasting effects and is recommended as an effective approach for improving marital relationships.

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## Introduction

Marriage and the formation of a marital relationship constitute one of the most fundamental forms of human bonds, capable of strengthening essential psychological resources such as trust, commitment, and satisfaction within shared life. For this reason, a substantial portion of scientific research and intervention programs has focused on improving various dimensions of couple relationships (Bazargan et al., 2021). A healthy society emerges when its smallest social unit—the family—enjoys adequate well-being and quality. In such families, love, intimacy, and constructive communication between spouses prevail, and the home environment becomes a context for the growth and flourishing of its members (Asadi & Mousazadeh, 2022). Despite this importance, the increasing prevalence of marital conflicts, infidelity, and the rising trend of divorce has intensified the need for effective therapeutic approaches. In Iran, recent years have also witnessed an increase in divorce rates and family-related problems, particularly those arising from extramarital relationships (Afrooz, 2019).

Extramarital relationships, which represent a form of emotional or sexual infidelity, are considered among the most severe crises in marital life. Such relationships are often associated with numerous negative consequences, including reduced psychological well-being, diminished self-esteem, increased psychological distress, and decreased intimacy between partners (Gonen et al., 2025; Ganz et al., 2022). In recent years, a relatively new therapeutic approach has attracted the attention of researchers: integrative couple therapy combining schema therapy with Acceptance and Commitment Therapy (ACT). Schema therapy focuses on identifying maladaptive early schemas that originate in childhood and helps couples understand the roots of their emotional and relational difficulties (Larki et al., 2025). On the other hand, ACT emphasizes the acceptance of emotions and actions guided by personal values, thereby facilitating relationship repair and strengthening emotional interactions (Dunoon, 2017; Irwin et al., 2024). The integration of these two approaches, particularly through schema conceptualization, may contribute to reducing perceived stress, improving levels of intimacy, and facilitating the process of forgiveness within couples' relationships (Versaib et al., 2018; Liu & McLeay, 2017).

Both national and international studies have supported the effectiveness of this approach. For instance, Aalami et al. (2020) reported that schema therapy based on ACT reduced marital conflicts and decreased couples' tendency toward divorce. Similarly, Zangeneh Motlagh et al. (2017) found

that this approach increased intimacy and reduced emotional dysfunction among couples. In another study, Larki et al. (2025) showed that mentalization-based and integrative interventions could enhance satisfaction and intimacy among women who had experienced marital infidelity. Behavioral couple therapy, originally introduced by Jacobson and Margolin (1979), represents one of the earliest structured interventions for marital distress. During the 1970s and 1980s, extensive research was conducted on Behavioral Couple Therapy (BCT), and the findings consistently supported its effectiveness. Among various couple therapy models, traditional behavioral couple therapy—formally known as Behavioral Marital Therapy (BMT)—has met the highest criteria for empirically supported treatments and is considered a well-established intervention. This approach is not only effective but also specific, meaning that its outcomes extend beyond nonspecific therapeutic factors such as therapist attention, the therapeutic alliance, or clients' expectations for change. Rather, its techniques themselves produce distinctive and measurable effects (Kikeri et al., 2019).

Couple and family therapy plays a crucial role in promoting individuals' psychological well-being. The family can be viewed as a socio-cultural system characterized by a set of rules, roles, and interaction patterns among its members. Marriage forms the core of the family, and healthy couples contribute to the development of healthy families (Shojaei et al., 2023). Traditional behavioral couple therapy is grounded in social learning theory and behavioral exchange principles concerning marital conflict. It assumes that maladaptive behavioral patterns, communication problems, and ineffective problem-solving skills are primary contributors to relationship distress. Research has shown that couples who frequently exchange negative or hurtful behaviors, or those who experience difficulties in communication and problem-solving skills, tend to report poorer relationship adjustment. To address these issues, traditional behavioral couple therapy employs behavioral change strategies and skill training. Two primary components of these strategies include behavioral exchange and communication/problem-solving training (CPT). Behavioral exchange aims to increase the ratio of positive to negative interactions between partners and is intended to reduce relationship distress quickly. In contrast, communication and problem-solving training provides couples with the necessary skills to cope with future challenges, thereby promoting long-term changes in their relationship through the modification of fundamental behavioral patterns (Paget et al., 2019).

Functional contextualism emphasizes the function of behavior rather than its form, arguing that a single behavior may have different meanings in different contexts. For example, running or arriving late to an appointment may reflect improvement in one context or avoidance in another. Skinner's radical behaviorism can also be considered a contextual perspective because it challenges traditional views that attribute behavior to internal causes. Instead, it emphasizes external determinants—namely the environmental context in which behavior occurs—as essential for predicting and controlling behavior. From Skinner's perspective, perception itself is shaped by reinforcement contingencies and the individual's cumulative experiences from birth onward. Consequently, reality and even the concept of reality are reflections of an individual's experiential history. Thus, radical behaviorism inherently adopts a contextual approach that questions the existence of a fixed and objectively knowable reality and instead adopts a pragmatic stance (Richards et al., 2024).

Techniques used in integrative couple therapy are generally categorized into three main groups: acceptance techniques, tolerance techniques, and change techniques. Within this approach, the primary goal is often to foster acceptance rather than direct change. The initial emphasis is on helping couples accept aspects of their partner's behavior that were previously considered unacceptable. Importantly, acceptance in this context does not imply reluctant submission or passive endurance of the existing situation. Rather, it provides a hopeful alternative for couples whose problems do not respond well to conventional change-oriented strategies. Acceptance helps couples transform seemingly unsolvable problems into opportunities for greater closeness and intimacy. Furthermore, fostering acceptance not only improves relationship functioning but also facilitates change itself. Because many couples' core difficulty lies in their struggle to change one another, acceptance-based strategies may sometimes produce more effective outcomes than direct change strategies used in traditional behavioral couple therapy. Two key techniques used to promote acceptance in integrative couple therapy are empathic joining and unified detachment (Bardi Khoocheh et al., 2022).

Stress is another important construct frequently examined in interpersonal relationships. The Perceived Stress Scale was developed based on Lazarus's appraisal theory (1999). The psychological stress tradition emphasizes the individual's perception and evaluation of potential harm resulting from encounters with challenging environmental experiences. Individuals

experience stress when they evaluate environmental demands as exceeding their coping resources (Pando et al., 2013). Psychological models of stress emphasize that events affect individuals only when they are appraised as stressful. These appraisal patterns are not merely products of stimulus conditions or response variables; rather, they are shaped by individuals' interpretations of their relationship with the surrounding environment (Wongpakaran & Wongpakaran, 2010).

One of the most influential appraisal process models was proposed by Lazarus and Folkman. In its original formulation, the model suggests that the evaluation of a stimulus as threatening—referred to as primary appraisal—occurs between the presentation of the stimulus and the stress response. This appraisal depends on antecedent factors such as perceived characteristics of the situation and the individual's psychological structure (Wang et al., 2011). The Perceived Stress Scale measures individuals' evaluations of how stressful different situations in their lives are. The original version of the scale was designed to assess the extent to which individuals perceive their life events as unpredictable and uncontrollable (Pando et al., 2013). When initial attempts to cope with a problem fail, anxiety tends to increase, and coping efforts become less flexible, making alternative solutions less accessible. Under psychological pressure, individuals often revert to behavioral patterns that were previously effective for them. For example, a cautious person may become even more cautious and eventually withdraw entirely, whereas an aggressive individual may lose control and respond destructively (Atkinson et al., 2006/2016).

On the other hand, problems related to intimacy are often considered a central reason for relationship failure. In many cases, clients' primary concern may revolve around intimacy, even when they initially describe their difficulties as problems in close relationships or commitment. Although some couples may not explicitly identify intimacy as a therapeutic goal, when they complete assessment tools related to relationship quality, satisfaction, or adjustment, they often recognize one or more aspects of intimacy as problematic (Bagarozzi, 2001). Intimacy in marriage is highly valuable because it strengthens partners' commitment to each other and stabilizes their relationship, and it is positively associated with marital satisfaction and life satisfaction. Clinical observations and research indicate that in contemporary society many couples face serious challenges in establishing and maintaining intimate relationships and in fulfilling each other's expectations and needs (Gheyuripour, 2021). Marital intimacy plays a crucial role in sustaining marital life, and couples who experience higher levels of intimacy and positive interactions tend

to enjoy their marital relationship more than others (Nouri, 2020). Intimacy has been defined as a relationship characterized by genuine self-disclosure and the understanding of another person within an equal partnership (Young, 2015). It is a multidimensional construct that develops over time and is defined by partners' ability to communicate, resolve conflicts, experience emotional closeness, and share experiences with one another (Nezare, 2013).

Numerous studies have examined the effectiveness of schema therapy-based interventions and Acceptance and Commitment Therapy in improving couple relationships. Findings indicate that these approaches can reduce irrational relational beliefs (Alipanah et al., 2020), improve relational attributions and sexual functioning among women affected by extramarital relationships (Elahi et al., 2020), and reduce early maladaptive schemas and tendencies toward extramarital relationships among women seeking divorce (Maymi & Safarnia, 2018). Similarly, Hemmati et al. (2018) found that both schema-based couple therapy and ACT-based approaches positively influenced family resilience, although schema therapy demonstrated somewhat greater effectiveness. Other studies have also confirmed the effectiveness of face-to-face and online cognitive-behavioral interventions in reducing post-traumatic stress resulting from extramarital relationships (Gharegozlu et al., 2017), as well as the role of maladaptive schemas in predicting marital commitment. Moreover, findings indicate that ACT-based couple therapy and integrative behavioral interventions improve intimacy and family functioning among couples seeking divorce (Haghighi et al., 2022) and enhance communication between partners (Michael Gaunt et al., 2021). In the same vein, studies by Frinchi (2019) and Davis (2015) emphasized the mediating roles of self-compassion, gratitude, and forgiveness in the relationship between early maladaptive schemas and marital commitment, as well as the impact of schema therapy on marital commitment. Overall, these findings suggest that schema-based and ACT-based interventions are effective tools for improving intimacy, reducing stress, and reconstructing relationships among couples.

Alongside these interventions, forgiveness also plays a significant role in marital relationships. Forgiveness is a psychological process that reduces anger, the desire for revenge, and psychological distress while facilitating the rebuilding of trust and the strengthening of intimacy (Shirzadi et al., 2021; Worthington & McConnell, 2019). In contrast, perceived stress arising from extramarital relationships may intensify emotional tensions and threaten the stability of the family structure (Mostafazadeh et al., 2025). Despite the growing body of research, comprehensive

investigations into the effectiveness of integrative schema-based and ACT couple therapy among couples involved in extramarital relationships in Iran remain limited. Therefore, the present study aims to examine the role of schema conceptualization within the couple therapy process in reducing perceived stress and enhancing intimacy among couples experiencing problems related to extramarital relationships. The main research question is whether the use of schema conceptualization in couple therapy can reduce perceived stress and increase intimacy among couples affected by extramarital relationships.

### Material and Methods

The present study employed a quasi-experimental design with a pretest–posttest and follow-up with a control group. In terms of purpose, the study is applied, and in terms of methodology it is quasi-experimental with repeated measurements and a control group. The statistical population consisted of all women applying for divorce who referred to counseling and social work centers in District 11 of Tehran in 2025. From this population of approximately 100 individuals, 60 participants were selected using purposive sampling and were randomly assigned to an experimental group and a control group (30 participants in each group). To ensure ethical considerations, informed consent was obtained from all participants prior to their participation in the study. Participants were informed that all collected data would remain confidential and would be used solely for research purposes.

Data collection was conducted in two stages. First, information related to the research literature was gathered using the library method, including books, theses, academic articles, and online sources. For field data collection and measurement of research variables, questionnaires were used as the main data collection instruments. The research instrument consisted of two sections. The first section included demographic characteristics such as age at marriage, level of education, employment status, and income level. The second section consisted of standardized questionnaires used to measure the study variables. After coordinating with the participants, data were collected using two standardized instruments:

1. The Walker and Thompson Intimacy Scale (IS)
2. The Perceived Stress Scale developed by Cohen et al. (1983)

After administering the pretest, the therapeutic protocol developed by Ninan et al. (2002) was implemented for the experimental group. The intervention consisted of eight weekly sessions, each lasting 90 minutes. No intervention was provided to the control group during this period. Following the completion of the intervention, a posttest was administered to both groups to examine the effects of the intervention. In addition, a follow-up assessment was conducted to evaluate the stability of the intervention effects. The pretest, posttest, and follow-up scores of both groups were then compared.

The data were analyzed using SPSS version 26, and analysis of covariance (ANCOVA) was employed to examine the effectiveness of the intervention.

**Table 1.** Schema Therapy Skills Training Program (Ninan et al., 2002)

Session	Training Content
1	Establishing rapport and initial assessment; introduction of the researcher and participants; explanation of research goals; focus on life history; administration of the pretest; assignment of homework.
2	Education about schemas and coping styles; introduction to early maladaptive schemas; explanation of schema coping styles.
3	Cognitive strategies; explanation of the rationale for cognitive techniques; "battle metaphor"; redefining schema-threatening evidence.
4	Cognitive techniques; evaluation of advantages and disadvantages of coping styles and responses; training in designing and using coping cards.
5	Experiential strategies; explanation of the rationale and goals of experiential techniques; imagery exercises; linking past imagery experiences to present situations.
6	Behavioral pattern breaking; review of homework from previous sessions and receiving feedback; explanation of behavioral techniques; increasing motivation for behavioral change and assigning new homework.
7	Behavioral techniques; review of previous assignments and feedback; implementing significant life changes; assignment of new homework.
8	Review and summary of previous content; discussion of homework; final evaluation; administration of posttest; termination of sessions.

## Instruments

**Walker and Thompson Couple Intimacy Scale (IS):** The Intimacy Scale was developed by Walker and Thompson (1983) to measure affection and emotional closeness within family relationships. The questionnaire consists of 17 items designed to assess the level of intimacy between partners. Although the scale is part of a broader instrument measuring multiple dimensions of intimacy, it has also been reported by its developers as a separate independent scale. The Persian version of the scale was translated by Sanaei (2000). Intimacy is defined as the degree of attention, care, and emotional closeness among family members and includes aspects such as affection, sacrifice, satisfaction, and mutual commitment.

The scale was initially administered to several groups: 166 undergraduate students (68% aged 20–25), 166 mothers of middle-class students (mostly aged 40–49), and 147 grandmothers aged between 60 and 79. The mean intimacy score for mothers was 6.21 (SD = 0.69) and for daughters 6.04 (SD = 1).

Sanaei (2000) reported a reliability coefficient of 0.96 for the scale based on data collected from 100 couples in Isfahan. The internal consistency of the scale is reported to be very high, with Cronbach's alpha ranging from 0.91 to 0.97 (Bahrami Khondabi et al., 2005). Information regarding test–retest reliability was not initially reported.

Later research by Naderi Moghadam (2007) indicated a significant positive correlation between couples' intimacy and duration of marriage ( $r = 0.648$ ,  $p < 0.01$ ). Using the test–retest method with a three-week interval among 30 university students, a reliability coefficient of 0.95 was obtained. The Cronbach's alpha coefficient reported in that study was 0.94, indicating good internal consistency.

**Perceived Stress Scale (Cohen et al., 1983):** The Perceived Stress Scale (PSS) was developed by Cohen et al. (1983) to measure the degree to which individuals perceive situations in their lives as stressful. The scale contains 14 items, rated on a four-point Likert scale ranging from never to very much, with scores for each item ranging from 0 to 4.

Validity refers to the extent to which a measurement instrument actually measures the construct it is intended to assess (Sarmad et al., 2011). In the study conducted by Saadat et al. (2015), the validity of the questionnaire was confirmed by experts and specialists in the field.

Reliability refers to the degree of stability and consistency of a measurement instrument under similar conditions (Sarmad et al., 2013). In the study by Saadat et al. (2015), the reliability of the scale was evaluated using Cronbach's alpha, which yielded a coefficient of 0.84, indicating acceptable internal consistency.

## Results

The descriptive findings of the variables perceived stress and couple intimacy are presented in Table 2.

**Table 2.** Descriptive Statistics of Perceived Stress and Couple Intimacy Scores Across Three Measurement Phases by Group

Group	Variable	Pretest Mean	SD	Posttest Mean	SD	Follow-up Mean	SD
Control	Perceived Stress	42.53	5.457	41.93	5.152	42.29	5.049
	Couple Intimacy	25.87	4.710	25.47	3.441	25.33	3.763
Experimental	Perceived Stress	41.27	4.934	34.20	5.549	34.77	4.817
	Couple Intimacy	25.83	4.069	32.27	4.417	31.93	4.891

According to the results presented in Table 2, the mean perceived stress scores in the experimental group decreased in the posttest and follow-up phases compared with the pretest, whereas the mean scores of couple intimacy increased. In contrast, the control group showed no meaningful change across the three measurement phases.

To examine the effectiveness of schema conceptualization in couple therapy on perceived stress and couple intimacy among couples experiencing extramarital relationship problems, a mixed between–within subjects repeated measures ANOVA was conducted. Prior to conducting the analysis, the assumptions of the test were examined. Normality was assessed using the Kolmogorov–Smirnov test, homogeneity of covariance matrices was tested using Box’s M test, and homogeneity of variances was examined using Levene’s test. The results indicated that none of these assumptions were violated.

In addition, the assumption of sphericity was examined using Mauchly’s test of sphericity. If the significance level of Mauchly’s test is greater than 0.05, the sphericity assumption is considered satisfied; otherwise, the conservative Greenhouse–Geisser correction is applied in repeated measures ANOVA. In the present study, Mauchly’s test was significant ( $p < 0.01$ ); therefore, the Greenhouse–Geisser estimates, which adjust the degrees of freedom, were used in the analysis. The results of the repeated measures ANOVA comparing the two groups across the three measurement stages (pretest, posttest, and follow-up) are presented in Table 3.

**Table 3.** Results of Between-Group Repeated Measures ANOVA for Perceived Stress and Couple Intimacy

Variable	Source of Variation	SS	DF	MS	F	P	Effect Size
Perceived Stress	Time	525.320	1.198	438.587	40.098	0.001	0.409
	Group	1365.654	1	1365.654	20.392	0.001	0.260
	Time × Group	405.240	1.198	338.333	30.932	0.001	0.348
Couple Intimacy	Time	338.033	1.538	219.751	23.594	0.001	0.289
	Group	893.339	1	893.339	22.464	0.001	0.279
	Time × Group	453.678	1.538	294.930	31.666	0.001	0.353

Based on the findings presented in Table 3, the differences in perceived stress scores ( $p < 0.01$ ) and couple intimacy scores ( $p < 0.01$ ) across the three stages of the study were statistically significant. The results indicate that 26% and 27.9% of the individual differences in perceived stress and couple intimacy, respectively, were attributable to group membership.

Furthermore, the interaction effect between time and group membership was significant for both research variables ( $p < 0.01$ ). The significance of these interaction effects indicates that the pattern of changes in perceived stress and couple intimacy scores differed between the experimental and control groups across the measurement phases. Therefore, it can be concluded that schema conceptualization in couple therapy significantly affected perceived stress and couple intimacy.

Pairwise comparisons of the means across the three measurement stages using the Bonferroni test are presented in Table 4.

**Table 4.** Bonferroni Pairwise Comparisons of Mean Scores Across the Three Measurement Stages

Group	Dependent Variable	Comparison	Mean Difference	Std. Error	Sig.
Control	Perceived Stress	Pretest – Posttest	0.600	0.788	1.000
		Pretest – Follow-up	0.240	0.781	1.000
		Posttest – Follow-up	-0.360	0.282	0.619
	Couple Intimacy	Pretest – Posttest	0.400	0.764	1.000
		Pretest – Follow-up	0.533	0.794	1.000
		Posttest – Follow-up	0.133	0.466	1.000
Experimental	Perceived Stress	Pretest – Posttest	7.067	0.788	0.001
		Pretest – Follow-up	6.500	0.781	0.001
		Posttest – Follow-up	-0.567	0.282	0.147
	Couple Intimacy	Pretest – Posttest	-6.433	0.764	0.001
		Pretest – Follow-up	-6.100	0.794	0.001
		Posttest – Follow-up	0.333	0.466	1.000

The pairwise comparisons presented in Table 4 show that in the experimental group, the differences between the pretest and both the posttest and follow-up stages were statistically significant ( $p < 0.01$ ). Comparison of the means across the three stages indicates that perceived stress scores significantly decreased in the posttest and follow-up compared with the pretest, while couple intimacy scores significantly increased.

However, the difference between the posttest and follow-up scores was not statistically significant ( $p > 0.05$ ), indicating that the effects of the intervention remained stable over time.

In contrast, in the control group, no significant differences were observed between the pretest, posttest, and follow-up stages ( $p > 0.05$ ). Based on these findings, it can be concluded that schema

conceptualization in couple therapy is effective in reducing perceived stress and improving couple intimacy among couples experiencing extramarital relationship problems.

## **Discussion**

The aim of the present study was to examine the effect of schema-based conceptualization in couple therapy on reducing perceived stress and enhancing intimacy among couples experiencing extramarital relationship problems. The findings indicated that schema-informed couple therapy led to a significant reduction in perceived stress and a significant increase in couple intimacy, and that these improvements were sustained at follow-up. These results suggest that identifying and modifying early maladaptive schemas can help reduce emotional tension, enhance relationship quality, and rebuild emotional bonds between partners.

The repeated-measures ANCOVA confirmed a significant decrease in perceived stress and a significant increase in intimacy in the experimental group. Furthermore, the stability of these findings in the follow-up phase indicates that the intervention produced enduring rather than short-term effects. Overall, the results support the effectiveness and durability of schema-based conceptualization in improving emotional and relational indicators among couples facing extramarital challenges.

These findings are consistent with previous research. For example, they align with the results of Allami et al. (2020), who reported that schema therapy combined with acceptance and commitment strategies reduces marital conflicts and decreases the tendency toward divorce. The findings are also in agreement with Zangeneh-Motlagh et al. (2017), who demonstrated that this therapeutic approach increases marital intimacy and reduces emotional dysregulation. Likewise, the results parallel international studies such as Liu and McLeigh (2017) and Verseb et al. (2018), which confirmed the effectiveness of integrative couple therapy in reducing stress and strengthening emotional connection between partners. The convergence of these findings highlights the validity and applicability of schema-based integrative approaches within the cultural context of Iran.

From a theoretical perspective, the results hold significant implications. They indicate that interventions targeting early maladaptive schemas can moderate the stress associated with extramarital experiences and enhance couples' capacity for forgiveness and emotional closeness.

This conclusion is aligned with Young et al. (2015), who argued that modifying maladaptive schemas addresses the roots of many relational problems and can facilitate relational repair.

From a practical standpoint, the findings suggest that incorporating schema conceptualization into couple therapy can serve as an effective approach in family counseling centers and family courts to support couples undergoing marital crises. Family therapists may use this method to alleviate emotional stress, strengthen marital resilience, and facilitate relational reconstruction. Furthermore, offering training workshops for family counselors on implementing integrative schema-therapy protocols may improve the quality of psychological interventions.

Given the importance of the topic, future research is recommended to employ longitudinal designs with longer follow-up periods (e.g., one-year or two-year intervals) to more precisely assess the durability of treatment effects. Additional psychological variables—such as marital satisfaction, communication quality, family resilience, and broader mental-health indicators—may also be included to provide a more comprehensive assessment of treatment outcomes. Future studies could draw on more diverse samples, including men seeking divorce, childless couples, or couples attempting reconciliation after emotional divorce, to increase the generalizability of the findings.

In addition, comparing the effectiveness of schema therapy with other couple-therapy approaches—such as cognitive-behavioral couple therapy, emotion-focused therapy, or solution-focused couple therapy—may help identify the most effective interventions for couples experiencing extramarital difficulties. Qualitative research methods, such as in-depth interviews, focus groups, or narrative inquiry, could also be employed to uncover couples' lived experiences of the therapeutic process, their emotional and cognitive changes, and the barriers or facilitators of treatment. Combining quantitative and qualitative methods may lead to a more multidimensional understanding of the phenomenon and contribute to the refinement of treatment protocols.

From an applied perspective, the implementation of schema-therapy-based educational programs and workshops in family counseling centers, social-welfare agencies, and even cultural centers is recommended. Such programs may help couples—either before marriage or during emotional crises—develop the cognitive and relational skills necessary to prevent escalation of conflicts. Specialized training for counselors and family psychologists in identifying maladaptive schemas, applying schema-modification techniques, and utilizing integrative approaches (schema therapy combined with ACT) is also essential for improving clinical practice. In addition, developing

educational materials such as brochures, guidebooks, podcasts, and online courses may increase public awareness about the role of maladaptive schemas in marital conflicts and encourage help-seeking behaviors, particularly given the growing use of online platforms and social media. Like all studies, this research has limitations. First, the study was conducted in a specific geographic area (District 11 of Tehran), which limits the generalizability of the findings. Second, the sample included only women applying for divorce, and thus the effects of the intervention on men or on couples without extramarital issues could not be examined. Third, although the instruments used had acceptable validity and reliability, they may not have captured all dimensions of stress and intimacy. Fourth, potential confounding variables—such as social support, extended-family relationships, or personality differences—were not controlled. Finally, challenges such as inconsistent attendance at therapy sessions, scheduling difficulties, and limited cooperation in completing questionnaires may have influenced the results.

Despite these limitations, the present study provides an important step toward understanding the effectiveness of integrative schema-therapy approaches in reducing stress and enhancing intimacy among couples dealing with extramarital difficulties. The findings can serve as a foundation for future research in the field of couple and family therapy.

### Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

### Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

### Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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### Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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