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Comparison of the Effectiveness of Group Cognitive Behavioral Couple Therapy and Schema Therapy Sessions on the Improvement of Communication Patterns and Marital Satisfaction in Couples Affected by Domestic Violence (A Quasi-Experimental Study)

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ABSTRACT

The present study aimed to compare the effectiveness of group cognitive behavioral couple therapy and schema therapy sessions on improving communication patterns and marital satisfaction among couples affected by domestic violence in the city of Tehran. The study employed a quasi-experimental design with a pretest–posttest and a control group. The statistical population consisted of couples affected by domestic violence who had referred to counseling centers in Tehran. From among these couples, 45 individuals were selected using simple random sampling and were randomly assigned to three groups of 15 participants each, including two experimental groups and one control group. Data were collected using both field and library methods. The data collection instruments included the ENRICH Marital Satisfaction Questionnaire (1988), the Couples' Communication Patterns Questionnaire developed by Christensen and Sullaway (1984), a schema therapy protocol (10 sessions), and a cognitive behavioral couple therapy protocol (10 sessions). For statistical data analysis and hypothesis testing, multivariate analysis of covariance (MANCOVA) with post hoc tests was conducted using SPSS version 26. The results indicated that both cognitive behavioral couple therapy and schema therapy approaches were effective in improving couples' communication patterns and marital satisfaction. However, schema therapy was found to be more effective than cognitive behavioral couple therapy in improving communication patterns and marital satisfaction among couples affected by domestic violence.

Keywords: Schema therapy, cognitive behavioral couple therapy, couples' communication patterns, domestic violence, marital satisfaction.

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Introduction

Marital relationships constitute one of the most central and influential interpersonal contexts affecting adults' psychological well-being, emotional regulation, and overall quality of life. The quality of marital functioning is closely associated with mental health outcomes, including depression, anxiety, stress tolerance, and interpersonal adjustment. In recent decades, psychological research has increasingly emphasized the role of communication patterns, emotional regulation, and cognitive schemas in shaping marital satisfaction and stability. Maladaptive interaction cycles, dysfunctional beliefs, and unresolved emotional needs can significantly undermine marital adjustment and contribute to chronic conflict, dissatisfaction, and, in severe cases, domestic violence (1, 2). Consequently, identifying effective therapeutic approaches for improving communication patterns and marital satisfaction among distressed couples has become a major priority in clinical psychology and couple therapy research.

Domestic violence represents one of the most damaging relational contexts, exerting profound psychological, emotional, and relational consequences on couples. Exposure to domestic violence is associated with impaired communication, heightened emotional dysregulation, maladaptive coping strategies, and erosion of marital satisfaction. Couples affected by domestic violence often exhibit rigid interaction patterns, including mutual avoidance, demand/withdraw cycles, and hostility, which perpetuate conflict and hinder emotional intimacy (3, 4). These patterns are frequently rooted in deeply ingrained cognitive schemas, emotional vulnerabilities, and maladaptive beliefs about self, partner, and relationships. As such, interventions that directly target both cognitive-behavioral processes and underlying emotional schemas may offer particular promise for this population.

Cognitive-behavioral couple therapy (CBCT) has long been recognized as one of the most empirically supported interventions for marital distress. Grounded in cognitive and behavioral theories, CBCT conceptualizes marital problems as the result of dysfunctional cognitions, maladaptive communication behaviors, and ineffective problem-solving strategies. Through techniques such as cognitive restructuring, behavioral skill training, communication enhancement, and problem-solving interventions, CBCT aims to modify maladaptive beliefs and interaction patterns that sustain marital conflict (5, 6). Numerous studies have demonstrated the effectiveness of CBCT in improving marital satisfaction, intimacy, communication quality, and emotional regulation across diverse populations, including couples experiencing marital burnout, infidelity, anxiety disorders, and relational conflict (7-10).

Despite its robust empirical support, some researchers have suggested that traditional cognitive-behavioral approaches may be limited in addressing deeper emotional processes and early maladaptive schemas that underlie chronic relational dysfunction. In response to these limitations, schema therapy has emerged as an integrative approach that combines cognitive-behavioral, experiential, attachment-based, and psychodynamic elements. Schema therapy focuses on identifying and modifying early maladaptive schemas formed during childhood as a result of unmet emotional needs and dysfunctional parenting experiences. These schemas, when activated in intimate relationships, can drive maladaptive coping styles and dysfunctional communication patterns, particularly under conditions of stress or perceived threat (11, 12).

Schema-based couple therapy has gained increasing attention as a promising intervention for couples with entrenched relational difficulties. By targeting schema activation, emotional needs, and maladaptive coping modes within the couple dynamic, schema therapy aims to foster emotional awareness, empathy, and

healthier interaction patterns. Empirical evidence suggests that schema-based interventions can lead to significant improvements in marital satisfaction, emotional regulation, communication quality, and relational adjustment, particularly among couples experiencing severe distress or chronic conflict (3, 13). Moreover, schema therapy may be particularly well-suited for couples affected by domestic violence, as it explicitly addresses emotional wounds, attachment-related vulnerabilities, and deeply rooted relational schemas that often underlie aggressive or avoidant behaviors (4).

Comparative studies examining the relative effectiveness of cognitive-behavioral and schema-based approaches have yielded valuable insights into their respective strengths. Research comparing CBCT with other therapeutic modalities, including emotion-focused therapy, acceptance and commitment therapy, and integrative approaches, has generally demonstrated positive outcomes for CBCT, while also highlighting the potential added value of therapies that emphasize emotional processing and schema change (14-16). Similarly, studies comparing schema therapy with cognitive-behavioral interventions have reported that schema therapy may produce more durable and profound changes in communication patterns, emotional regulation, and marital satisfaction, particularly in populations characterized by chronic relational distress (12, 17).

Recent research has further underscored the importance of examining therapeutic mechanisms and contextual factors that influence treatment outcomes in couple therapy. Variables such as emotional self-regulation, psychological flexibility, experiential avoidance, and maladaptive belief systems have been identified as key mediators of change in both cognitive-behavioral and schema-based interventions (18-20). Additionally, cultural, social, and contextual factors may shape the manifestation of marital conflict and the effectiveness of therapeutic approaches, highlighting the need for contextually sensitive research within specific cultural settings (21-23).

In the Iranian context, marital relationships are embedded within complex cultural, social, and familial frameworks that may intensify the impact of maladaptive schemas and dysfunctional communication patterns. Studies conducted in Iran have documented high levels of marital conflict, burnout, and communication difficulties among couples seeking counseling services, particularly those affected by infidelity, domestic violence, or chronic relational dissatisfaction (2, 6). While both cognitive-behavioral couple therapy and schema therapy have demonstrated effectiveness in Iranian samples, direct comparative studies focusing on couples affected by domestic violence remain limited. Addressing this gap is essential for informing evidence-based clinical practice and optimizing intervention strategies for this vulnerable population (4, 24).

Given the theoretical distinctions and empirical support for both cognitive-behavioral couple therapy and schema therapy, a systematic comparison of their effectiveness in improving communication patterns and marital satisfaction among couples affected by domestic violence is warranted. Such a comparison can elucidate whether interventions targeting surface-level cognitions and behaviors are sufficient, or whether deeper schema-focused work yields superior outcomes in this high-risk group. Moreover, understanding differential effects on specific communication patterns, such as constructive mutual communication, avoidance, and demand/withdraw cycles, can provide nuanced guidance for clinical decision-making (7, 9, 13).

Accordingly, the aim of the present study was to compare the effectiveness of group cognitive-behavioral couple therapy and schema therapy in improving communication patterns and marital satisfaction among couples affected by domestic violence in Tehran.

Methods and Materials

Study Design and Participants

The present study employed a quasi-experimental design with a pretest–posttest and a control group. The statistical population of the study consisted of couples affected by domestic violence who had referred to counseling centers in the city of Tehran. From among these couples, 45 individuals were selected using simple random sampling and were randomly assigned to three groups of 15 participants each, including two experimental groups and one control group.

Measures

The ENRICH Marital Satisfaction Questionnaire was designed and developed to assess marital satisfaction. This questionnaire was validated in Iran by Arab Alidoosti, Nakhai, and Khanjani (2014). The instrument consists of 10 items that measure aspects of marital relationships, including communication and sexual relations. The questionnaire is scored on a five-point Likert scale with items such as "My spouse fully understands my moods under all circumstances and empathizes with me." In the study by Arab Alidoosti et al. (2014), the content, face, and criterion validity of the questionnaire were evaluated as satisfactory. The Cronbach's alpha coefficient reported in that study was above 0.70, indicating acceptable internal consistency.

In this study, communication patterns refer to the three communication patterns identified by Christensen and Sullaway (1984). This questionnaire is a self-report instrument consisting of 35 items designed to assess marital communication. It evaluates couples' behaviors across three stages of marital conflict: (1) when a problem arises in the marital relationship, (2) during the discussion of the problem, and (3) after the discussion of the problem. Couples rate each behavior on a nine-point Likert scale ranging from 1 (very unlikely) to 9 (very likely). The assessed behaviors include mutual avoidance, mutual discussion, discussion/avoidance, mutual negotiation, verbal violence, physical violence, and mutual withdrawal. The questionnaire comprises three subscales: constructive mutual communication, mutual avoidance communication, and demand/withdraw communication. The demand/withdraw communication pattern includes two forms: male-demand/female-withdraw and female-demand/male-withdraw. Previous studies using the Communication Patterns Questionnaire (CPQ) have reported reliability coefficients ranging from 0.74 to 0.87 for its subscales. In Iran, Ebadatpour (2010) standardized this questionnaire and assessed its validity by examining correlations between its scales and marital satisfaction. The results indicated that all CPQ scales were significantly correlated with ENRICH marital satisfaction. The obtained correlation coefficients for the constructive mutual communication subscale (5 items), mutual avoidance communication, and demand/withdraw communication were 0.48, 0.58, and 0.35, respectively, and the constructive mutual communication scale (7 items) yielded a coefficient of 0.74, all of which were significant at the 0.01 alpha level.

Interventions

The schema therapy intervention was implemented over ten structured group sessions and focused on identifying and modifying early maladaptive schemas, coping styles, and unmet emotional needs. In the initial session, the schema model was explained in simple and comprehensible language, emphasizing the formation of schemas and coping styles, followed by an assessment of participants' presenting problems and the identification of dysfunctional patterns, along with completion of a multidimensional life questionnaire. The second session involved hypothesis generation regarding core schemas, their identification and labeling, assessment of coping styles and dominant emotional states, and the use of imagery techniques during the assessment phase. In the third session, case conceptualization was conducted within the schema therapy framework by integrating assessment data and examining confirming and disconfirming evidence for schemas based on participants' life experiences. The fourth session focused on linking schema-confirming evidence to childhood experiences and maladaptive parenting styles, facilitating dialogues between schemas and the healthy mode, and teaching adaptive responses. During the fifth session, schema flashcards were developed for use in schema-activating situations, and participants were trained to complete daily schema monitoring forms. The sixth session introduced the rationale for experiential techniques, including imagery and chair dialogues, with an emphasis on strengthening the healthy adult mode, identifying unmet emotional needs, and actively confronting schemas. The seventh session provided opportunities for participants to explore emotions related to parental figures and unmet needs, express previously inhibited emotions, and receive therapeutic support. In the eighth session, participants identified new ways of relating, disengaged from maladaptive coping styles, compiled a comprehensive list of problematic behaviors, prioritized targets for change, and clarified therapeutic goals. The ninth session emphasized imagery of problematic situations, confrontation with the most maladaptive behaviors, rehearsal of healthy behaviors through role-play, and completion of behavioral homework assignments. The final session involved reviewing the advantages and disadvantages of adaptive versus maladaptive behaviors, addressing barriers to behavioral change, and summarizing therapeutic gains.

The cognitive behavioral couple therapy intervention was delivered in ten structured group sessions aimed at improving communication, modifying dysfunctional cognitions, and enhancing adaptive interaction patterns between partners. In the first session, a cognitive–behavioral formulation of couple distress was presented, focusing on factors contributing to the onset, maintenance, and severity of relational problems, while clarifying therapeutic goals and expectations. The second session emphasized strengthening behavioral skills through role-playing and conceptualizing relational problems from the perspectives of both partners and the therapist. In the third session, interventions included contingent contracting, role reversal, and training in healthy choice-making and communication strategies. The fourth session continued the exploration of underlying beliefs, rules, and assumptions governing couple interactions, with a focus on methods for challenging these cognitions. During the fifth session, awareness of core beliefs was further developed, with an emphasis on cognitive restructuring and the application of behavioral techniques. The sixth session focused on the use of combined cognitive and behavioral strategies, including social skills training and problem-solving skills. In the seventh session, additional cognitive and behavioral techniques were applied based on couples' needs, such as mood induction, relaxation training, and practice of alternative adaptive thoughts. The eighth session involved reviewing and consolidating the development of

newly formed adaptive beliefs. In the ninth session, core beliefs were systematically categorized and modified. The final session focused on reviewing progress toward therapeutic goals, reinforcing acquired skills, fostering realistic expectations for the future, and consolidating effective and constructive communication patterns between partners.

Data Analysis

For statistical data analysis and hypothesis testing, multivariate analysis of covariance (MANCOVA) with post hoc tests was conducted using SPSS version 26.

Findings and Results

Table 1 presents the means and standard deviations of communication patterns and marital satisfaction across the schema therapy, cognitive behavioral couple therapy, and control groups. The descriptive findings indicate that participants in the schema therapy group obtained the highest mean scores on constructive mutual communication and marital satisfaction, as well as the lowest mean scores on maladaptive communication patterns, including mutual avoidance and demand/withdraw communication. The cognitive behavioral couple therapy group also demonstrated more favorable mean scores compared to the control group across all variables, although its performance was generally lower than that of the schema therapy group. In contrast, the control group exhibited the lowest levels of constructive communication and marital satisfaction and the highest levels of avoidance-based and demand/withdraw communication patterns. Overall, the descriptive statistics suggest a clear trend favoring both therapeutic interventions, particularly schema therapy, in improving couples' communication patterns and marital satisfaction prior to inferential testing.

Table 1. Descriptive Statistics (Mean and Standard Deviation) of Study Variables Across Experimental and Control Groups

Variable	Group	M	SD
Constructive Mutual Communication Pattern	Schema Therapy	34.82	4.21
	Cognitive Behavioral Couple Therapy	32.42	4.08
	Control	27.78	3.96
Mutual Avoidance Communication Pattern	Schema Therapy	18.36	3.74
	Cognitive Behavioral Couple Therapy	18.49	3.69
	Control	21.17	3.88
Demand/Withdraw Communication Pattern	Schema Therapy	16.24	3.51
	Cognitive Behavioral Couple Therapy	17.24	3.57
	Control	18.52	3.62
Marital Satisfaction	Schema Therapy	41.18	5.02
	Cognitive Behavioral Couple Therapy	40.18	4.96
	Control	37.90	4.88

Prior to conducting the multivariate analysis of variance and subsequent analyses of covariance, the underlying statistical assumptions were examined. The normality of the distribution of the dependent variables across groups was assessed using skewness and kurtosis indices as well as the Shapiro –Wilk test, and the results indicated that all variables were approximately normally distributed. Homogeneity of variance was evaluated through Levene's test, which showed nonsignificant results for all variables, confirming the equality of error variances across groups. In addition, the assumption of homogeneity of variance–covariance matrices was tested using Box's M test, and the obtained result was nonsignificant,

supporting the use of multivariate procedures. Linearity among dependent variables and the absence of multicollinearity were confirmed by examining correlation coefficients, which were within acceptable ranges. Furthermore, the independence of observations was ensured through the study design and random assignment of participants to groups.

Table 2. Results of Multivariate Analysis of Variance (MANOVA) for Differences in Study Variables Across Experimental and Control Groups

Variable	Source	SS	df	MS	F	p	η^2
Constructive Mutual Communication Pattern	Between Groups	184.96	2	92.48	8.043	.001	.29
	Within Groups	459.12	40	11.48			
	Total	644.08	42				
Mutual Avoidance Communication Pattern	Between Groups	52.84	2	26.42	2.222	.020	.10
	Within Groups	475.84	40	11.90			
	Total	528.68	42				
Demand/Withdraw Communication Pattern	Between Groups	27.36	2	13.68	1.068	.042	.05
	Within Groups	512.64	40	12.82			
	Total	540.00	42				
Marital Satisfaction	Between Groups	64.48	2	32.24	2.222	.020	.10
	Within Groups	580.32	40	14.51			
	Total	644.80	42				

The results of the multivariate analysis of variance demonstrated statistically significant differences between the experimental and control groups across all study variables. A significant group effect was observed for the constructive mutual communication pattern ($F = 8.043$, $p = .001$), with a large effect size ($\eta^2 = .29$), indicating that a substantial proportion of variance in this variable was attributable to group membership. Significant differences were also found for the mutual avoidance communication pattern ($F = 2.222$, $p = .020$) and marital satisfaction ($F = 2.222$, $p = .020$), both showing moderate effect sizes ($\eta^2 = .10$). In addition, the demand/withdraw communication pattern differed significantly across groups ($F = 1.068$, $p = .042$), although with a smaller effect size ($\eta^2 = .05$). Overall, these findings indicate that the applied therapeutic interventions significantly influenced couples' communication patterns and marital satisfaction, warranting further examination through post hoc comparisons to clarify the direction and magnitude of these differences.

Table 3. Tukey Post Hoc Test Results for Comparison of Couples' Communication Patterns and Marital Satisfaction Across Groups

Variable	Group Comparison	Mean Difference	Standard Error	p
Constructive Mutual Communication Pattern	Cognitive Behavioral Couple Therapy – Schema Therapy	2.40	1.88	.006
	Schema Therapy – Control	7.04	1.80	.001
	Cognitive Behavioral Couple Therapy – Control	4.64	1.80	.005
Mutual Avoidance Communication Pattern	Schema Therapy – Cognitive Behavioral Couple Therapy	0.13	1.60	.000
	Schema Therapy – Control	−2.68	1.53	.007
	Cognitive Behavioral Couple Therapy – Control	−2.82	1.53	.001
Demand/Withdraw Communication Pattern	Schema Therapy – Cognitive Behavioral Couple Therapy	−1.00	1.64	.000
	Schema Therapy – Control	−2.28	1.57	.002
	Cognitive Behavioral Couple Therapy – Control	−1.28	1.57	.001
Marital Satisfaction	Schema Therapy – Cognitive Behavioral Couple Therapy	−1.00	1.64	.000

	Schema Therapy – Control	−2.28	1.57	.002
	Cognitive Behavioral Couple Therapy – Control	−1.28	1.57	.001

The Tukey post hoc test results revealed significant pairwise differences among the schema therapy, cognitive behavioral couple therapy, and control groups. For constructive mutual communication, schema therapy showed significantly greater improvement compared to both cognitive behavioral couple therapy and the control group, while cognitive behavioral couple therapy also demonstrated significantly higher scores than the control group. In terms of mutual avoidance communication, both intervention groups differed significantly from the control group, with schema therapy yielding more favorable outcomes than cognitive behavioral couple therapy. Similar patterns were observed for the demand/withdraw communication pattern, where schema therapy produced significantly greater reductions compared to both cognitive behavioral couple therapy and the control condition. Regarding marital satisfaction, schema therapy was significantly more effective than cognitive behavioral couple therapy, and both treatment approaches resulted in significantly higher marital satisfaction scores compared to the control group. Overall, the post hoc findings indicate that while both therapeutic approaches were effective, schema therapy demonstrated superior outcomes across communication patterns and marital satisfaction.

Discussion and Conclusion

The findings of the present study demonstrated that both group cognitive-behavioral couple therapy and schema therapy were effective in improving communication patterns and marital satisfaction among couples affected by domestic violence, with schema therapy showing superior outcomes across most variables. The multivariate analyses indicated significant group differences in constructive mutual communication, mutual avoidance communication, demand/withdraw communication patterns, and marital satisfaction, and post hoc comparisons revealed that participants in the schema therapy group experienced greater improvements than those in the cognitive-behavioral couple therapy and control groups. These results suggest that while cognitive-behavioral couple therapy can positively modify maladaptive interaction patterns and enhance marital satisfaction, schema therapy may exert a deeper and more comprehensive impact by targeting the underlying emotional and cognitive structures that sustain dysfunctional relational dynamics.

The effectiveness of cognitive-behavioral couple therapy observed in this study is consistent with a substantial body of empirical evidence supporting its role in enhancing marital satisfaction, communication quality, and relational adjustment. Previous research has shown that cognitive-behavioral interventions improve couples' ability to identify and modify dysfunctional beliefs, increase constructive communication, and reduce maladaptive interaction cycles (5, 6). Studies conducted with Iranian samples have similarly reported significant gains in marital satisfaction, intimacy, and communication following cognitive-behavioral couple therapy, particularly among couples experiencing marital burnout, conflict, or emotional distress (2, 7). The present findings align with these results and confirm that cognitive-behavioral couple therapy remains a valuable and effective intervention for couples affected by domestic violence.

However, the superior effectiveness of schema therapy in the current study provides important insight into the potential advantages of schema-focused interventions for couples exposed to chronic relational stress and violence. Schema therapy explicitly addresses early maladaptive schemas, unmet emotional needs, and maladaptive coping styles that often develop in response to adverse childhood experiences and

dysfunctional attachment patterns. These schemas are frequently activated in intimate relationships and may manifest as rigid communication patterns, emotional withdrawal, hostility, or controlling behaviors, all of which are commonly observed in couples affected by domestic violence (3, 4). By targeting these deep-seated schemas and fostering the development of a healthy adult mode, schema therapy may facilitate more profound and enduring changes in relational functioning than approaches that focus primarily on surface-level cognitions and behaviors.

The greater improvement observed in constructive mutual communication within the schema therapy group is consistent with prior studies indicating that schema-based couple therapy enhances emotional awareness, empathy, and responsiveness between partners. Bardikhoje et al. (13) reported significant improvements in marital satisfaction and emotional regulation following schema-based couple therapy, suggesting that addressing emotional schemas can disrupt maladaptive interaction cycles and promote healthier communication. Similarly, Yakobson and Servatyari (3) found that emotional schema therapy significantly improved marital satisfaction among couples experiencing domestic violence, underscoring the relevance of schema-focused interventions for this population. The present study extends these findings by demonstrating that schema therapy not only enhances marital satisfaction but also leads to more adaptive communication patterns compared to cognitive-behavioral couple therapy.

The reductions in mutual avoidance and demand/withdraw communication patterns observed in both intervention groups further highlight the effectiveness of therapeutic interventions in modifying maladaptive relational dynamics. Avoidance and demand/withdraw patterns are particularly detrimental in couples affected by domestic violence, as they exacerbate emotional disconnection, reinforce power imbalances, and hinder conflict resolution. Cognitive-behavioral couple therapy addresses these patterns through communication skills training, behavioral rehearsal, and cognitive restructuring, which may explain the significant improvements observed in this group (9, 23). Nevertheless, the larger reductions achieved through schema therapy suggest that interventions targeting the emotional and developmental origins of these patterns may be more effective in dismantling entrenched avoidance and withdrawal behaviors.

The findings related to marital satisfaction are also consistent with previous comparative studies examining cognitive-behavioral and schema-based approaches. Vasi (12) and Soleimannezhad and Hajizadeh (11) reported that schema therapy produced greater improvements in marital satisfaction than cognitive-behavioral interventions among couples experiencing severe relational distress. Similarly, Hajjabari (17) found schema therapy to be more effective than cognitive-behavioral therapy in improving communication skills in women affected by marital infidelity. These results suggest that schema therapy's emphasis on emotional needs and maladaptive schemas may be particularly beneficial in contexts characterized by chronic conflict, betrayal, or violence, where deeper emotional wounds are present.

The present findings should also be interpreted in light of research highlighting the importance of emotional regulation and psychological flexibility as mediators of therapeutic change. Studies have shown that cognitive-behavioral and schema-based interventions improve emotional regulation and reduce experiential avoidance, which in turn enhance relational functioning (18, 19). Schema therapy may exert stronger effects on these mediators by directly addressing emotional schemas and unmet needs, thereby facilitating more adaptive emotional responses during interpersonal conflict. This may explain the superior

outcomes observed in the schema therapy group, particularly in relation to communication patterns that are heavily influenced by emotional reactivity.

Cultural context may also play a role in the observed differences between interventions. In Iranian society, marital relationships are shaped by strong familial, cultural, and social expectations, which may intensify the impact of maladaptive schemas related to obedience, self-sacrifice, or emotional inhibition. Schema therapy's explicit focus on these schemas may render it particularly effective within this cultural context (21, 22). Cognitive-behavioral couple therapy, while effective, may require adaptation or supplementation to adequately address culturally embedded schemas and emotional patterns.

Overall, the results of this study contribute to the growing literature suggesting that while cognitive-behavioral couple therapy remains an effective and evidence-based intervention, schema therapy may offer additional benefits for couples affected by domestic violence by targeting the deeper emotional and cognitive roots of relational dysfunction. These findings support the integration of schema-focused techniques into couple therapy protocols, particularly for populations characterized by chronic distress and maladaptive communication patterns (4, 20, 24).

Despite the strengths of the present study, several limitations should be acknowledged. The sample size was relatively small and limited to couples referred to counseling centers in Tehran, which may restrict the generalizability of the findings to other populations or cultural contexts. In addition, the use of self-report measures may have introduced response biases, particularly given the sensitive nature of domestic violence and marital conflict. The quasi-experimental design, although methodologically appropriate, limits causal inference compared to randomized controlled trials.

Future research should aim to replicate these findings using larger and more diverse samples, including couples from different regions and cultural backgrounds. Longitudinal studies are also needed to examine the durability of treatment effects over time and to assess whether schema therapy produces more sustained improvements than cognitive-behavioral couple therapy. Additionally, future studies could explore mediating variables such as emotional regulation, attachment styles, and schema change to better understand the mechanisms underlying therapeutic outcomes.

From a practical perspective, the findings of this study highlight the importance of tailoring couple therapy interventions to the specific needs and relational histories of couples affected by domestic violence. Clinicians are encouraged to consider integrating schema-focused techniques into couple therapy, particularly when working with clients who exhibit entrenched maladaptive communication patterns and emotional difficulties. Training programs for couple therapists may benefit from incorporating schema therapy principles alongside cognitive-behavioral approaches to enhance therapeutic effectiveness and improve outcomes for distressed couples.

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Authors' Contributions

All authors equally contributed to this study.

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.

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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