



The Effectiveness of Schema Therapy on Dysfunctional Attitudes Toward Mate Selection and Emotional Adjustment in Female Students

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Abstract

Introduction: Emotional adjustment and people's attitudes about spouse selection are essential factors that can make a marriage successful or failed. The purpose of this study was to determine the effectiveness of schema therapy on dysfunctional attitudes toward mate selection and emotional adjustment in female students.

Methods: The present study was a quasi-experimental study with pretest-posttest design with a control group. Thirty female students were assigned into two experimental and control groups (n = 15 in each group). The experimental group received eight sessions of 90 minutes under schema therapy interventions. For data collection, Attitudes about Romance and Mate Selection Scale (ARMSS) and Emotional Adjustment Measure (EAM) were used. Data were analyzed using an analysis covariance test.

Results: Results of covariance analysis showed a significant improvement in the number of dysfunctional attitudes toward the mate selection ($P < 0.01$) and emotional adjustment ($P < 0.01$) at the post-test. It can be stated that there are significant changes between the experimental and control groups in the Posttest.

Conclusions: Findings showed that schema therapy improves dysfunctional attitudes toward mate selection and emotional adjustment in female students. These interventions can be used to increase people's preparation to start a marriage and to develop useful attitudes and expectations.

INTRODUCTION

Marriage is the first and foremost step in the family life cycle in which the mate selection is made as a natural and innate reality [1]. Problems in making intimacy and appropriate relationship, which is based on the couples' attitudes and thoughts, may be associated with a wide range of psychological difficulties. Marriage means the combination of two perspectives and two histories that share different values and worldviews [2]. These values and worldviews shape attitudes that are sometimes irrational and are recognized as one of the barriers to marriage and the correct mate selection. The attitudes originate from the family and society, and gradually became inflexible and resilient beliefs [3].

Unreasonable beliefs about cohabitation and spouse responsibilities are one of the causes of delay in marriage, dissatisfaction, and marital failure. These beliefs are manifested in the dysfunctional attitudes toward mate selection. The existence of too high and

strict standards that are impossible to be combined into a single individual is one of the manifestations of dysfunctional attitudes toward spouse selection that prepare the individual to interpret the possible options of marriage negatively.

Also, couples who are not satisfied with their marital life have a history of unrealistic expectations of marriage and marital life, which have ultimately prevented marital satisfaction development. These expectations do not become a reality after marriage and cause a person to be disappointed by his/her choice [4]. On the other hand, these beliefs and attitudes influence people's emotions [5, 6].

The emotions caused by these thoughts lead to behaviors that eventually result in the continuation of the failure cycle and make it difficult for people to adapt themselves to their environment and interpersonal relationships. Emotional Adjustment is one of the

constructs that systematically plays an essential role in determining one's personality structure, satisfaction with personal life, and coordination among emotions, activities, and thoughts.

Conceptually, emotional adjustment is defined by characteristics such as experiencing negative emotions, having irrational thoughts and beliefs, and the inability to control impulses facing stressful situations, which are shown as traits such as moodiness, irritability, anxiety, and pessimism [7].

Various empirical evidence emphasizes the impact of the emotional adjustment on marital satisfaction [8], and the quality of interpersonal interactions [9, 10]

Overall, the family plays a vital role in shaping dysfunctional attitudes and emotional adjustment. The behaviors and interactions that parents and significant others have with an individual in the early years lead to the formation of early schemas [11].

Schemas are considered as the deepest level of cognition and are referred to as a set of memories, emotions, bodily sensations, and cognition [12]. Failure to meet basic emotional needs in the early years of life as well as failure to satisfy necessities (need for security and acceptance, adequacy and identity, freedom to express healthy needs and emotions, self-stimulation, fun, and self-control) in childhood lead to the formation of maladaptive schemas [11]. Accordingly, Young et al. [12] developed schema therapy.

Schema therapy is a model of treatment that focuses on both thoughts, ideas, and attitudes, as well as emotions [11]. One of the factors that result in the maintenance of maladaptive schemas is choosing an inappropriate partner [11]. People choose their partners based on their schemas and attitudes, which have emerged from their schemas, and this perpetuates the faulty cycle.

Accordingly, it is argued that schema therapy is useful in correcting dysfunctional beliefs because of working on psychological themes (primary maladaptive schemas).

Therefore, [13] it can be concluded that people's attitudes about the process of mate selection are one of the most critical factors which can make a marriage successful or failed. Also, informing young people about their attitudes and beliefs toward getting married and mate selection as well as adopting a realistic logic can play an essential role in having a satisfying marriage. In this regard, the effectiveness of schema therapy on various individual and marital domains has been investigated in previous studies, for instance, [14-16]. However, few research has been conducted on the effectiveness of dysfunctional attitudes toward mate selection and emotional adjustment. On the other hand, most studies on dysfunctional attitudes toward spouse

selection have been based on cognitive-behavioral approaches, for example [17-19]

According to the few preceding studies conducted in the noted area and necessity of working on people's attitudes, especially before marriage, and also to achieve a realistic increase in marriage as well as stability and satisfaction in marital life, it is required to work in this area. Therefore, the present study aims to determine the effectiveness of schema therapy on dysfunctional attitudes towards mate selection as well as emotional adjustment in female students.

METHODS

The present research method was quasi-experimental based on the pre-test-post-test design with the control group. The statistical population consisted of all female students in 2019-2020. First, the dysfunctional attitudes toward mate selection questionnaires were distributed among female students desiring to cooperate and having the criteria for entering the research.

Afterward, among all the applicants that had the considering conditions for completing the questionnaire, including answering all the questions and obtaining a Z score equal or higher than one and according to the inclusion criteria (single, and undergraduate student, free from major medical conditions) and exclusion criteria (history of marriage, the use of psychiatric drugs, substance abuse, and participation in similar schema therapy sessions) 30 females were selected. Participants' mean age was 26.1 (standard deviation (SD) = 2.95; range: 20-35) years. The subjects were then randomly assigned to experimental and control groups (15 participants in each group). The sample size was determined based on previous research and the minimum sample size in experimental studies [20]. Also, the participants completed the emotional adjustment questionnaire in the pre-test. The first group received schema therapy intervention while the second group was placed on a waiting list. After the intervention period of the experimental group and the implementation of post-test questionnaires, the "Reinventing Your Life" book was given to those in the control group as a gift.

Therapeutic intervention on the experimental group was performed in 8 sessions of 1.5 hours per week. After the end of the sessions, the post-test was taken from the experimental and control groups, and the data were collected. In order to analyze the data, statistical indicators of covariance analysis were used. Also, to examine the study hypotheses, descriptive statistical indicators (such as averaging

and standard deviation), were utilized. Data analysis was performed using SPSS software (version 25).

Attitudes about Romance and Mate Selection Scale (ARMSS)

The questionnaire was developed by Cobb, Larson, and Watson [21]. It consists of 31 items and six subscales, including Belief in love, experience orientation, being idealistic, opposite seeking, being permissive and optimist, [22] expressed that the reliability of Cronbach's alpha of this scale in the factors ranged from 0.67 to 0.88, which together accounted for 48.7% of the total factors. They also reported validity to be desirable.

This scale was translated and standardized in Iran by Sepehri & Hasanzadeh Tavakoli [23]. Changes have been made in the number of questions, so that only one of the questions, question 30, has been removed due to the lack of significant load on any of the factors, and six subscales in the factors between 0.67 to 0.88 and also its validity was reported to be optimal.

Emotional Adjustment Measure (EAM)

This scale was developed by Rubio et al. [7] and includes 28 articles and two subscales entitled lack of

regulation of emotional and physiological motivations and also, despair and wishful thinking as the second factor. In a study by Rubio et al., The internal consistency coefficient of the emotional adjustment scale was 0.89. Shokri et al. obtained psychometric characteristics of the Iranian version of this scale.[24] The correlation between the two mentioned factors was statistically significant.

Also, the coefficients of internal consistency of the subscales of Lack of Regulation of Emotional and Physiological Motivations as well as despair and Wishful thinking were obtained 0.84 and 0.85, respectively. Finally, the values of internal consistency coefficients of the general factor and EAM subscales were attained between 0.84 and 0.91.

The protocol of Schema Therapy

The content of the intervention sessions was prepared by studying the basics of the schema therapy protocol [25]. In this study, a treatment program consisting of 8 intervention sessions was designed, which was performed during 90-minute meetings, one session per week.

Table 1. The protocol of schema therapy sessions

Sessions	Content and topics of schema therapy sessions
First	Communicating, introducing members, expressing group rules. Briefly introduction of schema therapy as well as understanding the dysfunctional patterns of people's lives.
Second	Measurement and training the schemas of being disconnection and rejection as well as Introducing coping styles. Assignment of tasks
Third	Assessing, training, and measuring the schemas of the field of impaired autonomy and performance and talking about them, Working with cognitive strategies. Assignment of tasks
Fourth	Assessing and training the schemas of impaired limits, other-directedness, and talking about them. Working with cognitive. Working on the coping styles. Specifying the task
Fifth	Measurement and training schemas of over vigilance/inhibition and connection of schemes in this field. Making an educational card. Working on the coping styles
Sixth	Presenting the logic of experimental technique (fighting with schemas on the level of excitement and emotion). Working on the coping styles. Specifying the task
Seventh	Continuation of experimental strategies (creating a safe environment). Working with mental images in order to regenerate them and its stages. Assignment of a task
Eighth	Behavioral pattern-breaking techniques, Practicing healthy behaviors, and overcoming barriers to change through illustration and role-playing, Overcoming barriers to change and making significant life changes. Determining the time of implementation of the relevant post-tests by sending questionnaires, expressing gratitude from the group, and ending the sessions

RESULTS

The mean and standard deviation of scores related to emotional adjustment and dysfunctional attitudes toward mate selection in students of both experimental and control groups due to the pre-test and post-test are stated in the following section.

Table 2. Mean and standard deviation of research variables divided by experimental and control groups

Variables	Experimental Group		Control Group	
	Mean	Standard Deviation	Mean	Standard Deviation
Dysfunctional attitudes towards mate selection				
Pre-test	137.00	9.30	145.66	12.35
Post-test	114.40	10.50	143.86	13.38
Emotional adjustment				
Pre-test	82.33	10.04	74.86	8.15
Post-test	89.26	5.95	76.06	6.87

As it is shown in Table 2, in the post-test stage, the emotional adjustment mean score of the experimental group in comparison with the control group increased while the dysfunctional attitudes towards mate selection mean score of the experimental group decreased compared to the control group.

Table 3. Average and standard deviation of subscales of dysfunctional attitudes towards mate selection divided by experimental and control groups

Subscales	Experimental Group		Control Group	
	Mean	Standard Deviation	Mean	Standard Deviation
Belief in love				
Pre-test	35.73	9.78	34.26	9.47
Post-test	27.26	5.25	34.26	9.47
Experience orientation				
Pre-test	30.73	2.76	32.60	3.69
Post-test	26.53	5.02	31.93	3.99
Idealism				
Pre-test	40.40	2.16	37.53	2.85
Post-test	19.66	5.08	36.33	4.28
Opposite seeking				
Pre-test	12.33	1.58	17.60	1.40
Post-test	17.20	1.32	17.60	1.40
Being permissive				
Pre-test	6.80	1.97	6.73	2.37
Post-test	6.86	1.88	6.80	2.36
Optimism				
Pre-test	11.00	1.60	16.93	1.86
Post-test	16.86	1.99	16.93	1.80
Total score				
Pre-test	137.00	9.30	145.66	12.35
Post-test	114.40	10.50	143.86	13.38

Table 4. Analysis of covariance on the mean post-test scores of dysfunctional attitudes toward mate selection in experimental and control groups

Sources of Change	Sum of Squares	df	Mean Square	F	sig
Pre-test	3075.105	1	3075.105	84.703	0.0001
Group	2874.327	1	2874.327	79.172	0.0001
Error	980.228	27	36.305		

Table 5. Analysis of covariance on mean scores of post-test of emotional adjustment in experimental and control groups

Sources of Change	Sum of Squares	df	Mean Square	F	sig
Pre-test	765.184	1	765.184	53.318	0.0001
Group	1478.679	1	1478.679	103.035	0.0001
Error	387.483	27	14.351		

The table above indicates descriptive information about the dysfunctional attitudes toward mate selection and its components. As can be seen, the mean scores on the subscales of dysfunctional attitudes toward spouse selection in the post-test stage differed from the pre-test stage. Covariance analysis was used to analyze the data. Before analyzing covariance, its assumptions were first examined.

The results of Z Kolmogorov-Smirnov test to check the normality of the variable distribution of dysfunctional attitudes towards spouse selection in the pre-test ($z = 0.888$, $P < 0.088$) and in the post-test ($z = 0.086$, $P < 0.200$) were not significant. The outcomes of the noted test for the emotional adjustment, was not also significant in the pretest ($z = 0.122$, $P > 0.122$) and in the post-test ($z = 0.133$, $P = 0.187$) which indicates the normality of this variability.

Also, the outcomes due to Levene's F statistic for examining the homogeneity of variances in the post-test of dysfunctional attitudes toward spouse selection ($F = 0.912$, $P < 0.384$) and in the post-test of emotional adjustment ($z = 3.399$, $P < 0.076$) were not significant. Therefore, the homogeneity of the variances in the groups is equal.

Finally, the F statistic of the similarity test of regression slope of pre-test and post-test in dysfunctional attitude towards spouse selection in two experimental and control groups ($F = 0.325$, $P > 0.574$) and in the emotional adjustment variability ($z = 1.195$), $P < 0.284$) was not significant which indicates the observation of presumption of establishing regression slope in the covariance. The results of the analysis of covariance for the variability of dysfunctional attitudes are shown in Table 4.

The data from Table 4 displays that the probability of accepting a zero assumption for comparing experimental and control groups in the post-test of the variability of dysfunctional attitudes to mate selection in female students is less than 0.05 ($P < 0.001$), $F = 79.172$).

In other words, after adjusting the pre-test scores, the factor has a significant effect on the subjects of the two groups. Therefore, it can be concluded that there is a significant difference between the members' performance of the two groups in the post-test of dysfunctional attitudes towards mate selection. Moreover, schema therapy improves dysfunctional attitudes toward the selection of a mate in female students. The results of covariance

analysis for emotional adjustment are shown in Table 5. Also, based on the data in Table 5, the probability of accepting zero assumption for comparison of experimental and control groups in the post-test of variable emotional adjustment in female students is less than 0.05 ($P < 0.001$, $F = 103.035$).

In other words, after adjusting the pre-test scores, the factor has a significant effect on the subjects of the two groups. Therefore, it can be concluded that there is a significant difference between the members' performance of two groups in the post-test of emotional adjustment. The schema therapy causes improvement in female students' emotional adjustment.

DISCUSSION

The goal of the current study was to assess the effectiveness of schema therapy on dysfunctional attitudes toward mate selection. The results showed a significant decrease in the dysfunctional attitudes toward mate selection score and its components in the experimental group, so this intervention has been effective in reducing such attitudes.

The results of the present study are consistent with previous studies [14, 17, 19, 26, 27]. In explaining these findings, it can be said that schema therapy emphasizes the various dimensions of an individual, which include cognitive, empirical, and behavioral aspects.

In the cognitive dimension, schema therapy helps students by working on the cognitions, beliefs, and internalized voices of parents to know the cause of their dysfunctional attitudes as a result of their thoughts so that they question it with documents and evidence confirming or rejecting the schema and find a logical and efficient view of marriage.

It can also be stated that the activation of the unrelenting standards/ Hypercritical schema leads to continuous and extreme fault-finding of oneself and others. It also results in inflexible rules and requirements in various areas of life, including education, employment, and ethics, communication, and mate selection.

People with this schema usually have a lot of should and should not thoughts about choosing a mate. Maladaptive schemas have led to bias in interpreting events and people's attitudes. These biases arise in the form of distorted attitudes, incorrect assumptions, unrealistic goals and perspectives in individuals, and affect subsequent perceptions and evaluations; since schemas have their continuity on the path of life and affect how a person interacts with himself/herself and others. The students' awareness of these schemas, and ultimately their modification through therapeutic intervention, led to having a pure perspective of mate selection.

The results of the current study showed that the intervention of schema therapy has an effect on all aspects of dysfunctional attitudes towards spouse selection and reduces belief in love, experience orientation, and idealism and increases the dimensions of opposite seeking, being permissive and optimist. Thus, it is considered to improve people's dysfunctional attitudes towards choosing a spouse according to the research community, which were all female students.

Based on the results, the emotional adjustment mean scores in the post-test phase of the control and experimental group were significantly different from each other, and group schema therapy caused an emotional adjustment in female students. Since no research about the effectiveness of schema therapy has been carried out on the improvement of emotional compatibility, it cannot be determined whether it is consistent with other research in this field or not. However, in general, research in the area of emotion shows its consistency.

These findings are in line with the result of Fattahi and Dehghani [28], which showed that schema therapy is useful in depressed people's emotional regulation. Also, Pirani [29]. Indicated that scheme therapy significantly reduces the emotional instability scores in people with a borderline personality disorder, while improving emotional regulation typically decreases emotional instability. Weiner et al. [30] also emphasized that schema therapy reduces emotional damage and subsequently improves emotional regulation. Pugh [16] showed that schema therapy leads to improved management strategies and emotion regulation strategies by replacing adaptive emotional management solutions. It can be mentioned in explaining emotional adjustment, a mechanism by which people find emotional stability. The high emotional capacity allows people to use positive moods and required levels of tolerance in dealing with others through the best reactions and behavior to achieve the desired adjustment.

CONCLUSIONS

Therefore, therapeutic techniques including cognitive, emotional, and behavioral practices in the schema-based intervention allow students to be able to organize their coping styles in such a way that they experience fewer negative consequences and increases the level of their emotional management so that they can have the best reaction and behavior and achieve the desired emotional adjustment which in turn smooths out other dimensions of mental health. In short, schema therapy is a powerful and effective intervention in breaking the stereotypes of personality consolidated from childhood and adolescence using basic cognitive, emotional, and behavioral techniques, and it can also be a promising way to give people a better life and help them improve

dysfunctional attitudes toward mate selection and emotional adjustment.

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ETHICAL CONSIDERATION

The participants were informed about all ethical considerations, such as the aims of the study, confidentiality of their data, and their right to withdrawal at any time of the study. After obtaining

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