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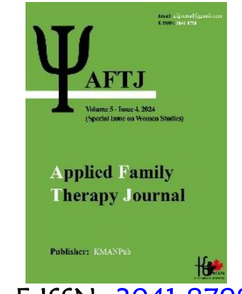

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Comparison of the Effectiveness of Schema Therapy, Cognitive-Behavioral Therapy, and Compassion-Focused Therapy on Components of Loving, Emotional Empathy, Marital Values, Coping Skills, and Willingness to Marry Among Single Women with Fear of Marriage

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A B S T R A C T

Objective: The present study aimed to compare the effectiveness of schema therapy, cognitive-behavioral therapy, and compassion-focused therapy on components of loving, emotional empathy, marital values, coping skills, and willingness to marry among single women with a fear of marriage.

Methods and Materials: This experimental study used a pretest-posttest-follow-up design with four groups (three experimental groups and one control group). The statistical population included all girls with pre-marital fears in the city of Semirom. From this population, 60 participants were selected using convenience sampling based on inclusion and exclusion criteria and were assigned to four non-randomized groups. The control group was placed on a waiting list, while the three experimental groups received schema therapy-based interventions (Fadavi Nia & Khayyatan, 2021), cognitive-behavioral therapy (Mohammadpour et al., 2015), and compassion-focused therapy (Pirjavid et al., 2021) over eight 90-minute sessions. All participants responded to the Coping Skills Questionnaire (Billings & Moos, 1981) in three phases. The collected data were analyzed using descriptive statistics (mean and standard deviation) and inferential statistics.

Findings: The results showed that all three methods effectively improved the two dimensions of avoidance-oriented and problem-focused coping.

Conclusion: Based on these results, it can be concluded that these three methods are suitable for improving psychological constructs, with schema therapy and cognitive-behavioral therapy being more effective in enhancing the dimensions of coping mechanisms. Counselors and psychotherapists can use the techniques and strategies from these methods to improve these dimensions.

Keywords: *Schema Therapy, Cognitive-Behavioral Therapy, Compassion-Focused Therapy, Coping Skills, Fear of Marriage.*

1. Introduction

One of the two most important decisions in life, alongside choosing a career, is selecting a spouse. The choice of a spouse and the start of an independent family life, referred to as marriage, has encountered numerous obstacles in recent years, and maintaining stability has become challenging (Huston et al., 2021; Schoenmakers & ten Bruggencate, 2024). In fact, not only has marriage become difficult, but its sustainability has also turned into a significant challenge for couples, with some experiencing divorce in the early stages of their relationship. Experiences such as divorce, troubled marriages, the presence of stepchildren, the integration of new family members disrupting family cohesion, high expectations from young people, a sense of inadequacy in addressing marital challenges, and economic issues contribute to the fear of marriage among young adults (Mokhtari et al., 2021). On the other hand, overcoming the fear of marriage can lead to a more complete sense of identity, which Erik Erikson (1982) described as fulfilling the primary task of intimacy versus isolation (Erikson, 1982). However, some individuals fear this event and prefer to remain single for life. Intimacy, as the most critical task of young adulthood, requires the development of a loving nature (Girgis et al., 2011). For intimacy to occur, individuals must be able to love each other, make sacrifices, meet each other's needs, express affection, set mutual goals, and act as a safe haven for their partner, a process referred to as "loving." Those who fail in this task may experience dissatisfaction in life. Furthermore, loving requires emotional empathy, where both parties consciously understand each other's avoidant world (Weisz & Cikara, 2021).

Marriage is a significant cultural phenomenon rooted in beliefs and cultural values, referred to as marital values. Many people believed that delaying marriage was a positive trend, as marrying at an older age led to greater maturity and preparedness, especially economic and career readiness. Gradually, personal growth began to be valued more than relational development. Globally, many men and women refuse to take on the responsibilities of marriage due to fear and remain single for life. Women, in particular, are more resistant to marriage, fearing that it may lead them into traditional roles where they must obey the male head of the family, reflecting a shift in their values (Mokhtari et al., 2021). Even when conditions are favorable, if the desire for marriage does not exist, an individual's psychological energy remains directed toward staying single (Saqezi & Gol Mohammadian, 2021).

Various methods have been employed to improve psychological constructs related to marriage, one of which is schema therapy. Schemas are avoidant and self-defeating cognitive patterns that begin in childhood and repeat throughout life. These negative cognitive schemas can influence significant issues, such as marriage, leading to avoidant behaviors, including fear of marriage (van Dijk et al., 2023). Cognitive-behavioral therapy (CBT) has also been effective for years, improving individuals' psychological states by modifying negative beliefs and dysfunctional cognitive rules, thereby shaping appropriate behavior and reducing avoidance (Mohammadpour et al., 2015).

Moreover, to establish an intimate life with others, individuals must demonstrate empathy and compassion for themselves and others. Compassion-focused therapy (CFT) can be an effective method for improving marital constructs, as it encourages a non-judgmental understanding of oneself and others (Millard et al., 2023).

Research on marriage has emphasized various psychological constructs. Sprecher and Hatfield (2017) highlighted the importance of love in forming marriages (Sprecher & Hatfield, 2017). Additionally, Ann et al. (2022) demonstrated that social values have changed, reducing the emphasis on marriage. Studies indicate that women value traits such as desirability and sexual attractiveness in short-term partners, while intelligence, honesty, reliability, kindness, resource acquisition, and status are valued in long-term partners (Haslam & Montrose, 2015). Effective coping skills can also reduce negative emotions. Coping skills involve efforts to eliminate, minimize, or tolerate stress and manage situations perceived as threatening. Key features of coping include requiring effort and planning, not always resulting in positive outcomes, and evolving over time. Coping responses can be behavioral or cognitive and require mobilizing energy and resources, which distinguish them from automatic actions (Schoenmakers & ten Bruggencate, 2024).

Previous research has focused on improving pre-marital psychological constructs. For example, Rostami et al. (2019) studied pre-marital issues; Abbasi (2019) showed the effectiveness of self-awareness training on marriage choices (Abbasi et al., 2020). Kavehi Sedehi et al. (2021) demonstrated the impact of pre-marital education on ideal spouse images and perfectionism (Kavehi Sedehi et al., 2020). Mokhtari et al. (2022) examined schema-based pre-

marital education's effect on schema-related thoughts and marriage willingness in single women (Mokhtari et al., 2021). Atashpour et al. (2019) and Navabi Far et al. (2021) developed and evaluated a marriage counseling model based on Enneagram typology (Atashpour et al., 2019; Navabi Far et al., 2021). Khanbani et al. (2022) introduced the "successful marriage" pre-marital counseling model, proving its efficacy on psychological variables (Khanbani et al., 2022).

To date, no published research has compared the effectiveness of schema therapy, CBT, and CFT on components of loving, emotional empathy, marital values, coping skills, and marriage willingness among single women with a fear of marriage. This study aimed to determine which method is more effective in changing psychological constructs related to marriage among women with pre-marital fear. Considering the multidimensional nature of pre-marital fears, which involve deep cognitive structures like schemas, CBT and schema therapy might improve marriage-related constructs. Additionally, self-compassion and compassion for others may facilitate marriage, suggesting CFT could enhance marriage constructs in women with pre-marital fear. While each method's effectiveness has been documented, this study uniquely compared them, posing the question: Does the effectiveness of schema therapy, CBT, and CFT differ in improving loving, emotional empathy, marital values, coping skills, and marriage willingness among single women with a fear of marriage?

2. Methods

2.1. Study Design and Participants

This study was a quasi-experimental, applied research with a four-group pretest-posttest design (three experimental groups and one control group). After sampling, participants were randomly assigned to four groups: the first experimental group received schema therapy, the second received cognitive-behavioral therapy, the third received compassion-focused therapy, and the fourth (control group) was placed on a waiting list. All three experimental groups underwent relevant training, and assessments were conducted before the intervention, immediately after its completion, and 45 days post-intervention using the research instruments.

The statistical population consisted of all female students from universities in the city of Semirom in 2022. Convenience sampling was used to select participants from female students at Payame Noor University and Azad University. A total of 150 questionnaires on the fear of marriage were distributed, and 60 students with high scores on the fear of marriage questionnaire were selected. These 60 participants, meeting the inclusion criteria, were randomly assigned to four equal groups (15 participants each: three intervention groups and one control group).

The following steps were taken to conduct the study:

1. Necessary permissions for accessing the statistical population were obtained from the University Research Department.
2. The Cultural Affairs Department of Esfahan Municipality was approached to receive additional permissions, followed by visits to cultural centers to promote the training sessions.
3. Participants were selected based on inclusion and exclusion criteria from those who registered. Forty-five participants scored above the average (greater than 57) on the Fear of Marriage Questionnaire.
4. Participants were randomly assigned to three groups. Each participant was assigned a number, which was then randomly shuffled and distributed among the four groups.
5. All three experimental groups were evaluated on research variables at the pretest stage. They then participated in eight 90-minute training sessions over two months, with sessions held weekly at cultural centers, while the control group remained on the waiting list.
6. All participants were assessed again immediately after the training sessions (posttest) and two months later during the follow-up phase using the research instruments.

2.2. Measures

2.2.1. Coping Strategies

The 19-item Coping Skills Questionnaire by Billings and Moos (1981) was used to assess coping skills. This questionnaire evaluates two types of coping skills: avoidance-oriented coping (8 items) and problem-focused coping (11 items). Items are scored on a four-point Likert scale (Always = 4, Often = 3, Sometimes = 2, Never = 1). The total coping skill scores range from 19 to 76, with problem-focused scores ranging from 11 to 44 and avoidance-oriented scores from 8 to 32. Items 3, 4, 6, 9, 12, 15, 18, and 19 are related to avoidance-oriented coping, while the remaining 11 items pertain to problem-focused

coping. Higher scores on each subscale indicate greater use of that particular coping strategy (Billings & Moos, 1981). The internal consistency reliability of this questionnaire, as reported in the initial study, ranged from 0.44 to 0.80 (Billings & Moos, 1981). Construct validity was confirmed using exploratory factor analysis. In a study by Araghian-Mojarad et al. (2020), the reliability of the questionnaire was found to be 0.80 using Cronbach's alpha (Araqiyan Mojarad et al., 2020). In the present study, Cronbach's alpha was used to determine the reliability of the questionnaire.

2.3. *Interventions*

2.3.1. *Schema Therapy*

Schema therapy focuses on addressing deep-rooted cognitive and emotional patterns that affect individuals' relationships and personal development. The intervention consists of eight sessions designed to help participants recognize and transform maladaptive schemas impacting their views on marriage and intimacy. Drawing from Fadavi Nia and Khayyatan's (2021) schema therapy framework, this program targets avoidance, attachment, and coping strategies that hinder successful and fulfilling relationships (Fadavi Nia & Khayyatan, 2021). Each session builds on the previous one, helping participants gradually learn to modify dysfunctional thinking and behavior patterns associated with marriage-related fears.

The first session introduces the importance of marriage, the necessity of pre-marital education, and the four marriage styles. Participants learn to identify obstacles (avoidant, cognitive, and behavioral) that hinder a successful marriage, framed within maladaptive schemas. The second session explores the needs for secure attachment, affection, stability, and acceptance in choosing a partner. Participants identify maladaptive schemas formed from unmet relational needs and become familiar with their relationship narratives. The third session delves into responses to unmet needs, analyzing five reactive styles and the concept of returning to a "safe home" in marriage. Participants also become more familiar with their schemas. The fourth session addresses the developmental line of independence versus dependence, exploring the impact of unmet needs in parent-child relationships on adult intimacy. The fifth session introduces the concept of realistic limitations, emphasizing the importance of responsibility and self-control. Participants evaluate boundaries in relationships and how maladaptive schemas impact marriage, followed by assigned homework. The sixth session focuses on identifying personal values and using them to guide healthy behavior while delaying gratification, with practical exercises to align actions with values. The seventh session addresses personal limitations and the importance of redefining narratives with self-compassion, using practical techniques. The final session teaches participants to let go of maladaptive patterns, assert their needs, and recognize warning signs in pre-marital interactions, concluding with a review, Q&A, and integration of key concepts.

2.3.2. *Compassion-Focused Therapy*

Compassion-Focused Therapy (CFT) is designed to help individuals cultivate self-compassion and empathy, improving their emotional well-being and relationship readiness. This intervention consists of eight sessions rooted in PirJavid et al.'s (2014) approach, focusing on reducing self-criticism and fostering an understanding of oneself and others (PirJavid et al., 2022). The sessions aim to transform negative self-narratives and promote a compassionate mindset essential for healthy relationships and self-acceptance, making it a valuable pre-marital intervention.

The first session introduces participants to the group, establishing a collaborative and supportive atmosphere. Objectives and group rules are outlined, emphasizing the importance of engagement and addressing marriage-related challenges and barriers, followed by feedback collection. The second session focuses on teaching self-kindness, creating a “kindness map,” and exploring the impact of compassion on life goals. Participants practice correct breathing and use metaphors to shift perspectives on marriage and differences. The third session discusses "enemies of compassion," explores the three-brain systems, and introduces nurturing physical and emotional practices, such as active listening and expressing love. The fourth session delves into the dimensions of compassion using metaphors and visualization exercises, guiding participants to create compassionate self-images and moments of relaxation. The fifth session emphasizes compassionate emotions, incorporating exercises to be present and symbols like the "love vessel" metaphor. The sixth session addresses compassionate reasoning, employing techniques like the "two-chair exercise" to confront critical thoughts and foster mindfulness. The seventh session teaches compassionate sensory experiences and behaviors, including assertiveness training and setting healthy boundaries. The final session focuses on compassionate imagery and mindful attention,

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creating a "safe space" visualization, listing desires, and writing self-kind letters, ending with a review and feedback.

2.3.3. Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy (CBT) emphasizes restructuring negative thought patterns and improving emotional regulation in relationships. This eight-session intervention, based on Mohammadpour et al.'s (2015) research, aims to help participants recognize and alter harmful beliefs affecting their marital interactions (Mohammadpour et al., 2015). The structured program focuses on identifying, challenging, and modifying automatic thoughts and underlying assumptions to manage marital conflicts effectively and reduce fear-related avoidance behaviors.

The first session introduces the session structure and rules, helping members understand the role of thoughts in creating distress during marital conflicts. Participants learn about the difficulty of processing information when upset and are taught that conflict-related thoughts can be identified and managed. Homework involves recording conflict triggers. The second session focuses on listing marital conflicts and understanding how automatic thoughts fuel these issues. Techniques like guided discovery and imagery are used to address avoidant behaviors, emphasizing emotion-focused exercises. The third session teaches participants to challenge negative thoughts, find alternative explanations, identify cognitive distortions, and weigh the pros and cons of maladaptive beliefs using Socratic questioning. Homework involves rephrasing distressing thoughts. The fourth session helps identify problematic underlying rules through exercises like "if-then" statements and explores thought patterns linked to emotional shifts. The fifth session encourages reevaluating life assumptions through behavioral experiments, rewarding positive changes, and replacing rigid beliefs with healthier alternatives. Homework focuses on documenting thought, behavior, and avoidance modifications. The sixth session shapes new beliefs about family life, promoting the development of adaptive core beliefs. Participants practice acting "as if" and learn self-acceptance and rational-avoidant role-playing. Homework involves tracking conflict resolution progress. The seventh session emphasizes relapse prevention, teaching strategies to handle recurring conflicts and practice effective communication using CBT principles. Participants engage in visualization and learn to handle challenges rationally. The final session reviews previous techniques, addresses questions, and introduces advanced strategies like contingency planning, logical fallacy challenges, and constructive problem-solving, concluding the program.

2.4. Data Analysis

For data analysis, repeated measures analysis of variance (ANOVA) was conducted to evaluate the effectiveness of the three intervention methods (schema therapy, cognitive-behavioral therapy, and compassion-focused therapy) on the dependent variables of avoidance-oriented and problem-focused coping strategies across three stages: pretest, posttest, and follow-up. To ensure the validity of the analysis, the assumptions of normality, sphericity, and equality of variances were tested using the Shapiro-Wilk test, Mauchly's test, and Box's test, respectively. When the assumption of sphericity was violated, the Greenhouse-Geisser correction was applied. Effect sizes and statistical power were calculated to determine the magnitude and reliability of the observed effects. Bonferroni post hoc tests were employed to explore pairwise comparisons between the different stages and intervention groups, providing detailed insight into the specific differences and the stability of the interventions over time.

3. Findings and Results

Table 1 presents the means and standard deviations of the coping strategies.

Table 1

Descriptive Statistics for the Dependent Variables Across Four Groups

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD	Follow-Up Mean	Follow-Up SD
Avoidance-Oriented Coping	Schema Therapy	20.26	3.12	16.00	2.17	16.26	2.01
	Cognitive-Behavioral Therapy	21.80	4.55	17.20	1.65	16.80	2.73
	Compassion-Focused Therapy	20.40	3.18	17.26	2.01	18.60	1.88

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	Control	21.00	3.81	20.80	3.48	21.00	3.46
Problem-Focused Coping	Schema Therapy	26.33	3.47	32.00	3.48	31.06	3.76
	Cognitive-Behavioral Therapy	27.60	3.20	33.46	4.03	32.73	3.65
	Compassion-Focused Therapy	26.73	2.91	34.86	3.35	35.00	3.76
	Control	26.60	3.77	26.33	2.94	25.93	2.60

As shown in Table 1, the mean scores of problem-focused and avoidance-oriented coping strategies in the experimental groups increased more significantly in the posttest and follow-up stages compared to the pretest, while the mean scores of avoidance-oriented coping decreased more significantly in the experimental groups than in the control group. To verify the assumptions for this statistical analysis, the Shapiro-Wilk test assessed data normality, and the Box's test checked variance equality. The results confirmed all three assumptions. Mauchly's test was used to examine the sphericity assumption, which was rejected for both coping strategies ($p < .05$). The results of the repeated measures ANOVA are presented in Table 2.

Table 2

Results of Within-Subjects Effects in Repeated Measures ANOVA for Coping Strategies (Avoidance-Oriented and Problem-Focused)

Variable	Source	Test	SS	df	MS	F	p	Effect Size	Power
Avoidance-Oriented	Time Effect	Sphericity Assumed	334.300	2	167.150	48.277	.001	.463	1.000
		Greenhouse-Geisser	334.300	1.448	230.916	48.277	.001	.463	1.000
		Huynh-Feldt	334.300	1.556	214.898	48.277	.001	.463	1.000
		Lower Bound	334.300	1.000	334.300	48.277	.001	.463	1.000
	Time × Group	Sphericity Assumed	143.256	6	23.876	6.896	.001	.270	.999
		Greenhouse-Geisser	143.256	4.343	32.984	6.896	.001	.270	.995
		Huynh-Feldt	143.256	4.667	30.696	6.896	.001	.270	.996
		Lower Bound	143.256	3.000	47.752	6.896	.001	.270	.970
Problem-Focused	Time Effect	Sphericity Assumed	856.478	2	428.239	187.387	.001	.770	1.000
		Greenhouse-Geisser	856.478	1.544	554.705	187.387	.001	.770	1.000
		Huynh-Feldt	856.478	1.664	514.559	187.387	.001	.770	1.000
		Lower Bound	856.478	1.000	856.478	187.387	.001	.770	1.000
	Time × Group	Sphericity Assumed	402.900	6	67.150	29.383	.001	.612	1.000
		Greenhouse-Geisser	402.900	4.632	86.981	29.383	.001	.612	1.000
		Huynh-Feldt	402.900	4.993	80.685	29.383	.001	.612	1.000
		Lower Bound	402.900	3.000	134.300	29.383	.001	.612	1.000

The results in Table 2 indicate significant differences in the mean scores of both avoidance-oriented and problem-focused coping strategies across the study phases ($p < .001$). Additionally, the interaction between time and group membership was also significant ($p < .05$). In other words, the differences in coping strategy scores across the pretest, posttest, and follow-up stages were 46.3% and 77% for avoidance-oriented and problem-focused strategies, respectively. Differences between the four groups in coping strategies were also significant, with variances of 27% and 61.2% for the two strategies, respectively.

Table 3

Results of Between-Subjects Effects for Coping Strategies (Avoidance-Oriented and Problem-Focused)

Variable	Source	SS	df	MS	F	p	Effect Size	Power
Avoidance-Oriented	Group	277.394	3	92.465	4.72	.005	.202	.877
	Error	1095.822	56	19.568				
Problem-Focused	Group	909.33	3	303.11	9.805	.001	.344	.997
	Error	1731.11	56	30.91				

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As shown in Table 3, the mean scores of coping strategies (both avoidance-oriented and problem-focused) significantly differed among the experimental groups (schema therapy, cognitive-behavioral therapy, and compassion-focused therapy) (p < .05). The results showed that 20.2% of individual differences in avoidance-oriented coping and 34.4% in problem-focused coping were attributable to the differences between the four groups.

The Bonferroni post hoc test results for comparing group means at different stages are presented in Table 4.

Table 4

Bonferroni Post Hoc Test Results for Comparing Means of Coping Strategies at Different Research Stages

Variable	Group	Stage 1	Stage 2	Mean Difference	p
Avoidance-Oriented	Schema Therapy	Pretest	Posttest	-4.26	.001
	Schema Therapy	Pretest	Follow-Up	-4.00	.002
	Schema Therapy	Posttest	Follow-Up	0.267	.955
	CBT	Pretest	Posttest	4.60	.002
	CBT	Pretest	Follow-Up	5.00	.001
	CBT	Posttest	Follow-Up	0.40	.994
	Compassion-Focused	Pretest	Posttest	3.13	.001
	Compassion-Focused	Pretest	Follow-Up	1.80	.032
	Compassion-Focused	Posttest	Follow-Up	-1.13	.041
	Control	Pretest	Posttest	0.20	.566
	Control	Pretest	Follow-Up	0.01	.999
	Control	Posttest	Follow-Up	-0.20	.565
Problem-Focused	Schema Therapy	Pretest	Posttest	-5.66	.001
	Schema Therapy	Pretest	Follow-Up	-4.73	.001
	Schema Therapy	Posttest	Follow-Up	0.933	.205
	CBT	Pretest	Posttest	-5.86	.001
	CBT	Pretest	Follow-Up	-5.13	.001
	CBT	Posttest	Follow-Up	0.733	.230
	Compassion-Focused	Pretest	Posttest	-8.13	.001
	Compassion-Focused	Pretest	Follow-Up	-8.26	.001
	Compassion-Focused	Posttest	Follow-Up	0.133	.991
	Control	Pretest	Posttest	0.267	.996
	Control	Pretest	Follow-Up	0.667	.993
	Control	Posttest	Follow-Up	0.40	.493

The Bonferroni post hoc test results in Table 4 indicate significant differences in problem-focused coping scores between the pretest and posttest, as well as the pretest and follow-up stages, in the schema therapy, cognitive-behavioral therapy, and compassion-focused therapy groups (p < .001). However, there were no significant differences between posttest and follow-up scores (p > .05). In the control group, all stage differences were non-significant (p > .05). For avoidance-oriented coping, significant differences were found between pretest and posttest and between pretest and follow-up in all three intervention groups (p < .001). Additionally, significant differences between posttest and follow-up were observed only in the compassion-focused therapy group (p < .05), while schema therapy and CBT groups showed stable scores between these stages (p > .05).

In conclusion, within-group effects in all three intervention groups showed an increase in problem-focused coping scores from pretest to posttest and follow-up, with stability from posttest to follow-up. Avoidance-oriented coping scores decreased from pretest to posttest and follow-up, remaining stable in schema therapy and CBT groups but increasing slightly in the compassion-focused therapy group from posttest to follow-up.

4. Discussion and Conclusion

The results of repeated measures ANOVA and Bonferroni tests showed that all three methods effectively reduced avoidance-oriented coping strategies and increased problem-focused coping strategies. Cognitive-behavioral therapy (CBT) and schema therapy demonstrated better results in the follow-up phase compared to compassion-focused therapy.

When comparing these findings with other studies, it can be noted that no research has directly addressed this specific topic, making direct comparisons difficult. However, other

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studies have examined the effectiveness of various methods on constructs related to marriage. For instance, Abbasi (2019) demonstrated the impact of the Personal Awareness Program on marriage decisions (Abbasi et al., 2020); Kavehi Sedehi et al. (2022) showed that expert-led pre-marital education improved the ideal image of a spouse and reduced perfectionism (Kavehi Sedehi et al., 2020). Mokhtari et al. (2022) found that schema-based pre-marital education influenced schema mindsets and the willingness to marry among single women (Mokhtari et al., 2021). In this study, all three methods, similar to previous ones, effectively improved coping strategies.

Additionally, some studies have focused on enhancing coping strategies. Hormozi et al. (2014) demonstrated the effectiveness of group reality therapy on coping styles (Hormozi et al., 2014), and Farvardin et al. (2021) confirmed the effectiveness of psychodrama training on coping styles (Farvardin et al., 2022). Consistent with these findings, this study also revealed that the three methods successfully improved coping styles. Therefore, the results of this study align with previous research.

To explain the effectiveness of the three methods on coping styles, it can be noted that coping strategies are crucial when individuals face psychological stress. In such situations, one must effectively confront and manage the situation. Some individuals struggle to respond appropriately, and specialists believe that problem-solving skills and a flexible, forward-thinking, and logical approach are essential. Problem-solving helps individuals navigate difficult situations efficiently. This study suggests that all three methods included mechanisms that improved these coping skills.

Regarding the effectiveness of schema therapy, it can be explained that individuals may possess maladaptive schemas that hinder their ability to face life situations, such as marriage, appropriately. These schemas may lead to coping styles that exacerbate or sustain problems. The three primary maladaptive coping styles are overcompensation, surrender, and avoidance. When individuals show cognitive or behavioral responses that reinforce their schemas, the coping styles perpetuate maladaptive patterns. Cognitive distortions, like magnifying schema-consistent information and minimizing inconsistent data, also contribute to schema persistence. Self-harmful patterns, associated with intense emotions like sadness, anger, anxiety, or guilt, further reinforce maladaptive coping. Avoidance coping manifests in cognitive, emotional, and behavioral forms, preventing individuals from accepting new experiences and affecting their approach to marriage. Schema therapy helped participants become aware of these maladaptive styles, allowing them to modify and develop problem-solving coping skills through interventions like guided imagery, empathic confrontation, limited reparenting, and schema registration.

Explaining the effectiveness of CBT on coping styles, participants gained awareness and skills that enhanced problem-solving abilities. They learned how negative emotions and behaviors can increase depression, anxiety, and interpersonal conflict. By focusing on problem-solving and active strategies, participants learned to manage conflicts and avoid passive or aggressive behaviors. CBT taught them to challenge distorted thoughts, such as emotional reasoning, black-and-white thinking, and hasty conclusions. Participants learned to question the validity of their beliefs and manage irrational thoughts. Training focused on recognizing real problems, challenging unrealistic beliefs, and viewing issues from different perspectives, which reduced anxiety and depression and increased optimism and problem-solving efficacy.

In explaining the effectiveness of compassion-focused therapy (CFT) on these coping styles, the method centers on self-kindness and compassion for others. Compassion refers to the feeling of empathy toward someone experiencing pain. The goal of CFT is to eliminate destructive thinking, like self-criticism, blame, and judgment. Participants learned to activate three systems: the threat protection system, which helps manage danger without aggression; the resource-seeking system, which maintains healthy relationships; and the soothing system, which fosters self-attachment. The strategies of self-compassion, compassion for others, and receiving compassion from others helped participants improve social interactions, gain support, reduce self-blame, and better use their potential, ultimately enhancing their problem-solving experiences.

In conclusion, schema therapy can help single women on the verge of marriage who fear marriage by reducing negative constructs (such as avoidance coping and maladaptive values) and increasing positive constructs (such as love, willingness to marry, and problem-focused coping).

5. Suggestions and Limitations

Despite its contributions, this study has limitations, including the use of non-random convenience sampling, which may limit the generalizability of the findings. The sample was restricted to women with a fear of marriage, so

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caution should be exercised when generalizing to other populations.

Based on the results, it is recommended that youth and marriage counselors, as well as organizations working with adolescents and young adults, such as universities and the National Youth Organization, use these methods to reduce negative psychological constructs like avoidance coping strategies and maladaptive cultural values.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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