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Comparing the Effectiveness of Schema Therapy and Pre-Marriage Cognitive-Behavioral Therapy on the Desire to Marry and Fear of Marriage Among Single Women

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A B S T R A C T

Objective: The present study aimed to compare the effectiveness of schema therapy and cognitive-behavioral therapy before marriage on the desire to marry and fear of marriage among single women.

Methods and Materials: The present study was quasi-experimental, employing a pre-test and post-test design with a non-equivalent control group. The study population consisted of single women in district one of Tehran in 2022. The sample included 60 individuals selected via convenience sampling based on a call from the study population and randomly assigned to two experimental groups and one control group. Participants responded to the Heidari, Mazaheri, and Pooretemad (2004) marriage desire questionnaire and the Samiei, Yousefi, and Nashatdoust (2014) fear of marriage questionnaire before and after the intervention. The first experimental group underwent schema therapy and the second experimental group underwent cognitive-behavioral therapy in eight 90-minute sessions, based on the schema therapy protocol (Leahy, Robert, 2011) and the cognitive-behavioral therapy protocol (Beck, 1964), respectively. Data were analyzed using one-way ANOVA and follow-up tests with SPSS software.

Findings: The results showed that schema therapy and cognitive-behavioral therapy significantly increased the desire to marry and decreased the fear of marriage among single women ($p < 0.05$).

Conclusion: Given the findings, it can be concluded that pre-marriage schema therapy and cognitive-behavioral therapy can be proposed as effective therapeutic methods for improving the desire to marry and reducing the fear of marriage among single women, and can be employed as significant and key interventions in the pre-marriage domain.

Keywords: *Fear of marriage, Cognitive-behavioral therapy, Desire to marry, Schema therapy.*

1. Introduction

Marriage is one of the most important topics in the family, symbolizing social success and acting as a significant factor affecting individual health. On the other hand, the marriage of young people has become one of the main challenges in Iranian society, with various reasons deterring them from marriage, manifesting the phenomenon of delayed marriage age as an issue (Abbaszadeh & Nikdel, 2016). Khosravi et al. (2021) demonstrated that single women experience feelings of lack of progress, emptiness and confusion in life, feeling burdensome to the family, depression, chronic loneliness, incorrect judgment and prejudice, family pressure to hasten marriage, victimization, sacrifice due to adverse family conditions, and financial and economic insecurity (Khosravi et al., 2021). Additionally, the findings of Parvin, Felegiri, and Kiani (2018) indicated that the delay in marriage has become a lived experience for some girls and boys; however, this situation has created different conditions for girls, leading to the emergence of more social pressures (Parvin et al., 2017). Ghaderzadeh, Gholami, and Gholami (2016) showed that the experience of remaining unmarried for girls entails psychological violence, double isolation, an uncertain future, a degraded status, and a sense of being a burden (Qaderzadeh et al., 2017). Attempting suicide with drugs is a serious medical health problem, especially among young adults and single women (Sawad et al., 2022). With the increasing age of marriage, there is a decrease in the desire to marry among young people. Research indicates that over time, girls develop doubts about choosing a partner due to value changes, cognitive distortions, schema types, and their effects on changing criteria for choosing a partner among the youth, and partly due to unrealistic and inefficient expectations presented as criteria for choosing a partner (Mehra et al., 2018). Therefore, examining the factors affecting the desire to marry in girls is necessary. The desire to marry is the individual's inclination to choose a partner and share goals, characteristics, thoughts, and attitudes with awareness of its positive and negative effects on life (Haslam & Montrose, 2015). The desire to marry is an important concept in relationships, defined as the readiness of an individual to respond positively or negatively to a person, object, or event (Kral, 2019). The desire to marry is presented as the most important motivation for young people to form a family (Riahi & Khayatan, 2018).

The fear of marriage among single women can also be influenced by their conditions and issues, causing a lack of desire to marry. Pre-marriage fears include the emotional reaction that encompasses the anticipation of psychological harm, vulnerability to danger, or the individual's expectation of the ability to cope with or situations of married life (Fereydonpour et al., 2020; Mokhtari et al., 2021). Around the world, many men and women remain single for life due to the fear of marriage, showing more resistance to marriage. It can be said that the fear of marriage leads to the likelihood of remaining single and losing the benefits of marriage. Factors such as fear of post-marriage problems, lack of employment and housing, poor communication skills, lack of trust in the opposite sex, continuing education, fear of infidelity, fear of oneself, and unsuccessful experiences are among the issues that lead to the fear of marriage and delay it (Mokhtari et al., 2021; Tabatabaifar, 2020).

As mentioned, the conditions and issues of single women can affect their desire to marry and their fear of marriage. Therefore, any factor or intervention that can influence these variables and improve them will create better conditions for the psychological status of single women, leading to their more appropriate coping with these conditions and issues. One of the interventions that can be effective in this area is schema therapy. Individuals' awareness of their attitudes and thinking about marriage and adopting a rational and realistic approach can play a significant role in having a satisfactory marriage (Rajabi et al., 2016). Currently, there are numerous theoretical perspectives with different approaches aimed at explaining and solving emotional problems and improving attitudes and beliefs about marriage. One of the approaches that has been confirmed to be effective in many areas is emotional schema therapy, which Leahy has developed based on the concept of emotional processing and inspired by the metacognitive model of emotions (Kamalian et al., 2020). Emotional schema therapy, developed by Leahy through adopting aspects of traditional therapy and metacognitive models based on acceptance, indicates that individuals may differ in how they conceptualize their emotions or, more accurately, have different schemas about their emotions. They interact with the outside world in different ways according to their existing schemas, leading to various behaviors. Many people, due to difficult childhood experiences and unsuccessful adult relationships, consider intimacy and a good marriage an illusion. Therefore, being aware of one's fundamental attitudes and beliefs about marriage and correcting them is essential for having a satisfactory marriage. Studies show that modifying schemas and replacing them with adaptive beliefs can reduce the fear of marriage in girls (Fereydonpour et al., 2020).

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Eliminating or reducing maladaptive emotional schemas helps individuals of marriageable age not to think and act based on behaviors in the emotional and subconscious realm, to act maturely when deciding about marriage, and to show desire for marriage when evaluating the situation and necessary factors for marriage. Obviously, individuals with maladaptive schemas are more likely to encounter problems and conflicts in their marriages (Abasi et al., 2019). Another effective therapeutic intervention that can be useful in reducing the fear of marriage and correcting inefficient attitudes in choosing a partner and helping increase the desire to marry in single women is cognitive-behavioral therapy. This therapy combines the cognitive restructuring approach in cognitive therapy with behavior modification methods in behavioral therapy. Cognitive-behavioral therapy, based on Beck's cognitive therapy, was primarily developed for treating depression. According to Beck's cognitive theory, depressed individuals engage in false and illogical thoughts, which are the main cause of their problems. Therefore, the most important step in Beck's therapeutic approach is helping the client recognize these false and maladaptive thoughts generating their problems (Fenn & Byrne, 2013; Fu et al., 2015; McManus et al., 2012). In this treatment, patients learn how their behavioral and cognitive patterns, interpersonal problems, and non-adaptive patterns of interpersonal behavior are created and perpetuated. The primary focus of this treatment is on interpersonal interactions (Sawad et al., 2022). Therefore, choosing a partner is a complex issue and a decision that significantly impacts an individual's future life and determines their lifestyle. Identifying factors affecting the desire to marry leads to planning to reduce the tendency toward remaining single in girls. Both intervention methods have not been used together with these changes. Therefore, this study compared the effects of both treatment methods. On the other hand, the lack of awareness among single women about the concepts surrounding the desire to marry and also fears of marriage, and the lack of research in the area of fear of marriage and the desire to marry, formed the basis of the current research question: Is there a difference between the effectiveness of schema therapy and pre-marriage cognitive-behavioral therapy on the desire to marry and fear of marriage among single women? Researchers aimed to increase the awareness level of single women and, by developing and organizing a regular therapeutic and educational program, reduce the fear of marriage and increase the desire to marry in single women, taking at least small and positive steps in this area.

2. Methods and Materials

2.1. Study Design and Participants

The present study was semi-experimental, utilizing a pre-test and post-test design with a non-equivalent control group. This design is similar to the pre-test and post-test with a control group, except that in this study, the selection of subjects from the population was not random. The study population included all single women who visited the health counseling center in the Velanjak area of Tehran in 2022, approximately 70 individuals. Based on this, using convenience sampling and based on a call from the study population, the sample was selected and randomly divided into three groups (experimental group one: pre-marriage schema therapy; experimental group two: pre-marriage cognitive-behavioral therapy; and the third group, control group). The number of women in each group was considered to be 20. The sample size was determined using Cochran's formula with an approximate population of 75 individuals, selecting 60 as the sample according to the formula. The inclusion criteria for the research included voluntary registration and filling out an informed consent form to participate in the study, having at least a high school diploma, age (30 years and above), no history of marriage, no physical and mental illnesses, scoring "one standard deviation below the average of applicants" on the pre-test for the desire to marry variable, and scoring "one standard deviation above the average of applicants" on the pre-test for the fear of marriage variable, no substance abuse, and no sexual abuse. Getting married during the research process, developing chronic physical and mental illnesses, and irregular attendance in therapeutic sessions (two absences) were the criteria for exclusion from the study.

After the interventions, post-tests were conducted for all three groups, and finally, after one month, in the follow-up phase, the tests were administered again to the three groups.

2.2. Measures

2.2.1. Marriage Desire

This questionnaire has 24 items and is validated for its theoretical foundation and expert confirmation in terms of content validity. It was developed by Haidari, Mozaheri, & Pouretamad (2013) to measure students' desire to marry from various aspects (feedback towards marriage, attitudes towards the consequences of marriage, readiness and practical willingness to marry, obstacles to marriage). It

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consists of 23 five-option questions and one additional question for the optimal marriage age. The questionnaire was administered to 779 individuals, and factor analysis with a varimax rotation identified four factors, all with eigenvalues greater than 1, to assess the desire to marry from aspects such as feedback towards marriage, attitudes towards the consequences of marriage, readiness and practical willingness to marry, and obstacles to marriage. The scoring of the questionnaire is on a 5-point Likert scale ranging from strongly agree to strongly disagree. Items numbered 3, 4, 5, 8, 10, 12, 14, 16, 17, 20, and 21 are scored inversely. Validity and reliability: In the study by Haidari and colleagues, content validity was confirmed through pilot testing and consultation with respondents and five psychology professors, and its reliability was calculated through test-retest (0.77) and internal consistency Cronbach's alpha (α = 0.92). The validity and reliability of this tool have been confirmed in various domestic studies ((Haslam & Montrose, 2015; Jahanbakhshi & Kalantarkousheh, 2012; Taghiyar et al., 2018).

2.2.2. *Fear of Marriage*

Developed by Samie and Neshat Dost (2013), this questionnaire consists of 83 items aimed at assessing various reasons for fear of marriage in young people and adults. It has 6 dimensions, with questions specified for each dimension: fear of spouse (29 questions), fear of financial management incapacity (19 questions), fear of partner limitations (9 questions), fear of self (11 questions), fear of spouse's infidelity (6 questions), and fear of finance (7 questions), scored on a 5-point Likert scale from strongly agree to strongly disagree. The analysis is based on the total score of the questionnaire. The internal consistency of this questionnaire was reported through Cronbach's alpha as 97%, and the reliability of its factors was calculated through Cronbach's alpha as follows: 0.66, 0.73, 0.84, 0.91, 0.86, 0.88, and 0.86. Construct validity was determined by correlating each question's score with the total score of pre-marriage fears, showing all correlations were significant and positive, ranging from 0.272 to 0.757. The reliability of this scale in the study by Mokhtari and colleagues was reported with a Cronbach's alpha of 0.95. In the research conducted by Tabatabai, the reliability of this scale was reported with a Cronbach's alpha of 0.90 (Tabatabai, 2021). Fereydonpour and colleagues reported the reliability of this scale with a Cronbach's alpha of 0.97. (Fereydonpour et al., 2020; Mokhtari et al., 2021; Tabatabaifar, 2020). In the present study, the reliability coefficient of the aforementioned tool, calculated through Cronbach's alpha, was 0.97.

2.3. *Interventions*

2.3.1. *Schema Therapy*

The first experimental group underwent therapeutic intervention based on the schema therapy protocol (Leahy, 2021). This protocol, which helps in recognizing and treating inefficient thoughts and beliefs, was implemented in eight 90-minute sessions.

Session 1: Introduction and Assessment

The first session is dedicated to building rapport and trust with the participant. The therapist introduces the schema therapy framework, explaining its focus on identifying and modifying deep-rooted emotional patterns or schemas that negatively affect one's life. An assessment of the participant's backgrounds, such as childhood experiences, relationship history, and current life situation, is conducted to identify potential maladaptive schemas.

Session 2: Schema Identification

The therapist and participant work together to identify specific maladaptive schemas affecting the participant's perspective on marriage and relationships. Tools such as the Young Schema Questionnaire may be used to help pinpoint these schemas. Discussion focuses on recognizing how these schemas manifest in thoughts, feelings, and behaviors.

Session 3: Connecting Schemas to Past Experiences

Participants explore the origins of their schemas, connecting them to past experiences, particularly in childhood or early relationships. This process helps the participant understand the source of their beliefs and feelings towards marriage.

Session 4: Emotional Awareness and Expression

This session focuses on increasing the participant's emotional awareness and expression related to their schemas. Techniques such as imagery rescripting and chair work may be used to help participants connect with and express their feelings about past experiences that contributed to schema formation.

Session 5: Challenging Maladaptive Schemas

Participants learn to challenge their identified schemas and the associated negative thought patterns. Cognitive restructuring techniques are employed to help participants develop more realistic and positive views of marriage and relationships.

Session 6: Behavioral Change and Coping Strategies

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This session is dedicated to developing healthy coping strategies and behavioral changes that counteract the influence of maladaptive schemas. Role-playing and behavioral experiments may be used to practice these new strategies in hypothetical scenarios related to marriage and relationships.

Session 7: Building Healthy Relationships

The therapist helps the participant understand the attributes of healthy relationships and how to apply their new coping strategies and perspectives to foster such relationships. Discussion may include setting boundaries, communication skills, and emotional regulation.

Session 8: Consolidation and Future Planning

In the final session, the participant reviews the progress made during therapy, consolidating the insights and skills learned. The therapist and participant discuss strategies for maintaining these gains and planning for future challenges in relationships or marriage.

2.3.2. Cognitive-Behavioral Therapy

For the second experimental group, the therapeutic intervention was based on the cognitive-behavioral therapy protocol (Fenn & Byrne, 2013) in eight 90-minute sessions, and the control group did not receive any therapeutic intervention.

Session 1: Introduction and Cognitive Assessment

The initial session introduces the cognitive-behavioral therapy (CBT) approach, emphasizing the cognitive model that links thoughts, feelings, and behaviors. The therapist assesses the participant's current dysfunctional thoughts and beliefs about marriage and relationships.

Session 2: Cognitive Restructuring - Identifying Dysfunctional Thoughts

Participants are taught to identify and articulate their specific dysfunctional thoughts about marriage. The therapist introduces cognitive restructuring techniques to challenge these thoughts.

Session 3: Challenging and Modifying Beliefs

The focus is on challenging identified dysfunctional beliefs and modifying them into more adaptive and realistic thoughts. Techniques such as evidence gathering, examining pros and cons, and alternative thought generation are employed.

Session 4: Behavioral Experiments

This session introduces behavioral experiments to test the validity of the participant's beliefs and assumptions about marriage in real or simulated situations. Experiments are designed to create new learning experiences that contradict their old beliefs.

Session 5: Exposure to Feared Outcomes

Participants engage in exposure therapy techniques to gradually face their fears related to marriage and relationships, reducing avoidance behaviors and increasing tolerance to anxiety-provoking situations.

Session 6: Skill Building - Communication and Problem Solving

The therapist works with the participant to build essential relationship skills, including effective communication, assertiveness, and problem-solving, to improve their interactions and relationship satisfaction.

Session 7: Relapse Prevention and Maintenance

Strategies for preventing relapse into old cognitive and behavioral patterns are discussed. The participant learns to recognize early signs of relapse and how to implement coping strategies.

Session 8: Review and Closure

The final session reviews the progress made throughout therapy, reinforcing the skills and strategies learned. The therapist encourages the participant to continue applying these techniques in their life, particularly in the context of marriage and relationships.

2.4. Data analysis

After verifying the assumptions for conducting parametric tests, the data related to the pre-test and post-test stages were analyzed using one-way ANOVA and follow-up tests with the SPSS 22 software.

3. Findings and Results

In the present study, the demographic characteristics of the participants were closely examined to understand the composition of our sample. Of the total participants (N=60), a majority identified as female (100%), reflecting the focus of the study on unmarried women. The age distribution among the participants was as follows: 20-25 years old (n=18, 30%), 26-30 years old (n=22, 36.67%), and 31-35 years old (n=20, 33.33%). This age variation provided a broad perspective on the desires and fears regarding marriage across different stages of early adulthood. Educational levels varied, with participants holding a high school diploma (n=12, 20%), Bachelor's degrees (n=34, 56.67%), and Master's degrees or higher (n=14, 23.33%). This diversity in educational backgrounds allowed for a more comprehensive understanding of how education might

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influence marriage perceptions among unmarried women. The participants were primarily employed (n=40, 66.67%), while the rest were either students (n=15, 25%) or unemployed (n=5, 8.33%), indicating a varied sample in terms of employment status.

Table 1

Descriptive Statistics for the Variable "Desire for Marriage"

Variable	Stage	Group	Mean	Standard Deviation	Minimum	Maximum
Desire for Marriage	Pre-test	Schema Therapy	74.15	9.09	57	97
		Cognitive-Behavioral Therapy	76.8	11.02	60	101
		Control	76.7	13.05	50	94
	Post-test	Schema Therapy	83.35	6.93	75	100
		Cognitive-Behavioral Therapy	90.10	9.01	73	106
		Control	77	13.17	49	96

As shown in Table 1, the mean, standard deviation, and the minimum and maximum scores for the marriage desire variable are displayed. To examine the comparative effectiveness of schema therapy and pre-marriage cognitive-behavioral therapy on the desire to marry among single women, the delta method or the comparison of the difference between the post-test and pre-test was used. The delta of the groups was analyzed by a one-way ANOVA test. It is worth mentioning that due to the non-establishment of regression slopes ($F(2,54) = 6.81$ and $P = 0.002$) and the non-establishment of the covariance matrices ($F(6,80975) = 5.857$ and $P = 0.001$ and Box's $M = 37.09$), it was not possible to use covariance and mixed ANOVA tests. Also, the Levene's test showed a significance level of less than five-hundredths, indicating heterogeneity of data in the distribution of the marriage desire variable.

Table 2

Results of One-Way ANOVA Tests

Source	Degrees of Freedom	Mean Square	F-Value	Significance Level
Between Group	2	883.4	36.55	0.001
Within Group	57	24.16		$p \leq 0.05$
Error	59			

The results presented in Table 2 show that there is a significant difference between these groups. To examine the differences between the groups pairwise, due to the non-compliance with homogeneity of variances, Dunnett's T3 test was used.

Table 3

Multiple Group Comparisons Using Dunnett's T3 Test

Group Comparison	Mean Difference	Standard Error	Significance Level
Schema Therapy vs. Cognitive-Behavioral Therapy	-4.1	1.86	0.099
Schema Therapy vs. Control	8.90	1.21	0.001
Cognitive-Behavioral Therapy vs. Control	13	1.51	0.001

According to the results presented in Table 3, it can be observed that the schema therapy and cognitive-behavioral therapy groups have significantly increased the scores of marriage desire compared to the control group. However, no significant difference was observed between the two treatment methods of schema and cognitive-behavioral therapy.

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Table 4

Descriptive Statistics for the Variable "Fear of Marriage"

Variable	Stage	Group	Mean	Standard Deviation	Minimum	Maximum
Fear of Marriage	Pre-test	Schema Therapy	256.5	80.19	104	406
		Cognitive-Behavioral Therapy	225.05	47.90	131	316
		Control	209.25	73.66	88	310
	Post-test	Schema Therapy	219.7	65.79	95	320
		Cognitive-Behavioral Therapy	188	37.35	119	261
		Control	209.2	73	93	312

As shown in Table 4, the mean, standard deviation, and the minimum and maximum scores for the fear of marriage variable are displayed. To examine the comparative effectiveness of schema therapy and pre-marriage cognitive-behavioral therapy on the fear of marriage among single women, the delta method or the comparison of the difference between the post-test and pre-test was used. The delta of the groups was analyzed by a one-way ANOVA test. It is worth mentioning that due to the non-establishment of regression slopes ($F(2,54) = 9.77$ and $P = 0.001$) and the non-establishment of the covariance matrices ($F(6,80975) = 11.489$ and $P = 0.001$ and Box's $M = 72.62$), it was not possible to use covariance and mixed ANOVA tests. Also, the Levene's test showed a significance level of less than five-hundredths, indicating heterogeneity of data in the distribution of the fear of marriage variable.

Table 5

Results of One-Way ANOVA Tests

Source	Degrees of Freedom	Mean Square	F-Value	Significance Level
Between Group	2	9065.42	32.205	0.001
Within Group	57	281.49		$p \leq 0.05$
Error	59			

The results presented in Table 5 show that there is a significant difference between these groups. To examine the differences between the groups pairwise, due to the non-compliance with homogeneity of variances, Dunnett's T3 test was used.

Table 6

Multiple Group Comparisons Using Dunnett's T3 Test

Group Comparison	Mean Difference	Standard Error	Significance Level
Schema Therapy vs. Cognitive-Behavioral Therapy	0.25	6.47	1
Schema Therapy vs. Control	-36.75	5.42	0.001
Cognitive-Behavioral Therapy vs. Control	-37	3.62	0.001

According to the results presented in Table 6, it can be observed that the schema therapy and cognitive-behavioral therapy groups have significantly reduced the scores of fear of marriage compared to the control group. However, no significant difference was observed between the two treatment methods of schema and cognitive-behavioral therapy.

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of schema therapy and pre-marriage cognitive-behavioral therapy on the desire to marry and the fear of marriage among single women. The results of the research indicated that both schema therapy and pre-marriage cognitive-behavioral therapy have an impact on the desire to marry among single women. The comparison of the two experimental groups showed that there is no significant difference in the marriage desire variable scores between the cognitive-behavioral therapy group and the schema therapy group.

This finding is consistent with the findings of Taghiyar and colleagues that showed conflict resolution training has a

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significant effect on aspects of the desire to marry, feedback towards marriage, readiness for marriage, attitudes towards the consequences of marriage, and obstacles to marriage (Taghiyar et al., 2018); and with the results of the study by Abasi and colleagues that showed schema therapy training could increase egalitarian values, rational self-following, and the desire to marry, and decrease emotional self-following and hierarchical values (Abasi et al., 2019).

To explain how schema therapy and cognitive-behavioral therapy more significantly impact the desire to marry among single women, it can be stated that both approaches affect women's desire to marry. In fact, the desire to marry includes a cognitive element, an emotional element, and a tendency to act. The emotional component involves individual emotions and affections towards the subject, especially positive and negative evaluations. The behavioral component involves how an individual tends to act in line with the subject. The cognitive component includes thoughts that the individual has a specific attitude towards, like facts, knowledge, and beliefs (Taylor et al., 2017). Therefore, in examining the desire to marry, it's essential first to consider significant psychological factors such as inner inclinations, personality, perceptions, beliefs, attitudes, values, feelings of inferiority, emotional and psychological deficiencies. Always, realistic beliefs and expectations about marriage, through strengthening skills for accurately assessing life situations, provide an optimistic outlook towards marriage, in which the individual will have a greater inclination towards marriage. Obviously, by visualizing the pleasure derived from a successful marriage, an individual will have a greater desire for marriage. Therefore, if women adjust their emotional and sexual attitudes towards their future spouse relative to conditions, they will have a realistic outlook on marriage, resulting in a desire for a genuine marriage experience. Consequently, the desire to marry increases, and this was emphasized during schema therapy sessions since schema therapy focuses on the multifaceted dimensions of the individual, including cognitive, experiential, and behavioral dimensions. In the cognitive dimension, schema therapy, by working on the inner voice and the deepest cognitive level, i.e., schemas, helps women understand their dysfunctional attitude is due to their thoughts. By testing the validity of the schema, they find a logical and effective view of marriage. Schema therapy is a summary of the individual's healthy responses and identification of the schema root, providing the individual awareness of schemas, laying the groundwork for change in the individual and consequently in the marriage domain (Young et al., 2003). Numerous studies have examined and confirmed the relationship between variables related to maladaptive schemas and the desire to marry and related areas. For instance, Khosravi, Seif, and Aali in a study examined the relationship between the type of schema process and attitude towards marriage, showing a significant difference in attitude towards marriage in individuals inclined towards compensatory schema processes compared to those inclined towards continuity schema processes. This difference was confirmed regarding abandonment, failure, dependence, undeveloped self, sacrifice, and compliance schemas (Khosravi et al., 2007). Similarly, the study by Mokhtari, Yousfi, & Menshie showed that pre-marriage schema-based training had a significant effect on the fear of marriage and coping styles in single girls (Mokhtari et al., 2021). One of the influential factors in choosing a spouse and deciding to marry is self-differentiation from the family of origin, which affects the inclination towards marriage or avoidance of it (Amani et al., 2011).

In further explaining these findings, it can be said that individuals, being unaware of their maladaptive schemas, have reasons such as a vague fear of marriage and fear of their future, showing little inclination in this area. Also, in explaining these findings, it can be stated that schema therapy, by emphasizing changing coping styles formed in childhood and explaining how they affect processing and confronting choosing a spouse and deciding to marry, as well as by emphasizing replacing more adaptive and newer cognitive patterns instead of inefficient styles and coping strategies, provides an opportunity for improving symptoms of fear of negative evaluation, avoidance, and choosing an ideal spouse. Therefore, eliminating or reducing emotional schemas helps individuals of marriageable age not to think and act based on behaviors in the emotional and subconscious realm, to act maturely when deciding to marry, and when the time for marriage comes, to show desire for marriage by evaluating the situation and necessary factors for marriage (Jahanbakhshi & Kalantarkousheh, 2012).

These findings align with research by Abbaszadeh and colleagues, which showed that schema therapy training could increase the desire to marry among girls (Abbaszadeh & Nikdel, 2016). Furthermore, the study by Mokhtari, Yousfi, & Manshaei indicated that pre-marriage schema-based training had a significant impact on the fear of marriage and coping styles in single girls (Mokhtari et al., 2021). Heydarian, The consideration of self-separation from the original family, which impacts the willingness to marry or avoid it, is one of the significant aspects in partner

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selection and marriage decision-making (Amani et al., 2011).

This result is consistent with many previous studies showing that emotional schemas are associated with various psychological disorders, including marital maladjustments. In the field of research background, there are limited studies, mostly in the realm of cognitive-behavioral therapy. In this context, McManus and colleagues concluded that individuals recognize the inefficiency of their thoughts through recording and reviewing these thoughts and can reduce these dysfunctional beliefs through cognitive training (McManus et al., 2012). Another study investigated the relationship between pre-marriage expectations, pre-marriage advice, and marital satisfaction, where Rios's results showed that individuals' expectations and beliefs are determining factors in predicting marital satisfaction (Rios, 2010). Regarding the effectiveness of cognitive-behavioral therapy on the desire to marry among single women, the research results indicated that this therapeutic method has been effective. Predominantly pessimistic expectations lead to poor individual control in changing and transforming their beliefs and expectations about marriage. In fact, pessimistic expectations challenge logical and optimistic beliefs by inducing a false sense of beliefs, making the individual feel that marriage suppresses desires and needs, and interpersonal tensions become more intense. Therefore, a pessimistic view of marriage leads to a decreased inclination to marry. Specifically, it can be stated that cognitive-behavioral therapy is an integrative therapeutic approach that teaches individuals to recognize the contradictions within themselves or between themselves and their environment and to achieve an effective outcome through combining and integrating them with each other. Followers of cognitive-behavioral therapy believe that this therapy corrects dysfunctional cognitions and beliefs to amend emotions and behaviors, thereby helping to increase the desire to marry among women.

The results of the research showed that both schema therapy and pre-marriage cognitive-behavioral therapy affect the fear of marriage among single women. The comparison of the two experimental groups showed no significant difference in the fear of marriage variable scores between the cognitive-behavioral therapy group and the schema therapy group. The present study's results align with the research by Vafainejad, Karaei, and Pasha, which compared the effect of pre-marriage education using the choice and awareness method and Olson's approach on relational beliefs and fear of marriage among students of Dezful University of Medical Sciences, showing that using two types of intervention is effective in reducing fear of marriage among students (Vafaeinezhad et al., 2023). The research by Behbodi, Kehrizi, and Dukaneei Fard on determining the difference in the effectiveness of group training of premarital counseling concepts based on two cognitive-behavioral approaches and reality therapy on students' fear of intimacy showed that both pre-marriage counseling methods, cognitive-behavioral and reality therapy, had a significant effect on reducing the fear of intimacy (Behbodi et al., 2021).

5. Limitations & Suggestions

The limitations faced in this study include the sampling being restricted to single women visiting the Valenjak Health House counseling center in District 1 of Tehran, which poses a constraint on the generalizability of the research findings. Another limitation was the inability to match intervention and control groups regarding demographic variables and treatment stages, due to the small sample size. Future research is suggested to be conducted across a broader geographical area to enable a more confident generalization of results. Additionally, it is recommended that studies on this topic be extended to other populations (especially males) to gain comprehensive insights across genders.

Given the findings of this research, health professionals and those active in the field of marriage are advised to employ and apply suitable methods inspired by schema therapy and cognitive-behavioral therapy to enhance these women's mental health. The Ministry of Health, Welfare Organization, the Iranian Psychological Association, and counseling bodies are encouraged to facilitate further acquaintance of psychologists, physicians, and nurses with these concepts through the implementation of cognitive-behavioral therapy and schema therapy. Thus, it's recommended that authorities and stakeholders involved in addressing marriage issues consider utilizing psychological therapeutic approaches, including schema therapy, to boost the inclination towards marriage.

By considering the insights derived from this study, mental health specialists and individuals involved in marriage-related fields are encouraged to develop and utilize methods derived from schema therapy and cognitive-behavioral therapy. Such approaches aim to improve the psychological well-being of this demographic significantly. Ministries of Health, social welfare organizations, and

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psychological and counseling associations should facilitate the education and training of cognitive-behavioral therapy and schema therapy among psychologists, doctors, and nurses. This initiative would provide them with the necessary tools and understandings to effectively contribute to the mental health and well-being of individuals, particularly those contemplating marriage. Therefore, it is advised that policymakers and individuals responsible for addressing marital issues should consider employing psychological therapeutic approaches, including schema therapy, to foster a greater willingness towards marriage.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. This article is derived from a doctoral dissertation titled "Comparing the Effectiveness of Schema Therapy and Pre-Marriage Cognitive-Behavioral Therapy on the Desire to Marry and Fear of Marriage Among Single Women" with the ethics code "IR.IAU.B.REC.1400.024," and all ethical research principles were observed.

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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Authors' Contributions

All authors significantly contributed.

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