

Effectiveness of Schema Therapy Training on Self-Awareness and Acceptance in Girls with Gamophobia

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ABSTRACT

Objective: The present study aimed to examine the effectiveness of schema therapy training on self-awareness and acceptance in girls diagnosed with gamophobia.

Methods and Materials: This study employed a quasi-experimental design with pretest, posttest, and a 60-day follow-up, including an experimental group and a control group. The statistical population consisted of girls with gamophobia in the city of Isfahan who referred to the Isfahan Welfare Organization between January and May 2025. From this population, 30 participants were voluntarily selected through a public call based on the inclusion criteria and were then assigned in a purposive random manner to the experimental and control groups (15 participants in each group). The research instruments, administered to both groups at pretest, posttest, and 60 days after the completion of the intervention, included the Standard Self-Awareness Questionnaire (Nystrom & Davis, 2002) and the Standard Self-Acceptance Questionnaire (Chamberlain & Haaga, 2001). Schema therapy training was conducted in eight 90-minute sessions, while the control group remained on a waiting list during this period. The collected data were analyzed at two levels: descriptive statistics (mean and standard deviation) and inferential statistics (repeated-measures analysis of variance), using SPSS software, version 24.

Findings: The results of the statistical analyses indicated that schema therapy training was effective in improving self-awareness and acceptance in girls with gamophobia ($p < 0.01$).

Conclusion: Based on the analysis of the findings of the present study, schema therapy training can contribute to the improvement of psychological constructs, particularly self-awareness and acceptance, among girls with gamophobia.

Keywords: schema therapy, self-awareness, acceptance, girls, gamophobia

1. Introduction

In recent decades, profound social, cultural, and psychological changes have reshaped individuals' attitudes toward intimate relationships and marriage. While marriage has traditionally been regarded as a central developmental milestone in adulthood, contemporary societies increasingly witness ambivalence, postponement, and even avoidance of marital commitment, particularly among young women. One of the most prominent psychological manifestations of this phenomenon is gamophobia, defined as an intense and persistent fear of marriage or long-term commitment that interferes with emotional well-being, relational functioning, and life satisfaction. Gamophobia has been associated with anxiety, avoidance behaviors, negative cognitive schemas about intimacy, and impaired decision-making in romantic contexts, making it an important concern for both clinical psychology and premarital counseling interventions (Hashemi et al., 2022; Imani Zadeh, 2021; Makhtari et al., 2022).

From a developmental perspective, the transition to adulthood requires individuals to achieve higher levels of self-awareness, emotional regulation, and psychological flexibility in order to make adaptive relational choices. Self-awareness is considered a core psychological capacity that enables individuals to recognize their emotions, cognitions, values, and behavioral patterns and to evaluate their experiences in relation to personal goals and interpersonal contexts (Carden et al., 2022; London et al., 2023). Contemporary models conceptualize self-awareness as a multidimensional construct encompassing emotional insight, openness to feedback, awareness of personal values, and the ability to reflect on one's cognitive and relational patterns (Mitranun et al., 2022; Nilson & Zimmerman, 2023). Empirical evidence consistently demonstrates that higher levels of self-awareness are associated with better emotional adjustment, interpersonal effectiveness, and adaptive coping strategies across different populations (Bahrami et al., 2024; Mosbat Shahjouyi & Hasanvand, 2024; Sharifpour, 2024).

Parallel to self-awareness, self-acceptance has emerged as a key indicator of psychological health and resilience. Self-acceptance refers to an individual's capacity to acknowledge and embrace personal strengths and limitations without excessive self-criticism or avoidance. Research indicates that self-acceptance plays a protective role against anxiety, depression, and maladaptive perfectionism and

facilitates healthier interpersonal relationships (Calin & Tasente, 2022; Lu et al., 2022). In the context of intimate relationships, individuals with higher self-acceptance are more capable of tolerating emotional vulnerability, negotiating relational conflicts, and committing to long-term partnerships (Bilicha et al., 2022; Shourabadi Takabi et al., 2023). Conversely, low self-acceptance has been linked to fear of rejection, relational avoidance, and heightened sensitivity to perceived threats in romantic relationships, all of which are central features of gamophobia (Norouzi & Kajbaf, 2022; Saadi Doost et al., 2024).

Theoretical and empirical literature suggests that maladaptive cognitive-emotional schemas formed in early life play a decisive role in shaping self-awareness, self-acceptance, and attitudes toward marriage. Schema theory posits that early maladaptive schemas emerge from unmet emotional needs in childhood and adolescence and later influence individuals' perceptions of themselves, others, and close relationships (Arntz et al., 2022; Vreeswijk et al., 2012). These schemas often operate outside conscious awareness and manifest as rigid beliefs, emotional reactions, and avoidance strategies that become particularly salient in intimate contexts such as romantic commitment and marriage. For individuals with gamophobia, schemas related to abandonment, mistrust, emotional deprivation, defectiveness, or vulnerability may be activated when facing the prospect of long-term commitment (Makhtari et al., 2022; Yarian & Khalilian, 2023).

Schema therapy has been developed as an integrative psychotherapeutic approach designed to identify, modify, and heal early maladaptive schemas through cognitive, experiential, behavioral, and relational techniques. Originally developed for chronic and treatment-resistant conditions, schema therapy has demonstrated effectiveness across a wide range of psychological disorders, including personality disorders, anxiety disorders, obsessive-compulsive disorder, trauma-related disorders, and eating disorders (Joshua et al., 2023; Peeters et al., 2022; Zhang et al., 2023). Large-scale randomized clinical trials and meta-analyses have confirmed the efficacy of both individual and group-based schema therapy in improving emotional regulation, interpersonal functioning, and core self-related constructs (Arntz et al., 2022; Assmann et al., 2024).

Recent studies have extended the application of schema therapy beyond clinical psychopathology to preventive and developmental domains, including premarital counseling and relationship education. Schema-based premarital interventions have shown promising results in reducing fear

of marriage, modifying dysfunctional beliefs about intimacy, and enhancing psychological readiness for commitment (Heydari Jahangir et al., 2022; Vafaei Nejad et al., 2022). By increasing awareness of maladaptive schemas and coping styles, schema therapy enables individuals to reinterpret past relational experiences and develop healthier expectations toward future partnerships. These mechanisms are particularly relevant for women experiencing gamophobia, whose fears often stem from deeply ingrained schemas rather than situational factors alone (Hashemi et al., 2022; Makhtari et al., 2022).

In addition to its impact on relational fears, schema therapy has been shown to enhance self-awareness by fostering reflective insight into emotional triggers, schema modes, and coping responses. Empirical findings indicate that schema-focused interventions significantly improve individuals' ability to recognize internal states, tolerate emotional experiences, and integrate feedback from interpersonal environments (Farahzadi, 2024; Qajavand et al., 2023). These outcomes align with broader psychological models emphasizing self-awareness as a foundational mechanism for personal growth and relational competence (London et al., 2023; Thompson, 2022). Furthermore, schema therapy promotes self-acceptance by challenging punitive self-criticism and strengthening the "healthy adult mode," which supports compassionate self-understanding and balanced self-evaluation (Ahanian Moghaddam et al., 2025; Ghooti et al., 2020).

Cultural context plays a crucial role in shaping both self-related constructs and attitudes toward marriage. In collectivist societies, including Iran, marriage is often embedded within strong familial, social, and cultural expectations, which may intensify internal conflicts for individuals experiencing fear of commitment. Research grounded in Islamic and indigenous psychological frameworks highlights the importance of culturally sensitive approaches to self-awareness and self-acceptance, emphasizing moral identity, relational responsibility, and spiritual meaning (Abbasi & Omidian, 2021; Ziyaei et al., 2018). Integrating schema therapy within culturally informed premarital counseling frameworks may therefore offer a comprehensive approach that addresses both universal psychological mechanisms and context-specific values (Daneshgar, 2021; Imani Zadeh, 2021).

Despite the growing body of literature on schema therapy, self-awareness, and self-acceptance, several gaps remain. First, most empirical studies have focused on clinical populations or married individuals, with limited attention to

unmarried women experiencing gamophobia as a distinct psychological condition. Second, few studies have simultaneously examined the effects of schema therapy on both self-awareness and self-acceptance, despite theoretical models suggesting that these constructs are closely intertwined in shaping relational readiness. Third, there is a lack of controlled experimental research with follow-up assessments that evaluate the durability of schema therapy outcomes in the context of fear of marriage (Elhami Pour & Jalili, 2023; Rahchamani, 2024). Addressing these gaps is essential for advancing evidence-based premarital interventions and informing clinical practice.

Given the documented effectiveness of schema therapy in modifying maladaptive schemas, enhancing self-related capacities, and improving relational functioning, it is reasonable to hypothesize that structured schema therapy training may lead to meaningful improvements in self-awareness and self-acceptance among girls with gamophobia. Such improvements may, in turn, reduce avoidance patterns, increase psychological readiness for commitment, and promote healthier decision-making regarding marriage and intimate relationships (Jokar et al., 2022; Toufighi & Radi, 2022). Empirical evaluation of these assumptions through rigorous quasi-experimental designs can contribute valuable insights to both the theoretical literature and applied counseling settings.

Accordingly, the present study aimed to examine the effectiveness of schema therapy training on self-awareness and self-acceptance in girls with gamophobia.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a three-stage quasi-experimental design (pretest, posttest, and follow-up) with two groups (experimental and control). The statistical population of the study consisted of girls diagnosed with gamophobia in the city of Isfahan from January to May 2025. The sample size included 30 girls with gamophobia who were selected using convenience sampling. Specifically, after announcing the implementation of the intervention program, 30 participants were purposively selected from among those who registered for the program based on the inclusion and exclusion criteria. In the next stage, participants were randomly assigned to either the experimental or the control group (15 participants in each group). The inclusion criteria were as follows: being female and aged between 25 and 40 years; willingness and informed

consent to participate in the study; not receiving concurrent psychological or psychiatric treatments; possessing at least basic literacy skills (reading and writing); and regular attendance at intervention sessions, with no more than two absences permitted. The exclusion criteria included unwillingness to continue participation, absence from more than two sessions, and simultaneous engagement in other psychological or psychiatric treatments, which led to exclusion from the study.

After obtaining the necessary permissions and ethical approval code, sampling was conducted, and the experimental group participants received the intervention over four weeks, with two 90-minute sessions per week. The control group did not receive any training until the end of the study period. Assessments using the research instruments were conducted at three time points: before the intervention, immediately after the completion of the training sessions, and 60 days after the end of the intervention. The educational content for the experimental group followed a structured format, including objectives, session content, and assigned tasks for each session. It should be noted that the experimental group was trained by a qualified therapist with expertise in treatment, with sessions held weekly at the Isfahan Welfare Organization.

2.2. Measures

Self-Awareness Questionnaire: To assess self-awareness, the Standard Self-Awareness Questionnaire developed by Nystrom and Davis (2004) was used in the present study. The scoring method is based on a Likert scale, with responses scored as follows: strongly disagree (1), disagree (2), neither agree nor disagree (3), agree (4), and strongly agree (5). This questionnaire consists of 11 items across two dimensions. The components include self-disclosure and openness to others' feedback (items 1–5), and awareness of personal values, cognitive style, tendency toward change, and inclination toward interpersonal interaction (items 6–11). The reliability of the questionnaire was assessed using Cronbach's alpha. Nystrom and Davis (2004) reported a Cronbach's alpha coefficient of 0.785 for this instrument. In the study by Mitranon et al. (2022), the Cronbach's alpha coefficient was reported as 0.963. In the present study, the reliability coefficient of this questionnaire, calculated using Cronbach's alpha, was reported as 0.88.

Acceptance Questionnaire: To measure acceptance, the Standard Self-Acceptance Questionnaire developed by Chamberlain and Haaga (2001) was used in the present

study. The scoring procedure of this questionnaire is based on a five-point Likert scale. Items 1, 4, 7, 9, 11, 12, 13, 14, 15, 19, and 20 are reverse-scored. Chamberlain and Haaga (2001) reported a reliability coefficient of 0.97 for this questionnaire. Additionally, Balkis et al. (2025) reported a Cronbach's alpha coefficient of 0.94 for this instrument. In the present study, the reliability coefficient of this questionnaire, calculated using Cronbach's alpha, was reported as 0.90.

2.3. Intervention

The schema therapy training protocol used in this study was adapted from Heidari Jaghraq et al. (2022) and was implemented across eight structured sessions. The first session focused on participant orientation, clarification of the concept and importance of premarital counseling, introduction of key factors in premarital decision-making, explanation of the therapeutic structure and rules, clarification of goals, emphasis on the role of homework, and administration of the pretest. In the second session, participants' perspectives on essential factors in marriage were explored, results of the Young Schema and Parenting Inventory were reviewed to identify active schemas based on past and present experiences, developmental roots of schemas were explained, and participants were guided toward goal setting and adaptive life choices. The third session addressed the emotional and behavioral characteristics of active schemas, identified major challenges of single life, and explored the origins of maladaptive schemas contributing to fear of marriage. The fourth session further examined emotional and behavioral features of schemas in relation to coping styles and helped participants link current difficulties with past experiences. The fifth session focused on identifying warning signs of maladaptive schemas in mate selection, increasing awareness regarding continuation of the marriage process, reviewing previous sessions, introducing schema techniques, and facilitating insight into the inefficacy of maladaptive schemas and coping styles. The sixth session continued schema awareness in mate selection, reinforced identification of maladaptive schemas, and trained participants in reducing self-labeling tendencies. The seventh session emphasized personality characteristics for enhanced self-knowledge and future partner selection, re-examined schemas hindering effective relationships, increased emotional awareness related to fear of marriage, and aimed to reduce hopelessness. The eighth session

involved termination, review of expectations and homework, integration and sharing of learning experiences, evaluation of goal attainment, and administration of the posttest.

2.4. Data Analysis

For data analysis, descriptive statistics (mean and standard deviation) and inferential statistics (repeated-

measures analysis of variance) were used. Statistical analyses were performed using SPSS software, version 24.

3. Findings and Results

As noted, the participants were girls aged between 25 and 40 years; in the experimental and control groups, respectively, the majority of participants had educational attainment at the bachelor's degree and diploma levels (80% of the experimental group and 53.4% of the control group).

Table 1

Means, Standard Deviations, and Standard Errors of the Research Groups

Scale	Dimension	Test Phase	Experimental Group Mean	Experimental Group SE	Experimental Group SD	Control Group Mean	Control Group SE	Control Group SD
Self-Awareness	Openness to Feedback	Pretest	11.40	1.29	4.98	11.60	1.04	4.03
		Posttest	19.33	0.97	3.75	11.67	0.99	3.85
		Follow-up	20.07	0.76	2.96	12.33	0.89	3.44
Self-Awareness	Awareness and Tendency Toward Change and Interaction	Pretest	9.13	0.41	1.60	10.20	0.83	3.21
		Posttest	25.87	0.96	3.70	10.47	0.76	2.92
		Follow-up	24.67	1.28	4.95	10.87	1.05	4.07
Self-Awareness	Total Score	Pretest	20.53	1.40	5.44	21.80	1.45	5.61
		Posttest	45.20	1.58	6.11	22.13	1.36	5.28
		Follow-up	44.73	1.81	7.00	23.20	1.48	5.73
Self-Acceptance	—	Pretest	56.27	1.63	6.31	55.67	1.76	6.82
		Posttest	67.53	3.41	13.22	55.47	2.39	9.27
		Follow-up	75.73	1.95	7.54	56.47	1.87	7.25

As shown in Table 1, at the pretest stage, the experimental and control groups demonstrated relatively similar mean scores across self-awareness (including openness to feedback, awareness and tendency toward change and interaction, and total self-awareness) and self-acceptance. Following the intervention, the experimental group exhibited a marked increase in mean scores on all dimensions of self-awareness as well as self-acceptance at the posttest stage, whereas the control group showed only minimal changes across the same variables. These improvements in the experimental group were largely maintained at the follow-up assessment, indicating relative stability of gains over time. In contrast, the control group's mean scores remained comparatively stable from pretest to follow-up, suggesting that the observed improvements were

specific to participation in the schema therapy training program.

Prior to conducting the repeated-measures analysis of variance, the main statistical assumptions were examined. The normality of the distribution of the dependent variables at each measurement stage was assessed using skewness and kurtosis indices and was found to be within acceptable ranges, indicating approximate normal distribution of the data. Homogeneity of variances between the experimental and control groups was evaluated and supported, suggesting equality of error variances across groups. The assumption of sphericity for the within-subjects factor (time) was also tested, and where necessary, appropriate corrections were considered. In addition, the independence of observations was ensured through random assignment of participants to groups. Overall, the results indicated that the data met the

required assumptions for performing repeated-measures analysis of variance.

Table 2

Results of Repeated-Measures Analysis of Variance for Within-Group and Between-Group Effects

Variable	Effect Source	Sum of Squares	df	Mean Square	F	p	Partial Eta Squared	Power
Openness to Feedback	Within-groups: Time	159.409	1.245	128.005	7.269	0.008	0.232	0.801
	Time × Group	114.443	1.245	91.897	5.218	0.023	0.179	0.658
	Time × Education	95.527	2.491	38.354	2.178	0.121	0.154	0.456
	Time × Group × Education	83.406	2.491	33.487	1.902	0.159	0.137	0.404
	Error (Time)	526.328	29.888	17.610	—	—	—	—
	Between-groups: Group	251.080	1	251.080	10.826	0.003	0.311	0.884
	Education	47.698	2	23.849	1.028	0.373	0.079	0.208
	Group × Education	8.055	2	4.028	0.174	0.842	0.014	0.074
	Error	556.614	24	23.192	—	—	—	—
Tendency Toward Change	Within-groups: Time	586.408	1.380	424.833	52.026	<0.001	0.684	1.000
	Time × Group	539.259	1.380	390.675	47.843	<0.001	0.666	1.000
	Time × Education	10.670	2.761	3.865	0.473	0.688	0.038	0.132
	Time × Group × Education	23.629	2.761	8.559	1.048	0.380	0.080	0.249
	Error (Time)	270.517	33.128	8.166	—	—	—	—
	Between-groups: Group	1096.948	1	1096.948	43.328	<0.001	0.644	1.000
	Education	48.732	2	24.366	0.962	0.396	0.074	0.197
	Group × Education	44.425	2	22.213	0.877	0.429	0.068	0.183
	Error	607.608	24	25.317	—	—	—	—
Self-Awareness (Total)	Within-groups: Time	1356.492	1.216	1115.530	30.476	<0.001	0.559	1.000
	Time × Group	1149.899	1.216	945.636	25.835	<0.001	0.518	1.000
	Time × Education	76.078	2.432	31.181	0.855	0.455	0.066	0.196
	Time × Group × Education	133.076	2.432	54.719	1.495	0.240	0.111	0.320
	Error (Time)	1068.228	29.184	36.603	—	—	—	—
	Between-groups: Group	2397.640	1	2397.640	39.470	<0.001	0.622	1.000
	Education	89.357	2	44.678	0.735	0.490	0.058	0.160
	Group × Education	75.603	2	37.802	0.622	0.545	0.049	0.142
	Error	1457.906	24	60.746	—	—	—	—
Acceptance	Within-groups: Time	756.738	1.623	466.347	7.800	0.003	0.245	0.897
	Time × Group	783.852	1.623	483.056	8.080	0.002	0.252	0.907
	Time × Education	157.444	3.245	48.513	0.811	0.504	0.063	0.216
	Time × Group × Education	323.740	3.245	99.754	1.669	0.186	0.122	0.419
	Error (Time)	2328.317	38.945	59.785	—	—	—	—
	Between-groups: Group	839.379	1	839.379	7.188	0.013	0.230	0.730
	Education	45.342	2	22.671	3.492	0.047	0.225	0.596
	Group × Education	2.542	2	1.271	0.194	0.825	0.016	0.077
	Error	—	24	116.773	—	—	—	—

As presented in Table 2, the repeated-measures analysis of variance revealed significant within-group effects of time and significant time × group interaction effects for openness to feedback, tendency toward change, total self-awareness, and self-acceptance, indicating differential changes across measurement stages between the experimental and control groups. Specifically, large effect sizes (partial eta squared) and high statistical power were observed for the time and

time × group effects in tendency toward change and overall self-awareness, suggesting a strong and robust impact of the intervention over time. The between-group main effects of group were also significant for all main outcome variables, demonstrating that the experimental group differed significantly from the control group across post-intervention measurements. In contrast, the main effects of education level and its interaction effects with time and group were not

statistically significant in most cases, indicating that educational level did not substantially influence the effectiveness of the intervention. Overall, these findings

support the effectiveness of the schema therapy training program in improving self-awareness and acceptance among the participants over time.

Table 3

Bonferroni Post Hoc Comparisons for Pairwise Differences Between Measurement Stages

Variable	Comparison	Mean Difference (I-J)	Standard Error	p (Bonferroni)
Openness to Feedback	Pretest – Posttest	-7.93	1.86	0.002
	Pretest – Follow-up	-8.67	1.92	0.001
	Posttest – Follow-up	-0.74	0.88	0.401
Tendency Toward Change and Interaction	Pretest – Posttest	-16.74	2.11	<0.001
	Pretest – Follow-up	-15.54	2.28	<0.001
	Posttest – Follow-up	1.20	1.36	0.384
Self-Awareness (Total)	Pretest – Posttest	-24.67	3.05	<0.001
	Pretest – Follow-up	-24.20	3.22	<0.001
	Posttest – Follow-up	0.47	1.74	0.785
Self-Acceptance	Pretest – Posttest	-11.26	3.47	0.004
	Pretest – Follow-up	-19.46	3.12	<0.001
	Posttest – Follow-up	-8.20	2.41	0.006

As shown in Table 3, Bonferroni pairwise comparisons indicated significant differences between the pretest and posttest as well as between the pretest and follow-up stages for all outcome variables, including openness to feedback, tendency toward change and interaction, total self-awareness, and self-acceptance. These findings demonstrate a substantial improvement in the experimental group following the schema therapy intervention, which was maintained at the follow-up assessment. No statistically significant differences were observed between the posttest and follow-up stages for openness to feedback, tendency toward change, and total self-awareness, indicating stability of treatment effects over time. However, for self-acceptance, a significant difference remained between posttest and follow-up, suggesting a continued improvement during the follow-up period. Overall, the Bonferroni results confirm that the observed changes occurred primarily after the intervention and were largely sustained over time.

4. Discussion

The present study aimed to examine the effectiveness of schema therapy training on self-awareness and self-acceptance in girls with gamophobia, and the findings provide strong empirical support for the efficacy of this intervention. The results of the repeated-measures analyses demonstrated significant improvements in self-awareness (including openness to feedback, tendency toward change, and total self-awareness) and self-acceptance in the experimental group compared with the control group, with

these effects remaining stable at the follow-up stage. These findings suggest that schema therapy training not only produces immediate psychological benefits but also leads to relatively enduring changes in core self-related constructs that are highly relevant to fear of marriage. The stability of the results over time further indicates that the intervention facilitated deep cognitive-emotional restructuring rather than short-lived symptom reduction.

The observed increase in self-awareness among participants in the experimental group can be understood within the theoretical framework of schema therapy, which emphasizes identifying and bringing maladaptive schemas and schema modes into conscious awareness. Schema therapy actively encourages individuals to recognize emotional triggers, habitual coping responses, and underlying belief systems that guide their behavior in intimate contexts (Arntz et al., 2022; Vreeswijk et al., 2012). By helping participants understand how early experiences and unmet emotional needs have shaped their current fears of marriage, the intervention appears to have enhanced reflective functioning and emotional insight. This finding is consistent with prior research indicating that interventions targeting self-reflection and emotional awareness significantly improve self-awareness across different populations (Carden et al., 2022; London et al., 2023; Nilson & Zimmerman, 2023). Studies conducted in educational and counseling contexts similarly report that structured psychological training programs lead to meaningful gains in self-awareness by fostering openness to feedback and

adaptive self-monitoring (Bahrami et al., 2024; Mosbat Shahjouyi & Hasanvand, 2024; Sharifpour, 2024).

In addition, the significant improvement in the tendency toward change observed in the experimental group highlights an important mechanism of schema therapy. One of the central goals of schema therapy is to weaken rigid, avoidance-based coping styles and replace them with flexible, needs-oriented behaviors guided by the healthy adult mode (Vreeswijk et al., 2012; Zhang et al., 2023). Participants who previously experienced marriage as a threatening or overwhelming life event may have gradually developed a greater willingness to reconsider entrenched beliefs and explore alternative interpretations of intimacy and commitment. This aligns with findings from schema-based premarital education programs showing reductions in fear of marriage and increases in adaptive decision-making and relational readiness (Makhtari et al., 2022; Vafaei Nejad et al., 2022; Yarian & Khalilian, 2023). Moreover, similar outcomes have been reported in interventions aimed at enhancing psychological flexibility, suggesting that schema-focused approaches effectively promote openness to change by addressing core cognitive-emotional patterns (Ahania Moghaddam et al., 2025; Norouzi & Kajbaf, 2022).

The significant increase in self-acceptance among participants in the experimental group represents another key finding of this study. Self-acceptance is a fundamental component of psychological well-being and plays a crucial role in how individuals approach close relationships and commitment. Schema therapy explicitly targets harsh self-criticism, shame-based schemas, and punitive internal dialogues by cultivating a compassionate and balanced self-view (Arntz et al., 2022; Peeters et al., 2022). Through experiential techniques such as imagery rescripting and limited reparenting, individuals learn to reinterpret past emotional experiences and develop a more accepting attitude toward their perceived flaws and vulnerabilities. The current findings are consistent with previous studies demonstrating that therapeutic interventions focusing on emotional awareness and cognitive restructuring significantly enhance self-acceptance (Bilicha et al., 2022; Calin & Tasente, 2022; Elhami Pour & Jalili, 2023). Furthermore, research has shown that increased self-acceptance is associated with reduced avoidance, greater emotional security, and improved interpersonal functioning, all of which are directly relevant to overcoming gamophobia (Lu et al., 2022; Shourabadi Takabi et al., 2023).

The maintenance of gains at the follow-up stage suggests that schema therapy training facilitated internalized

psychological changes rather than reliance on external support or temporary motivation. This finding aligns with evidence from longitudinal and controlled studies indicating that schema therapy produces durable outcomes across a range of psychological conditions (Arntz et al., 2022; Assmann et al., 2024). In the context of fear of marriage, this durability is particularly important, as decisions regarding commitment often unfold over extended periods and require sustained emotional readiness. The present results also converge with studies showing that schema-based interventions in premarital contexts lead to lasting reductions in maladaptive beliefs and improved relational competence (Hashemi et al., 2022; Heydari Jahangir et al., 2022).

Cultural considerations further strengthen the interpretation of the findings. In societies where marriage is strongly embedded in social and familial expectations, fear of marriage may be accompanied by feelings of guilt, inadequacy, or perceived failure. Schema therapy's emphasis on understanding personal narratives within broader relational and cultural contexts may help individuals reconcile internal conflicts between personal needs and external expectations. Prior research rooted in Islamic and culturally sensitive psychological frameworks underscores the importance of fostering self-awareness and self-acceptance as pathways to psychological balance and moral self-coherence (Abbasi & Omidian, 2021; Ziyaei et al., 2018). The present findings suggest that schema therapy can be effectively integrated into culturally informed counseling approaches, thereby addressing both universal psychological mechanisms and context-specific values (Daneshgar, 2021; Imani Zadeh, 2021).

5. Conclusion

Overall, the findings of this study extend the existing literature by demonstrating that schema therapy training is an effective intervention for enhancing self-awareness and self-acceptance in girls with gamophobia. By targeting maladaptive schemas that underlie fear of marriage, the intervention appears to promote deeper self-understanding, emotional integration, and acceptance, which are essential prerequisites for healthy relational decision-making. These results are consistent with systematic reviews and meta-analyses supporting the broad applicability of schema therapy across emotional and relational difficulties (Joshua et al., 2023; Peeters et al., 2022; Zhang et al., 2023). Importantly, the present study contributes novel evidence by

focusing specifically on an unmarried female population experiencing fear of marriage and by examining self-awareness and self-acceptance as primary outcomes.

6. Limitations & Suggestions

One limitation of the present study is the relatively small sample size and the use of convenience sampling, which may limit the generalizability of the findings to broader populations. In addition, the study relied on self-report measures, which may be influenced by social desirability or response biases. The focus on girls from a single urban setting also restricts the extent to which the results can be generalized to other cultural or demographic groups.

Future research is recommended to replicate the present findings using larger and more diverse samples, including male participants and individuals from different cultural and socioeconomic backgrounds. Longitudinal studies with extended follow-up periods could further clarify the long-term impact of schema therapy on fear of marriage and related life outcomes. Additionally, future studies may benefit from comparing schema therapy with other evidence-based interventions to identify differential mechanisms of change.

From a practical perspective, the findings suggest that schema therapy training can be effectively incorporated into premarital counseling and preventive mental health programs for young adults experiencing fear of marriage. Counselors and clinical psychologists may consider using schema-based group interventions to enhance self-awareness and self-acceptance, thereby supporting clients in making more adaptive and emotionally grounded decisions regarding intimate relationships.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this article.

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