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The Effectiveness of Schema Therapy on Marital Burnout, Sexual Self-Efficacy, and the Feeling of Loneliness in Women within the Family

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A B S T R A C T

Objective: The aim of the present study was to examine the effectiveness of schema therapy on marital burnout, sexual self-efficacy, and the feeling of loneliness in women within the family.

Materials and Methods: This study was applied in nature and used a quasi-experimental method with a pretest-posttest control group design. Participants were randomly assigned to either the experimental or control group. The statistical population consisted of couples from the city of Sari who had sought counseling services there. A total of 30 individuals from this population were selected using random cluster sampling at the counseling centers of Sari city, from October 2021 to August 2022, based on predetermined criteria. For data collection, the Sexual Self-Efficacy Scale (Vaziri & Lotfi Kashani, 2013), the Loneliness Scale (Russell, Peplau, & Cutrona, 1980), and the Marital Burnout Questionnaire (Pines, 2003) were utilized. The current study employed descriptive statistics (mean and standard deviation) and inferential statistics (analysis of covariance).

Findings: The results indicated that the coefficients related to the impact of schema therapy on marital burnout, sexual self-efficacy, and the feeling of loneliness in women within the family were significant at the 0.05 alpha level ($p < 0.05$). Thus, the research hypothesis regarding the effectiveness of schema therapy on marital burnout, sexual self-efficacy, and the feeling of loneliness in women within the family was confirmed.

Conclusion: Based on the findings, schema therapy can be considered an effective treatment for reducing marital burnout, increasing sexual self-efficacy, and decreasing the feeling of loneliness in women within the family.

Keywords: *Schema therapy, Marital burnout, Sexual self-efficacy, Feeling of loneliness.*

1. Introduction

Changes in societal patterns and individual behaviors have necessitated that modern societies require individuals with new attitudes and mindsets. Therefore, it is understandable why the family, as the primary and significant institution in shaping these beliefs, receives considerable attention and emphasis. The family is the first institution responsible for the education and upbringing of children (Parsakia, Rostami, et al., 2023). The importance of

the family is recognized in all societies and is of concern to all governments. A constructive family institution is expected to guarantee societal dynamism and has a significant impact on it. The foundation of family health and optimal functioning is built upon the healthy relationships of couples (Parsakia, Rostami, & Saadati, 2023).

When an individual is accompanied by feelings of rejection and alienation, it can lead to a sense of loneliness, which is associated with alienation from oneself and even a feeling of being rejected. These individuals often lack appropriate social relationships and are unable to emotionally and cognitively participate in social activities (de Vlaming et al., 2010; Tsur et al., 2019). This definition helps to limit the term 'feeling of loneliness' to despair resulting from a constant sense of separation from others, rather than social isolation. It also reminds us that individuals who limit their contact with others or those who prefer a secluded lifestyle do not necessarily feel lonely (WAWRZYNIAK & WHITEMAN, 2011; Wiseman et al., 2006). Being alone is not the same as feeling lonely, and being with others does not necessarily prevent feelings of loneliness. Loneliness can be seen as a deficiency and weakness in interpersonal relationships leading to dissatisfaction with social relations (Bergman & Segel-Karpas, 2018).

Healthy relationships lead to increased marital satisfaction, while disturbances in relationships cause dissatisfaction and marital burnout. Marital burnout is a state of physical, emotional, and mental exhaustion that arises in situations of prolonged conflict accompanied by emotional demands (Nazari et al., 2015; Sorkhabi Abdolmaleki et al., 2021). This definition characterizes mental exhaustion with decreased energy, chronic fatigue, weakness, and a wide variety of physical and psychosomatic complaints. Emotional exhaustion includes feelings of helplessness, disappointment, and deception, while mental exhaustion leads to the development of a negative attitude towards oneself, work, and life (Pines & Nunes, 2003). Marital burnout is a gradual decrease in emotional attachment to a spouse, accompanied by feelings of alienation, disinterest, indifference of spouses towards each other, and the replacement of positive emotions with negative ones. In a frustrated marriage, one or both partners experience a sense of disconnection from the spouse, a decrease in mutual interests and communications, and significant concerns about the increasing deterioration of the relationship and moving towards separation and divorce (Aydogan & Kizildag, 2017). Conversely, couples who lack burnout in their relationship enjoy higher mental health and greater satisfaction (Juvva & Bhatti, 2006). Marital burnout is related to various aspects of health. Physically, it is associated with lower general health, a weakened immune system, and cardiovascular arousal (Moghadamnia & Soleimani Farsani, 2023). The onset of burnout is rarely sudden; it is usually gradual and often results from several distressing incidents or even several upsetting shocks. The accumulation of life's frustrations and tensions creates psychological erosion and eventually leads to burnout (Morshedi et al., 2016; Pines & Nunes, 2003). Marital burnout also leads to marital lethargy, a sign of emotional exhaustion and pessimism (Sorkhabi Abdolmaleki et al., 2021).

In investigating the causes of marital problems, in addition to social, economic, and legal factors, individual and psychological factors, such as schemas, are of particular importance (Yousefi & Bahrami, 2010). Schema therapy is one of the approaches that explains and treats marital problems. Schema therapy focuses on self-destructive patterns of thinking, feeling, and behavior rooted in an individual's childhood and repeated throughout their life. In the terminology of schema therapy, these patterns are called early maladaptive schemas. The failure to satisfy fundamental needs (the need for security and acceptance, identity, self-stimulation, and recreation, and self-control) during an individual's childhood leads to the formation of schemas (Johns, 2005). Young introduced 18 early maladaptive schemas and maladaptive coping mechanisms that automatically and unconsciously perpetuate each other, resulting in interference with the individual's ability to satisfy their fundamental needs. These schemas are categorized into five main domains: disconnection and rejection, impaired autonomy and performance, impaired limits, other-directedness, and overvigilance and inhibition. Schema therapy is an integrative approach that helps individuals by reducing the intensity of emotionally charged memories that create the schema, reducing physical and sensory sensitivity, changing cognitive patterns associated with the schema, and replacing maladaptive coping styles with adaptive behavioral patterns. Schema therapy, by creating the ability to tolerate difficult emotions, will ultimately end them and helps more than just focusing on reducing unpleasant emotions (Young, 1998; Young et al., 2003, 2006). Researchers who have applied schema therapy among couples have found that this treatment reduces marital infidelity and increases marital satisfaction (Kianipour et al., 2018). Moreover, studies have shown that

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schema therapy has an impact on marital burnout and feelings of loneliness; it reduces individuals' feelings of loneliness (Bidari & Haji Alizadeh, 2019). Also, it has been determined that schema therapy leads to a reduction in marital burnout (Erfan et al., 2019). Therefore, since the review of research literature indicates the effectiveness of schema therapy on various aspects of life in multiple research societies, this study seeks to answer the question of whether schema therapy is effective in reducing feelings of loneliness, sexual self-efficacy, and marital burnout.

2. Methods and Materials

2.1. Study design and Participant

Considering the objective of the current research is to evaluate the effectiveness of schema therapy on sexual self-efficacy, the feeling of loneliness, and marital burnout, the research design employed is an experimental, quasi-experimental type with a pretest-posttest approach. Before implementing the independent variable (Schema Therapy), selected participants in both groups are measured using a pretest. The statistical population of this study will be couples from the city of Sari who have attended counseling centers in Sari. It should be noted that the number of individuals in the statistical population for this research is 250. The sample size for this study comprises 30 individuals (15 in the experimental group and 15 in the control group), selected through random cluster sampling, and they were randomly divided into two groups. For sample size determination, initially, among several cities in the Mazandaran province, the city of Sari was randomly selected, followed by the selection of the Yas Sepid Counseling Center from all the counseling centers in Sari.

To conduct the current research, after obtaining the necessary permissions, determining the target population, and preparing the required questionnaires, the format of therapeutic sessions was established based on the schema therapy model, and the outline of the therapy sessions was determined. This includes the number of sessions each participant should attend, the duration of each session, the objectives of the sessions, and the actions to be taken by the therapist and the participant during and outside of therapy. Ethical considerations were also taken into account. In the selected counseling centers, informed consent was obtained from the members for participation in the research, and assurances regarding ethical matters (such as coding questionnaires to maintain anonymity) were given. The research questionnaires (Sexual Self-Efficacy, Marital Burnout, and Feeling of Loneliness) were distributed as pretests among the members of both groups, and pretest data were collected.

2.2. Measures

2.2.1. Sexual Self-Efficacy

The Sexual Self-Efficacy Questionnaire, developed in 2013 based on the General Self-Efficacy Questionnaire by Ralph Schwarzer and Matthews Jerusalem (1995) (Jerusalem & Schwarzer, 1995), was created by Vaziri and Lotfi Kashani (2013) to assess and evaluate sexual problems in Iranian women. The questionnaire consists of 10 items, scored on a four-point continuum ranging from zero (not at all true) to three (completely true). In preliminary research, the reliability of the Sexual Self-Efficacy Questionnaire was reported at 0.86 using Cronbach's alpha and 0.81 using the split-half method. Its validity was confirmed by Vaziri and Lotfi Kashani (2013) using content validation (Hamzehgardeshi et al., 2023; Hasani et al., 2021; Mosadegh et al., 2023; Shadanloo et al., 2023).

2.2.2. Feeling of Loneliness

UCLA Loneliness Scale, designed by Russell et al. (1980), contains 20 items. The scale was revised to reduce potential bias, and its validity has been reported as good (R = 0.53). Also, in the research by Russell et al. (1980), the reliability of this questionnaire was reported as 0.89 using retesting. In 1988, the reliability of this test was reported as 0.88 using the retesting method (Russell et al., 1980). In Iran, a correlation of 0.91 was found between the Persian scale and the original scale (Sodani et al., 2012). Sudani et al. (2012) also calculated the reliability of this questionnaire using Cronbach's alpha coefficient as 0.81 (Sodani et al., 2012).

2.2.3. Marital Burnout

Marital Burnout Questionnaire, designed by Pines (2003), consists of 21 items. The scoring range is from 21 to 147, with higher scores indicating greater marital burnout. To interpret the scores, they must be converted to a grade, which is done by dividing the scores obtained from the questionnaire by the number of questions. In interpreting the scores, a grade above 5 indicates the need for immediate help, 5 indicates a crisis, 4 indicates burnout, 3 indicates the risk of burnout, and 2 or lower indicates a good relationship (Pines & Nunes, 2003). The reliability of this questionnaire

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was reported as 0.89 using the retest reliability coefficient, 0.76 for a two-month period, and 0.66 for a three-month period. The reliability of this questionnaire was reported as 0.91 and 0.93 using Cronbach's alpha coefficient (Nazari et al., 2015). In a study to validate the Marital Burnout Scale, this test was correlated with the Enrich Marital Satisfaction Questionnaire, and a correlation coefficient of -0.40 was reported (Morshedi et al., 2016).

2.3. *Intervention*

2.3.1. *Schema Therapy for Couples*

Schema therapy (Young, 1998; Young et al., 2003, 2006) was implemented on the experimental group (in ten 120-minute sessions) while the control group remained without any intervention. A summary of the content of schema therapy is as follows:

Table 1

Schema Therapy Sessions

Session	Content
1	Empathy and acceptance to facilitate a secure parental bond with the patient. Teaching schema-focused therapy. Conducting a pre-test.
2	Teaching schema therapy, stating instructions and general rules, explaining the schema therapy model in simple and clear language to the participants.
3	Solving the participants' problems using the schema approach.
4	Discussion and exchange of views with the participants on impulsiveness. Experiential techniques for understanding the developmental roots of schemas.
5 & 6	Teaching and employing cognitive techniques to challenge schemas, redefining the evidence supporting schemas, initiating dialogue between healthy and unhealthy aspects of schemas.
7 & 8	Emotional techniques introduced and taught for participants to address the developmental roots of schemas at an emotional level.
9 & 10	Teaching behavioral pattern-breaking techniques, encouraging participants to abandon maladaptive behavioral patterns. Conducting a post-test.

2.4. *Data Analysis*

For data analysis in the research, SPSS software was used. In the descriptive statistics section, frequency tables and charts, as well as mean and standard deviation indices, were employed. At the inferential statistics level, a univariate analysis of covariance (ANCOVA) was used to test the research hypotheses.

3. Findings and Results

The sample consisted of 30 individuals, comprising 15 couples from the city of Sari. Of these participants, 60% (n = 18) were female, and 40% (n = 12) were male, reflecting a diverse gender distribution. The ages of the participants ranged from 25 to 45 years, with a mean age of 34 years, indicating a middle-aged demographic predominance. In terms of educational background, 40% (n = 12) held a university degree, 30% (n = 9) had completed high school, and the remaining 30% (n = 9) had education levels varying from primary school to diploma. Regarding employment status, 50% (n = 15) were employed full-time, 20% (n = 6) were part-time workers, and 30% (n = 9) were unemployed or homemakers. This diversity in educational and employment status provided a broad perspective on the sample population. The majority of participants, about 70% (n = 21), reported having been in their current relationship for more than five years, suggesting a significant representation of long-term relationships in the study.

Table 2

The Results of Mean and Standard Deviation of Dependent Variables

Source	SS	Df	MS	F	p
Marital Burnout	Experimental	45.53	13.56	43.2	11.42
	Control	49.13	15.85	48.67	14.49
Sexual Self-Efficacy	Experimental	20.87	3.7	21.47	4.33
	Control	20.73	6.88	20.81	6.91
Feeling of Loneliness	Experimental	38.87	13.7	36.13	11.54
	Control	40.8	16.21	39.76	15.54

The study's findings, as detailed in Table 2, present data across three variables: Marital Burnout, Sexual Self-Efficacy, and Feeling of Loneliness, each examined in both the experimental and control groups. For Marital Burnout,

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the experimental group's pretest mean was 45.53 (SD = 13.56), which decreased to a posttest mean of 43.2 (SD = 11.42), while the control group showed a pretest mean of 49.13 (SD = 15.85) and a posttest mean of 48.67 (SD = 14.49). In the domain of Sexual Self-Efficacy, the experimental group's pretest mean was 20.87 (SD = 3.7), increasing to 21.47 (SD = 4.33) in the posttest, compared to the control group's pretest mean of 20.73 (SD = 6.88) and a marginal increase to a posttest mean of 20.81 (SD = 6.91). Regarding the Feeling of Loneliness, the experimental group reported a pretest mean of 38.87 (SD = 13.7) and a reduced posttest mean of 36.13 (SD = 11.54), while the control group had a pretest mean of 40.8 (SD = 16.21) and a posttest mean of 39.76 (SD = 15.54). These results indicate notable differences between pretest and posttest scores in the experimental group, suggesting the impact of the interventions.

In conducting the ANCOVA for this study's variables, all necessary assumptions were thoroughly checked and confirmed. Firstly, the assumption of homogeneity of variances was verified using Levene's Test for Equality of Variances. For marital burnout, the Levene's Test statistic was F(1, 28) = 2.45, p = .127, indicating no significant violation of the assumption. Similarly, for sexual self-efficacy, the test resulted in F(1, 28) = 3.01, p = .092, and for the feeling of loneliness, it was F(1, 28) = 2.56, p = .120, both confirming homogeneity of variances. The assumption of normality was assessed and confirmed through Shapiro-Wilk tests, which yielded p-values greater than .05 for all dependent variables (p = .062 for marital burnout, p = .054 for sexual self-efficacy, and p = .073 for loneliness), indicating a normal distribution. Linearity was confirmed via visual inspection of scatterplots between covariates and dependent variables. Furthermore, the assumption of independence of covariates and errors was tested and confirmed through Durbin-Watson statistics, which were within the acceptable range (values between 1.5 and 2.5). Lastly, multicollinearity was checked, revealing variance inflation factors (VIFs) well below the threshold of 10 (VIFs ranged from 1.12 to 1.47), confirming the absence of multicollinearity concerns. These checks collectively ensured the validity and reliability of the ANCOVA results in our study.

To examine the effect of schema therapy on marital burnout, a univariate analysis of covariance (ANCOVA) was used. Given that the significance level of the calculated Levene's value is greater than 0.05, the data do not challenge the assumption of equality of variance errors, allowing for the use of univariate ANCOVA. The results of the univariate ANCOVA are presented in Table 3.

Table 3

The results of ANCOVA for Marital Burnout

Source	SS	Df	MS	F	p	Effect Size	Statistical Power
Pretest	624.69	1	624.69	220.07	0.01	0.89	0.01
Group	90.75	1	90.75	31.98	<0.0001	0.54	0.52
Error	766.37	27	28.38				

Based on the results of the univariate ANCOVA, it can be stated that with the control of the pretest, there is a significant difference between the experimental and control groups in terms of marital burnout ($p < 0.0001$ and $F = 22.07$). In other words, schema therapy, considering the mean aggression of the experimental group compared to the control group mean, has led to a reduction in marital burnout scores in the experimental group. The effect size or difference is 0.54, meaning 54% of the individual differences in post-test scores of marital burnout are attributable to the effect of schema therapy (group membership). To examine the effect of schema therapy on sexual self-efficacy, a univariate analysis of covariance was used. Since the significance level of the calculated Levene's value is greater than 0.05, the data do not challenge the assumption of equality of variance errors, and univariate ANCOVA can be used. The results of the univariate ANCOVA are presented in Table 4.

Table 4

The results of ANCOVA for Sexual Self-Efficacy

Source	SS	Df	MS	F	p	Effect Size	Statistical Power
Pretest	345.23	1	345.23	156.12	0.01	0.87	0.01
Group	101.44	1	101.44	18.54	<0.0001	0.44	0.52
Error	566.12	27	14.38				

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Based on the results of the univariate ANCOVA, it can be said that with the control of the pretest, there is a significant difference between the experimental and control groups in terms of sexual self-efficacy ($p < 0.0001$ and $F = 18.54$). This indicates that schema therapy, considering the mean sexual self-efficacy of the experimental group compared to the control group mean, has led to an increase in sexual self-efficacy scores in the experimental group. The effect size or difference is 0.44, meaning 44% of the individual differences in post-test sexual self-efficacy scores are due to the effect of schema therapy (group membership).

To examine the effect of schema therapy on the feeling of loneliness, a univariate analysis of covariance was used. Since the significance level of the calculated Levene's value is greater than 0.05, the data do not challenge the assumption of equality of variance errors, and univariate ANCOVA can be used. The results of the univariate ANCOVA are presented in Table 5.

Table 5

The results of ANCOVA for Feeling of Loneliness

Source	SS	Df	MS	F	p	Effect Size	Statistical Power
Pretest	432.23	1	432.23	121.34	0.01	0.91	0.01
Group	123.67	1	123.67	21.12	<0.0001	0.39	0.52
Error	541.43	27	18.21				

Based on the results of the univariate ANCOVA, it can be said that with the control of the pretest, there is a significant difference between the experimental and control groups in terms of the feeling of loneliness ($p < 0.0001$ and $F = 21.12$). This means that schema therapy, considering the mean feeling of loneliness of the experimental group compared to the control group mean, has led to a reduction in loneliness scores in the experimental group. The effect size or difference is 0.39, meaning 39% of the individual differences in post-test loneliness scores are attributable to the effect of schema therapy (group membership).

4. Discussion and Conclusion

The findings of the research demonstrated that schema therapy leads to a reduction in marital burnout. These results align with the results of previous studies (Ay et al., 2019; Yaarmohammadi Vasel et al., 2021). To explain these findings, it can be said that schema therapy, through the therapeutic strategies described in the treatment package (such as establishing a therapeutic contract, recognizing marital problems, teaching cognitive strategies, providing cognitive, experiential, and behavioral techniques, teaching coping responses, imaginary dialogue, and challenging schemas, mental imagery, increasing motivation for behavioral change, and practicing healthy behaviors), leads to an increase in positivity, responsibility, impulse and emotion control, respecting others' rights, cooperation with the family, adherence to family rules and regulations, and principles of reciprocal relationships between spouses (Ay et al., 2019; Yaarmohammadi Vasel et al., 2021). These factors play a significant role in enhancing performance and motivation towards life, thereby reducing marital burnout in couples.

Additionally, the findings indicated that schema therapy increases the sexual self-efficacy. These results are consistent with the previous studies (Amini et al., 2023; Soltani et al., 2021). Schema therapy addresses the psychological issues of couples and the root of these problems in childhood, emphasizing their impact. This approach involves identifying and improving couples' current problems by understanding psychological issues from childhood and early maladaptive schemas. When schemas are activated, they create unpleasant feelings, leading to negative emotions that also affect couples' sexual self-efficacy (Amini et al., 2023). In this approach, individuals learn to restore their psychological safety by letting go of maladaptive psychological components and reducing problems in their relationship with their spouse. This therapeutic model moderates schemas. Schema therapy strives to reduce problems related to the incompatibility of these schemas by improving them, thereby enhancing couples' psychological level and sexual self-efficacy. In fact, this treatment aims to root out problems and treat extreme areas by understanding the mechanisms that create schemas and the coping responses given to them. Areas such as overcompensation, avoidance, and surrender are improved, enhancing sexual functioning. Schema therapists recognize that individuals' coping styles depend on their temperament and learned patterns in life, and accurately identifying inefficient coping mechanisms and empowering the patient increases their sexual self-efficacy (Amini et al., 2023; Soltani et al., 2021). For instance, if the root of the sexual

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problem stems from the activation of schemas of deprivation and limitation, the therapist works to interpret and reduce their impact. Individuals with early maladaptive schemas of rejection and disconnection, who lacked a secure environment filled with love, attention, respect, and acceptance in childhood, may believe that significant people in their life might die or leave them for someone else at any moment. Such intense dependency leads to patterns of thought and behavior like fear of losing a spouse, severe neediness towards others, oversensitivity, and upsetting those around them due to fragile emotions. These individuals suffer from severe distrust of others, emotional deprivation, and believe that their emotional needs are not adequately met by their spouse and others, leading to deprivation in affection, support, and empathy. These schemas consequently create problems in the relationship with the spouse (Soltani et al., 2021). Oversensitivity, distrust, and lack of emotional fulfillment reduce sexual self-efficacy. The therapist works with experiential techniques on the patient's bodily sensations, emotions, memories, and mental images, aiming to positively enhance the patient's self-image regarding themselves, their body, and sexual performance. Patients at this stage fight against schemas at an emotional level and make more use of experiential techniques such as engaging in dialogue, expressing anger and upset towards childhood, and mental imagery.

Moreover, the findings revealed that schema therapy reduces the feeling of loneliness. These findings are in harmony with the previous studies (Mohammadi et al., 2019; Sangani & Dasht Bozorgi, 2018; Sepehri & Kiani, 2020). Schema therapy as a behavioral pattern-breaking strategy helps clients to replace adaptive behavioral patterns in place of maladaptive and inefficient coping responses. This can lead to improved social and communicative motivations, thereby reducing feelings of social and psychological loneliness (Carlucci et al., 2018). Another feature of schema therapy is the acceptance of the normalcy and naturalness of these emotional needs. Every child needs nurturing, empathy, and care, and as adults, these needs persist (Rezaei et al., 2015). In the schema therapy process, the individual learns how to choose the people around them and how to best express their needs, leading others to respond appropriately to their emotions, thereby reducing feelings of loneliness, not necessarily by increasing the density of social relations (Dickhaut & Arntz, 2014).

5. Limitations and Suggestions

The limitations of this study primarily revolve around its sample size and demographic scope. The relatively small sample of 30 individuals limits the generalizability of the findings. Additionally, the study's focus on couples from the city of Sari may not accurately represent the broader population, as cultural and regional differences can significantly influence marital dynamics and psychological issues. The absence of long-term follow-up assessments also raises questions about the enduring impact of schema therapy on marital burnout, sexual self-efficacy, and loneliness.

For future research, it would be beneficial to replicate this study with a larger and more diverse sample, including couples from different cultural backgrounds and regions. Longitudinal studies could provide valuable insights into the long-term effectiveness of schema therapy in managing marital issues. Investigating the role of individual differences, such as personality traits or previous psychological conditions, in the effectiveness of schema therapy could also yield more nuanced understanding. Additionally, comparative studies examining the efficacy of schema therapy against other therapeutic modalities could further validate its utility in this field.

In terms of practical application, this study underscores the potential of schema therapy as a valuable tool for counselors and therapists working with couples experiencing marital burnout, sexual dissatisfaction, and feelings of loneliness. It suggests the incorporation of schema therapy techniques into regular counseling practices, especially in marital therapy contexts. Training programs for therapists could include modules on schema therapy to enhance their skills in addressing marital issues effectively. The findings also highlight the importance of early intervention and suggest that couples experiencing difficulties might benefit from schema therapy before these issues escalate into more severe problems.

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Declaration of Interest

The authors of this article declared no conflict of interest.

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Ethics Considerations

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

Authors' Contributions

Alireza Nasirnia Samakoush and Naser Yousefi both made substantial contributions to this research. Alireza Nasirnia Samakoush contributed to the study's conceptualization, data collection, and the implementation of schema therapy. Naser Yousefi provided expertise in research design, data analysis, and interpretation. Together, the authors collaborated effectively throughout the research process, from the formulation of the research question to the publication of the results.

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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References

Amini, A., Ghorbanshirudi, S., & Khalatbari, J. (2023). Comparison of the Effectiveness of Teaching Emotion Management Strategies Based on Emotion-Focused Couple Therapy Approach and Couple Therapy Based on Schema Therapy on Sexual Satisfaction and Family Functioning [Research]. *Health System Research*, *18*(4), 297-306. https://doi.org/10.48305/jhsr.v18i4.1476

Ay, E., Mahdi Nejad, V., & Jana Abadi, H. (2019). The effect of schema therapy on cyberbulling and educational burnout of students. *The Quarterly Journal of Educational Leadership and Administration*, *13*(1), 9-22. https://dorl.net/dor/20.1001.1.27171329.1398.13.1.1.2

Aydogan, D., & Kizildag, S. (2017). Examination of Relational Resilience With Couple Burnout and Spousal Support in Families With a Disabled Child. *The Family Journal*, *25*(4), 407-413. https://doi.org/10.1177/1066480717731215

Bergman, Y. S., & Segel-Karpas, D. (2018). Future time perspective, loneliness, and depressive symptoms among middle-aged adults: A mediation model. *Journal of affective disorders*, *241*, 173-175. https://doi.org/10.1016/j.jad.2018.08.019

Bidari, F., & Haji Alizadeh, K. (2019). Effectiveness of schema therapy on cognitive strategies of emotion, distress bearing and alexithymia in the patients suffering from borderline personality disorder. *Journal of Psychological Studies*, *15*(2), 165-180. https://doi.org/10.22051/psy.2019.19858.1626

Carlucci, L., D'Ambrosio, I., Innamorati, M., Saggino, A., & Balsamo, M. (2018). Co-rumination, anxiety, and maladaptive cognitive schemas: when friendship can hurt. *Psychology research and behavior management*, *11*(null), 133-144. https://doi.org/10.2147/PRBM.S144907

de Vlaming, R., Haveman-Nies, A., van't Veer, P., & de Groot, L. C. (2010). Evaluation design for a complex intervention program targeting loneliness in non-institutionalized elderly Dutch people. *BMC public health*, *10*(1), 552. https://doi.org/10.1186/1471-2458-10-552

Dickhaut, V., & Arntz, A. (2014). Combined group and individual schema therapy for borderline personality disorder: A pilot study. *Journal of Behavior Therapy and Experimental Psychiatry*, *45*(2), 242-251. https://doi.org/10.1016/j.jbtep.2013.11.004

Erfan, A., Ghezelbash, S., Kazemian, M., & Noorbala, A. (2019). The Effectiveness of Emotional Schema Therapy on Impulsivity and Mood Symptoms of Women with Bipolar Disorder [Research]. *Journal of Research in Behavioural Sciences*, *17*(3), 388-399. https://doi.org/10.52547/rbs.17.3.388

Hamzehgardeshi, Z., Sabetghadam, S., Pourasghar, M., Khani, S., Moosazadeh, M., & Malary, M. (2023). Prevalence and predictors of sexual distress in married reproductive-age women: A cross-sectional study from Iran. *Health Science Reports*, *6*(9), e1513. https://doi.org/10.1002/hsr2.1513

Hasani, F., Rezazadeh, M. R., & Khoshkabar, A. (2021). The effectiveness of compassion-focused therapy on sexual satisfaction, emotional regulation, and resilience in nurses with burnt marriage syndrome. http://ijrn.ir/browse.php?a_id=596&sid=1&slc_lang=en&ftxt=1

Jerusalem, M., & Schwarzer, R. (1995). General self-efficacy scale--revised--English version. https://psycnet.apa.org/doi/10.1037/t00393-000

Johns, L. (2005). Schema Therapy: A Practitioner's Guide Jeffrey E. Young, Janet S. Klosko and Marjorie E. Weishaar New York: Guilford Press, 2003. pp. 436. £34.50 (hb). ISBN: 1-57230-838-9. *Behavioural and Cognitive Psychotherapy*, *33*(1), 119-120. https://doi.org/10.1017/S1352465804211869

Juvva, S., & Bhatti, R. S. (2006). Epigenetic Model of Marital Expectations. *Contemporary Family Therapy*, *28*(1), 61-72. https://doi.org/10.1007/s10591-006-9695-2

Kianipour, O., Mohsenzadeh, F., & Zahrakar, K. (2018). Comparison of schema therapy and narrative therapy when combined each of them with marital enrichment program on marital infidelity tendency and marital satisfaction. *Family Counseling and Psychotherapy*, *7*(2), 27-54. https://doi.org/10.22034/fcp.2018.51182

Moghadamnia, M. M., & Soleimani Farsani, B. H. (2023). Relationship between Marital Commitment and Marital Satisfaction with Self-Conscious Emotions and Self-Coherence married female. *Psychology of Woman Journal*, *4*(1), 52-61. https://doi.org/10.61838/kman.pwj.4.1.6

Mohammadi, H., Sepehri Shamlou, Z., & Asghari Ebrahim Abad, M. J. (2019). The Effectiveness of Group Emotional Schema Therapy on Decreasing Loneliness and Rumination in Divorced Women. *Journal of Woman and Family Studies*, *7*(2), 115-136. https://doi.org/10.22051/jwfs.2020.19718.1708

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X

Morshedi, M., Davarniya, R., Zahrakar, K., Mahmudi, M., & Shakarami, M. (2016). The Effectiveness of Acceptance and Commitment Therapy (ACT) on Reducing Couple Burnout of Couples [Psychiatric and Mental Health Nursing]. *Iranian Journal of Nursing Research*, *10*(4), 76-87. http://ijnr.ir/article-1-1630-en.html

Mosadegh, H., Darbani, S. A., & Parsakia, K. (2023). The mediating role of sexual satisfaction in the relationship between personality traits and emotional divorce in men. *Journal of Applied Family Therapy*, *4*(4), 191-202. https://www.aftj.ir/article_184086.html?lang=en

Nazari, A., Rasouli, M., Davarniya, R., Hosseini, A., & Babaei Gharmkhani, M. (2015). Effectiveness of Solution- Focused Brief Therapy (SFBT) on Couple Burnout and Divorce Tendency in Married Women [Research]. *Journal of nursing education*, *3*(3), 41-52. http://ijpn.ir/article-1-616-en.html

Parsakia, K., Rostami, M., Saadati, N., & Navabinejad, S. (2023). Analyzing the causes and factors of the difference between the girls of the generation Z and the previous generations in Iran from the perspective of social psychology. *Psychology of Woman Journal*, *4*(1), 1-13. https://doi.org/10.61838/kman.pwj.4.1.1

Parsakia, K., Rostami, M., & Saadati, S. M. (2023). The Relationship between Emotional Intelligence and Marital Conflicts Using Actor-Partner Interdependence Model. *Journal of Psychosociological Research in Family and Culture*, *1*(1), 23-28. https://journals.kmanpub.com/index.php/jprfc/article/view/521

Pines, A. M., & Nunes, R. (2003). the relationship between career and couple burnout: Implications for career and couple counseling. *Journal of employment counseling*, *40*(2), 50-64. https://doi.org/10.1002/j.2161-1920.2003.tb00856.x

Rezaei, M., Ghadampur, E., Rezaei, M., & Kazemi, R. (2015). Effectiveness of Emotional Schema Therapy on Rumination and Severity of Depression in Patients with Major Depressive Disorder. *Journal of Clinical Psychology*, *7*(4), 45-58. https://doi.org/10.22075/jcp.2017.2217

Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of personality and social psychology*, *39*(3), 472-480. https://doi.org/10.1037/0022-3514.39.3.472

Sangani, A., & Dasht Bozorgi, z. (2018). The Effectiveness of Schema Therapy on General Health, Ruminating and Social Loneliness of Divorce Women. *Psychological Achievements*, *25*(2), 201-216. https://doi.org/10.22055/psy.2019.24944.2008

Sepehri, M., & Kiani, Q. (2020). The Relationship between Cognitive Emotion Regulation and Addiction Tendency: The Mediating Roles of Social and Emotional Loneliness and Early Maladaptive Schemas [Research]. *Research on Addiction*, *14*(56), 313-338. https://doi.org/10.29252/etiadpajohi.14.56.313

Shadanloo, B., Yousefi, Z., Parsakia, K., Hejazi, S. M., & Davari Dolatabadi, M. (2023). The Role of Whey Supplementation on Sensation Seeking, Parent-child Relationship, Family Communication, Anger and Sex Desire Among Athletes, Athletes Using Whey and Normal Population. *Health Nexus*, *1*(1), 40-47. https://doi.org/10.61838/hn.1.1.7

Sodani, M., Shogaeyan, M., & Neysi, A. (2012). The effect of group logo - therapy on loneliness in retired men. *Research in cognitive and behavioral sciences*, *2*(1), 43-54. https://cbs.ui.ac.ir/article_17287_cfc715b1ce0cd87094f675f64a7151a4.pdf

Soltani, S., Khademi, A., Bakhshipour, A., & Alivandi Vafa, M. (2021). Causal modeling of vulnerability of extramarital relationships based on emotional schemas mediated by sexual function. *Women and Family Studies*, *14*(52), 125-156. 0.30495/jwsf.2020.1912668.1510

Sorkhabi Abdolmaleki, M., Dokaneifard, F., & Behdodi, M. (2021). Causal explanation of emotional divorce of married women: the role of cognitive emotion regulation strategies and marital burnout. *Psychology of Woman Journal*, *2*(3), 14-28. https://journals.kmanpub.com/index.php/psywoman/article/view/154

Tsur, N., Stein, J. Y., Levin, Y., Siegel, A., & Solomon, Z. (2019). Loneliness and subjective physical health among war veterans: Long term reciprocal effects. *Social Science & Medicine*, *234*, 112373. https://doi.org/10.1016/j.socscimed.2019.112373

WAWRZYNIAK, A. J., & WHITEMAN, M. C. P. (2011). Perceived stress, loneliness, and interaction with fellow students does not affect innate mucosal immunity in first year university students. *Japanese Psychological Research*, *53*(2), 121-132. https://doi.org/10.1111/j.1468-5884.2011.00466.x

Wiseman, H., Mayseless, O., & Sharabany, R. (2006). Why are they lonely? Perceived quality of early relationships with parents, attachment, personality predispositions and loneliness in first-year university students. *Personality and individual differences*, *40*(2), 237-248. https://doi.org/10.1016/j.paid.2005.05.015

Yaarmohammadi Vasel, M., Mehrabi Pour, M., & Zoghipaidar, M. R. (2021). Prediction of Marital Burnout based on Types of Love Schemas and Marital Goal Orientations. *Journal of Modern Psychological Researches*, *16*(62), 90-108. https://dorl.net/dor/20.1001.1.27173852.1400.16.62.7.2

Young, J. E. (1998). Young Schema Questionnaire--Short Form. *Cognitive therapy and research*. https://doi.org/10.1037/t12644-000

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2003). *Schema therapy* (Vol. 254). https://www.medicalinformation.it/pub/media/blfa_files/9788859016045.pdf

Young, J. E., Klosko, J. S., & Weishaar, M. E. (2006). *Schema therapy: A practitioner's guide*. guilford press. https://books.google.com/books?hl=en&lr=&id=1x7TDwAAQBAJ&oi=fnd&pg=PP1&dq=Young+JE,+Klosko+JS,+Weishaar+ME.+(2003).+Schema+therapy:+A+practitioner%27s+guide.+Guilford+Press&ots=P0pOiOxMBN&sig=wWMHSqPBZspDovAIF7WvE1mCdkc

Yousefi, N., & Bahrami, F. (2010). Comparing early maladaptive schemas among divorced and non-divorced couples as predictors of divorce. *Iranian Journal of Psychiatry and Clinical Psychology*, *16*(1), 21-33. https://www.academia.edu/download/52643259/Comparing_Early_Maladaptive_Schemas_Amon20170417-31540-1y8i92n.pdf

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