





Original Article

The effectiveness of premarital schema-based education on marriage desire and maladaptive schemas in single girls

*Samaneh Mokhtari¹; Mina Soltani²; Zahra Yousefi³

¹Ph.D. in counseling, Faculty of Psychology and Educational Sciences, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran.

²M.A in family counseling, Department of Family Counseling, University of Isfahan, Isfahan, Iran. ³Assistant professor, Department of Psychology, Faculty of Psychology and Educational Sciences, Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran.

Abstract

Introduction: This study aimed to evaluate the effectiveness of premarital schema-based education on marriage desire and maladaptive schemas in single girls.

Materials and Methods: In this study in 2020, thirty single female students were selected by the convenient sampling method and divided into two control and experimental groups. The experimental group received premarital schema-based education for 15 ninety minute-sessions twice a week in Salam Counseling Center in Isfahan and control group did not receive any intervention. Both groups fulfilled Marriage Desire Questionnaire (MIDQ) and Young Schema Questionnaire. Data analyzed through descriptive statistics, multivariate analysis of covariance, and SPSS-23 software.

Results: Findings showed that premarital education had a significant effect on marriage desire (P= 0.000) and maladaptive schemas (P= 0.000). There were significant differences between control and experimental group in maladaptive schemas and the desire to marry after schema-based premarital education (P< 0.05).

Conclusion: This study showed that premarital schematic education had a significant effect on the marriage desire and maladaptive schemas of single girls. The results of this study can be used by family and marriage counselors.

Keywords: Education, Marriage desire, Schema

Please cite this paper as:

Mokhtari S, Soltani M, Yousefi Z. The effectiveness of premarital schema-based education on marriage desire and maladaptive schemas in single girls. Journal of Fundamentals of Mental Health 2022 Mar-Apr; 24(2): 119-127.

Introduction

Marriage is one of the most significant parts of human life that plays a major role in determining individual orientations (1). Therefore, the desire to get married is one of the main and key concepts of marriage and the most important motivation for young people to settle down (2). A person's readiness to respond positively or negatively to a person, object, or event is desire (3). Factors such as the rate of divorce in society, lifetime goals, and educational interests are among the factors influencing the desire for marriage (4).

*Corresponding Author:

Department of Psychology, Faculty of Psychology and Educational Sciences, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran. samaneh.mokhtari@yahoo.com Received: Nov. 05, 2021 Accepted: Jan. 10, 2022

Statistics show that the average age of marriage is increasing from 2012 to 2017, which shows the reluctance to marry among young people (5). Many studies have examined the factors affecting the reluctance to marry. The results showed a significant relationship between mothers' irrational beliefs and the desire to marry in girls (6). Also, different types of interest ways can affect the desire for marriage. Among these, anxious and avoidant interest ways predict reluctance to marry, and empiricism as one of the personality traits plays an essential role in the desire to marry (7). Another study showed that early maladaptive schemas and differentiation play an important role in predicting the desire for marriage (8). Therefore, the existence of maladaptive schemas related to marriage assumptions is one of the important reasons and factors that are likely to affect the desire to marry in young people (9). On the other hand, one of the important factors that affect the desire for marriage is the attitude towards the marriage of people influenced by their maladaptive schemas (9). Early maladaptive schemas refer to deeply ingrained negative beliefs about oneself, others, and the world that may have developed during the early years of life (10). Early maladaptive schemas and coping strategies affect how people think, feel and behave in intimate relationships and various aspects of life, including decisionmaking in marriage (11).

Schemas cause bias in our interpretations of events, and this bias shows itself in the pathology interpersonal relationships, including of premarital relationships between girls and boys, in the form of misunderstandings, distorted attitudes about the spouse, misconceptions about marriage, unrealistic goals and intentions of marriage, dysfunctional values and beliefs about their marriage (12). Research shows that girls and boys, over time, have doubts about choosing a spouse, which part of it is related to the change of cognitive distortions, the type of schemas, and their effects on changes in the criteria for choosing a spouse in young people (13). Choosing an incompatible partner is one of the most common mechanisms through which schemas continue (14), so people's attitudes and schemas about choosing a spouse during the marriage are among the most important factors that can make a marriage succeed or fail. Schema

therapy is a treatment that identifies and modifies people's schemas and attitudes (15). This treatment was introduced to inform clients who are unaware of the moment-to-moment changes in their emotions and behavior (15).

Young's schemas, according to unsatisfied emotional needs, are divided into five categories: severance and rejection (including mistrust/abuse. abandonment/instability. emotional deprivation, disability/shame, social isolation), self-management, and dysfunctional (dependency/incompetence/susceptibility to harm and disease, immature/caught, failure), impaired limitations (entitlement, self-control, and insufficient self-discipline), other orientation (obedience, self-sacrifice, acceptance, and attention), excessive alertness, and negative inhibition (pessimism, emotional deterrence, stubborn criteria, extreme fault finding, punishment) (9). In the first stage of schema therapy, patients are helped to know their schemas and to understand the evolutionary roots of schemas in childhood and adolescence. Also, patients learn how their coping responses perpetuate their schemas (16). The goal is for patients to intellectually and emotionally understand the functions of their schemas and link current problems to their schemas (17). In the field of research background, limited research has been done (16). However, some studies show the effectiveness of treatment schemas on choosing a spouse and fear of marriage of single girls, and another study has shown the effectiveness of treatment schemas on the desire to marry in single girls. However, no study has been found to examine the effectiveness of premarital education based on the desire to marry and the maladaptive schemas of single girls (9).

Therefore, conducting research that shows the effectiveness of schema-based education on the desire for marriage and early maladaptive schemas of single girls can be useful for family and marriage counselors and training in premarital skills. Therefore, this study aimed to assess the effectiveness of schema-based education on marriage desire and maladaptive schemas in single girls.

Materials and Methods

The statistical population of this study included single girls aged less than 30 years in Isfahan-Iran

in 2020 were selected by the convenient sampling method. The sample size was obtained based on the study of Mardani et al. (18) and the following formula at the 95% confidence level with 95% test power and 7.74 accuracies of about 15 individuals for each group. Inclusion criteria including being a student, voluntary and informed participation in training sessions, and aged over 18 years and less than 30 years. Exclusion criteria including having mental or severe physical illness, having physical disability, marriage history, substance abuse or taking psychiatric medications, absence for more than two sessions, and participation in the training course coincided with this course.

This study began with the broadcast of a call to participate in a research project on social media for young single girls to recourse to the Salam Counseling Center in Isfahan. Thirty volunteers were selected. Participants were randomly assigned to the experimental (n=15) and control (n=15) groups. They aged over 18 years and less than 30 years, because this training was done to encourage marriage at the right time and prevent delays in marriage. Both groups completed the questionnaires in the pre-test stage. After that, the experimental group underwent schema-based pre-marriage group training, based on the schema-based approach, for 15 ninety-minute sessions twice a week in Salam Counseling Center in Isfahan. The control group did not receive any intervention. Both experimental and control groups answered the questionnaires (selfreport) at the end of the sessions. At the end of the study, the control group also received premarital education. In order to observe the ethical considerations of the research, voluntary attendance at counseling sessions and obtaining full informed consent to participate in the sessions were considered. Also, the researchers explained scientific and practical answers about the method of implementation, the purpose of the research, and the possible disadvantages, benefits, nature, and duration of the research.

Research instruments

A) Marriage Desire Questionnaire (MIDQ): This questionnaire was developed by Heydari et al. to measure marital desire (19) and contains 23 five-point Likert options in which I totally agree (5) and strongly disagree (1). Items 3, 4, 5, 8, 10, 12,

14,16,17,20, and 21 indicate the reluctance to marry and are scored in reverse. For the validity of the marriage desire questionnaire, 40 subjects were tested. By the test-retest method, with a time interval of two weeks, the correlation coefficient between the two tests was 0.89. Cronbach's alpha reliability was also equal to 0.92 (19).

B) Young Schema Ouestionnaire: This questionnaire consists of 75 items developed by Young to measure 11 initial schemas (20). Each item of the questionnaire on a 6-point Likert scale ranges from entirely false to completely true (completely wrong: 1, almost wrong: 2, slightly true: 3, more true to false: 4, almost true: 5, absolutely true: 6), the scores above 25 in each subscale indicates an inconsistent schema (20). This questionnaire has been frequently used on groups of adults, students, or students aged 13 years and older. This questionnaire has been evaluated in many foreign studies, and Cronbach's alpha coefficient in non-clinical populations for subscales has been obtained between 0.50 and 0.82 (20). The accuracy of the questionnaire has also been reported desirable (21). For example, in a study conducted on students in Iran, retest coefficients for Young schema subscales were reported between 0.65 and 0.85. Cronbach's alpha was also obtained at about 0.97, and the construct accuracy of the questionnaire was significant at the level of 0.01 using correlation analysis, which indicates the correctness of its high structure (22).

In order to prepare a schema-based premarital education package, first, the documents and research background were examined to ensure that there is no similar package. Then, books such as schema therapy techniques (23), premarital counseling based on schema therapy (24), creating romantic relationships from the perspective of schema therapy (25), schema therapy techniques (26), and valuable and related articles in this field were used (27,28). After that, the necessary content for the premarital education package was developed during specialized meetings with the supervisor and counselor.

To assess the validity of content and time budgeting for educational topics, seven premarital counselors were asked to review a five-point range of content and time budgeting based on content evaluation questions. Then, the validity of the content was checked according to their opinion using the CVR coefficient, and (CVR=0.91) was obtained, which indicates the validity of the content of this package. After

editing, the final version was applied to the original sample. The 15-session training protocol is briefly described (Table 1).

Sessions	Educational goals and brief description of educational contents
First	Expressing the necessity of marriage and premarital education, expressing the four styles of marriage
session	
Second	Identifying obstacles (emotional, cognitive and behavioral) of achieving a successful marriage/ Identifying
session	obstacle in the form of incompatible and inefficient plans
Third	Identify the need for secure attachment, love, stability and acceptance in relation to marriage and choosing a spouse
session	
Forth	Identifying inefficient plans due to unhealthy dissatisfaction in the field of communication and choosing a
session	spouse/Familiarity with communication stories/Providing homework
Fifth	Identifying reactions to dissatisfaction with the need for attachment in the context of the relationship and choosing
session	a spouse
Sixth	Identifying five response styles to dissatisfaction with the need for secure attachment in the relationship and the
session	style of returning to a safe home in marriage /Familiarity with schemas
Seventh	
session	Familiarity with the growth evolution line of independence-dependence
Eighth	Identify schemas related to dissatisfaction and the parent-child communication story
session	identity scientas related to dissaustaction and the parent-clinic communication story
Ninth	Familiarity with the concept of realistic limitation and its role in accepting responsibility and self-control
session	
Tenth	Familiarity and evaluation of the concept of boundaries and demarcation in relation/Familiarity with schemas and
session	the role of this schema in marriage/Homework
Eleventh	Identifying areas of value and personal values /Applicative practice
session	
Twelfth	Learning the skill of using values in order to healthy satisfying emotional needs and the skill of procrastination to
session	move in the path of values (applicative practice and homework
Thirteenth	Identifying personal limitations and disabilities and the circle of communication/use the technique of compassion
session	to redefine dysfunctional narratives (applicative practice)
Fourteenth	Learning the skill of giving up/Learning the skill of asserting and expressing desire in personal interactions
session	(applicative practice)
Fifteenth	Identify areas for discussion in marriage dating sessions and alarms/Summary of sessions/Question and answer
session	icentify areas for allocation in manage daming bestons and anality building building desired and answer

Table 1. Schematic-based premarital educational intervention	Table 1. S	Schematic-based	premarital	educational	intervention
---	------------	-----------------	------------	-------------	--------------

Data analyzed through descriptive statistics, multivariate covariance analysis, and SPSS-23 software. The significance level in the tests was considered 0.05.

Results

In the present study, 30 participants with a mean age of 25.5 ± 4.32 years (21-29 years) have participated. In term of educational level, in the

experimental group, two cases had diploma degree, three cases had post-diploma degree, six cases had a bachelor's degree, two cases had a master degree, and two cases had a doctorate degree, while these levels in the control group were seen in one, four, five, four, and one, respectively.

Table 2 shows the scores of desire to marry in the experimental and control groups.

Variable		Experime	ntal group		Cont	trol group	
	Stage	Mean	Standard deviation	leviation Stage Mean Standard devia			
Marriage desire	Pre-test	71.33	12.02	Pre-test	73.07	9.35	
	Post-test	87.33	13.43	Post-test	72.93	9.73	

Table 2. The scores of marriage desire

The results of Table 2 show that the scores of desire for marriage in the post-test of the experimental group of the schematic-based educational package method have changed

compared to the control group. Table 3 shows the mean and standard deviation of incompatible schemas by experimental and control groups.

Variable	Exp	erimental gi	oup	Control group			
	Stage	Mean	SD	Stage	Mean	SD	
Need for secure attachment	Pre-test	71.8	20.54	Pre-test	69.20	19.69	
Need for secure attachment	Post-test	63.2	28.08	Post-test	70.07	19.97	
Need for edgewood and independence	Pre-test	53.20	16.55	Pre-test	47.53	13.72	
Need for adequacy and independence	Post-test	43.47	14.55	Post-test	48.00	16.14	
Need for freedom in expressing emotions and needs	Pre-test	49.33	9.73	Pre-test	46.87	12.70	
Need for needom in expressing enfotions and needs	Post-test	42.27	12.45	Post-test	47.80	12.56	
No. 14	Pre-test	33.47	8.11	Pre-test	34.53	7.99	
Need to accept realistic constraints	Post-test	30.13	8.63	Post-test	34.60	7.79	
No. 1 few few and a signature of	Pre-test	66.80	16.80	Pre-test	63.27	15.35	
Need for fun and enjoyment	Post-test	60.40	16.73	Post-test	62.27	15.37	

Table 3. The scores of dimensions of incompatible schemes

The results of Table 3 show that the scores of the experimental group in the post-test stage were changed compared to the control group. In terms of maladaptive schemas, the average in the experimental groups decreased compared to the pre-test. In order to evaluate the significance of this difference, an analysis of covariance was used. Shapiro-Wilk test was used to evaluate the normality of marriage desire scores and the dimensions of maladaptive schemas, and the Levene test was used to examine the default equality of variances. The results of the Shapiro-Wilk test showed that the scores of marriage desire and the dimensions of maladaptive schemas are normal. Moreover, the differences in the covariances of the marriage desire scores and the dimensions of the maladaptive schemas of the groups are not significantly different. Therefore, the box test was used to equalize the covariances in the scores of marriage desire and the dimensions of maladaptive schemas in both groups. The box test also showed that the differences in the covariances of the marriage desire and the schemas in the two groups were non-significant. Therefore, according to the confirmation of the assumptions of covariance analysis, a multivariate analysis of covariance was used to compare the two groups. Table 4 shows the results of the multivariate analysis of covariance in marriage desire.

T 1 1 4	D 1/	c	1 .		covariance to		.1	•	1 .	1.	1	
Tanie 4	Reculte	OT 2	malvere	<u>nt</u>	covariance to	n comi	nare ti	ne marriad	e decire	according	to the	nre_test
	• ICounts	010	1111 y 515	υı	covariance to	$v \cos m$	pare u	ic marriag	c aconc	accorum		pre-iesi

Type of test	Total squares	df	Average squares	F	Sig	Eta	t
Pre-test	4951.260	1	4951.260	122.147	0.000	0.749	1.000
Group	4916.586	2	2458.293	60.646	0.000	0.747	1.000
Error	1661.940	41	40.535				

As shown in Table 4, the difference in average between the two groups in the marriage desire is significant. This finding means a significant change in the average score of marriage desire from pre-test to post-test between the experimental and control groups. The statistical power of desire for marriage equality to 1,000 indicates the appropriate sample size for such a conclusion. The ETA coefficient shows that 74.7% of the changes in the marriage desire are related to education. Table 5 presents the analysis of covariance to compare the dimensions of schemas by pre-test group. As shown in Table 5, the average difference between the two groups is significant in the dimensions of the maladaptive schemas. This finding means a significant change in the average score of the dimensions of maladaptive schemas from pre-test to post-test between the experimental and control groups. The statistical power of need for safe attachment equal to 0.998, the Statistical power of need for adequacy and independence is equal to 0.995, the Statistical power of need for freedom in expressing emotions and needs is equal to 994. Statistical power of the need to accept realistic limitations equal to 0.991 and Statistical power of need for fun and enjoyment equal to 0.995 indicates the appropriate sample size for such a conclusion. The ETA coefficient shows that 43.6% of the changes in the need for safe attachment, 41.4% of the changes in the need for adequacy and independence, 40.7% of the

changes in the need for freedom in the expression of emotions and needs, 39% of the changes in the need to accept realistic limitations and 40.8% of the change in the need for fun and enjoyment is related to education.

Type of test	Source of changes	Total squares	df	Average squares	F	Sig	Eta	t
	Need for secure attachment	2910.306	1	2910.306	17.753	0.000	0.324	0.984
	Need for adequacy and independence	812.167	1	812.167	11.737	0.002	0.241	0.916
Pre-test	The need for freedom in expressing emotions and needs	486.595	1	486.595	10.952	0.002	0.228	0.897
	Need to accept realistic constraints	916.254	1	916.254	51.751	0.000	0.583	1.000
	Need for fun and enjoyment	1473.272	1	1473.272	18.938	0.000	0.339	0.989
	Need for secure attachment	4690.072	2	2345.036	14.304	0.000	0.436	0.998
	Need for adequacy and independence	1806.071	2	903.035	13.051	0.000	0.414	0.995
Group	The need for freedom in expressing emotions and needs	1130.158	2	656.079	12.719	0.000	0.407	0.994
	Need to accept realistic constraints	418.149	2	209.075	11.809	0.000	0.390	0.991
	Need for fun and enjoyment	1986.505	2	993.253	12.768	0.000	0.408	0.995
	Need for secure attachment	6065.667	37	163.937				
	Need for adequacy and independence	2560.216	37	69.195				
Error	The need for freedom in expressing emotions and needs	1643.860	37	44.429				
	Need to accept realistic constraints	655.090	37	17.705				
	Need for fun and enjoyment	2878.406	37	77.795				

Table 5. Results of analysis of covariance to compare the dimensions of schemas by pre-test group

Discussion

This study showed that premarital schematic education had a significant effect on the marriage desire and maladaptive schemas of single girls. This finding was consistent with the conducted studies (9,17). For example, in the Abbasi study (9), forty-six female students were selected as the participants randomly were assigned to experimental and control groups. The participants in the experimental group underwent schema therapy training for eight sessions. In this study, the participants in the two groups completed marriage values and marriage tendency questionnaires before and after the intervention. The results showed that schema therapy training could increase egalitarianism, rational selfobedience values, and marriage desire and emotional self-obedience decrease and hierarchical values. An explanation of the above findings, it can be said that inconsistent schemas affect the attitude and desire to marry in young people and cause bias in people's interpretations of events, which also show themselves in interpersonal relationships and lead to unrealistic expectations about marriage and less desire for it (12). Schema-based education, by identifying these fundamental beliefs and coping styles formed from childhood and explaining how they affect processing and coping with the desire to marry, choosing a spouse and deciding to marry, and replacing adaptive cognitive patterns, can affect the desire to marry in young people, especially single girls (19). Farhadi studied 30 female university students randomly divided into two experimental and the control groups. The experimental group received group intervention by Michael Ferry Cognitive Therapy in 12 onehour sessions, while control group members did not receive any treatment interventions. The multivariate analysis of covariance showed a significant difference between the two groups in the pre-test and post-test scores of maladaptive schemas and coping strategies (29).

It can be said that people's attitudes and schemas about the process of choosing a spouse during the marriage are one of the most important factors that can lead to the success or failure of the marriage. Therefore, awareness of a person's beliefs, attitudes, and schemas about marriage and choosing a spouse can play an important role in having a satisfying marriage. Therefore, in schema-based education. by identifying dysfunctional schemas, people become aware of the root of their recent decisions and realize that their expectations and perceptions are based on dysfunctional schemas that will have many negative consequences for their personal and cohabiting lives. In other words, it can be said that schema therapy, by identifying and reconstructing early maladaptive schemas, can create compatible cognitive and behavioral patterns and overcome the obsessive rumination about marriage and desire for it (30).

Also, in Mardani et al.'s research, thirty female students were selected at Shahid Beheshti University and randomly assigned to experimental and control groups. The instruments used in this study were pre-marriage phobia questionnaires. Avoidance Style. and Compensation, which were completed in the pretest, post-test, and follow-up stages. The experimental group received eight sessions of group schema training, and the control group received no treatment. The results showed that schema therapy could reduce spouse fear, fear of spouse restraint, fear of self, avoidance coping styles, and excessive compensation in married college students (18). During education, by processing their childhood experiences, people can discover the root of their current disability and dependency and correct beliefs based on disability to act independently in their affairs and make independent decisions about various aspects of their lives, including marriage. For example, in impaired restrictions, people have not learned the skill of following rules and restrictions (30). Moreover, in marriage, they cannot use this skill and accept the rules and frameworks of marriage. As a result, they avoid doing this by avoiding or compensating for the excess and entertaining themselves by studying. In education, after identifying the root of reluctance to marry, with different techniques, cognitive, emotional, and behavioral, adaptive beliefs become replaced with dysfunctional beliefs and attitudes so that they behave more responsibly in their relationships and do not use previous unhealthy styles (31).

In the field of cutting and rejection, people with schemas related to this field do not have a wellsatisfied need for security in childhood, and such people believe that their need for stability, security, love, affection, and belonging will not be fulfilled. For example, people with a schema of imperfection and shame usually avoid intimate relationships and, about others, often allow the other party to criticize and humiliate them (32).

Also, people with the schema of abandonment say they avoid intimate relationships because they are afraid of losing the person they want (33). During the training, the person becomes aware of the roots of his/her beliefs about his/herself, his/her communication style and confrontations, and reduces thoughts and behaviors based on dissatisfaction through behavioral exercises based on establishing safe relationships and using communication opportunities in family and friends (34).

In another area of orientation, individuals seek to satisfy the needs of others instead of meeting their own needs, and they do this to achieve approval (35).

As a result, they either have a disrupted decision-making process in the marriage process. They cannot prioritize their wishes over their parents' views or challenge the marriage path in high-risk relationships such as an encounter with narcissistic and expectant people or playing a highly loving and affectionate role and will eventually have painful experiences (36).

This study, like other studies, had some limitations, including the fact that the target population was only single girls, so it is suggested that in future research, single boys should be examined with the same variables. Also, since the study population was single girls, it may have slight generalization in other communities, so it is suggested that future research examine people who also intend to remarry.

Also, it is suggested that other interventions, such as emotional approaches that address root issues, such as schema therapy and other essential interventions in marriage, be used in future studies.

Conclusion

This study showed that premarital schematic education had a significant effect on the marriage desire and maladaptive schemas of single girls. The results of this study can be used by family and marriage counselors.

Acknowledgements

The authors declare any financial support or conflict of interest. All participants who participated in implementing this research appreciated. The article has been registered with the code number of ethics IR.IAU. KHUISF. REC. 1399.266.

References

1. Lamanna MA, Riedmann A, Stewart SD. Marriages, families, and relationships: Making choices in a diverse society. Boston: Cengage Learning; 2020: 109-37.

2. Martines LV. Humanist marriages: A study of five families. The social world of the Florentine humanists. 1390-1460. Toronto: University of Toronto; 2017: 199-237.

3. Barbaras R. Life, movement, and desire. Research in phenomenology 2018; 38(1): 3-17.

4. Riahi M, Khayatan F. [The relationship between attitudes toward parents, trust in interpersonal relationship and attitudes to premarital relationship with a desire to marry the young single in Isfahan city]. Journal of woman and family studies 2018; 6(1): 469-92. (Persian)

5. Statistical Center of Iran. Available from: URL; https://www.amar.org.ir/. 2018 (Persian)

6. Porzoor P, Narimani M, Shojaei A, Ebrahimi M. [The role of hope (basis of Islamic attitude), life meaning and irrational beliefs in predicting tendency to marriage in university students]. Culture in the Islamic university 2015; 16(3): 365-84. (Persian)

7. Sadeghi M, Ghaderijavid S, Shalani B. [Prediction of marital commitment based on personality traits, Attachment styles, and religious orientation in married students]. Journal of research on religion and health 2019; 5(3): 18-31. (Persian)

8. Jahanbakhshi Z, Kalantarkousheh SM. [Relationship between dimensions of early maladaptive schemas and desire for marriage among females and males' students at Allameh Tabatabai University]. Family counseling and psychotherapy 2012; 2(2): 234-56. (Persian)

9. Abbasi M, Ramzifard M, Lotfi sarjini A, Ghezelseflo M. [The effect of schema therapy on marriage values and the marriage tendency in single girls in Tehran]. Community health journal 2019; 13(2): 45-55. (Persian)

10. Kunst H, Lobbestael J, Candel I, Batink T. Early maladaptive schemas and their relation to personality disorders: A correlational examination in a clinical population. Clin Psychol Psychother 2020; 27(6): 837-46.

11. Zabeti A, Jafari S. [Structural model of parenting styles, early maladaptive schemas and narcissistic personality traits in adolescents]. Journal of applied psychology 2018; 12(2): 285-302. (Persian)

12. Bach B, Lockwood G, Young JE. A new look at the schema therapy model: organization and role of early maladaptive schemas. Cogn Behav Ther 2018; 47(4): 328-49.

13. Rostami M, Navabinejad S, Farzad V. [The construction, reliability and validation of a questionnaire for assessing the patterns and premarital injuries]. Journal of applied psychology 2019; 13(3): 453-73. (Persian)

14. Mahmoudi F, Mahmoudi A, Nooripour R. [Relationship between early maladaptive schemas and safe communications in married students]. Journal of research and health 2017; 7(3): 779-87. (Persian)

15. Arntz A, Jacob G. Schema therapy in practice: An introductory guide to the schema mode approach. New Jersey: John Wiley and Sons; 2017: 103-17.

16. Hamidpour H, Dolatshai B, Shahbaz AP, Dadkhah A. [The efficacy of schema therapy in treating women's generalized anxiety disorder]. Iranian journal of psychiatry and clinical psychology 2011; 16(4): 420-31. (Persian)

17. Young J, Klosko J, Wischer M. [Schema therapy, a practical guide for clinical specialists]. Hamidpour H, Andouz Z. Tehran: Arjmand; 2003: 258-81. (Persian)

18. Mardani F, Tishekani Z, Rostami M, Alipour E. [The effectiveness of schema therapy on coping styles of avoidance, compensation, and marriage fear of female students]. Quarterly journal of scientific research of woman and culture 2019; 11: 71-86. (Persian)

19. Haydari M, Mazaheri MA, Pouretemad HR. [The development and standardization of the marriage interest questionnaire for university students]. Journal of psychology 2004; 8(3): 31-40. (Persian)

20. Phillips K, Brockman R, Bailey PE, Kneebone II. Young Schema Questionnaire – Short Form Version 3 (YSQ-S3): Preliminary validation in older adults. Aging Ment Health 2019; 23(1): 140-7.

21. Oei TP, Baranoff J. Young Schema Questionnaire: Review of psychometric and measurement issues. Aust J Psychol 2007; 59(2): 78-86.

22. Ahi G, Mohammadifar MA, Besharat MA. [Reliability and validity of Young's Schema Questionnaire-Short Form]. Journal of psychology and education 2007; 37(3): 55-64. (Persian)

23. Arntz A, Jacob G. Schema therapy in practice: An introductory guide to the schema mode approach. Borabadi H. (translator). 3nd ed. Tehran: Asbar; 2017: 301-50. (Persian)

24. Beheshti SA. [Premarital counseling: Applied method for specialists with diagnostic-applied training to test early incompatible schemas]. 1st ed. Tehran: Ravan Sangi; 2019: 75-99. (Persian)

25. Skeen M. [Love me, don't leave me: Overcoming fear of abandonment and building lasting, loving relationships]. Monafi D, Monafi S. (translator). 1st ed. Tehran: Argmand; 2014: 66-81. (Persian)

26. Young J, Klosko J. Reinventing your life: The break though program to end negative behavior and feel great again. New York: Plume; 1994: 270-99.

27. Bashiri T, Golmohammadian M, Hojatkhah S. [Effectiveness of schema therapy on dysfunctional attitudes mate selection in female students]. Counselling culture and psychotherapy 2016; 7: 171-88. (Persian)

28. Bakos DS, Gallo AE, Wainer R. Systematic review of the clinical effectiveness of schema therapy. Contemp Behav Health Care 2015; 1(1): 5-11.

29. Farhadi F, Zandkarimi G, Jafari M. [The effectiveness of group cognitive therapy by Michael Ferry on reducing initial maladaptive schemes and coping strategies for girls in the spade of marriage]. Journal of psychological studies 2019; 14(4): 37-54. (Persian)

30. Brigman K. Happy marriages and strong families: A spiritual journey. Minnesota: Quality Books; 2012: 112-26.

31. Mohammadi S, Hafezi F, Ehteshamzadeh P, Eftekhar Saadi Z, Bakhtiarpour S. [Effectiveness of schema therapy and emotional self-regulation therapy in the components of women's marital conflicts]. Journal of client-centred nursing care 2020; 6(4): 277-88. (Persian)

32. Sangani A, Dasht Bozorgi Z. [The effectiveness of schema therapy on general health, ruminating and social loneliness of divorce women]. Journal of psychological achievements 2018; 25(2): 201-16. (Persian)

33. Körük S, Özabacı N. Effectiveness of schema therapy on the treatment of depressive disorders: A meta-analysis. Current approaches in psychiatry 2018; 10(4): 22-31.

34. Videler AC, van Alphen SP, van Royen RJ, van der Feltz-Cornelis CM, Rossi G, Arntz A. Schema therapy for personality disorders in older adults: a multiple-baseline study. Aging Ment Health 2018; 22(6): 738-47.

35. Oraki M. The effectiveness of the schema therapy on depression and relapse in heroin-dependent individuals. Iranian journal of health psychology 2019; 2(1): 9-18.

36. Khatamsaz B, Forouzandeh E, Ghaderi D. Effectiveness of schema therapy on marital satisfaction and marital relationship quality in married women. International journal of educational and psychological researches 2017; 3(1): 11-23.