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Effectiveness of Schema Therapy on Components of Love and Emotional Empathy in Single Women with Fear of Marriage

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Abstract

Objective: This study aimed to examine the effectiveness of schema therapy on the components of love and emotional empathy in single women with a fear of marriage.

Materials and Methods: The research method was semi-experimental with a pretest-posttest and follow-up design with a control group. The statistical population included all female students at Payame Noor and Azad universities in Semirom in 2023. Participants were selected based on inclusion and exclusion criteria. A total of 30 individuals were chosen through convenience sampling and randomly assigned to experimental and control groups (15 individuals in each group). A pretest was administered to both groups. The experimental group received schema therapy over 8 sessions, while the control group did not receive any intervention. Data were collected using the Sternberg Love Components Questionnaire (1996), the Baron-Cohen and Wheelwright Emotional Empathy Questionnaire (2004), and the Delkhamoosh Fear of Marriage Questionnaire (2007). The data were analyzed using repeated measures analysis of variance (ANOVA) in SPSS version 23.

Findings: The results showed that schema therapy significantly increased the components of love and emotional empathy in single women with a fear of marriage. The therapeutic effects were maintained during the follow-up phase (F = 9.95, P < 0.01).

Conclusion: Based on the findings of this study, schema therapy can be utilized to enhance the components of love and emotional empathy in single women with a fear of marriage.

Keywords: Fear of marriage, schema therapy, emotional empathy, components of love, women.

1. Introduction

M arriage is highly valued worldwide due to its role in fostering the foundation of families, which not only fulfill economic

and reproductive functions but also provide significant social support (Schoenmakers & ten Bruggencate, 2024). According to Erikson (1982), the primary developmental task for young adults is navigating the psychosocial stage of "intimacy versus isolation." Researchers argue that individuals resolve these identity challenges either through marriage and raising children or by forming relationships that allow them to build their identity around caring for others (Navabi Far et al., 2021).

Statistics indicate a substantial shift in the average age of marriage for women. Between 1985 and 2011, there was a gradual increase in marriage age, with the trend accelerating in the past two decades. In Iran, the average age of marriage for women rose from 19 years in 1985 to 20 years in 1996, 21 years in 2001, 22 years in 2006, and 23.5 years in 2011. By 2014, the average age had reached 28 years, and the proportion of women over 30 marrying increased from 12.5% in 2013 to 14.5% in 2014 (Farvardin et al., 2022).

Society assumes that everyone will find a partner to marry, and those who do not often face social dissatisfaction. While some believe delayed marriage is a positive trend, allowing for greater maturity and readiness—particularly economic and occupational readiness—subsequent research has challenged this assumption, especially regarding family stability and child well-being (Girgis et al., 2011; Haslam & Montrose, 2015).

Globally, many men and women avoid marriage due to fear of its responsibilities, opting to remain single. Women, in particular, often resist marriage because they fear being relegated to traditional roles and being obligated to submit to the husband as the family head (Rostami et al., 2002).

Expectations regarding finding a partner often differ before and after marriage. Individuals expect their spouses to simultaneously play the roles of friend, confidant, sexual partner, counselor, and even parental figure. Misguided perceptions about marriage and partner selection are significant factors contributing to unsuccessful marriages (Kavehi Sedehi et al., 2020).

Delayed marriage has negative psychological consequences for women, stemming from societal stigma, fertility concerns, and labeling, which can result in various mental health issues. Understanding the trend toward later and less frequent marriage is particularly important in societies with low fertility rates, limited alternatives to marriage, and where childbearing outside of marriage is uncommon (Saqezi & Gol Mohammadian, 2021).

Among the traits influencing attitudes and willingness to marry in single women with a fear of marriage, love

components stand out. Love is considered a fundamental criterion for selecting a life partner (Sprecher & Hatfield, 2017). According to Fisher (2004), love encompasses a variety of feelings, situations, and attitudes, ranging from interpersonal affection to pleasure, and represents a strong attraction and personal attachment (Atashpour et al., 2019; Hormozi et al., 2014).

The components of love describe how individuals define love in the context of romantic relationships, shaping their feelings and behaviors. Previous research demonstrated that love is highly valued as a prerequisite for marriage, slightly more so among women than men. Commitment and intimacy are considered the most desirable aspects of love for those preparing for marriage, whereas passion is seen as the least satisfying element (Sprecher & Hatfield, 2017).

One critical higher-order cognitive social function is empathy—a psychological construct comprising cognitive (recognizing emotions) and affective (responding to emotions) components. Emotional empathy refers to the range of reactions one has to the emotions or situations of others, including sympathy, empathic anger, and joy. It is conceptualized as an emotional response to another's experiences, which can take various forms (Abbasi et al., 2020; Atashpour et al., 2019).

Empathy is essential for healthy emotional development in childhood and successful interpersonal relationships throughout life. Some researchers argue that empathy involves a specific emotional reaction of compassion or concern for others. Emotional empathy is critical for successful social interactions and facilitating prosocial behavior, as those with emotionally empathetic partners experience less negative affect during emotional disclosures and reduced sympathetic nervous system reactivity in stressful tasks (Weisz & Cikara, 2021).

Empathy plays a significant role in forming and maintaining interpersonal relationships, both before and after marriage. Therapeutic approaches that enhance the relevant personality traits of single women with a fear of marriage and address their critical needs can help improve their willingness and attitude toward marriage. Marriage counselors and therapists increasingly recognize the importance of premarital education to reduce errors and poor partner selection, correct dysfunctional beliefs about marriage, and prevent marriage breakdowns. Schema therapy is a promising approach that focuses on identifying maladaptive schemas and life traps in premarital counseling. Schemas function as frameworks for processing information, determining individuals' emotional responses

to life situations and interpersonal relationships (Abbasi et al., 2020; van Dijk et al., 2023).

Adults develop expectations of others' behavior based on childhood experiences. Insecure attachment with caregivers is linked to the formation of schemas, particularly those related to rejection, which increase the likelihood of interpersonal problems in adulthood (Mokhtari et al., 2021). Schema activation in adulthood biases the encoding of social information, preventing adaptive processing and potentially leading to maladaptive coping strategies such as surrender, avoidance, or overcompensation (Fadavi et al., 2021).

Research findings indicate that marital meanings are associated with early family experiences and shape individuals' understanding of marital relationships. Schemas influence the formation of love stories and styles, determining the type of schemas that lead to particular love stories and styles, and thus affecting partner selection (Fadavi et al., 2021; Mokhtari et al., 2021; van Dijk et al., 2023).

Causes of delayed marriage include structural barriers, marriage risks, family disengagement, anomie, changing preferences in spouse selection, cost-benefit analyses of marriage, psychological implications of prolonged singleness, societal immorality, and rethinking female identity (Bagheri et al., 2019; Mokhtari & Manshaei, 2021). Although late marriage is not necessarily a problem, researchers regard it as a critical demographic and social phenomenon that conflicts with sustainable population development. Additionally, social issues arising from delayed marriage, such as the "leftover singles" problem, create stress for individuals and hinder social harmony and stability (Zarean, 2018; Zargan, 2018).

This study examines the effectiveness of schema therapy on the components of love and emotional empathy in single women with a fear of marriage.

2. Methods and Materials

2.1. Study design and Participant

This study employed a semi-experimental design with a pretest-posttest and follow-up framework, accompanied by a control group. The statistical population consisted of female students aged 35 and older from Payame Noor and Azad Universities in Semirom during 2023. The Fear of Marriage Questionnaire was distributed among these individuals, and 30 students who scored high on the questionnaire were selected. It is worth noting that for interventional studies, a sample size of 15 participants per

subgroup is sufficient (Janovsky, Rock, Thorsteinsson, Clark, & Murray, 2020).

From the pool of participants meeting the inclusion criteria, 30 individuals were randomly assigned to two equal groups of 15 (an intervention group and a control group). Inclusion criteria included being over 35 years old and scoring above 57 on the Fear of Marriage Questionnaire, a threshold indicating significant fear of marriage and insufficient motivation for marriage (Shorey, Strauss, Zapor, & Stuart, 2017). Other inclusion criteria were the absence of individual counseling or psychological services during the treatment sessions and no physical or mental illnesses, as determined through diagnostic interviews. Exclusion criteria included unwillingness to participate and absence from more than three treatment sessions.

After participant selection and group allocation, the intervention group underwent schema therapy in eight 90-minute weekly sessions, while the control group received no intervention. Both groups completed the questionnaires at pretest, posttest, and follow-up stages.

Since the study focused on single women with a fear of marriage, ethical considerations were strictly observed. These included obtaining informed consent, ensuring confidentiality and privacy, securing participant approval for data collection, and avoiding biases.

2.2. Measures

2.2.1. Love Components

The Sternberg Love Components Questionnaire was used to assess love components. It consists of 45 items divided into three subscales: intimacy (first 15 items), passion (next 15 items), and commitment (last 15 items). Responses are rated on a 9-point Likert scale (1 = strongly disagree to 9 = strongly agree), with higher scores indicating greater levels of intimacy, passion, and commitment. Sternberg (1997) reported the questionnaire's reliability as 0.90. In the Persian version, validated by Hafezi et al. (2006), the Cronbach's alpha for the questionnaire was 0.92, with 0.96 for intimacy, 0.92 for passion, and 0.95 for commitment (Saqezi & Gol Mohammadian, 2021; Sprecher & Hatfield, 2017). For this study, reliability was assessed using Cronbach's alpha.

2.2.2. Emotional Empathy

Emotional empathy was measured using the Baron-Cohen and Wheelwright (2004) Empathy Quotient. This questionnaire comprises 40 items rated on a 4-point Likert

scale and includes three subscales: cognitive, social skills, and emotional reactivity. Responses indicating mild empathy score 0, and responses showing strong empathy score 2. The total empathy score ranges from 0 to 80. Baron-Cohen and Wheelwright (2004) reported a reliability of 0.97 and a Cronbach's alpha of 0.92, indicating high validity and reliability (Jahari, 2014; Jomehpour & Mahmoudipour, 2018). In this study, reliability was reassessed using Cronbach's alpha.

2.2.3. Fear of Marriage

The Fear of Marriage Questionnaire by Ismailpour and Nurmohammadi (2022) was used to assess participants' fear of marriage. The questionnaire consists of 19 items and measures concerns about future spouses, interpersonal differences, and restrictions on career and education. Responses are rated on a 5-point Likert scale (1 = very low to 5 = very high), with scores ranging from 5 to 95. Higher scores indicate greater fear of marriage. The questionnaire's internal consistency reliability was reported as 0.91, and its split-half reliability using the Spearman-Brown method was 0.82 (Fereydonpour et al., 2020; Vafaeinezhad et al., 2023). In this study, reliability was calculated using Cronbach's alpha.

2.3. Intervention

2.3.1. Schema Therapy

Session 1: Establishing rapport, conducting the pretest, introducing members, explaining group rules (e.g., confidentiality, listening, respect), signing a contract, identifying participants' current problems (e.g., dysfunctional attitudes toward marriage and partner selection), and evaluating participants' suitability for schema therapy by exploring family and life history related to marriage.

Session 2: Teaching schemas and coping styles, linking current problems and dysfunctional attitudes toward marriage to schemas, and providing examples related to marriage and partner selection.

Session 3: Implementing cognitive techniques to challenge identified schemas, introducing cognitive logic techniques, schema validity testing using marriage-related examples, employing empathic confrontation, and redefining schema-confirming evidence.

Session 4: Using cognitive techniques to address maladaptive coping responses, assessing the advantages and disadvantages of coping responses, engaging in dialogue between healthy aspects and schema-related attitudes toward partner selection, and developing educational cards related to marriage and partner selection.

Session 5: Implementing experiential techniques to address unmet emotional needs, explaining the rationale for experiential techniques (e.g., battling partner-selection schemas emotionally), engaging in imagery exercises related to partner selection, linking past imagery to current ideal partners, and conducting imaginative dialogues.

Session 6: Implementing behavioral pattern-breaking methods, explaining the logic and objectives of behavioral techniques, creating a list of problematic behaviors, prioritizing issues, and enhancing motivation for behavioral changes related to partner selection.

Session 7: Employing behavioral techniques to facilitate attitudinal and behavioral changes, practicing healthy behaviors through imagery and role-play, overcoming barriers to change, and implementing significant life changes related to attitudes toward marriage.

Session 8: Concluding the therapy and conducting the posttest, summarizing previous sessions, reviewing the consequences of dysfunctional attitudes toward partner selection, scheduling posttests one week after the final session, and planning a follow-up session 45 days later.

2.4. Data Analysis

Data were analyzed using SPSS version 26. The Kolmogorov-Smirnov test was used to check for data normality. ANCOVA was used to compare the pretest and posttest means between the two groups. The significance level for the tests was set at 0.05.

3. Findings and Results

The study participants consisted of 30 single female students aged 35 and above, who had a fear of marriage. They were equally divided into experimental and control groups, each containing 15 participants. The study investigated the effect of Young's schema therapy intervention on the components of love and emotional empathy among these women. Descriptive statistics are presented in Table 1.

Table 1

Descriptive Statistics of Dependent Variables by Group (Each group = 15)

Variable	Group	Pretest Mean (SD)	Posttest Mean (SD)	Follow-up Mean (SD)
Components of Love	Schema Therapy	285.60 (45.95)	313.33 (41.57)	311.20 (42.05)
	Control	289.93 (45.45)	288.93 (44.02)	289.26 (44.06)
Emotional Empathy	Schema Therapy	33.13 (3.94)	43.13 (7.00)	42.80 (6.49)
	Control	33.26 (4.39)	33.33 (4.33)	33.33 (4.32)

As shown in Table 1, the mean scores for the components of love and emotional empathy increased significantly in the experimental group compared to the control group in the posttest and follow-up phases. For example, in the experimental group, the pretest mean (SD) for the components of love was 285.60 (45.95), which increased to 313.33 (41.57) in the posttest. Similarly, the pretest mean (SD) for emotional empathy was 33.13 (3.94), which rose to 43.13 (7.00) in the posttest.

No notable changes were observed in the control group. Repeated measures ANOVA was used to compare the experimental and control groups regarding within-group and between-group changes. The assumptions for this analysis, including normal distribution of scores, homogeneity of variance, and equality of covariance matrices, were examined.

A one-way ANOVA was conducted to compare the groups at the pretest stage and confirm their homogeneity. The results indicated no significant differences in the pretest scores for any variables, ensuring the groups were comparable at baseline. For instance, the F-statistics and p-values for the components of love and emotional empathy were F=0.143, p=0.934, and F=0.667, p=0.576, respectively.

To test the assumption of normality, the Shapiro-Wilk test was used, and the null hypothesis of normal distribution was not rejected ($p > 0.05$). Homogeneity of variances was tested using Levene's test, which confirmed equality of variances across the groups ($p > 0.05$). Mauchly's test was used to examine sphericity; since the assumption of sphericity was violated ($p < 0.05$), Greenhouse-Geisser adjustments were applied for repeated measures ANOVA.

Table 2

Results of Repeated Measures ANOVA for Within-Subject Effects on Components of Love and Emotional Empathy

Source	Test	SS	df	MS	F	p	Effect Size (η^2)	Power
Time (Components of Love)	Sphericity Assumed	40946.678	2	20473.339	169.233	0.001	0.751	1.000
	Greenhouse-Geisser	40946.678	1.022	40047.663	169.233	0.001	0.751	1.000
	Huynh-Feldt	40946.678	1.079	37932.014	169.233	0.001	0.751	1.000
Time × Group (Components of Love)	Sphericity Assumed	20390.522	6	3398.420	28.091	0.001	0.601	1.000
Time (Emotional Empathy)	Sphericity Assumed	2947.244	2	1473.622	189.302	0.001	0.772	1.000
	Greenhouse-Geisser	2947.244	1.105	2666.562	189.302	0.001	0.772	1.000
Time × Group (Emotional Empathy)	Sphericity Assumed	1006.222	6	167.704	21.543	0.001	0.536	1.000

The results in Table 2 indicate significant differences in the mean scores for the components of love and emotional empathy across the study phases ($p < 0.001$). Additionally, the interaction effect of time and group membership on these variables was significant ($p < 0.001$).

Bonferroni post hoc comparisons (Table 3) revealed significant differences in the components of love and emotional empathy between the pretest and posttest, as well as between the pretest and follow-up, in the experimental group ($p < 0.001$). However, no significant differences were observed between the posttest and follow-up phases in this group ($p > 0.05$). In the control group, no significant differences were found across any of the three phases ($p > 0.05$).

Table 3

Bonferroni Post Hoc Test Results for Mean Comparisons of Components of Love and Emotional Empathy

Group (Variable)	Phase 1	Phase 2	Mean Difference	p
Schema Therapy (Components of Love)	Pretest	Posttest	-27.73	0.001
		Follow-up	-25.60	0.001
	Posttest	Follow-up	2.13	0.159
Schema Therapy (Emotional Empathy)	Pretest	Posttest	-10.00	0.001
		Follow-up	-9.66	0.001
	Posttest	Follow-up	0.33	0.942

In summary, within-group effects in the schema therapy group showed significant increases in the mean scores for the components of love and emotional empathy from pretest to posttest and pretest to follow-up. Scores remained stable between posttest and follow-up. In contrast, no significant changes were observed in the control group across all phases.

4. Discussion and Conclusion

The aim of this study was to examine the effectiveness of schema therapy on the components of love and emotional empathy among single women with a fear of marriage. The results of the repeated measures ANOVA indicated a significant effect of schema therapy compared to the control group on improving love and emotional empathy components. This effect persisted into the follow-up phase.

Regarding the effectiveness of schema therapy on enhancing the dimensions of love, Sternberg's theory suggests that love consists of three components: passion, commitment, and intimacy. Intimacy encompasses emotions, sharing thoughts and feelings, adaptability, attachment, commitment, sexual desire, conflict resolution, autonomy, and guidance. Fear of intimacy, which reflects a limited capacity to share thoughts and emotions with someone significant, is a critical factor in the failure of relationships. Individuals scoring high in fear of intimacy struggle with positive relationships and self-disclosure, leading to lower relationship satisfaction.

Intimacy is described as a feeling that fosters closeness and connection, involving various dimensions, including emotional, psychological, intellectual, sexual, spiritual, aesthetic, social, recreational, and marital intimacy. Additionally, commitment is a crucial component of a successful marriage. Without commitment, marital relationships lack depth and direction, preventing couples from experiencing the profound love and intimacy that loyalty and dedication to marriage bring. Commitment is

categorized into personal commitment (willingness to continue the relationship), moral commitment (ethical loyalty to the marriage), and structural commitment (barriers to leaving the relationship).

Schema therapy appears to improve attitudes toward intimacy, passion, and commitment. Participants learned that maladaptive schemas influence their coping styles—overcompensation, surrender, and avoidance—when addressing life challenges like marriage. Overcompensation perpetuates maladaptive schemas, while surrender reinforces them through cognitive distortions and self-damaging behavioral patterns. Avoidance strategies, whether cognitive, emotional, or behavioral, prevent individuals from embracing new experiences, including marriage.

Participants also became aware of how schemas bias their interpretations of events, manifesting in interpersonal relationship issues such as misunderstandings, distorted views of potential spouses, unrealistic expectations of marriage, and dysfunctional values and beliefs about marriage.

Although no prior studies have specifically investigated the effects of schema therapy on love and empathy in this population, the findings align with research supporting the efficacy of interventions targeting constructs related to marriage. For example, programs focused on relationship awareness (Abbasi et al., 2020), pre-marital counseling (Khanbani et al., 2022), and structured pre-marital training models (Kavehi Sedehi et al., 2020) have demonstrated similar benefits. Moreover, studies targeting love and empathy have shown success in improving these constructs through methods like psychological capital training (Pirhadi et al., 2022) and acceptance and commitment therapy (Schoenmakers & ten Bruggencate, 2024).

Emotional empathy, a higher-order social cognition construct, comprises cognitive (understanding emotions) and affective (responding to emotions) components. Emotional empathy involves reactions such as sympathy,

empathic anger, and joy. It is crucial for healthy emotional development in childhood and successful interpersonal relationships throughout life. Emotional empathy fosters social interactions and prosocial behavior by focusing on others' needs rather than personal distress (Weisz & Cikara, 2021).

Schema therapy improved participants' emotional empathy by addressing maladaptive schemas related to deprivation, such as a lack of affection, empathy, and support. Participants learned cognitive, emotional, and behavioral strategies to address these deficits, resulting in improved empathy and overall well-being. Schema therapy also enhanced participants' self-awareness, understanding of underlying fears and avoidance behaviors, and ability to modify their thoughts and actions, enabling closer, more empathetic interpersonal relationships.

5.   Limitations and Suggestions

This study has limitations that must be considered when generalizing the findings. The sample consisted solely of female students, and convenience sampling was used, limiting the applicability of the results to other populations, particularly single men with a fear of marriage. Future research should examine diverse populations, including males, and incorporate additional psychological variables such as attachment styles, identity styles, and schema-related mindsets.

The findings suggest that schema therapy is an effective, affordable, accessible, and practical approach to reducing fear of marriage and improving psychological characteristics. Psychological and marital counseling centers are encouraged to adopt schema therapy alongside other therapeutic methods to address such issues.

Authors' Contributions

This article is derived from the doctoral dissertation of the first author, who conducted the research and wrote the manuscript. The second author supervised the study, and the third author provided consultation on the research process.

Declaration

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

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