



Prediction of marital disaffection based on early maladaptive schemas with the mediation of cognitive emotion regulation in working women

Elahe Basiri Fard ¹, Fatemeh Salameh Zavareh ^{2*}

¹ Master of Science in General Psychology, Department of Psychology, Badroud Branch, Islamic Azad University, Isfahan, Iran.
E-mail: basiri@gmail.com

² Corresponding author, Master of Science in General Psychology, Department of Psychology, Badroud Branch, Islamic Azad University, Isfahan, Iran. E-mail: nedaydaroon.psy@gmail.com

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ABSTRACT

The present study aimed to predict marital disaffection based on early maladaptive schemas with the mediation of cognitive emotion regulation in working women. This research was applied in terms of objective and correlational descriptive in terms of method, which was implemented using structural equation modeling. The statistical population of this research consisted of all working women studying in the Islamic Azad University of Karaj branch in the second semester of 2023-2024, and 308 of them were selected by available sampling method. The study tool included the Marital Disaffection Scale by Kayser (1996); the Young's Schema Questionnaire short version (1998) and the Cognitive Emotion Regulation Questionnaire by Garnefski et al.'s (2001). The structural equation modeling method was used to analyze the data. The results showed that marital disaffection is predicted based on early maladaptive schemas in working women ($P=0.001$, $\beta=0.400$). Marital disaffection is predicted based on maladaptive ($p=0.001$, $\beta=0.449$) and adaptive ($p=0.001$, $\beta=-0.378$) strategies of cognitive emotion regulation in working women. Marital disaffection is predicted based on early maladaptive schemas with the mediation of maladaptive ($P=0.001$, $Z=4.11$) and adaptive strategies ($P=0.001$, $Z=3.73$) cognitive regulation of emotion in working women.

Introduction

One of the most important problems in the lives of couples is marital boredom. Marital boredom results from a mismatch between the couple's facts and expectations, and its severity depends on the compatibility of the couple and their beliefs (Jaffari et al., 2021). Kaiser (1993) defined marital boredom as a gradual loss of "emotional attachment", which includes a decrease in attention to the spouse, "emotional alienation", and an increase in feelings of discouragement and indifference towards the spouse, and includes three stages: 1) "Disappointment and despair": The characteristic feature of this stage is disappointment in marital relations. In this stage, the disappointed person ruminates on his or her disappointment towards his or her spouse in complete silence; 2) "Anger and hatred": The clearest feeling in this stage is the feeling of hatred, which seems to be caused by the recurrence of negative and harmful behaviors of the husband and wife. Because ignoring the partner's mistakes, which was easy in the first stage, becomes difficult at this stage; 3) Despondency and indifference: "Emotional and physical



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distancing" is the characteristic of the last stage of the burnout process. Unlike the previous stage, anger and hatred are reduced to some extent and emotional coldness increases significantly. Also, the restorative behaviors of the previous stages do not take place at this stage due to blaming the partner for causing the problems. Marital burnout is a cumulative process and if it develops further, it can reduce the emotional bond between partners. The experience of burnout in one couple can be quickly transferred to the other couple, and this process can be continuously transferred between both couples. The consequences of this phenomenon include the lack of satisfaction of the needs and desires of the couples, disruption of intimate relationships, stress, failure, disappointment, anger, marital conflicts and sexual problems (Haqparast et al., 2023). Marital burnout is related to how couples communicate, resolve conflict, and have interpersonal skills, and couples who are more skilled in these areas experience less burnout (Nejatian et al., 2021).

According to the schema model, emotional and marital experiences, interpersonal skills, and conflict resolution, emotional pain, and psychological distress may be related to early maladaptive schemas that develop as a response to unmet core emotional needs from childhood. Schemas are conceptualized as "highly stable and enduring themes, consisting of memories, emotions, cognitions, and bodily sensations about the self and one's relationships with others" that are formed in childhood and are significantly dysfunctional (Veira, Kass, & Griffiths, 2023). In general, a schema is an abstract construct or pattern of distinct elements of an object or event that influences how one organizes and perceives incoming information (Pilkington et al., 2021). These schemas encompass beliefs, perspectives, and expectations about oneself, others, and the world that shape and give meaning to one's relationships, help to understand emotional experiences, and prevent the development of adequate emotional and interpersonal skills (Esmailian et al., 2022). Maladaptive schemas may exist in all individuals as important core beliefs that guide one's future assumptions about oneself and the world. These schemas can continue to exist unconsciously unless activated by a stressor or adverse situation. The presence of active maladaptive schemas can directly influence future behavioral responses and interpersonal associations, thereby increasing the risk of psychopathology (Tariq et al., 2021). In the schema model, schemas are divided according to five unmet emotional needs, which are called "schema domains," which are: 1. Cutoff and rejection, 2. Impaired self-regulation and functioning, 3. Impaired constraints, 4. Other-directedness, and 5. Excessive attention and inhibition (Young et al., 2006; translated by Hamidpour and Andoz, 1403).

Cognitive emotion regulation refers to the thinking styles that individuals use to change and manage their emotions in response to specific events and is considered part of cognitive coping (Mitchell et al., 2023). Cognitive emotion regulation strategies are cognitive responses to emotional events that consciously or unconsciously attempt to regulate the intensity or type of emotional experience or the event itself. Regulating emotions through cognition is essential for human life and helps individuals cope with their emotions after experiencing a stressful event (Hassani et al., 2024). Individuals use a variety of emotion regulation strategies when faced with stressful situations. These strategies include negative strategies including rumination, self-blame, blame others, and catastrophizing, and positive strategies including positive refocusing, positive reappraisal, acceptance, refocusing on planning, and perspective-taking (Garnofsky et al., 2009). People with early maladaptive schemas do not have sufficient ability to deal with different situations and are unable to deal appropriately with undesirable emotions such as marital stressors, and for this reason they always use undesirable coping strategies to deal with them (Pirayeh, 1401).

The results of the research indicate direct relationships between early maladaptive schemas and emotion regulation with marital burnout, as well as indirect relationships between early maladaptive schemas and phenomena related to marital problems through emotion regulation strategies. For example, in this regard, Asadpour et al. (2010) concluded that early maladaptive schemas are related to marital conflict and burnout and significantly predict them. Therefore, in order to reduce marital conflict and burnout, it was recommended to examine early maladaptive schemas and provide solutions for their improvement. Emadi et al. (2010) showed that adaptive and maladaptive cognitive emotion regulation mechanisms have a direct and significant relationship with women's marital burnout. Zadeh Mohammadi and Kordestanchi Aslani (2010) concluded that the relationship between early maladaptive schemas and spousal abuse is not a linear and simple relationship, and emotion regulation plays a mediating role in this relationship.

Women, as the most effective members of the family, who are responsible for the largest share of the internal administration of this social unit, play the most fundamental role in the upbringing and development of the members of society. As research shows, when marital life becomes boring, the well-being of the couple is jeopardized and this has harmful consequences for the family (Mahmoudian, Zanganeh Motlaq and Dehestani, 1400). From a review of the research background, it can be concluded that it is possible to design a model in which marital boredom is predicted based on early maladaptive schemas mediated by cognitive emotion regulation, and therefore the main purpose of this research is to answer the question of whether early maladaptive schemas, mediated by cognitive emotion regulation, predict marital boredom in working women?

Method

This research was applied in terms of its purpose and correlational in terms of its method, which was carried out using structural equation modeling. The statistical population of this study consisted of all female students of Badrud Azad University in the fall of 1403, from which 320 people were selected using convenience sampling.

Research Instruments

Marital boredom scale

Kaiser's (1996) marital boredom scale consists of 21 items that are scored on a 4-point Likert scale from not at all true of me = 1 to completely true of me = 4. Kaiser (1996) reported a Cronbach's alpha coefficient of 0.97 for this instrument. In this study, Kaiser (1996) reported a negative correlation between the boredom score and the perceived marital happiness scale ($r = -0.56$) and the marital intimacy scale ($r = -0.86$) as indicators of the variance of this instrument. Sadati et al. (2014) reported the convergent validity of this tool in a sample of 300 teachers in Ahvaz by calculating its correlation with the "Marital Burnout Scale" as 0.54 and the reliability by internal consistency method by calculating Cronbach's alpha coefficient for a sample of 300 teachers as 0.79.

Short version of Young's Schema Questionnaire

The short version of Young's Schema Questionnaire (1998) consists of 75 items and assesses 5 schema domains: cut-off and exclusion; impaired autonomy and performance; extraversion; excessive attention and inhibition; impaired limitations and 15 schemas on a 6-point Likert scale from completely true about me = 6 to completely false about me = 1. In Iran, Sadoughi et al. (2008) reported that the Cronbach's alpha coefficient for this instrument was 0.94 for the entire instrument and for the subscales in a range of 0.62 to 0.90. Explanatory factor analysis with Varimax rotation produced interpretable scales for all 15 schema subscales proposed by Young.

Cognitive Emotion Regulation Questionnaire

The cognitive emotion regulation questionnaire of Garnefsky et al. (2001) consists of 36 items that assess two categories of adaptive strategies with item numbers 2, 4, 5, 6, 7, 11, 13, 14, 15, 16, 20, 22, 23, 24, 25, 29, 31, 32, 33, 34 and maladaptive strategies with item numbers 1, 3, 8, 9, 10, 12, 17, 18, 19, 21, 26, 27, 28, 30, 35 and 36 on a Likert scale from never = 1 to always = 5. Hassani (2011) reported a Cronbach's alpha of 0.76 to 0.92 for this instrument. In Hassani's (2011) study, the results of principal component analysis supported the two-factor structure of the cognitive emotion regulation questionnaire and explained 74% of the variation.

Implementation Method

To collect data, after preparing the questionnaires online, the call for participation in this study was first placed online on virtual networks such as Instagram, along with a link to respond to the questionnaires. Thus, all people who were willing to participate in the study responded to the questionnaires by referring to the link to respond. After the number of participants reached the quorum, the data were extracted and prepared for analysis. Descriptive and inferential methods were used to analyze the data. In the descriptive section, demographic information and indicators such as mean and standard deviation were presented. The structural model fit was examined using fit indices, maximum likelihood estimation, and beta regression coefficients, and SPSS-22 and AMOS-24 software.

Findings

In the present study, 41 (12.81%) of the participants were in the age group of 25 to 30 years, 60 (18.75%) in the age group of 31 to 35 years, 101 (31.56%) in the age group of 36 to 40 years, and 117 (36.57%) in the age group of 41 to 45 years. 286 (89.38%) of the participants had bachelor's degrees and 34 (10.62%) had master's degrees. 259 (80.94%) of the participants in the present study were employed and 161 (19.06%) were unemployed.

Table 1- Correlation matrix of research variables.

Variables	1	2	3	4	5	6	7	8
1. Rejection	-							
2. Autonomy		0.351** -						
3. Impaired Function			0.321** 0.340** -					
4. Other-Directedness				0.342** 0.363** 0.329** -				
5. Vigilance					0.378** 0.331** 0.312** 0.405** -			
6. Adaptive Strategies						-0.411** -0.422** -0.443** -0.356** -0.327** -		
7. Maladaptive Strategies							0.411** 0.422** 0.443** 0.356** 0.327** -0.411** -	
8. Marital Burnout								0.333** 0.349** 0.456** 0.378** 0.467** -0.339** 0.411** -

P**<0/05, P**<0/01

Table 1 shows that there is a positive and significant relationship between early maladaptive schemas and maladaptive cognitive emotion regulation strategies and marital burnout, and a negative and significant relationship between early maladaptive schemas and adaptive cognitive emotion regulation strategies. Structural equation modeling consists of two parts: measurement model and structural model. In this study, the measurement model was first evaluated using confirmatory factor analysis and then the structural model was evaluated through structural equation modeling. To evaluate the measurement and structural model of the research, IMOS 24 software and maximum likelihood estimation and bootstrap method were used. Table 6-4 shows the fit indices of the initial measurement model.

Table 2- Fit indices of the measurement and structural research model.

Fit Indices	Chi-	Normalized	Root Mean	Adjusted	Goodness	Comparative
	Chi-Square	Chi-Square	Square Error of Approximation	Goodness of Fit Index	of Fit Index	Fit Index
	Square		(RMSEA)	(AGFI)	(NFI)	(NNFI)
Measurement Model	195.205	2.58	0.080	0.946	0.932	0.856
Structural Model	185.040	2.45	0.067	0.967	0.934	0.867
Acceptable	P >		< 3	< 0.080	> 0.90	> 0.90
						> 0.80

Values	0.05
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Table 2 shows that the obtained fit indices support the acceptable fit of the measurement model with the collected data. Table 2 shows that the obtained fit indices support the acceptable fit of the structural model of the research with the collected data.

Table 3 - Direct, total and indirect path coefficients.

Predictor variable - Mediator variable/criterion	Direct path coefficients						Total path coefficients				Probability value
	Unstandardized regression coefficient	Standard error	Standard regression coefficient	Probability value	Unstandardized regression coefficient	Standard error	Standard regression coefficient	Probability value	Unstandardized regression coefficient	Standard error	
Maladaptive schemas - marital boredom	0/469	0/077	0/400	0/001	0/056	0/012	0/001	0/789	0/389	0/045	0/324
Maladaptive Strategies - Marital Boredom	0/589	0/058	0/449	0/001	0/589	0/058	0/449	0/001			
Adaptive Strategies - Marital Boredom	-0/451	0/078	-0/378	0/001	0/451	0/078	0/378	0/001			
Incompatible schemas - incompatible strategies	0/432	0/080	0/383	0/001							
Maladaptive schemas - adaptive strategies	-0/432	0/067	-0/401	0/001							

Table 3 shows that marital burnout is predicted by early maladaptive schemas in working women ($P=0.001$, $\beta=0.400$). Marital burnout is predicted by maladaptive ($P=0.001$, $\beta=0.449$) and adaptive ($P=0.001$, $\beta=-0.378$) cognitive emotion regulation strategies in working women. Marital burnout is predicted by early maladaptive schemas through the mediation of maladaptive and adaptive cognitive emotion regulation strategies in working women ($P=0.001$, $\beta=0.324$).

Next, the Sobel test (Baron & Kenny, 1986) was used to calculate the separate role of each of the mediating variables of maladaptive and adaptive cognitive emotion regulation strategies in the relationship between early maladaptive schemas and marital burnout. The Sobel test is used to test the significance of the mediating effect of one variable in the relationship between two other variables.

Table 4- Sobel test to estimate the mediating role of variables of maladaptive and adaptive cognitive emotion regulation strategies.

Route	Z-statistic	Probability value
Maladaptive schemas - maladaptive strategies - marital boredom	4.11	0.001
Maladaptive schemas - adaptive strategies - marital boredom	3.73	0.001

Table 4 shows that marital burnout is predicted by early maladaptive schemas through the mediation of maladaptive ($P=0.001$, $Z=4.11$) and adaptive ($P=0.001$, $Z=3.73$) cognitive emotion regulation strategies in working women.

Discussion

Schemas in the area of exclusion and inclusion distort the inference from daily experiences in a way that intensifies the psychological distress caused by loneliness or social exclusion and weakens the ability to correctly interpret the emotions of others (Coakley et al., 2010). Schemas in the area of exclusion and inclusion are predictive of reduced self-acceptance and social isolation. In social isolation and alienation, the individual feels that he is different from others. Therefore, he withdraws from others and feels that he does not belong to a particular society or group. People with maladaptive initial schemas also have

difficulty accepting themselves, because the person initially feels alienated and strange to themselves, is unaware of their needs, weaknesses, and strengths, and does not make an effort to reconcile with themselves. This is while, just as they do not accept themselves, they refuse to accept others and establish intimate relationships (Aurang et al., 2017). A person with a defect/shame schema considers themselves to be an imperfect, undesirable, bad, and worthless person in the most important aspects of their personality, expecting others to reject and blame them (low optimism), feels insecure in the presence of others, and does not allow people to approach them due to the fear of being exposed (being exposed to others) and being humiliated. In other words, they are unable to understand their own and others' emotions, have low social skills, and experience high levels of negative emotions when the schema is activated, which they are unable to regulate (Yang et al., 2006).

People with schemas in the area of hypervigilance and inhibition with the perception of signs of threat and due to the failure to identify and describe their emotions, the inability to examine, evaluate, and modify emotional experiences, the acceptance of their own emotional responses and their negative emotions, high negative excitability, as well as tension, anxiety, and fear, which makes them unable to assess the situation correctly and apply effective strategies to change the situation and adapt their emotional responses (Abdi and Pak, 2019). In fact, increased alertness in individuals with hyperalertness domain schemas to threatening stimuli in the interpersonal context may contribute to and fuel emotional instability and interpersonal problems. In addition, emotional instability, suspicion, and interpersonal problems in individuals with distrust schemas lead to paranoid thinking resulting from tension and frustration of interpersonal expectations and hypersensitivity to interpersonal harm and abuse and incompatibility in marital relationships (Bach et al., 2016).

Individuals with inhibition domain schemas face limitations in expressing their emotions and in their capacity for hedonic pursuit; they often prefer solitude and avoid social activities and contacts. These individuals sometimes face tension and difficulty in relating to others. In fact, high levels of stress and anxiety are considered aspects of mental disorders or mental impairment in these individuals (Abdi and Pak 2019). Attempts to inhibit and suppress negative thoughts and emotions lead to limited emotional instrumentality and memory impairment. Individuals with high emotional inhibition show high psychophysiological reactivity to a wide range of emotional cues (Lynch et al., 2004). These individuals are emotionally restricted and experience emotional information as so fragmented and confusing that it leads to feelings of helplessness. Furthermore, since the ability to regulate emotions plays a central role in both identifying emotions and responding to and recovering from negative emotions through access to emotion regulation strategies, it will be difficult for these individuals to effectively regulate negative emotions and use more maladaptive coping strategies such as social and behavioral withdrawal and emotional inhibition (Hemming et al., 2019). Namjoo et al. (2012) suggested in a study that the failure and failure of individuals with a strict criteria schema to meet ideal expectations and unrealistic standards, whether from the individual or from important people, can lead to feelings of worthlessness, self-blame, and severe self-criticism in the individual, which leads to the emergence of negative emotional states or conditions such as depression or boredom. These individuals insist on controlling their emotions and believe that although humans are fallible and prone to distress, they should instead show strength by not self-disclosing and by being grateful for social support (Flett et al., 2014).

The reduction of self-esteem in individuals with a defect/shame schema in the area of cut and rejection is a maladaptive attitude that leads to the formation of an image full of inadequacy, deficiency, and dislike of oneself, such that such an individual feels a greater gap between his or her real self and ideal self, which prevents flexible observation of oneself and the occurrence of these experiences in order to obtain a useful perspective to guide actions and behaviors. Therefore, such an individual acts very reactively to thoughts, images, and memories in this area, which is likely to lead to preoccupation with thoughts in the area of avoiding situations and internal stimuli that exacerbate fears and negative conceptualizations related to the self. However, avoidance prevents self-acceptance and self-compassion (Moroz & Dunkley, 2019).

Furthermore, due to having schemas of exclusion and rejection, these individuals may experience the loss of friends, family support, etc., and may not establish intimate relationships with others due to fear and avoidance of rejection. In addition, it is possible that exclusion and rejection schemas prevent the

development of stable and consistent representations of themselves and others, which leads to an inability to cope adaptively with the environment and seek supportive behaviors. This behavior leads to social exclusion and isolation (Mohammadifar et al., 2013; Scott et al., 2009; Gainer et al., 2016). Researchers have argued that social isolation and separation are cognitive responses that are shown in response to threats to one's identity and self-esteem (Yuji et al., 2012). Social isolation is a social avoidance style that results from lack of social acceptance, abandonment and emotional deprivation and a coping strategy that is characterized by avoiding people and certain thoughts, memories and activities (Aftab, 2016; Girard et al., 2017). In general, it is the lack of a sense of importance and belonging in interpersonal relationships and the experience of loneliness that causes social withdrawal and a lack of pleasure. The perception of being burdened is characterized by a sense of self-loathing and indebtedness to others, which leads to low self-esteem and feelings of shame and guilt, and ultimately causes withdrawal (Lawas et al., 2018). Feelings of sadness and discomfort in people with schemas of the cut-off and rejection domain have negative consequences for social functioning and often cause withdrawal from individuals and society (Zikic et al., 2009).

The most important characteristics of people with an extraverted schema are domineering behavior, low self-esteem, anxiety, and separation fears (Pripjolkina et al., 2019). People with a high need for approval may place great importance on interpersonal interactions, which leads to greater anxiety (Stirs et al., 2016). In addition, lack of attention and approval of the person and blame from others cause anger and hostility, as well as interpersonal ambivalence in these people (Aftab, 2016); however, such people often express their anger towards themselves instead of others (Kumar et al., 2013).

Individuals with impaired constraint schemas are more likely to engage in conflict due to aggressive and hostile behaviors, which in turn increases their stress levels and reduces their social support (Boyett et al., 2013). Hostility is a characteristic of individuals with impaired constraint schemas who have a high sense of superiority and self-sufficiency and manipulate others by cheating and deceit. These characteristics are manifested by demanding, aggressive, and hostile behaviors towards others without considering the needs of others. In an effort to achieve dominance in social relationships and a sense of superiority, these individuals may be potentially alert to environmental threats and engage in bullying behaviors or harm others (Bach et al., 2016; Seo et al., 2008). Individuals with impaired constraint schemas exhibit self-ruthlessness, aggression, and dominance when faced with personal desires that conflict with their goals and desires, and are not concerned about the potentially harmful consequences of their choices and unethical decisions on others (Zigler-Hill et al., 2016). Individuals with a hostile trait resort to unethical behaviors to satisfy their needs, even if they endanger others (Vrabel et al., 2019). Dominance is a tool that protects the self-esteem of narcissists, who believe that by achieving power, they are defending their grandiose self-concept (Johnson et al., 2012); In this view, according to Baumeister et al. (2000), aggressive and hostile behaviors occur when narcissists explicitly disrupt this image with an exaggerated image of personal superiority in dealing with others (Baumeister et al., 2000). The inability to control impulses in the face of negative emotions and experiences without considering internal needs and desires in people with hostility and a lack of relative emotional responsiveness causes them to perceive others' aggressive responses as an attempt to challenge or ignore their internal needs (Abdi and Pak, 2019). Lack of attention and approval of the individual and blame from others, along with avoidance strategies, leads to intense emotions such as aggression and hostility, as well as interpersonal ambivalence, which is likely to lead to anxiety and depression (Aftab, 2016). Anger rumination is associated with a tendency to perpetuate hostile feelings, fantasies about revenge, and high levels of anger, which perpetuate memories filled with interpersonal problems and vindictive thoughts that can later lead to aggression and violence (Chiristodoulo et al., 2017; Russ, 2011). Since the most important characteristic of these people is a lack of empathy for others, they have few social connections and are not attentive to the wishes of others (Kermi et al., 2013).

Emotional instability, irritability, and impulsive behaviors in individuals with an inadequate self-control schema may elicit responses in others that can disrupt interpersonal functioning and the formation of social cognitive schemas. Negative affectivity and impulsivity predisposition can impede social dynamics and interactions, which has adverse consequences for social functioning that may lead to maladaptive schemas in interpersonal relationships (Scott et al., 2009). Overall, this schema domain

represents difficulty in adjustment, and difficulty in adjustment increases vulnerability to risky behaviors, aggression, and behavioral problems. People with this trait pursue unhealthy values and goals towards others in social situations, such as using aggression as a tool to achieve goals, blaming others for their own misbehavior, and domineering and revengeful behavior in social conflicts (Mahmoudnejad et al., 2018). The presence of maladaptive schemas that have emotional themes has a negative effect on the process of identifying, understanding, and regulating emotions and leads to the use of maladaptive emotion regulation strategies. Individuals with early maladaptive schemas who lack cognitive flexibility when faced with stressful stimuli display excessive insistence on their beliefs despite contrary evidence and ineffective problem-solving styles, which are characterized by an inability to make decisions in response to environmental feedback and prevent them from resorting to coping responses and cognitive strategies that facilitate efficient problem-solving in stressful situations (Ginner et al., 2016; Miranda et al., 2013). Maladaptive behavior, distorted self-image, and self-sacrifice in individuals with early maladaptive schemas result in ineffective efforts to eliminate problems by resorting to maladaptive emotion regulation strategies (Stanescu & Morosano, 2005).

In this study, a self-report instrument was used, and individuals may have consciously or unconsciously tried to present themselves in a favorable light. In the present study, a non-random sampling method was used to select the sample, which limits the generalizability of the findings. It is suggested that future researchers conduct qualitative research using in-depth interviews to identify other influential factors. It is suggested that random sampling methods be used in future studies to select the sample.

Schema therapy plays a decisive role in shaping an individual's feelings about others and the environment; therefore, the schema therapy approach can be effective in improving marital burnout in female students, and for this reason, it is recommended that counselors and psychologists working in universities use this approach to improve the quality of marital life of female students. Schema therapy is also recommended to counselors and psychologists working in universities to modify students' emotion regulation strategies. In this approach, clients are helped to change long-standing maladaptive patterns in their lives by repairing their schemas and coping responses. Because schemas are formed as a result of painful failures of basic emotional needs throughout life, the ultimate goal of schema therapy is to help the patient learn how to properly meet their basic emotional needs and repair their initial emotional damage.

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