

The Effectiveness of Schema Therapy on Modifying Attitude Toward Marriage in Girl Victims of Sexual Abuse

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Abstract

Aim: This study aimed to evaluate the effectiveness of schema therapy in modifying the attitude toward marriage of girls who were victims of sexual abuse. **Method:** In this research, a Quasi-experimental single-case study design was used. As of 2020/9/12, the statistical population included all Girls who experienced sexual abuse in childhood in Tehran. Three participants were selected through purposive sampling and participated in the individual counseling schema therapy sessions lasting 16 sessions of 60 minutes each. The participants completed the pretreatment (3 baselines) Young Schema Questionnaire-Short Form (Young, 1998) and Marital Attitude Scale (Braaten & Rosén, 1998). Also, they completed the questionnaire at the beginning of the fifth, ninth, and thirteenth sessions at the end of the sixteenth session and the follow-up periods of three weeks, six weeks, and nine weeks. SPSS 25 software was used for data analysis, and descriptive and inferential statistics (effect size) were used to determine significance. Data analysis was done using visual analysis charts, Statistical significance, and clinical significance ($P \leq 0.05$). **Results:** The findings of this research showed that schema therapy was effective in reducing the intensity of initial maladaptive schemas and modifying the attitude towards marriage of victims of sexual abuse. **Conclusion:** Considering the application of schema therapy in reducing the intensity of initial maladaptive schemas and modifying the attitude towards marriage of victims of sexual abuse, the present approach can be used as a therapeutic program to help people who have been sexually abused, especially children.

Keywords: Attitude towards marriage, sexual abuse, schema therapy, girl.

Introduction

The family, often considered the smallest unit of society, is brought into existence through the union of a man and a woman, evolving further with the advent of children (Hertlein, 2023). This social entity is the wellspring of human emotions and the core of close-knit relationships and interactions. Marriage, a pivotal topic within the realm of the family, represents the quintessential and foundational human bond (Becvar et al., 2023). The success of a marriage hinges on numerous factors, including love, commitment, and comprehension, as well as adept communication, problem-solving skills, personal criteria for selecting a spouse, and one's anticipations of marriage, life trajectory, and stance toward matrimony (Karimi et al., 2019).

An individual's attitude toward marriage profoundly influences their mental convictions and outlook on the institution of marriage (Kim & Jung, 2023). Studies and theories underscore that these attitudes are influenced by various factors such as age, gender, education, and material circumstances, as well as life events and traumas like challenging childhood experiences, familial violence, and cultural backgrounds (Gholami et al., 2022). Childhood sexual abuse is one such traumatic experience that can profoundly affect a child's life trajectory. This form of abuse encompasses any non-consensual sexual engagement with a child (Russell et al., 2020). It leads to unfavorable repercussions and outcomes, complicating the survivor's life journey (Carter & McGoldrick, 1999). Victims of sexual abuse often struggle with establishing and maintaining intimate relationships, harboring negative dispositions towards sexual relationships and intimacy (Downing et al., 2021).

The impact of childhood sexual abuse extends into adulthood, leading to issues such as risky sexual behaviors, emotional mistreatment, and relationship challenges (McElvaney et al., 2020; Pulverman & Meston, 2020). Victims may develop negative convictions and outlooks concerning men or potential partners, further accentuating conflicts and reducing relationship contentment (Downing et al., 2021). The research underscores significant correlations between childhood sexual abuse and marital discord, separation, divorce, and attachment-related challenges (Bagley & Ramsay, 1986; Elliott, 1994; Nguyen et al., 2017).

In this context, examining initially incompatible schemas as emotional and psychological factors related to marriage and attitudes toward it becomes crucial. Research literature highlights that initially incompatible schemas are influential indicators of interpersonal challenges (Janovsky et al., 2019). These schemas, shaped by childhood experiences, contribute to self-perception and perceptions of significant others (Janovsky et al., 2020). Several studies have explored the link between initially incompatible schemas and intimacy, emotional closeness, resilience, and compatibility in romantic relationships (Shahvaroghi, 2022).

Studies have shown a negative correlation between "failure" incompatible schemas and trust and predictability in a life partner (Baugh et al., 2019). Similarly, "emotional deprivation" or "defect" incompatible schemas have been associated with lower confidence levels in a partner (Baugh et al., 2019). These schemas forecast reduced intimacy and romantic engagement levels among couples (Bae & Kogan, 2020).

Distrustful and ill-treatment schemas, stringent criteria, and emotional restraint are significant predictors of divorce among couples (Akbari et al., 2020).

Schema therapy, which integrates principles from cognitive-behavioral schools, attachment theory, and psychodynamics, offers a comprehensive framework to address interpersonal issues within marriage and relationships (Nguyen et al., 2017; Whisman, 2006). It emphasizes the importance of understanding the impact of childhood experiences and schemas on adult relationships and provides therapeutic techniques to promote healthier, more fulfilling relationships.

One of the most devastating childhood experiences with enduring repercussions is sexual abuse (Downing et al., 2021; Nguyen et al., 2017). Often, individuals who have endured such abuse harbor negative perspectives on marriage and marital relationships due to their initially incompatible schemas, ineffective coping strategies, maladaptive responses to stress, and unconstructive mental frameworks. Consequently, they tend to lack a robust inclination towards marriage. The negative attitudes of victims of sexual abuse towards marriage increase the probability of staying single, fear of marriage, and delay in marriage. If these people get married, they experience marital problems, separation, and divorce (Downing et al., 2021). However, despite the apparent interpersonal deficits, victims of sexual abuse show a significant desire to establish relationships with others and stable attachment (Allen et al., 2001). So, early and appropriate psychological interventions are required to avoid more severe harm. The following years of their lives will be hindered.

Considering that no research has been done to correct the attitude towards the marriage of victims of sexual abuse, this study will try to evaluate and correct the attitude towards the marriage of girls who are victims of sexual abuse by using schema-based therapy so that it can be effectively and timely intervened. It helped to increase the stability and improve the marital life of these people.

Methods

The present study employed a quasi-experimental single-case design outlined by Gall, Borg, and Gall (2005), with translation provided by Nasr et al. (2007). The research incorporated three baseline measurements, as proposed by Kendall, Butcher, and Holmbeck (1999). It was determined that three measurement instances were sufficient to capture baseline level, trend, and variability. The study encompassed measurements during the baseline phase, an experimental intervention phase consisting of four stages, and three follow-up measurements.

According to the topic and type of study, the research participants were selected using the purpose-based sampling method and through calls on social networks. Finally, among the people who stated that they intended to participate in this research, three people who met the criteria for entering the research and who had obtained the highest scores in the questionnaires of Young's maladaptive schemas and Braaten and Rosén attitude towards marriage were selected. The target population encompassed females in Tehran who had experienced childhood sexual abuse. Three individuals who fulfilled the research criteria were carefully selected from this population. Participants were required to meet the following criteria: 1) a minimum age of 18 years, 2) a history of sexual abuse prior to the

The Effectiveness of Schema Therapy on Modifying Attitude Toward Marriage in Girl Victims of Sexual Abuse

age of 12, 3) unmarried status, and 4) voluntary consent to participate in therapeutic sessions. Furthermore, individuals meeting the following criteria were excluded from the study: 1) failing to partake in at least two consecutive intervention therapy sessions and 2) expressing dissatisfaction at any research stage.

Given the nature of the subject matter and the research type, participants were selected using purposeful sampling. Initially introduced by Mica Patton, this method aims to identify samples that provide rich and pertinent information aligned with the research objectives. To identify potential participants, due to the prevailing conditions of the COVID-19 pandemic and the inability to physically access welfare and counseling centers across the city, a call for research participation was disseminated via social networks. Over three weeks, 22 individuals with a history of childhood sexual abuse completed the preliminary Dysfunctional Schema Questionnaire by Young and the Attitude Toward Marriage Questionnaire. They indicated their willingness to participate in the study. Based on the established entry and exit criteria, individuals previously married, divorced, or had encountered sexual abuse during adolescence were excluded from consideration. Among the remaining candidates, a subset declined participation due to COVID-19-related circumstances. At the same time, a few noted that the sessions might elicit distressing memories from their childhood, leading to a lack of enthusiasm for continued involvement in the project. Ultimately, from the group of individuals expressing intent to participate, three individuals who satisfied the entry criteria and achieved the highest scores in the Dysfunctional Schema Questionnaire by Young and the Attitude toward Marriage Questionnaires by Britton and Rosen were meticulously chosen.

Young et al. (2003) formulated a therapeutic protocol for strategies and therapeutic session outlines. These include facilitating the individual's awareness of their schemas, assisting in labeling them, guiding cognitive challenges to these schemas, aiding the identification of coping styles, and facilitating the exploration of core emotional needs. It is crucial to emphasize the inherent flexibility of schema therapy, as patients' requirements, schemas, and coping styles are unique and tailored to each individual. The therapeutic plan comprises 16 therapy sessions distributed across three phases: an initial phase comprising four sessions, a middle phase comprising eight sessions, and a final phase comprising four sessions. The intervention encompassed 16 sessions, each lasting 60 minutes, and was conducted twice a week for each participant, conducted online from December 2020 onwards. The pre-assessment, intervention, and follow-up process was completed over five months.

The following tools were used to collect information:

The Marital Attitude Scale (MAS):

The Attitude Toward Marriage Scale (Braaten et al., 1998), which includes 23 questions, assessed individuals' views on marriage. The primary goal was to evaluate attitudes toward marriage in four dimensions: pessimistic, optimistic, realistic, and idealistic. Participants used a 4-point Likert scale to respond, with scores ranging from 23 to 92. Higher scores indicated a more positive attitude toward marriage. The questionnaire was

standardized and reliable, with a test-retest reliability of 0.85 and a Cronbach's alpha of 0.82 in a previous study with undergraduate students. In Iran, Nilforooshan et al. (2013) validated the Attitude Toward Marriage Scale, confirming its reliability with a Cronbach's alpha coefficient of 0.76, demonstrating the questionnaire's satisfactory reliability. According to this study, it had a Cronbach α coefficient of 0.88.

Young Schema Questionnaire-Short Form

The Inconsistent Sketches Scale, derived from Yang's Long Form in 1998, consists of 75 items and 15 inconsistent sketches, each rated on a 6-point scale. This study uses an abbreviated version with 15 inconsistent sketches covering domains like emotional deprivation, mistrust, and self-control. In terms of reliability, alpha coefficients ranged from 0.83 to 0.96 in a previous study, with test-retest reliability coefficients varying from 0.50 to 0.82 in non-clinical populations. Other studies also reported reliability coefficients using Cronbach's alpha, which ranged from 0.62 to 0.90. Moreover, the validity and reliability of this questionnaire were examined by Yousefi et al. (2008) in two phases on a sample of 579 individuals. In this investigation, the questionnaire's reliability was assessed using Cronbach's alpha and Spearman-Brown coefficient across the entire sample (0.91 and 0.89, respectively), in females (0.87 and 0.84) and males (0.81 and 0.84). The Cronbach α coefficient of the scale in this study was 0.81.

Zakieh Kazemi conducted this intervention with the guidance and supervision of Dr. Bahman Bahmani, who served as her thesis advisor in Tehran. Following ethical clearance from the university's research committee, a Skype session was arranged with three individuals willing to participate in the study to execute the research. After reintroducing the research and obtaining participant consent, the preliminary Yang questionnaire was administered for inconsistency and attitude toward marriage. Fifteen days post-initial assessment, participants once again completed the mentioned questionnaires during an online session. Two weeks following the secondary assessment, therapy sessions commenced on Skype. The third assessment was conducted before the onset of the initial session, thus rendering three baseline points for the present study. The intervention continued for two months, with sessions held twice weekly. Participants completed the specified questionnaire at the outset of the 5th, ninth, and 13th sessions and after the 16th. Participants completed the pertinent questionnaires to evaluate changes at 21, 42, and 63 days post-intervention.

Table 1. Content of Therapeutic Schema Sessions designed and compiled by Yang et al. (2003).

	Session	Phase
<p>The objectives of this phase include creating a safe and dynamic space that leads to the formation of the therapeutic alliance. The assessment phase encompasses rational and emotional aspects; it involves a multi-agent assessment by the therapist and the participants to recognize the schemas. As a result, assessment methods view core schemas as the main themes of an individual's life, and the outcome of the assessment process takes the form of conceptualizing the individual's problem according to the schema-focused approach.</p> <p>During these sessions, implementing the Yang schema questionnaire and re-reading the first five chapters of the self-help book "Your Life" (a schema-focused self-help book for clients) is pursued. Additionally, simple language provides the participants with education about the schema model and coping styles.</p> <p>Assessment is also conducted through mental imagery and conceptualizing mental imagery as a schema. (Assessment involves transitioning from a soothing mental image to a disturbing childhood image and moving towards disturbed mental images related to sexual abuse, recognizing the central</p>	4-1	Initial

The Effectiveness of Schema Therapy on Modifying Attitude Toward Marriage in Girl Victims of Sexual Abuse

<p>gravity schemas and core life schemas of the individual, helping the individual experience the schema emotionally, and ultimately linking the transformative roots of their childhood and adolescent schemas to current life issues (negative attitude towards marriage) and creating a new insight in the individual.)</p>		
<p>Implementation of Cognitive and Experiential Strategies Phase Intermediate Phase A: Cognitive Strategies</p> <p>Cognitive strategies in these sessions are considered the first stage of change, aiming to logically and rationally question the schemas. Cognitive strategies assist the individual in creating a healthy voice in their mind to question the schemas and empower their healthy mindset.</p> <p>Cognitive strategies in these sessions include cognitive challenge with schema (invalidating the schema on a rational level), validating and invalidating the schema through tangible evidence, assessing the pros and cons of coping styles, establishing a dialogue between the healthy aspect and the schema aspect, developing and constructing schema flashcards, completing a schema registration form.</p>	8-5	
<p>Stage B: Empirical Strategies</p> <p>This stage encompasses empirical techniques. Empirical techniques serve two primary purposes:</p> <ol style="list-style-type: none"> 1. Eliciting emotions related to initially incompatible schemata. 2. Facilitating the re-parenting of the individual to improve emotions and relatively satisfy unmet childhood needs. <p>Empirical techniques bring about the most significant changes in many individuals. Through empirical techniques, individuals shift cognitive beliefs about the fallacy of the schema into emotional convictions. The ultimate goal is to confront the schema emotionally, create corrective emotional experiences, and utilize individuals' capacity for more effective emotional information processing.</p> <p>Emotional strategies in these sessions include imaginary dialogue, assisting the individual in mourning what happened during their childhood, working with mental images to set parental boundaries, writing a letter to confront the schema instigator and express thoughts and emotions, aiding the individual in expressing anger to externalize the schema as a parental voice and distance oneself from the schema to observe it from an incongruent perspective, and preparing for mental visualization to disrupt the pattern behaviorally.</p>	12-9	Interme diate
<p>Behavioral Pattern Disruption Phase</p> <p>This phase aims to replace healthier behavioral patterns with maladaptive ones and encourage clients to release incompatible coping styles while sustaining the maladaptive schema. Since this therapeutic pattern in this study is utilized to rectify the attitudes towards marriage in victims of sexual abuse, both behavioral and emotional alterations associated with it undergo substantial changes.</p> <p>Behavioral strategies in these sessions encompass a meticulous examination of behavioral patterns stemming from the schema, creating a comprehensive list of specific behaviors to determine potential change dynamics, accurate depiction of problematic behaviors, and prioritization of behaviors for modification. Boosting motivation for behavior change is also achieved by linking behavioral manifestations to their transformative roots in childhood and preventing the perpetuation of persistent behaviors.</p> <p>Furthermore, therapeutic relationship strategies, which involve empathetic confrontation or empathetic reality testing and firm parental boundaries, are tailored to the therapeutic relationship context between the counselor and the client.</p>	16 -13	End

Results

Table 2. Demographic characteristics of research participants

age	22	26	25
Degree of education	diploma	diploma	Bachelor's degree
Employment status	Student	pharmacy employee	English teacher
City of residence	Tehran	Tehran	Tehran
Annoying person	Landlord/ half-brother	cousin	aunt's husband/ teacher
Age range of sexual abuse	8 to 6 years old	6 to 9 years old	6 to 7 years old
Type of sexual abuse	Forced to see pornographic photos and videos/forced to see and touch the perpetrator's genitals/forced to touch the genitals/complete sexual intercourse (Anal)	Forced to see and touch the perpetrator's genitals/forced to touch the genitals/complete sexual intercourse (Anal)	Forced to see pornographic photos and videos/forced to touch the genitals/complete sexual intercourse (Anal)

The participants were from Tehran, Iran. They had different levels of education, ranging from a high school diploma to a Bachelor's degree. Their employment status varied, with one participant being a student, one working in a pharmacy, and one being an English teacher. The participants reported different people as the source of their sexual abuse, including a landlord/half-brother, cousin, and aunt's husband/teacher. The age range of the sexual abuse varied, with one participant being abused from 8 to 6 years old, one from 6 to 9 years old, and one from 6 to 7 years old. The type of sexual abuse also varied, with all participants reporting forced exposure to pornographic material and forced touching of genitals and two participants reporting complete sexual intercourse (anal).

The first hypothesis

Schema therapy is effective in reducing the severity of initial maladaptive schemas of girls who were victims of sexual abuse.

Table 3. The results of measuring the stages of baseline, process and follow-up of the components of attitude towards marriage in subjects 3, 2 and 1

The Effectiveness of Schema Therapy on Modifying Attitude Toward Marriage in Girl Victims of Sexual Abuse

Subject 1	Mean (standard deviation) baseline	Mean (standard deviation) of treatment	Mean (standard deviation) follow-up	Effect size (percent improvement) baseline- treatment	Baseline -follow- up
Disconnection and Rejection	110(2.64)	69.5(10.96)	40(5)	36.8	63.3
Impaired Autonomy and Performance	87.33(6.02)	60.75(8.38)	42(3)	30.43	51.9
Other Directedness	42.66(5.5)	34(2.16)	(1.15) 24.66	20.3	42.19
Overvigilance/Inhibition	22.33(1.5)	16.5(1.29)	14.6(0.57) 6	26.1	34.34
Impaired limits	55.33 (0.57)	42.25 (0.95)	34.66 (1.8)	23.6	37.35
Subject 2	Mean (standard deviation) baseline	Mean (standard deviation) of treatment	Mean (standard deviation) follow-up	Effect size (percent improvement) baseline- treatment	Baseline -follow- up
Disconnection and Rejection	115(5)	72.5(12.6)	41.33(5.6)	36.9	64
Impaired Autonomy and Performance	84(3.6)	62(9.2)	41(2.64)	26.19	51.19
Other Directedness	40.66(0.57)	36 (1)	32(1.14)	11.46	21.29
Overvigilance/Inhibition	22.66(1.52)	18(1.41)	(0.57) 1566	20.16	30.89
Impaired limits	55(2)	47.5 (2.21)	40(1.52)	13.63	27.2
Subject 3	Mean (standard deviation) baseline	Mean (standard deviation) of treatment	Mean (standard deviation) follow-up	Effect size (percent improvement) baseline- treatment	Baseline -follow- up
Disconnection and Rejection	103.6(6.42) 6	65(13.4)	39(3.46)	36.6	62.3
Impaired Autonomy and Performance	91(6.55)	66.2(10.78) 5	45(4)	27.19	50.54
Other Directedness	42.66(1.15)	33.7(1.89)	28 (1)	21	34.36
Overvigilance/Inhibition	26.33(0.57)	21.7(2.6)	16(1.7)	17.58	39.21
Impaired limits	52(2)	44.33(2.4)	36.66 (1)	14.75	29.61

The table shows that the mean scores for all components of attitude towards marriage decreased from baseline to treatment and follow-up for all three subjects. The most significant improvements were observed in the "Disconnection and Rejection"

component, with a 36.8% to 36.9% improvement from baseline to treatment and a 63.3% to 64% improvement from baseline to follow-up for two subjects. This suggests that schema therapy effectively changed the attitude toward marriage in these individuals, especially in addressing the "Disconnection and Rejection" component.

The second hypothesis

The schema therapy is effective on modifying attitude toward marriage in girl victims of sexual abuse in childhood

Table 4. The results of measuring the stages of baseline, process and follow-up of the components of attitude towards marriage in subjects 3, 2 and 1

Subject	Mean (standard deviation) baseline	Mean (standard deviation) of treatment	Mean (standard deviation) of follow-up	Effect size (percent improvement) baseline- treatment	Baseline- follow-up
Pessimistic attitude of the subject 1	30(5.56)	18.25(2.21)	11.33(1.15)	39.16	62.23
Pessimistic attitude of the subject 2	35(3.6)	23.25(2.5)	14(1.73)	33.57	60
Pessimistic attitude of the subject 3	25.66(5.03)	17.25(2.06)	12.33(2.51)	32.7	51.94
Optimistic attitude of the subject 1	11.33(1.15)	18.75(2.62)	26.66(2.88)	65.4	135
Optimistic attitude of the subject 2	9	13(1.41)	20(4.35)	44	122
Optimistic attitude of the subject 3	12(1.73)	18.25(1.25)	24.66(0.57)	52.03	105
The idealistic attitude of the subject 1	9.33(0.57)	10.5(1.29)	12.66(0.57)	-12	-35.6
The idealistic attitude of the subject 2	12(1.73)	9(0.81)	7.33(0.57)	25	38
The idealistic attitude of the subject 3	14.66(0.57)	12(1.41)	10.66(0.57)	18.14	27.2
The realistic attitude of the subject 1	14.33(0.57)	17.5(1.29)	20.33(2.08)	22.12	41.87

The Effectiveness of Schema Therapy on Modifying Attitude Toward Marriage in Girl Victims of Sexual Abuse

The realistic attitude of the subject 2	8.33(0.57)	15.25(0.95)	20.33(1.52)	83.03	144
The realistic attitude of the subject 3	7.33(0.57)	13.5(1.73)	16.33(0.57)	84.17	122.7

The table shows the mean and standard deviation of baseline, treatment, and follow-up scores for different attitudes of three subjects who were victims of sexual abuse. The attitudes include pessimistic, optimistic, idealistic, and realistic attitudes towards marriage. Baseline treatment led to varying degrees of improvement, with the highest improvement in optimistic attitudes (25% to 65.4%) and the lowest in idealistic attitudes (32.7% to 39.16%). The effect size of baseline treatment for realistic attitudes was generally high, indicating its effectiveness. Follow-up scores showed consistent improvement compared to baseline for all attitudes. Schema therapy was effective in modifying attitudes towards marriage among victims of sexual abuse. The effect of baseline treatment varied depending on the attitude, with the most significant improvements observed in optimistic attitudes. Follow-up scores indicated that improvements made during treatment were sustained over time.

Discussion

The present study aimed to investigate the efficacy of a therapeutic intervention program in modifying attitudes toward marriage among girls who had experienced childhood sexual abuse.

Every child has innate psychological and emotional needs, including trust, love, affection, attention, security, and support from their primary caregivers. Unfortunately, childhood sexual abuse stands as one of the most harrowing experiences that can profoundly disrupt a child's life cycle, as indicated by research (Larson & LaMont, 2005). In such traumatic circumstances, the child often finds themselves in a state of insecurity, devoid of the much-needed care and support from their caregivers during intervention sessions, and as survivors recount their childhood memories, a recurring theme emerges - the absence of supportive caregivers and a pervasive feeling of emotional insecurity.

Sexual abuse leaves a lasting impact on survivors, particularly concerning their interpersonal relationships. Since such abuse takes place within the realm of communication and trust, it reshapes the survivor's perception of fundamental concepts like love, affection, trust, and relationships. A person who grows up in an unstable family environment, deprived of emotional care, adequate attention, and support from caregivers, initially experiences difficulties in forming relationships. Over time, they may perpetuate the cycle of abuse, betraying the trust of others. Consequently, the survivor becomes wary of trusting anyone, paving the way for a crisis in their capacity to love. Trust, the bedrock of love, has been cruelly violated by caregivers and abusers alike. This breach of trust can fundamentally alter their attitudes towards intimate, sexual, or emotional relationships. In such a scenario, the individual might gradually become

emotionally distant, seeing others as untrustworthy and unkind. This emotional detachment could lead to an inability to love others, feelings of resentment, or even indifference towards them. Remarkably, studies by (Meston et al., 1999), Briere, Elliott (1994), Johnson (2003), and Jessens (2009) have also converged on similar findings.

As per the accounts of the survivors in this study, the aftermath of sexual abuse leaves them incapable of trusting anyone, effectively hindering their ability to engage in intimate relationships. It is conceivable that the adverse and painful consequences of sexual abuse can be mitigated or alleviated when survivors can rebuild their capacity to trust and love in the context of their emotional relationships. **The baseline, process, and follow-up measurements analysis revealed that the therapeutic intervention program effectively modifies attitudes toward marriage in girl victims of sexual abuse.**

In interpreting the research findings, the limbic resonance technique establishes a stable connection for participants. Distorted perceptions held by participants, involving the belief that the therapist or significant individuals in their lives are abandoning them, can be rectified through empathic confrontation techniques. Implementing cognitive interventions aids participants in gradually refraining from excessive reactions when temporarily separated from significant figures in their lives, simultaneously challenging unrealistic expectations these individuals hold regarding constant availability. Through experiential techniques, participants revisit memories of parental abandonment, progressively behaving as healthy adults by expressing anger and consoling their inner abandoned child.

The therapist, employing cognitive techniques, guides participants in dispelling doubts about others, reducing suspicion of intentions, relinquishing the need to test others, and perceiving individuals as trustworthy throughout an attachment. Additionally, participants release suppressed emotions via experiential and limbic resonance techniques by engaging in mental imagery. They learn to channel their anger against past mistreaters while maintaining constructive behavior towards current essential figures. Utilizing mental imagery techniques, participants establish a solitary connection with their inner child, bridging this mindset with current issues, thereby compiling a list of unmet emotional needs from their childhood.

The therapist, employing cognitive techniques, assists patients in recognizing their unfulfilled needs in present relationships. Furthermore, participants openly express anger towards parents and individuals responsible for sexual abuse, facilitated by therapy and experiential techniques, including mental imagery and role-playing. Through behavioral and assertiveness training techniques, these individuals gradually acquire the skills to communicate their needs and emotions effectively to close individuals. Consequently, therapy utilizing cognitive techniques, encompassing the identification of cognitive distortions, scrutiny of evidence, utilization of instructional cards, and facilitating a dialogue between the healthy aspect and the wounded self, educates participants to analyze events, differentiate between the past and the present, and discern disparities.

These findings partially align with results from previous studies. In the context of addressing dysfunctional attitudes related to spouse selection and improving emotional adjustment in girls, several studies have explored the effectiveness of schema therapy. Notably, the research conducted by Silabkhorri in 2019 has shed valuable light on this

The Effectiveness of Schema Therapy on Modifying Attitude Toward Marriage in Girl Victims of Sexual Abuse

subject. Their findings unequivocally demonstrated that schema therapy had a profound and statistically significant impact on reducing dysfunctional attitudes associated with spouse selection and enhancing emotional adjustment. Expanding on this theme, Fereydonpour, Kalhouri, Mohseni, and Namjoo (2019) conducted a comparative study, pitting schema therapy against imagotherapy. Their results mirrored the positive influence of schema therapy, as they discovered that it significantly improved girls' attitudes toward spouse selection and alleviated fears surrounding marriage. This highlights the robustness of schema therapy as an intervention in this context. Another facet of schema therapy's influence on young women's marital perspectives and aspirations was explored by Abbasi, Ramzi Fard, Sarjini, and Ghazlesflo (2018). Their research echoed the efficacy of schema therapy, indicating a notable positive effect on marriage values and the desire to marry. The alignment between these findings and the outcomes of our present study is striking. Our research reinforces that schema therapy is pivotal in transforming ineffective attitudes toward spouse selection in girls. The results of Shiri, Hojjatkah, and Golmohamedian's (2015) work further validate this notion by showcasing the substantial impact of schema therapy in reshaping attitudes related to spouse selection.

Moreover, the consistent patterns observed across various other research endeavors, including those by Heidari and Afsharinia (2019), Riahi and Khayatan (2017), Jahanbakhshi & Kalantarkousheh (2013), Shariatmadar (2013), Razavi, Fatehizadeh, Etemadi, and Abedi (2014), Khosravi, Saif, and Aali (2014), and Larson and Lamont (2005), serve to bolster the robustness and generalizability of these findings.

Regarding initial maladaptive schemas, the outcomes derived from effect size measurements and graphical representations for all three participants demonstrated that the therapeutic intervention program effectively decreased the severity of these schemas. In explicating the acquired findings, it is imperative to note that each schema encapsulates an amalgamation of memories, emotions, somatic sensations, and distinct cognitive perceptions rooted in vulnerability. In this context, the principal focal point of schema therapy resides in the alteration and mitigation of schemata, accomplished through attenuating the impact across all dimensions inherent to each schema (Taylor et al., 2017; Young et al., 2006). Consequently, within therapeutic sessions, endeavors are channeled towards the immersion and processing of the potency of memories, somatic sensations, emotions, and cognitive associations intertwined with each schema within the therapeutic milieu, ultimately culminating in reduction (Bach et al., 2018; Young et al., 2006).

Based upon this framework, it can be deduced that the schema therapy intervention sessions administered to the three participants in the present study, designed to heighten the awareness and consciousness of sexually abused girls and alleviate the latent repercussions, have, to a certain extent, succeeded in diminishing the intensity of the schemata. This phenomenon can be ascribed to the impact of revisiting the ordeal of abuse by the subjects and acknowledging the concomitant emotional and somatic sensations. Thus, the intervention sessions aimed at facilitating emotional release and the articulation of flawed yet genuine cognitive facets within a secure therapeutic milieu. The articulation of grief and the discharge of emotions, juxtaposed with the scrutiny of specific cognitive

and emotional constituents of the schemata, can moderately assuage the intensity of the schemata.

Schemata are activated when external and internal events trigger the corporeal, emotional, and cognitive experiences encapsulated within them (Rafaeli & Bernstein, 2010). Ergo, when conditions conducive to emotional release and the expression of somatic sensations are provided alongside the authentic examination of cognitions within a secure therapeutic milieu, the susceptibility towards emotional and cognitive responses to internal and external stimuli is curtailed. The results unequivocally signify that schema therapy engenders modifications in attitudes towards matrimony and initially incongruous schemata.

While Qaramalki and colleagues' (2015) study was conducted on a different sample involving students, it illustrated the program's effectiveness in regulating emotional schemas. Hence, it is following the first hypothesis of this study. Correspondingly, the results from studies by Qadri, Kalantari, and Hosseinali (2016), Ahmadi, Moradpour, and Mahmoudi (2020), along with the findings from Mohammadi, Talebi, Razaee Shojai, and Emami Roodi's (2018) research, as well as Abolghasemi and Rahbar Karbasdehi (2020), Sangani and Dasht-e Bozorgi (2018), Dadomo, Panzeri, Caponcello, Carmelita & Grecucci (2018), and Fassbinder & Arntz (2019), all supporting the effectiveness of therapeutic intervention programs in enhancing cognitive and emotional capacities of individuals, align with the present study's results.

The study's limitations merit delineation, including the potential influence of the COVID-19 virus during the execution of the research. The obtained results might have been subject to its pervasiveness and the attendant psychological symptoms such as anxiety, trepidation, and stress. Furthermore, due to the prevalence of COVID-19, in-person sessions were unfeasible, necessitating the conduct of sessions in an online format. In light of the research's outcomes and the efficacy of schema therapy in rectifying attitudes towards matrimony and initially incongruous schemata, it is incumbent upon researchers, experts, and public health authorities to leverage the procured results in furnishing interventions and education to girls who have endured childhood sexual abuse.

Conclusion

Childhood abuse is a deeply traumatic experience that can have enduring consequences throughout a person's life. Of particular concern is the gender-based abuse experienced during childhood, which has a significant impact on both interpersonal and intrapersonal functioning. This underscores the importance of focused attention from professionals and healthcare providers, who should be actively engaged in delivering effective interventions to mitigate the long-term effects of such abuse. This article delves into a research study that investigates the efficacy of schema therapy in enhancing the perspectives on marriage among female survivors of childhood sexual abuse and addressing the development of maladaptive schemas. Given the challenges faced by these survivors, particularly their resistance to group therapy, the research takes the form of a case study involving three participants. The results obtained from this study reveal the potential of therapeutic

schemas in positively influencing attitudes toward marriage and rectifying initial maladaptive schemas. Consequently, these findings hold promise for researchers, specialists, and community health advocates seeking to tailor interventions and educational programs for girls who have endured childhood sexual abuse.

Disclosure Statements

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The Effectiveness of Schema Therapy on Modifying Attitude Toward Marriage in Girl Victims of Sexual Abuse

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