Journal of Fundamentals of Mental Health

Mashhad University of Medical Sciences

Psychiatry and Behavioral Sciences Research Center

Original Article **Open Access**

The effectiveness of schema mode therapy on emotional maturity, ambiguity tolerance, and ego strength in students experiencing romantic relationship breakups: A pilot study in Iran

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Abstract

Introduction: Love is one of the most astonishing experiences, and the end of a romantic relationship can be highly distressing. This study aimed to investigate the effectiveness of schema mode therapy on emotional maturity, ambiguity tolerance, and ego strength in students experiencing emotional breakdowns.

Materials and Methods: The sample consisted of 24 students from Islamic Azad University of Rasht, Iran, who were randomly assigned to experimental (n= 12) and control group (n= 12). The experimental group underwent eight 90-minute sessions of group schema mode therapy. These sessions were conducted between May and June 2022 at Bahar Clinic in Rasht, Iran. Data collection tools included the Love Trauma Inventory (LTI), Emotional Maturity Scale (EMS), Multiple Stimulus Types Ambiguity Tolerance Scale–II (MSTAT-II), and Ego Strength Scale (ESS). Statistical analysis was performed using ANCOVA and Partial eta squared (ɳ2p).

Results: Results showed no statistically significant differences between the experimental and control groups at post-test stage for emotional maturity ($F(1,21)= 1.10$, $P= 0.306$, $\eta^2P= 0.050$), ambiguity tolerance ($F(1,21)= 2.91$, $P= 0.103$, $\eta^2P= 0.122$), or ego strength ($F(1,21)= 1.20$, $P= 0.285$, $\eta^2P= 0.054$), with small to medium effect sizes. There were no significant results observed.

Conclusion: This initial research investigation into emotional healing from romantic relationship endings did not discover major statistical evidence. This study suggests that future research should examine the effectiveness of schema mode therapy across diverse populations and settings, with particular attention to adapting therapeutic approaches to cultural contexts.

Keywords: Ambiguity, Ego, Emotion, Interpersonal relations, Schema therapy

Please cite this paper as:

Najafi Chenari A, Mirpour ZS, Hamzehpour Haghighi T, Shafiei Rezvani Nejad K,. The effectiveness of schema mode therapy on emotional maturity, ambiguity tolerance, and ego strength in students experiencing romantic relationship breakups: A pilot study in Iran. Journal of Fundamentals of Mental Health 2026 Mar-Apr; 28(2): 85-92. DOI: 10.22038/jfmh.2025.86057.3217

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Received: Feb. 12, 2025

Accepted: Aug. 30, 2025

Introduction

Losing a romantic relationship in youth can be one of the most significant setbacks in an individual's life (1). "Love trauma syndrome" is a set of intense symptoms and signs that emerge after the breakdown of a romantic relationship that disrupts performance across multiple domains, including academic, social, and professional areas (2). Symptoms of emotional breakdowns include depression, anger, deep insecurity, helplessness, guilt, fear, and restlessness, loss of focus, hope, motivation, and energy. Physical symptoms may also manifest, such as headaches, sleep disorders, loss of appetite or overeating, changes in sexual desire, boredom, fatigue, and slowness in speech and movement (3). Observations indicate that people's coping skills and methods for managing stressful events, particularly emotional breakdowns, vary and are influenced by various factors (4).

The most important factors for success in romantic relationships are emotional growth and maturity (5,6) which plays a key role in tension tolerance. Emotionally mature individuals consistently have the capacity for happiness and leisure and enjoy both work and play equally (7).

Tolerance of ambiguity is another key factor in coping with difficulties. It refers to the capacity to experience and endure a negative psychological state, which can result from cognitive or physical processes and is often experienced as an emotional state. This emotional state is typically characterized by practical urges to alleviate the emotional experience (8).

Ambiguity tolerance can be an essential skill, enabling individuals to respond quickly and adapt successfully (9). In contrast, individuals with low ambiguity tolerance experience discomfort as soon as they encounter complex and challenging situations, which can lead to heightened stress levels and decreased decision-making confidence (10).

Many individuals prone to breakdowns quickly become disheartened, depressed, and anxious. In such conditions, mindful living, acceptance of one's situation, acquiring knowledge, and achieving a successful identity are influential in reducing harmful psychological effects and properly controlling one's life (3,11). Ego strength is considered a crucial element in the growth and maturity of personality for establishing intimate relationships (12). In fact, by enhancing ego strength, one can use their innate skills and abilities to resist upsetting forces. Ego strength helps individuals maintain emotional stability in stressful and demoralizing situations (13).

One of the most perplexing realities of life is that we often repeat our previous self-destructive patterns in current relationships. In fact, an individual who was mistreated during childhood may eagerly enter into another relationship with similar dynamics. People tend to be drawn towards partners who exhibit abusive behavior or have a history of abuse, deceit, assault, and hostility (14-16).

Therapists have recently employed various approaches to treat people with emotional breakdowns. Until now, the effectiveness of Acceptance and Commitment Therapy (ACT) has been confirmed in enhancing acceptance and growth following trauma among female students who have experienced emotional breakdowns (17). Additionally, cognitive behavioral therapy has been effective in improving self-esteem and emotional self-efficacy in female students with a history of emotional breakdowns (18).

One of the therapies that have recently drawn the attention of mental health professionals in emotional breakdowns is schema therapy, based on schema modes. The fundamental premise of schema therapy is that Early Maladaptive Schemas (EMS) are formed due to unmet developmental needs during childhood. When these maladaptive schemas are activated, they trigger profound states of distress, which Young referred to as "Schema Modes." Schema modes are the emotional, cognitive, and neurobiological states currently experienced by the individual. They reflect aspects of the self that are not fully integrated and often emerge when multiple maladaptive schemas are activated simultaneously (19). The activation of these intense states hinders using adaptive coping styles or interpersonal skills. However, these skills allow individuals to understand their capacities and improve their quality of life (20). In schema focused therapy, the goal of therapy is to develop a healthy adult mode schema therapy balances the emphasis between reducing maladaptive coping modes and strengthening adaptive coping modes. Not only does it involve evaluating symptoms, but it also assesses quality of life and functional well-being. Research studies on schema therapy outcomes highlight this focus (21).

In schema therapy, all therapeutic techniques are focused on the patient's current emotional mode. Since schema modes can be identified and addressed more easily than schemas, they are essential to treating difficult patients. The schema modes directly address the patient's current issues and interactions during therapy sessions. Therefore, the relationship between different modes is defined better than the relationship between different schemas. This highlights the preference and difference in using modes over schemas (22).

Schema therapy, with its integrative approach, shows promise as an effective treatment for individuals who have experienced emotional breakdowns (23). Considering that love is a fundamental goal for fulfilling bonding and intimacy needs during adulthood and recognizing that young adults are valuable assets expected to enter the workforce and marry after completing their education, it becomes crucial to identify a prompt and cost-effective treatment. Such an approach can reduce healthcare expenses and mitigate the adverse socio-economic consequences faced during early adulthood. Therefore, the present study seeks to answer the question: "Does schema mode therapy effectively enhance emotional maturity, ambiguity tolerance, and ego strength in students experiencing emotional breakdowns?"

Materials and Methods

The study population consists of 97 students from the Islamic Azad University, Rasht Branch, in Iran, who volunteered in response to a public call for group therapy aimed at addressing emotional breakdowns. Due to the COVID-19 pandemic, researchers distributed the invitation to participate through Telegram and WhatsApp groups associated with the university. After obtaining the necessary permissions, the researchers developed and distributed an online questionnaire to the student community at the Islamic Azad University, Rasht Branch.

The inclusion criteria were as follows: informed consent, an age range of 19-25 years, no history of substance abuse (as determined by the participant's self-report), and the absence of psychotic disorders (as assessed using the MSE checklist). The exclusion criterion was missing more than one group therapy session. Out of the study volunteers who met the inclusion criteria, 24 individuals were selected. The group psychotherapy sessions were conducted between May and June 2022 at Bahar Clinic in Rasht, Iran.

Research instruments

A) Love Trauma Inventory (LTI): Rosse developed this inventory in 1999, this questionnaire was used to select participants from the volunteers. It consists of 10 items and has a cutoff score of 20 (17). Items scored on a Likert scale from "strongly disagree= 0" to "strongly agree= 3." It should be noted that the items 1 and 2 are reverse scored. Scores ranging from 0 to 30 indicate a severe experience of Love Trauma (LT), scores between 10 and 19 suggest a tolerable level of LT, and scores from 0 to 9 reflect a minimal or manageable level of LT. The reliability and validity of this questionnaire have been examined in Iran, with a reported Cronbach's alpha coefficient of 0.78 (18).

B) Emotional Maturity Scale (EMS): Yashvir Singh and Mahesh Bhargava developed this questionnaire. It consists of 48 self-report items rated on a Likert scale from "very much= 5" to "never= 1." Scores range from 48 to 240, indicating a very stable level of emotional maturity; scores from 81 to 88 suggest relatively stable emotional maturity; scores between 89 and 106 reflect unstable emotional maturity; and scores from 107 to 240 signify very unstable emotional maturity. Higher scores thus indicate greater emotional immaturity (24). The reliability and validity have been assessed in Iran, showing a reliability coefficient of 0.90 (25). In this study, the Cronbach's alpha coefficient of the EMS was 0.864.

C) The Multiple Stimulus Types Ambiguity Tolerance Scale–II (MSTAT-II): The second version of this questionnaire, developed by McLain, includes 13 items scored on a Likert scale from "strongly disagree= 1" to "strongly agree= 5." It should be noted that the items 1, 2, 3, 4, 5. 6. 9, 11, and 12 are reverse scored. The total score ranges from 13 to 65, with lower scores indicating lower tolerance for ambiguity. This questionnaire does not have sub-scales. An ambiguity tolerance score above 45 is considered indicative of an appropriate level of tolerance. McLain reported a reliability coefficient of 0.83 using Cronbach's alpha (26). In Iran, the questionnaire has shown a reliability of 0.84 (27). In this study, the Cronbach's alpha coefficient of the MSTAT-II was 0.879.

D) Ego Strength Scale (ESS): Besharat developed this scale in 2015. This 25-item

questionnaire is rated on a 5-point Likert scale from "very low= 1" to "very high= 5." Scores range from 25 to 125, with higher scores indicating greater ego strength. Its reliability and validity have been assessed in Iran, with a reported reliability coefficient of 0.88 (28). In this study, the Cronbach's alpha coefficient of the ESS was 0.868.

In the initial phase, 97 volunteers who scored 20 or higher on the "Love Trauma Inventory (LTI)" questionnaire were selected for the study. In the subsequent phase, 24 individuals who scored below the average on the emotional maturity, ambiguity tolerance, and ego strength questionnaires — specifically, 145, 45, and 75, respectively — were randomly allocated into the test and control groups, with 12 participants in each group following a diagnostic interview. A randomized block sampling method was applied (29). Depending on the group type, leader experience, client age, and issues to be explored, the number of members in psychological group interventions can vary. Typically, around eight members and a leader can be influential in weekly adult groups. Such a group provides an opportunity for interaction while allowing time for individual activities and a sense of community within the group (30).

The group intervention, conducted by the second author, carried out over eight 90-minute sessions led by a therapeutic guide (31). The intervention took place at the Bahar Clinic in Rasht from May to July 2022. The pre-test was administered 1 month before the intervention, the post-test 2 weeks after the intervention. Before the study commenced, the content validity of the therapeutic package was confirmed through a review by five clinical psychology experts, ensuring its accuracy. It is important to note that, after the intervention and data collection were completed, the control group briefly benefited from therapeutic interventions during four additional sessions (see Table 1).

Table 1. The content of schema mode therapy intervention

Session	Session topics	Session objectives
First	Welcome, setting rules and regulations, overview of session content, introductions, introduction to basic therapy concepts.	Provide a brief and detailed explanation to familiarize participants with schemas and schema modes.
Second	Acquainting participants with maladaptive coping schema modes.	Understanding behaviors associated with maladaptive coping schema modes, exercises for maladaptive coping schema modes, pros and cons, cognitive distortions in maladaptive coping schema modes, and negotiating with maladaptive coping schema modes
Third	Acquainting participants with dysfunctional parent schema modes.	Role-playing historical events, writing a weekly positive list, guidelines for identity circle, cognitive distortions in demanding parent mode, and providing educational cards to combat ineffective parent mentality.
Fourth	Acquainting participants with the vulnerable child mode.	Implementing new techniques for soothing the vulnerable child mode, familiarizing with the fears of the vulnerable child mode, understanding the needs and rights of children, and providing educational cards for the vulnerable child mode.
Fifth	Acquainting participants with the angry child mode.	Providing educational cards for the impulsive child mode, reactions from others to the angry child mode, identifying the needs of the angry child, and healthy needs for attention.
Sixth	Acquainting participants with the happy child mode.	Activating the happy child mode, interests of the happy child mode, and positive feedback for the happy child mode.
Seventh	Acquainting participants with the healthy adult mode.	Providing behavioral exercises for the healthy adult mode, acquainting with your and others' healthy adult modes, and considering the future.
Eighth	Summary	Receive feedback from participants, review, summarize, and consolidate the trainings and exercises completed in the group, and assign tasks such as flashcards for them to complete at home over the next year.

In the present study, categorical variables are presented as numbers (percentages) and continuous variables are presented as mean (standard deviation (SD)). An ANCOVA was used to compare the groups at post-test assessment after controlling for pre-test scores. Partial eta squared (η^2_p) was used to represent effect size (for the group comparisons), where 0.01-0.06, 0.06-0.14, and > 0.14 represented small, medium, and large effect sizes, respectively. Data analysis was done with SPSS version 16.0, and error bar graphs were depicted using GraphPad Prism, Version 8.0.1 (GraphPad Prism Software Inc., San Diego, CA, USA).

Results

A total of 97 students were screened and 24 students underwent randomization.

Of these, post-test data were available for all participants to be included in the analysis (Figure 1). The demographic characteristics of the students are presented in Table 2.

The mean age of the students was 22.38 (SD=1.84). Of the participants, 83.3% were female, 87.5% were single, and 79.2% had BSc degree. Demogra- phics characteristics were well balanced between control and intervention groups.

Table 2. Demographic characteristics of the students

Variable	Total (n= 24)	Group	
		Control (n= 12)	Intervention (n= 12)
Age (Years), mean (SD)	22.38 (1.84)	22.25 (1.86)	22.50 (1.88)
Gender, n (%)			
Male	4 (16.7)	2 (16.7)	2 (16.7)
Female	20 (83.3)	10 (83.3)	10 (83.3)
Marital status, n (%)			
Single	23 (87.5)	12 (100)	9 (75.0)
Separated	3 (12.5)	0 (0)	3 (25.0)
Level of education, n (%)			
BSc	19 (79.2)	10 (83.3)	9 (75.0)
MSc	5 (20.8)	2 (16.7)	3 (25.0)

Abbreviations. SD: Standard Deviation; BSc: Bachelor of Science; MSc: Master of Science.

After adjusting for pre-test scores, there was no significant difference in EMS scores between control and intervention groups at post-test ($F_{(1,21)}$= 1.10, P= 0.306, η^2_P= 0.050). The effect size, calculated using partial eta squared, was 0.050, which is considered to be small. At the post-test, the MSTAT-II scores in the intervention group was higher than that in the control group, although this difference was not significant ($F_{(1, 21)}$= 2.91, P= 0.103, η^2_P= 0.122). The effect size was 0.122, which is considered to be medium.

At the post-test, there was no significant difference in ESS score between control and intervention groups ($F_{(1,21)}$= 1.20, P= 0.285, η^2_P= 0.054).

Table 2. Results of ANCOVA examining the effect of schema mode therapy on the emotional maturity, ambiguity tolerance, and ego strength scores in the students suffered from romantic relationship breakup

	Group		Adjusted mean difference (95% CI)[a]	$F_{(1,21)}$	P	η^2_p
	Control	Intervention				
Emotional maturity						
Pre-test	123.42 (21.56)	121.25 (17.46)				
Post-test	123.92 (23.55)	116.44 (20.44)	-5.70 (-17.00 to 5.60)	1.10	0.306	0.050
Ambiguity tolerance						
Pre-test	40.00 (8.34)	34.58 (8.69)				
Post-test	39.67 (6.73)	40.00 (6.32)	3.36 (-0.74 to 7.46)	2.91	0.103	0.122
Ego-strength						
Pre-test	74.50 (10.50)	80.00 (13.97)				
Post-test	73.17 (11.66)	74.33 (14.65)	-3.63 (-10.50 to 3.25)	1.20	0.285	0.054

Data are mean (SD), unless otherwise specified. [a] Between-group differences were examined using ANCOVA (after adjusting for pre-test scores). η^2_p values of 0.01-0.06, 0.06-0.14, and >0.14 were considered as small, medium, and large effect size, respectively.

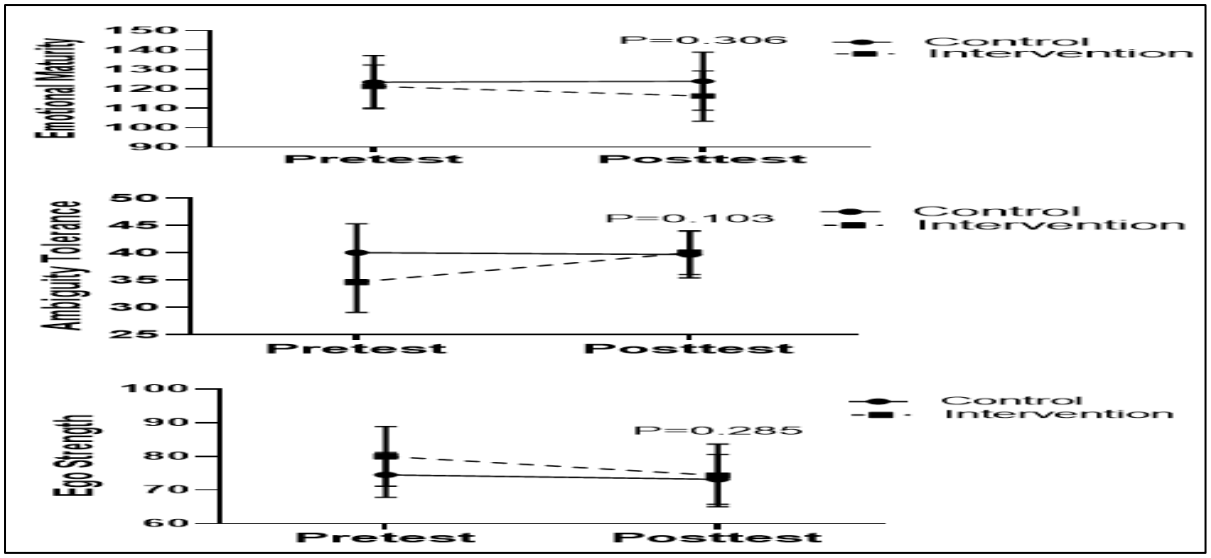

Figure 2. Examining the effect of schema mode therapy on the emotional maturity, ambiguity tolerance, and ego strength scores in the students suffered from romantic relationship breakup. Data are mean and 95% confidence interval (95% CI). P-Values are based on the ANCOVA

Discussion

This pilot study aimed to investigate the effectiveness of group Schema Mode Therapy (SMT) in enhancing emotional maturity, ambiguity tolerance, and ego strength among university students experiencing romantic relationship breakups. Although no statistically significant differences were observed between the intervention and control groups, the results provide meaningful comparative insights.

Our findings align with previous studies that have demonstrated inconsistent outcomes regarding psychological intervention effectiveness toward emotional and psychological variables. For example, Moharrami et al. evaluated the effectiveness of SMT versus Acceptance and Commitment Therapy (ACT) on ambiguity tolerance among male high school students in Iran. Using the same MSTAT-II instrument, they reported a statistically significant increase in ambiguity tolerance in the SMT group (32), which partially mirrors the non-significant, yet positive trend found in our study.

Our findings also align with Barnett et al., who in a systematic review found that CBT effectively reduced anxiety and depression among university students but had limited impact on emotional resilience or maturity. It means that although the application of short-term psychological approaches could help in the symptom alleviation, their complication on structurally underlying personality phenomena of ego strength and maturity might not be highly efficacious (33). In another research, Ahangari et al., conducted a study on conflicted couples in Tehran-Iran, and found that eight sessions of SMT significantly improved emotional maturity and emotional expression. These results contrast with our findings on emotional maturity, possibly due to differences in the sample relational context, emotional involvement, and the interpersonal dynamics inherent in couples therapy (34).

Various elements likely explain why the study did not show statistically important changes in ego strength or emotional maturity. The evidence that led to the conflicting outcomes can possibly be attributed to the differences in the sample (age, gender, and emotional history), mode of therapy (group vs. individual), the extent or duration of measures and cultural or situational factors.

Overall, although SMT did not yield statistically significant results in this study, the observed trends—particularly in ambiguity tolerance—suggest that this research serves as an initial exploration of effectiveness of SMT within its cultural context, while also highlighting important considerations regarding the application of Western therapeutic models in non-Western settings. As Hofstede and Eckhardt explains, emotions and coping strategies are shaped by cultural factors, which influence how people understand both breakups and therapeutic responses (35). Therefore, the effectiveness and relevance of SMT in student populations increases when it adapts with Iranian cultural characteristics. Several limitations exist within this study that

should be mentioned. The small sample size of 24 participants was due to the COVID-19 pandemic, which led to the interruption and reduced its generalizability. The results may not apply to diverse populations because most study participants were young female students. Future research should develop different intervention methods and modify techniques to better influence emotional maturity and ego strength. Longitudinal designs would demonstrate how these mental qualities develop over time following interventions. Research into the process of ambiguity tolerance changes would generate essential data about psychological resilience patterns.

Conclusion

In conclusion, this initial research investigation about emotional healing from romantic relationship endings did not discover major statistical evidence although it delivered crucial findings about recovery processes. This study suggests that future research should examine the effectiveness of schema mode therapy across diverse populations and settings, with particular attention to adapting therapeutic approaches to cultural contexts. Future investigations must continue this initial work by conducting research with extensive participant diversity and longer intervention periods and closer evaluation of therapeutic bond development to evaluate complete effectiveness of SMT in building emotional strength in people experiencing major life changes.

Acknowledgements

The researchers consider it necessary to thank and appreciate all those who have cooperated and assisted in the implementation and promotion of this research, as well as all the participants of the research.

Conflict of Interests

The authors declare no conflict of interests.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Ethical Considerations

This paper is extracted from the master thesis of the first author and approval was obtained from the research of ethics committees of Islamic Azad University-Tonekabon branch. Informed consent was obtained from all the participants.

Code of Ethics

IRCT code: IRCT20220627055295N1, approval number: IR.IAU.TON.REC.1401.008

Authors Contributions

Anita Najafi Chenari: Writing – original draft, data curation, and investigation.

Zinatsadat Mirpour: Writing – original draft, project administration, supervision, and data curation.

Kosar Shafiei Rezvani Nejad: Writing – review and editing

Tahereh Hamzehpour Haghighi: Supervision

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