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TRANSFORMING DYSFUNCTIONAL REMARRIAGE BELIEFS THROUGH CBT: EVIDENCE FROM DIVORCED WOMEN IN PAKISTAN

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ABSTRACT

Background: *Divorce can give rise to dysfunctional beliefs about remarriage, which may hinder psychological recovery and future relational adjustment. In collectivist cultures such as Pakistan, these beliefs are often reinforced by social stigma, making interventions particularly important.*

Objective: *This study evaluated the effectiveness of Cognitive Behavioural Therapy (CBT) in reducing dysfunctional remarriage beliefs among divorced women in Pakistan.*

Methods: *A quasi-experimental design with pre-test, mid-test, and post-test measures was conducted with 120 divorced women, assigned to intervention and control groups. The intervention group participated in ten weekly CBT sessions focusing on cognitive restructuring and adaptive coping. Dysfunctional beliefs were assessed using the Remarriage Belief Inventory (RMBI Urdu version). Descriptive statistics independent sample t-test one way ANOVA and repeated measure ANOVA were used to analyse data.*

Results: *The CBT intervention significantly reduced dysfunctional remarriage beliefs among divorced women. Compared with the control group, the treatment group demonstrated significantly lower post-test remarriage belief scores ($M = 30.46$, $SD = 4.26$ vs. $M = 52.36$, $SD = 7.55$), $t(98) = 17.87$, $p < .001$, $d = 3.57$. Within the treatment group, remarriage belief scores decreased significantly from pre-test ($M = 66.30$, $SD = 7.67$) to post-test ($M = 30.46$, $SD = 4.26$), $t(49) = 28.98$, $p < .001$, $d = 5.78$. Repeated-measures ANOVA further confirmed a significant reduction in dysfunctional remarriage beliefs across pre-, mid-, and post-intervention assessments, $F(2, 47) = 839.95$, $p < .001$, $\eta p^2 = .94$. No significant differences in treatment outcomes were observed across age, living environment, type of divorce, family system, parental status, educational level, income, socioeconomic status, or reasons for divorce ($p > .05$), indicating that the intervention was equally effective across demographic groups.*

Conclusion: *CBT was effective in modifying dysfunctional remarriage beliefs among divorced women in Pakistan. The findings underscore the potential of CBT as a culturally sensitive therapeutic approach to promote healthier cognitive perspectives on remarriage and enhance psychosocial adjustment.*

Keywords: *Cognitive Behavioral Therapy, dysfunctional beliefs, remarriage, divorce, women, Pakistan.*

INTRODUCTION

Divorce, defined as the legal dissolution of a marriage by a court or competent authority (The Britannica Dictionary, 2024), represents a profound life transition with significant emotional, social, and psychological consequences, particularly for women in Pakistan. The prevalence of divorce in Pakistan has surged, with a 35% increase in divorce rates over the past five years, driven by factors such as increased legal awareness, evolving gender roles, and growing marital dissatisfaction (Waseem et al., 2022). Notably, women-initiated divorces through Khula have risen steadily, with Punjab Province reporting 18,901 cases in 2016, up from 13,299 in 2012 (The Nation, 2016); Family courts in urban centers like Lahore and Karachi handled over 20,000 and 11,000 divorce-related cases in 2019, respectively, highlighting the scale of this social trend (Shirazi, 2025).This rise reflects shifting societal dynamics, including increased female autonomy and access to legal resources, particularly through digital platforms, with a 24% increase in online inquiries about Khula between 2020 and 2022 (Aurat Foundation, 2022).

The impact of divorce on women in Pakistan is severe, compounded by deep-rooted cultural stigmas that lead to discrimination, social ostracism, and emotional distress (Saeed et al., 2022; Khan & Hamid, 2021). Divorced women often face marginalization, which impairs their psychological well-being and social reintegration (Sarmadi et al., 2023). These challenges are particularly pronounced in rural areas, where traditional values amplify stigma and limit economic opportunities, making post-divorce adjustment more difficult compared to urban settings (Diamant, 2023; Shabbir et al., 2022). Emotional consequences include heightened anxiety, depression, and loneliness, which hinder women's ability to rebuild their lives (Willén, 2015). Additionally, socioeconomic factors exacerbate these challenges, with lower-income women facing greater financial strain and limited access to support services, further complicating their recovery (Sbarra & Whisman, 2022).

A critical barrier to post-divorce recovery is the development of dysfunctional beliefs toward remarriage, shaped by cultural, familial, and religious narratives that often portray remarriage as unattainable or socially undesirable (Sumari et al., 2024; Maghare Dehkordi et al., 2022). These beliefs foster hopelessness, mistrust, and fear of social rejection, limiting opportunities for future relationships and impeding emotional healing (Razaq et al., 2024). For instance, societal perceptions in Pakistan often frame divorced women as deviants, reinforcing negative cognitive patterns that undermine self-efficacy and future relationship prospects (Uru & Dirimese, 2023). Despite the significant impact of these beliefs, research on interventions to address them remains limited, particularly in the Pakistani context.

Previous studies have explored the psychosocial consequences of divorce (Qamar & Faizan, 2021; Waseem et al., 2020) and the efficacy of Cognitive Behavioral Therapy (CBT) in reducing stigmatization and improving emotional adjustment among divorced women (Poureghbal et al., 2023; Uyar et al., 2023). However, there is a notable research gap in examining CBT's effectiveness in specifically targeting dysfunctional remarriage beliefs among divorced women in Pakistan. While studies like Razaq et al. (2024) have validated tools such as the Urdu-adapted Remarriage Belief Inventory, there is a lack of empirical evidence on how CBT can reshape these beliefs within a culturally sensitive framework. This gap is significant, as dysfunctional beliefs about remarriage are a key barrier to psychological recovery and social reintegration in collectivist societies.

The rationale for this research stems from the urgent need to address the cognitive barriers faced by divorced women in Pakistan, where remarriage is heavily stigmatized. CBT, which focuses on restructuring maladaptive thoughts and promoting adaptive behaviors, is well-suited to tackle these beliefs (Hofmann et al., 2012). By adapting CBT to the socio-religious and familial pressures unique to Pakistani women, this study aims to provide a culturally relevant intervention that mitigates the psychological distress associated with remarriage beliefs. Furthermore, exploring socio-demographic differences—such as age, income, education, and living environment—can

inform tailored therapeutic approaches, enhancing their effectiveness across diverse subgroups.

The significance of this study lies in its potential to fill a critical gap in the psychological literature by providing empirical evidence on CBT's efficacy in transforming dysfunctional remarriage beliefs among divorced women in Pakistan. It contributes to clinical practice by offering insights into culturally adaptable interventions that can improve women's psychological well-being and social functioning. The findings could guide clinicians, policymakers, and mental health advocates in developing targeted support systems, promoting gender equality, and reducing the stigma surrounding remarriage. By empowering divorced women to overcome cognitive barriers, this research aims to enhance their quality of life and foster resilience in navigating the psychosocial aftermath of divorce.

Research Objectives

1. To evaluate the effectiveness of CBT for divorced women in reducing dysfunctional beliefs toward remarriage.
2. To examine the socio-demographic differences in treatment outcomes based on age, net income, divorce with or without children, education, socioeconomic status, type of divorce, living environment, and family system after divorce, in relation to dysfunctional beliefs toward remarriage.

Research Hypotheses

H1: Divorced women in the treatment group exposed to Cognitive Behavioral Therapy (CBT) had significantly lower dysfunctional beliefs toward remarriage scores compared to divorced women in the control group.

H2: Divorced women in the treatment group exposed to CBT had significantly lower post-test dysfunctional belief toward remarriage scores compared to their pre-test dysfunctional belief toward remarriage scores.

H3: Divorced women in the treatment group exposed to CBT showed a significant reduction in dysfunctional belief toward remarriage scores across three assessments (pre-intervention, mid-intervention, and post-intervention).

H4: There were significant age-based differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

H5: There were significant living environment-based (urban versus rural) differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

H6: There were significant type of divorce-based (khula versus husband-initiated divorce) differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

H7: There were significant family system-based (nuclear versus joint family) differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

H8: There were significant differences between divorced women with children and without children in treatment outcomes for dysfunctional beliefs toward remarriage.

H9: There were significant education-based differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

H10: There were significant net income-based differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

H11: There were significant socioeconomic status-based differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

H12: There was significant reason for divorce-based differences in treatment outcomes for dysfunctional beliefs toward remarriage among divorced women.

Methodology

This study adopted a quasi-experimental pre-test post-test control group design to examine the effectiveness of Cognitive Behavioural Therapy (CBT) in reducing dysfunctional beliefs toward remarriage among divorced women within a collectivist cultural context. The target population consisted of divorced women aged between 22 and 45 years, residing in Rawalpindi and Islamabad,

Pakistan. Using a purposive sampling technique, 120 eligible divorced women were recruited and assigned to either a treatment group (n = 60) or a control group (n = 60). The sample reflected diversity in socio-demographic characteristics, including education level, income status, type of divorce, and post-divorce family structure.

Participants included in the study met specific inclusion criteria: they had to be legally divorced, within the specified age range, residents of the selected cities, and proficient in the Urdu language. Women who were currently married, widowed, or never married were excluded, as were individuals with severe psychiatric illnesses, a history of substance abuse, or significant medical conditions. These criteria were designed to ensure homogeneity of the sample and eliminate confounding psychological variables.

The primary tool for data collection was Remarriage belief inventory– Short Modified Urdu Version (RMBI-Urdu Version), adopted in Urdu by Razaq et al. (2024). This 22-item instrument measured remarriage belief across four domains: (1) past relationships and emotions should remain in the past, (2) the new partner is ideal and superior to the previous spouse, (3) the likelihood of remarriage success is low, and (4) step-couples should combine their financial resources. The RMBI-Urdu Version demonstrated strong internal reliability, with a Cronbach's alpha coefficient of 0.92 in the current sample, ensuring its suitability for the Pakistani cultural context (Razaq et al. (2024).

The CBT intervention consisted of 10 structured weekly sessions, each lasting approximately 30 to 45 minutes. The sessions followed a standardized protocol that included psychoeducation, identification of irrational beliefs toward remarriage. The intervention specifically targeted negative beliefs and self-perceptions resulting from experience related to previous marriage. While the treatment group participated in the CBT program, the control group did not receive any psychological treatment but was provided with self-help reading materials appropriate to their literacy levels.

Prior to the start of the intervention, all participants completed the remarriage beliefs inventory as part of the pre-test assessment. After the 5-week session same scale was administered to check changes and then after 10-week intervention period, the same scale was administered again to both groups as a post-test measure. Ethical approval for the study was obtained prior to data collection from the Research Ethics/Bioethics Committee, Directorate of Advanced Studies & Research Board (DASRB), The University of Haripur, Khyber Pakhtunkhwa, Pakistan. The study titled "Effectiveness of Cognitive Behavior Therapy for Divorced Women: Evaluating Stigmatization, Dysfunctional Beliefs Toward Remarriage, and Emotional Adjustment" was approved under Reference No. UOH/DASR/2025/2835, dated July 31, 2025. The executive summary was reviewed in accordance with the University's approved ethics policy, and clearance was granted after confirming compliance with established ethical standards for research involving human participants. Participants were fully informed about the objectives and procedures of the study, including the nature of the CBT intervention. Participation was voluntary, written informed consent was obtained prior to enrollment, and participants were informed of their right to withdraw at any time without penalty. Confidentiality and anonymity were strictly maintained through coded data, and all procedures adhered to institutional ethical guidelines and internationally recognized principles for psychological research.

This quasi-experimental study was preregistered with the Open Science Framework (OSF) to ensure transparency and reproducibility. The study protocol, including objectives, hypotheses, methodology, and analysis plan, was registered prior to data analysis. Registration DOI: https://doi.org/10.17605/OSF.IO/MR2D3

Data analysis was conducted using SPSS Version 25. Descriptive statistics were used to summarize participant characteristics and scale responses. Reliability of the RMBI-Urdu Version was confirmed using Cronbach's alpha. To test the intervention's effectiveness, paired sample t-tests were applied to evaluate changes within the treatment group from pre- to post-test, while independent sample t-tests compared the

outcomes between the treatment and control groups. Repeated measures ANOVA was used to analyze differences over time, and one-way ANOVA was performed to explore the influence of socio-demographic variables on post-treatment stigma scores. The level of significance was set at $p \leq 0.01$ to ensure statistical robustness.

Results

The current study aimed to assess the effectiveness of CBT for divorced women in reducing stigmatization and dysfunctional beliefs toward remarriage and enhancing emotional adjustment. Another aim was to examine the socio-demographic differences in treatment outcomes based on the type of divorce, reason for divorce, and divorce with or without children, living environment before and after divorce and socio-economic status. The following tables describe the results of the tentative hypothesis.

Data Analysis

Table 1

Demographic Information of the Participants (*n = 120*)

Variable	Subcategory	*f (%)*
Age Group	Early Middle Adult	64(53.3%)
	Later Middle Adult	56(46.7%)
Education Level	Primary	38(31.7%)
	Matric	48(40.0%)
	Graduation	26(21.7%)
	Postgraduation	8(6.7%)
Socioeconomic Status	Lower	24(20.0%)
	Middle	91(75.8%)
	Upper	5 (4.2%)
Type of Divorce	Khula	54 (45.0%)
	Divorce	66 (55.0%)
Family System (Post-Divorce)	Joint	101 (84.2%)
	Nuclear	19 (15.8%)
Divorce with or without Children	Without Children	90(75.0%)
	With Children	30(25.0%)
Living Environment	Urban	84(70.0%)
	Rural	36(30.0%)
Monthly Net Income	Poor (≤ 20,000 PKR)	22(18.3%)
	Low (≤ 50,000 PKR)	92(76.7%)
	Satisfactory (≤ 100,000 PKR)	6 (5.0%)

Table 4.1.1 results show that the population structure was that of a heterogeneous but mostly urban, middle-class sample. Most of them were young adults between 22-33 (53.3%) years of age, (40.0 %) of whom had a high-school diploma. After the divorce, 84.2% stated that they lived in joint families, and (70.0%) lived in urban areas. This was approximated to be (76.3%) of satisfactory-income (approximately 50,000 PKR/month) earners. As to marital history, 55.0% had a formal divorce, 45.0% a khula and 75.0% had no children.

Table 2

Reliability and Descriptive Statistics for Discrimination and Stigma, Remarriage Beliefs, and Emotional Adjustment Scales (n = 120)

Scale	Subscales	*k*	α	Mean	SD	Min	Max	Skew	Kurtosis
RMBI	Total	18	.87	48.53	13.29	15	62	-1.26	0.14
	Past Stay Past	4	.83	14.21	4.09	4	20	-0.92	0.24
	Idealizing Perfect	4	.80	11.64	3.97	4	18	-0.84	-0.19
	Remarriage Success	5	.78	12.01	3.92	5	20	-0.71	0.12
	Shared Finances	5	.75	10.67	3.92	3	16	-0.65	-0.07

Note. *k = number of items;* α *= Cronbach's alpha; M = mean; SD = standard deviation. DBRI=Remarriage Belief Inventory,*

Table 2 shows that the *Remarriage Belief Inventory* (RMBI) demonstrated the highest reliability with an alpha of .87**.** The mean scores indicated moderate levels remarriage beliefs (M = 48.53, SD = 13.29)**,** with some variability across participants. Skewness and kurtosis values for all three scales ranged from -1.26 and 0.14 suggesting an approximately normal distribution with slight deviations across subscales.

Table 3 *Comparison of Remarriage Beliefs, Scores among Divorced Women in the Control Group and Treatment Group (n = 100)*

Variable	Control (n=50)		Treatment (n=50)		*t* (98)	*p*	Cohen's *d*
	M	*SD*	M	*SD*			
Pretest Remarriage Beliefs	52.94	6.95	66.30	7.67	-9.13	.00	1.83
Post Test Remarriage Beliefs	52.36	7.55	30.46	4.26	17.87	.00	3.57

Note. M = *Mean;* SD = *Standard Deviation;* t = *t-value;* p = *significance level,; Cohen's* d = *Effect size.*

Table 3 is a comparison of the control group (n=50) and treatment group (n =50) on levels of dysfunctional beliefs about remarriage before and after CBT. During pre-test, the treatment group showed levels of dysfunctional remarriage beliefs that were higher (M = 66.30, SD = 7.67) compared to those of the control group (M = 52.94, SD = 6.95), t (98) = -9.13, p >.05, d = -1.83. Although there was initial discrepancy, the post-test scores showed that there was a very significant change that was statistically significant in the treatment (M = 30.46, SD = 4.26) compared with the control group (M = 52.36, SD = 7.55) t (98) = 17.87, p <.05, d = 3.57) which demonstrated that CBT successfully changed negative cognitions about remarriage.

Hypothesis testing

H1	Supported	Not-Supported
H1 Divorced women in the treatment group exposed to CBT are likely to have significantly lower dysfunctional belief toward remarriage scores compared to the control group.	Based on the desirable large mean differences observed between the treatment and control groups for remarriage beliefs, along with high t values and statistically significant p values, Hypothesis H1a was accepted.	

Table 4 *Pre- and Post-CBT Intervention Comparison of Remarriage Beliefs in the Treatment Group (n = 50)*

Variable	Pre-Test Treatment		Post-Test Treatment		*t* (49)	*P*	ϒ	Cohen's *d*
	M	*SD*	*M*	*SD*				
Remarriage beliefs	66.30	7.67	30.46	4.26	28.98	.000	.01**	5.78

Note. *M* = Mean; *SD* = Standard Deviation; *t* = t-value; *p* = significance level (p-value); ϒ = Correlation; Cohen's *d* = Effect size.

Table 4 revealed the mean comparison of the effectiveness of cognitive behavior therapy for divorced women in pre-test treatment and post-test treatment on remarriage beliefs. Findings indicated significant mean differences on Remarriage beliefs with t (1, 49) = 28.98, p <.001. Results show that mean pre-test scores on remarriage beliefs (M = 66.30, SD = 7.67) subsequently decreased in the post-test score (M =30.46, SD = 4.26). Two sets of scores were significantly correlated (ϒ = .01, p <0.001). The values of Cohen's d were 5.78 (< 0.50), which indicated a very large effect size.

Hypothesis testing

H2	**Supported**	**Not-Supported**
H2: Divorced women in the treatment group exposed to CBT are likely to have significantly lower post-test dysfunctional belief toward remarriage scores compared to the pre-test dysfunctional belief toward remarriage scores.	Based on the desirable large mean differences observed between the pre-test and post-test scores for dysfunctional beliefs toward remarriage, along with high t values and statistically significant p values, Hypothesis H1b was accepted.	

Table 5 *Changes in Stigmatization, Remarriage Beliefs, and Emotional Adjustment Across Pre-, Mid-, and Post-CBT Assessments Among Divorced Women in Treatment Group (n = 50)*

Variable	Pre Assessment at 0 week		Mid Assessment at 5 weeks		Post Assessment at 10 weeks		F (2, 47)	P	ηp^2
	M	*SD*	*M*	*SD*	*M*	*SD*			
Remarriage Beliefs	66.30	7.67	47.30	6.98	30.46	4.25	839.95***	.00	.94

Note. *M = Mean; SD = Standard Deviation; t = t-value; p = significance level (p-value);* ηp^2 = Partial Etta Squared *(Effect size).*

Table 5 showed repeated-measured ANOVA statistically significant changes in the Remarriage Beliefs outcomes throughout the intervention. In the case of beliefs about remarriage, showing significant changes with attainment of a lower value of M = 66.30 (SD = 7.67) at pre-test to M = 47.30 (SD = 6.98) in the mid-point and further to M = 30.46 (SD = 4.25) at post-test. This difference was very meaningful, F (2, 47) = 839.85***, p <.05) with a large effect size (ηp^2= 0.94), which showed that the beliefs of the participants who were initially reluctant towards remarriage have changed significantly.

Hypothesis testing

H3	Supported	Not-Supported
H3: Divorced women in the treatment group exposed to CBT are likely to have significantly lower dysfunctional belief toward remarriage scores across 3 assessments compared to the control group.	Mean scores of divorced women on dysfunctional beliefs toward remarriage decrease across pre-mid to final assessment, hypothesis H1c supported because F-Values were significant and mean differences were desirable	

Table 6 *Age-Based Differences in Treatment Outcomes of Remarriage Beliefs, among Divorced Women (n = 50)*

	Early Middle Adult		Later Middle Adult				
Variable	M	*SD*	M	*SD*	*t* (2,48)	*P*	*Cohen's d*
Remarriage Belief	65.70	7.64	67.00	7.81	.15	.89	-0.17

Note. M = Mean; *SD* = Standard Deviation; *t* = t-value; *p* = significance level (p-value); Cohen's *d* = Effect size.

Table 6 shows that age differences were non-significant across post intervention outcomes at the α = .05 level. dysfunctional beliefs toward remarriage showed a slightly significant age-based variation t (2,48) = .15, p = .89, and very small effect size differences d = -0.17).

Hypothesis testing

H4	Supported	Not-Supported
H4 There were significant ag-based differences in treatment outcome in the score of divorced women on remarriage belief.		There were no desirable differences, small t-values and insignificant p-values for remarriage beliefs; therefore, we are rejecting Hypothesis H4. remarriage beliefs.

Table 7 *Living Environment-Based Differences in Treatment Outcomes of Remarriage Beliefs among Divorced Women (n = 50)*

	Urban		Rural				
Variable	M	SD	M	SD	t(48)	*P*	Cohen's d
Remarriage Belief	30.80	4.78	29.66	2.66	.86	.39	0.29

Note. M = Mean; *SD* = Standard Deviation; *t* = t-value; *p* = significance level (p-value); Cohen's *d* = Effect size.

Table 7 shows treatment outcome differences based on residential setting (urban and rural). dysfunctional beliefs toward remarriage did not differ significantly between urban women (M = 30.80, DS = 4.78) and rural women (M = 29.66, SD = 2.66). The observed differences were statistically non-significant, t(2,48) =.86, p =.39, and the effect size differences were very small (Cohen s' d =0.17), indicating minimal differences between the two residential groups.

Hypothesis testing

H5	Supported	Not-Supported
H5 There were significant living environment-based differences in treatment outcome in the score of divorced women on remarriage beliefs.		There was no desirable mean difference for remarriage beliefs. The t-values were large, but the p-values were insignificant for remarriage beliefs. thus, hypothesis H4b was rejected for remarriage beliefs.

Table 8 *Type of divorce-Based Differences in Treatment Outcomes of Remarriage Beliefs, among Divorced Women (n = 50)*

	Khula		Divorce				
Variable	M	SD	M	SD	t(48)	*P*	Cohen's d
Remarriage Belief	29.54	4.71	31.31	3.69	-1.48	.14	0.42

Note. M = Mean; *SD* = Standard Deviation; *t* = t-value; *p* = significance level (p-value); Cohen's *d* = Effect size.

Table 8 shows type of divorce (khula and divorce initiated by husband) across remarriage beliefs. There was a significant difference between the groups in terms of dysfunctional beliefs about remarriage; Khula (M = 29.54, SD = 4.71, divorce initiated by husband (M = 31.31, SD = 3.69, t (2,48) = -1.48, p =.14), and the effect size differences for both groups were medium (Cohen d = 0.42). which indicates that the type of divorce has a significant impact on post-treatment results.

Hypothesis testing

H6	Supported	Not-Supported
H6 There were significant types of divorce-based differences in treatment outcome in the score of divorced women on remarriage beliefs.		There were no desirable differences, insignificant p-values for remarriage beliefs; therefore, we are rejecting Hypothesis H6b

Table 9 *Family System-Based Differences in Treatment Outcomes of Remarriage Beliefs, among Divorced Women (n = 50)*

Variable	Nuclear		Joint		t (48)	*P*	Cohen's d
	M	SD	M	SD			
Remarriage Belief	30.89	4.40	30.36	4.27	-.33	.74	2.19

Note. M = Mean; *SD* = Standard Deviation; *t* = t-value; *p* = significance level (p-value); Cohen's *d* = Effect size.

Table 9 shows Family System-Based (Nuclear family system and joint family system) Differences in Treatment Outcomes for Remarriage Beliefs. There was a significant difference between the groups in terms of dysfunctional beliefs about remarriage levels. Nuclear family system (M = 30.89, SD = 4.40), joint family system (M = 30.36, SD = 15.03), t (2,48) = .86, p =.74), and large effect size differences for both groups (Cohen d = 2.19). which indicates that the type of divorce has a significant impact on post-treatment results.

Hypothesis testing

H7	Supported	Not-Supported
H7; There were significant family type-based differences in treatment outcome in the score of divorced women on remarriage belief.		There were no desirable differences, small t-values and insignificant p-values for remarriage beliefs; therefore, we are rejecting Hypothesis H7 for emotional adjustment.

Table 10 *Divorce with or Without Children-Based Differences in Treatment Outcomes of Remarriage Beliefs, among Divorced Women (n = 50)*

Variable	With Children		Without Children				
	M	SD	M	SD	t(48)	*P*	Cohen's d
Remarriage Belief	30.41	3.77	30.47	4.45	-.04	.97	0.01

Note: *M = Mean, SD = Standard Deviation, df = degrees of freedom, Cohen's d = effect size.*

Table 10 examines the parental status effect. The dysfunctional beliefs about remarriage were found to display no significant differences in the scores for women with children (M = 30.41, SD = 3.77) and in the scores for women without children (M = 30.47, SD = 4.45), t (2,48) = -.04, p =.97) with no effect (Cohen d =0.01). These results indicate that the parental status has insignificant differences for remarriage beliefs on the treatment outcomes.

Hypothesis testing

H8	Supported	Not supported
H8; There were significant differences with or without children-based differences in treatment outcome in the score of divorced women on remarriage belief.		there was no desirable difference for remarriage beliefs and smaller t-values and significant p-values for stigmatization thus, hypothesis H8b was rejected

Table 11 *Educational Differences in Treatment Outcomes for Remarriage Beliefs, among Divorced Women (n = 50)*

Variable	Primary		Matric		Istgrad		Postgrad		*F*	*(3, ηp²*	*p*	*Post Hoc*
	M	SD	M	SD	M	SD	M	SD	*46)*			
Remarriage Belief	30.33	3.74	30.00	5.14	31.40	4.01	0.015	3.78	.23	0.01	.87	Istgrad>Postgrad>Primary>Matric

Note. *M = Mean; SD = Standard Deviation; F(4, 96) = F-value with degrees of freedom p = p-value; η^2 = Partial Eta Squared (effect size); Post Hoc = Order of group differences based on post-hoc comparisons.*

Table 11 illustrates how treatment outcomes vary according to educational level. remarriage beliefs, tertiary-educated women again had the highest scores after treatment (M = 31.40, SD = 4.01), with matriculated women showing the lowest (M = 30.00, SD = 5.14). This trend suggests a slightly greater reduction in maladaptive remarriage beliefs among less educated women, with an extremely small effect size (ηp^2= 0.015).

Hypothesis testing

H9	Supported	Not-Supported
H9; There were significant education-based differences in treatment outcome for stigmatization among divorced women		F-values were insignificant and did not desirable mean difference across different educational levels

Table 12 *Net Income Differences in Treatment Outcomes for Remarriage Beliefs, among Divorced Women (n = 50)*

Variable	Low income		Satisfactory income		Good income		F (2, 47)	*P*	ηp²	Post Hoc
	M	*SD*	M	*SD*	M	*SD*				
Remarriage Beliefs	30.15	3.82	30.61	4.55	30.00	3.61	.07	.93	0.00	Satisfactory> Low>Good

Note. *F (4, 95)* = F-value with degrees of freedom; p = *p*-value; η^2 = Partial Eta Squared (effect size); *Post Hoc* = Order of group differences based on post-hoc comparisons.

Table 12displays the variation in treatment outcomes for remarriage beliefs, across different income levels. Regarding remarriage beliefs, women with high income showed the greatest decrease, with the lowest scores (M = 30.00, SD = 3.61), followed by women with satisfactory income (M = 30.61, SD = 4.55), and low-income women (M = 30.15, SD = 3.82). This indicates a slightly larger decrease in maladaptive remarriage beliefs among higher-income women, with a very small effect size (ηp^2= 0.003).

Hypothesis testing

H10	Supported	Not-Supported
H10; There were significant Income Differences based differences in treatment outcome for remarriage belief among divorced women		F-values were insignificant and not desirable mean difference across three Income level

Table 13 *Socioeconomic status-based Differences in Treatment Outcomes for Remarriage Belief (n=50)*

Variables	Low		Middle		Upper		F(2, 47)	*P*	ηp²	Post -Hoc
	M	*SD*	M	*SD*	M	*SD*				
Remarriage Beliefs	30.67	3.91	30.17	4.37	31.83	4.49	.48	.67	0.020	Upper>Low>Middle

Note. *F (4, 95) = F-value with degrees of freedom p = p-value; η^2 = Partial Eta Squared (effect size); Post Hoc = Order of group differences based on post-hoc comparisons.*

The treatment outcomes of remarriage beliefs were reported in table 13by the differences between the socioeconomic status groups. Remarriage beliefs showed that the upper socioeconomic members recording the highest post-treatment scores (M = 31.83, SD = 4.49), then the low group (M = 30.67, SD = 3.91) and the middle group recording the lowest scores (M = 30.17, SD = 4.37). It means that there is a marginally better treatment-related decrease in maladaptive remarriage beliefs in women belonging to the middle socioeconomic group, and the effect size is minor (ηp^2= 0.020).

Hypothesis testing

H11	Supported	Not-Supported
H11; There were significant Socioeconomic status-based Differences based differences in treatment outcome for remarriage belief among divorced women		F-values were insignificant and did not desirable mean difference across the three Socioeconomic status levels

Table 14 *Reason for divorce-based Differences in Treatment Outcomes for Remarriage Beliefs among Divorced Women (n = 50)*

	F1		F2		F3		F4		F5		F6		F7		F8					
Variable	M	*SD*	M	*SD*	M	*SD*	M	*SD*	M	*SD*	M	*SD*	M	*SD*	M	*SD*	F(7,42)	*p*	ηp^2	Post-hoc
Remarriage Belief	32.55	3.64	29.00	1.41	33.33	6.97	29.25	4.04	29.00	3.00	30.83	2.08	28.83	4.07	29.50	2.12	.54	1.13	.35	3> 1 > 6 > 8 > 4>2>5 >7

Note: *F1: Income, F2: attraction, F3: understanding, F4: In-law interference, F5: spouse rights, F6: sexual demand, F7: Mental illness, F8: Extramarital affairs, F (7, 92) = F-value with degrees of freedom p = p-value; η^2 = effect size; Post Hoc = Order of group differences.*

The results regarding differential treatment outcomes for remarriage beliefs based on reasons for divorce are presented in Table 14The findings indicate that women divorced due to understanding-related issues (F3) (M = 33.33, SD = 6.97) obtained the highest post-treatment remarriage belief scores. This was followed by those divorced due to income-related reasons (F1) (M = 32.55, SD = 3.64) and sexual demand issues (F6) (M = 30.83, SD = 2.08). Conversely, lower remarriage belief scores were observed among women divorced due to mental illness (F7) (M = 28.83, SD = 4.07), attraction-related causes (F2) (M = 29.00, SD = 1.41), and spouse rights issues (F5) (M = 29.00, SD = 3.00). The post-hoc comparison order (3 > 1 > 6 > 8 > 4 > 2 > 5 > 7) suggests some variation in mean scores across groups. However, the one-way ANOVA results revealed that these differences were not statistically significant, F(7, 42) = 1.13, p = .35. Furthermore, the effect size was small (ηp^2 = .02–.03 approximately), indicating minimal practical significance.

Hypothesis testing

H12	Supported	Not-Supported
H12; There were significant reasons for divorce-based Differences based differences in treatment outcome for remarriage belief among divorced women		F-values were insignificant and did not desirable mean difference across different levels of reason for divorce

Discussion

The primary aim of this study was to evaluate the effectiveness of Cognitive Behavioural Therapy (CBT) in correcting irrational dysfunctional beliefs toward remarriage among divorced women. Divorce, while increasingly common, remains heavily stigmatized in many societies, particularly affecting women who face harsh societal

judgments and exclusion. In this context, divorced women may develop irrational and maladaptive beliefs about remarriage—such as viewing it as undesirable, unattainable, or inevitably unsuccessful—which can hinder their psychological well-being and adjustment.

The study employed the Remarriage Beliefs Inventory – Short Modified Urdu Version (DSS-SM), specifically adapted by Razaq et al. (2024) for use among Pakistani divorced women. The scale showed excellent reliability, with a Cronbach's alpha of 0.92, and met all psychometric standards for normal distribution and validity. This level of reliability provides confidence in the accuracy of the findings and aligns with previous research validating RMBI-Urdu version as a robust tool for assessing internalized and externalized stigma (Mokhtarabadi et al., 2020).

The demographic profile of the participants revealed that the majority were early-middle-aged women (55%) with limited educational qualifications (only 5% had postgraduate degrees). Most participants (74%) belonged to low-income households, and the majority lived in joint family systems post-divorce (83%). A significant portion (75%) did not have children from their marriage. These socio-demographic details are important as they reflect the cultural and financial vulnerabilities commonly associated with divorced women in Pakistan.

Hypothesis I posited that women in the treatment group receiving CBT would show significantly lower stigmatization compared to the control group. The results strongly supported this hypothesis. The between-group comparison revealed that divorced women who received CBT demonstrated significantly lower dysfunctional remarriage beliefs at post-test compared to those in the control group, thereby supporting H1. Although the treatment group initially reported higher maladaptive beliefs at baseline, their scores decreased substantially following intervention, yielding an exceptionally large effect size. These findings are consistent with cognitive theory, which posits that maladaptive schemas and automatic negative thoughts can be modified through systematic cognitive restructuring (Beck, 2011). Divorce often activates dysfunctional beliefs such as overgeneralization ("all marriages fail"), catastrophizing ("remarriage will inevitably end badly"), and labeling ("I am unsuitable for marriage"), which may become rigid without intervention. The significant between-group reduction observed in this study aligns with meta-analytic evidence demonstrating the efficacy of CBT in modifying maladaptive cognitions and interpersonal schemas (Hofmann et al., 2012). The magnitude of change suggests that culturally sensitive cognitive restructuring effectively challenged internalized pessimistic beliefs about remarriage.

Within-group analyses further supported H2, demonstrating a highly significant reduction in dysfunctional remarriage beliefs from pre-test to post-test among women receiving CBT. The effect size was extremely large, indicating not only statistical but substantial clinical significance. Research on post-divorce adjustment suggests that cognitive appraisals play a central role in determining psychological recovery and relational outlook (Sbarra, 2015). When maladaptive interpretations remain unchallenged, they may reinforce avoidance of future relationships and diminished relational self-efficacy. The strong within-group improvement observed here suggests that CBT facilitated cognitive flexibility, enabling participants to reinterpret remarriage as a viable and non-threatening possibility. These findings are congruent with broader psychotherapy literature demonstrating that CBT produces meaningful reductions in dysfunctional belief systems across diverse populations (Cuijpers et al., 2013).

Importantly, H3 examined whether dysfunctional remarriage beliefs would progressively decline across three assessment points (pre-, mid-, and post-intervention). The repeated-measures ANOVA revealed a highly significant and cumulative reduction over time, with a very large effect size. This temporal pattern is theoretically significant, as it indicates that cognitive change was gradual and consolidated across sessions rather than occurring abruptly. According to cognitive theory, deeper schema modification requires repeated cognitive rehearsal, behavioural experimentation, and reinforcement of adaptive

alternatives (Beck, 2011). The steady decline across all three assessments reflects therapeutic consolidation and supports the durability of cognitive restructuring processes. Longitudinal CBT research similarly indicates that symptom and belief change often unfolds progressively as clients internalize new cognitive frameworks (Kazantzis et al., 2018). Thus, the significant time effect strengthens confidence in the intervention's internal validity and suggests that sustained engagement enhances cognitive transformation.

In contrast to the strong support for H1–H3, hypotheses predicting demographic differences (H4–H11) were largely not supported. Age did not significantly influence treatment outcomes, indicating that maladaptive remarriage beliefs operate across early and later middle adulthood. This finding aligns with lifespan developmental research suggesting that cognitive schemas related to relationships are relatively stable across adulthood unless therapeutically challenged (Lachman, 2015). Similarly, living environment (urban versus rural) did not significantly moderate outcomes. Although rural contexts may be characterized by more traditional norms regarding remarriage, the absence of significant differences suggests that once maladaptive cognitions are internalized, they function similarly regardless of residential background. This supports cognitive models emphasizing internal appraisal processes over environmental determinants (Hofmann et al., 2012).

Type of divorce (khula versus husband-initiated divorce) also did not significantly affect post-treatment outcomes. While sociocultural narratives may assign different meanings to woman-initiated divorce, the findings suggest that dysfunctional remarriage beliefs converge regardless of initiation status. Psychological adjustment appears more strongly influenced by cognitive interpretation than by the formal mechanism of marital dissolution (Sbarra, 2015). Likewise, family system (nuclear versus joint) did not significantly moderate treatment effects. In collectivistic societies where extended families often shape marital narratives, one might expect joint family systems to intensify remarriage-related stigma. However, the lack of significant difference suggests that CBT may buffer against internalization of socially reinforced beliefs by restructuring core cognitions.

Parental status similarly showed no significant influence on treatment outcomes. Although children are frequently perceived as barriers to remarriage in patriarchal settings, the findings indicate that cognitive distortions rather than parental circumstances primarily sustain dysfunctional beliefs. Educational level, income, and socioeconomic status also did not produce significant differences. These results suggest that maladaptive remarriage schemas are pervasive across socioeconomic strata. Cognitive theory emphasizes that schemas develop through interpersonal experiences and emotional processing rather than purely structural factors (Beck, 2011), which may explain the uniform treatment response observed across these groups.

Although descriptive differences emerged across reasons for divorce, these variations were not statistically significant, leading to rejection of H12. This suggests that the specific cause of marital dissolution may be less influential than the meaning attributed to the experience. Regardless of whether divorce resulted from financial issues, relational conflict, or betrayal, participants may have internalized similar maladaptive cognitive patterns regarding future relationships. Thus, cognitive appraisal appears to be the central mechanism underlying dysfunctional remarriage beliefs.

The findings must also be interpreted within the broader cultural context. In collectivistic and patriarchal societies, divorced women frequently experience stigma, reputational damage, and social scrutiny, which can foster rigid negative beliefs about remarriage (Ikram, & Usman, 2022). Such sociocultural pressures may intensify fear of rejection, perceived inadequacy, and anticipatory shame. The significant reductions observed in this study suggest that CBT effectively challenged internalized cultural narratives, allowing participants to separate personal identity from societal stigma. Rather than altering structural social norms, the intervention facilitated cognitive reframing, empowering women to reinterpret

remarriage possibilities through adaptive perspectives.

Despite the promising results, several limitations warrant consideration. The quasi-experimental design limits causal inference compared to randomized controlled trials. Baseline differences between groups may have contributed to inflated effect sizes, and reliance on self-report measures introduces potential response bias. Additionally, extremely large effect sizes should be interpreted cautiously and replicated in larger, randomized samples. Subgroup analyses may also have been underpowered to detect small moderator effects. Future research should incorporate long-term follow-up assessments to determine the sustainability of cognitive changes and explore whether reductions in dysfunctional beliefs translate into behavioral outcomes such as remarriage decisions or relational engagement.

Clinically, the findings underscore the utility of culturally adapted CBT interventions for divorced women experiencing maladaptive remarriage beliefs. Structured cognitive restructuring, behavioral experiments, and schema-focused techniques appear effective across demographic backgrounds. The absence of significant moderators suggests that such interventions may be broadly implemented without extensive stratification by age, socioeconomic status, or family structure. Incorporating psychoeducation addressing stigma internalization and culturally sensitive examples may further enhance therapeutic relevance.

Conclusion

The study findings provide strong empirical evidence supporting the effectiveness of CBT in reducing dysfunctional beliefs toward remarriage among divorced women. Hypotheses H1–H3 were robustly supported, demonstrating significant between-group, within-group, and longitudinal improvements. In contrast, demographic and contextual variables did not significantly moderate outcomes, indicating that maladaptive remarriage beliefs are primarily cognitively mediated rather than socio-demographically determined. These findings highlight the transformative potential of cognitive restructuring in addressing internalized stigma and relational pessimism within collectivistic cultural contexts.

Limitations and Recommendations of the Study

The findings of this study should be interpreted considering several limitations. The quasi-experimental design without full randomization restricts the strength of causal conclusions, as selection bias cannot be entirely ruled out. Baseline differences between the treatment and control groups, particularly in pre-test remarriage belief scores, may have influenced the magnitude of observed post-intervention effects. The reliance on self-report measures also introduces the possibility of response bias, including social desirability effects, especially within a sociocultural context where divorce and remarriage are sensitive topics. Additionally, the relatively small sample size, particularly for subgroup comparisons, may have limited statistical power to detect subtle moderator effects, thereby increasing the likelihood of Type II error. The absence of long-term follow-up further limits understanding of the durability of cognitive changes over time. While significant reductions were observed across pre-, mid-, and post-assessments, it remains unclear whether these improvements are sustained in real-life relational contexts. Moreover, the study focused primarily on cognitive outcomes and did not assess behavioral indicators such as remarriage intentions or relational engagement, which limits conclusions about functional impact. Finally, the culturally specific context of the sample may constrain generalizability to other populations with different sociocultural dynamics surrounding divorce and remarriage.

Future research should adopt randomized controlled designs to enhance methodological rigor and strengthen causal inference. Incorporating larger and more diverse samples would improve statistical power and external validity, allowing for more precise examination of demographic and contextual moderators. Longitudinal follow-up assessments are recommended to evaluate the sustainability of cognitive restructuring effects and to determine whether reductions in dysfunctional remarriage beliefs translate into improved psychological well-

being and relational outcomes. Integrating qualitative methods alongside quantitative measures could provide deeper insight into how divorced women interpret remarriage within their cultural environments and how cognitive change unfolds in daily life. Clinically, structured and culturally sensitive CBT programs targeting remarriage-related schemas should be integrated into post-divorce counseling services and community mental health initiatives. Expanding access to such interventions through collaboration with social welfare institutions and women's support organizations may help reduce internalized stigma and promote adaptive relational beliefs.

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