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Orginal Article

Modeling Emotional Divorce based on Metacognitive Beliefs in Divorce Applicants with the Mediation of Emotional Processing and Dysfunctional communication beliefs

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Abstract

This study aimed to model emotional divorce based on metacognitive beliefs among individuals seeking divorce. The research also examined the mediating roles of emotional processing and dysfunctional communication beliefs. The method used for this research was descriptive-correlational, with a statistical population comprising all men and women who sought divorce at family counseling centers and clinics in Isfahan in 2021. Following Klein's (2010) recommendation for sample size in structural modeling, 226 participants were selected through convenience sampling.Participants completed several instruments: the Metacognitions Questionnaire (MCQ) developed by Wells, the Emotional Divorce Scale by Gottman, the Emotional Processing Scale (EPS) by Baker et al., and the Dysfunctional Communication Beliefs Questionnaire by Edelson and Epshtin. Data were analyzed using path analysis within the framework of structural equation modeling (SEM).The results showed that both metacognitive beliefs and dysfunctional communication beliefs were significantly associated with emotional divorce ($p < .01$). However, the direct path from emotional processing to emotional divorce was not statistically significant ($p > .05$). Indirect path analysis indicated that marital communication

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beliefs and emotional processing served as mediators in the relationship between metacognitive beliefs and emotional divorce. Thus, it can be concluded that metacognitive beliefs may predict emotional divorce in individuals seeking divorce through the mediating effects of marital communication beliefs and emotional processing.

Keywords: Metacognitive beliefs, Dysfunctional beliefs, Emotional processing, Emotional divorce.

Extended Abstract

Introduction

Cyanotic heart diseases are among the most chronic conditions that significantly impact the psychological and behavioral well-being of patients. One of the major challenges for these individuals is adherence to treatment, which is crucial not only for physical recovery but also for maintaining quality of life and improving disease prognosis. In recent years, researchers have focused on psychosocial factors that influence treatment adherence. One key factor is perceived social support, which refers to an individual's perception of emotional, instrumental, and informational assistance from others. This support plays an important role in fostering a sense of belonging, self-worth, and security.

Additionally, cognitive emotion regulation strategies, such as positive reappraisal and self-blame, are vital in determining how individuals interpret and cope with their illness. Among these strategies, resilience—defined as the ability to adapt to stress and adversity—may mediate the effects of social and emotional factors on treatment adherence. This study aims to investigate the relationships between perceived social support and cognitive emotion regulation strategies in relation to treatment adherence, while also examining the mediating role of resilience among cyanotic heart patients in Kermanshah.

Method

This descriptive-correlational study employed a structural equation modeling (SEM) approach. The statistical population consisted of all cyanotic heart patients attending specialized cardiology centers in Kermanshah during 2023. A total of 200 patients (108 women and 92 men) were selected using convenience sampling based on specific inclusion criteria: a medical diagnosis, age over 18, literacy, and informed consent. The instruments used

included: 1) the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), 2) the Cognitive Emotion Regulation Questionnaire (Garnefski & Kraaij, 2006), 3) the Connor-Davidson Resilience Scale (2003), and 4) the Morisky Medication Adherence Scale (2008). Cronbach's alpha coefficients for these instruments ranged from 0.76 to 0.89, indicating acceptable reliability. Data analysis was conducted using AMOS software and SEM, with model fit indices such as CFI, RMSEA, and χ^2/df employed to assess the adequacy of the conceptual model.

Results

Descriptive statistics indicated that patients had moderately high treatment adherence scores. Levels of perceived social support and resilience were also reported as favorable, while scores for maladaptive emotion regulation strategies were low. Path analysis demonstrated a significant positive relationship between perceived social support and treatment adherence ($\beta = 0.41$, $p < 0.001$). Adaptive cognitive emotion regulation strategies (such as positive reappraisal) were positively correlated with adherence ($\beta = 0.29$, $p < 0.01$), while maladaptive strategies (including rumination and self-blame) exhibited a negative relationship ($\beta = -0.25$, $p < 0.01$). Additionally, resilience played a significant mediating role between social support and treatment adherence ($\beta = 0.27$, $p < 0.01$). Bootstrap analysis confirmed the significance of the indirect effect of social support on adherence through resilience. The model fit was deemed acceptable (CFI = 0.95, RMSEA = 0.045, χ^2/df = 2.10), indicating that the proposed theoretical model aligned well with the empirical data.

Discussion

The findings underscore the importance of perceived social support and cognitive emotion regulation in enhancing treatment adherence among patients with cyanotic heart conditions. Social support fosters feelings of safety and hope, which can boost patients' motivation to follow medical recommendations. Similarly, patients who employ adaptive emotional strategies are better equipped to manage the stress associated with chronic illness. Resilience, serving as an internal coping resource, aids in psychological and physical adaptation. The mediating effect of resilience between social support and adherence is consistent with previous studies (e.g., Lee et al., 2021; Samios et al., 2020). These findings have important clinical implications for psychological interventions aimed at enhancing resilience, emotional regulation skills, and support networks among heart patients. Healthcare teams are encouraged to incorporate psychosocial approaches into treatment plans for patients with cyanotic heart conditions.

However, some limitations should be acknowledged, including the reliance on self-report measures and the cross-sectional study design, which limits causal interpretation. Future research should employ longitudinal and interventional designs to further investigate these relationships and validate the results across broader populations.

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