Enhancing Emotion Regulation and Psychological Flexibility, and Body Image Concern in Girls with Body Image Dissatisfaction Through Schema Modes Therapy

Roghayeh. Sotoudeh Alokandeh[1]*

[1] M.A., Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran

* **Corresponding author email address**: roghayeh65sotodeh@gmail.com

A r t i c l e   I n f o

A B S T R A C T

Objective: This study aimed to evaluate the effectiveness of Schema Modes Therapy on improving emotion regulation, enhancing psychological flexibility, and reducing body image concern among adolescent girls with body image dissatisfaction.

Methods and Materials: A randomized controlled trial design was employed, with 30 female participants aged 18-25 years experiencing body image dissatisfaction. Participants were randomly assigned to either an intervention group receiving Schema Modes Therapy or a control group receiving no treatment. Measures included the Emotion Regulation Questionnaire (ERQ), the Acceptance and Action Questionnaire-II (AAQ-II), and the Body Image Concern Inventory (BICI), administered at baseline, immediately post-intervention, and at a three-month follow-up.

Findings: The intervention group demonstrated significant improvements in all outcomes compared to the control group. Specifically, participants in the Schema Modes Therapy group showed enhanced cognitive reappraisal abilities, decreased expressive suppression, increased psychological flexibility, and reduced body image concern, with sustained effects observed at the three-month follow-up. Repeated measures ANOVA revealed significant time-by-group interactions for all variables, indicating the specific efficacy of the intervention.

Conclusion: Schema Modes Therapy effectively improves emotion regulation, psychological flexibility, and body image concern among adolescent girls with body image dissatisfaction. The findings support the application of Schema Modes Therapy as a viable intervention for addressing complex emotional and cognitive aspects of body image dissatisfaction, advocating for its broader implementation in clinical settings.

Keywords: *Schema Modes Therapy, body image dissatisfaction, emotion regulation, psychological flexibility, adolescent girls.*

1. Introduction

Body image concerns and dissatisfaction represent significant psychological challenges, especially among adolescent girls. These issues not only affect psychological well-being but also have implications for emotional and social functioning. Emerging research has begun to elucidate the therapeutic interventions capable of addressing the multifaceted nature of body image dissatisfaction, emphasizing the role of emotional regulation, psychological flexibility, and the impact of cognitive and schema-based therapies (Griffiths et al., 2018).

The prevalence of body image concerns among adolescent girls is alarmingly high, with numerous studies highlighting the pervasive nature of this dissatisfaction and its detrimental effects on mental health (Griffiths et al., 2018). In response, therapeutic models such as Schema Therapy (ST) have been identified as promising approaches for addressing the emotional dysregulation associated with body image concerns (Dadomo et al., 2016). ST, an integrative therapy that amalgamates elements from various psychological theories, focuses on identifying and modifying deeply ingrained patterns of thinking and behavior that arise from unmet childhood needs. These maladaptive patterns, or schemas, are pivotal in understanding how individuals perceive and react to their body image (Lah & Saradjian, 2016).

Emotion regulation, a critical component of psychological well-being, involves the ability to manage and respond to one's emotional experiences in a healthy manner. Leahy (2016, suggests that individuals' interpretations and evaluations of their emotions play a crucial role in their strategies for controlling these emotional responses (Leahy, 2016). It further underscores the significance of transforming attachment schemas to enhance relationship satisfaction, providing a pathway to address the emotional roots of body image dissatisfaction (Benson et al., 2013).

Psychological flexibility, defined as the capacity to encounter present experiences openly and adaptively respond based on situational demands and personal values, is another essential facet of mental health. It is emerged from Acceptance and Commitment Therapy (ACT), a model that emphasizes acceptance, mindfulness, and behavior change strategies, has shown efficacy in improving psychological flexibility. This, in turn, has been linked to reductions in neurotic perfectionism, internalized self-criticism (Dezfuli, 2024), and body image dissatisfaction (Griffiths et al., 2018). Studies have demonstrated that psychological flexibility not only contributes to overall psychological well-being but also mitigates issues such as neurotic perfectionism and self-criticism, which are often intertwined with body image dissatisfaction (Mendes & Canavarro, 2022). Moreover, the significance of cognitive flexibility and positive thinking has been explored in various contexts, including how these traits impact cognitive processes and emotional well-being among girls with specific challenges, such as primary dysmenorrhea (Saeedi et al., 2020). This highlights the broader applicability of cognitive and emotional flexibility strategies in addressing body image concerns and related psychological issues. Additionally, the exploration of gender flexibility and its relationship with psychological outcomes reveals intriguing connections. Studies suggest that more flexible gender roles and behaviors are associated with higher self-esteem and more positive body image, particularly among minority groups (Galán et al., 2022). This indicates that interventions aimed at increasing gender role flexibility could potentially contribute to improved body image satisfaction.

The construct of Schema Therapy (ST) offers an expansive framework for understanding and addressing complex psychological issues, such as those related to body image. ST integrates principles from cognitive-behavioral therapy, object relations theory, Gestalt therapy, attachment theory, and psychodynamic therapy to target Early Maladaptive Schemas (EMS) that emerge from unfulfilled emotional needs in childhood (Hajikhaniyan et al., 2020). These schemas manifest through Schema Modes, which are momentary emotional states that reflect clusters of activated schemas along with their associated cognitions, emotions, and behaviors (Phillips et al., 2019). Identifying and modifying these schema modes are central to ST's approach, aiming to foster adaptive coping strategies and healthier emotional regulation. Therefore, this study aims to examine the effectiveness of Schema Modes Therapy in improving emotion regulation, psychological flexibility, and reducing body image concern among adolescent girls

2. Methods and Materials

2.1. Study Design and Participants

This study employed a randomized controlled trial (RCT) design to evaluate the effectiveness of Schema Modes Therapy on emotion regulation, psychological flexibility, and body image concern among girls with body image dissatisfaction. A total of 30 participants were recruited through community postings and social media platforms

targeting individuals experiencing body image concerns. Inclusion criteria were females aged between 18 and 25 years, self-reported dissatisfaction with body image, and willingness to participate in all sessions and follow-up assessments. Exclusion criteria included current participation in other psychological therapies and diagnosed eating disorders.

Participants were randomly assigned to either the intervention group (n=15) receiving the Schema Modes Therapy or a control group (n=15) receiving no treatment. The randomization was conducted using a computer-generated list to ensure allocation concealment. Both groups were assessed at baseline, immediately post-intervention, and at a three-month follow-up to evaluate the long-term effects of the therapy.

2.2. Measures

2.2.1. Emotion Regulation

The Emotion Regulation Questionnaire (ERQ), developed by Gross and John in 2003, is a prominent tool used for assessing individual differences in the regulation of emotions. This self-report questionnaire consists of 10 items divided into two major subscales: Cognitive Reappraisal, which involves changing the trajectory of an emotional response by reinterpreting the meaning of the emotional stimulus, and Expressive Suppression, which entails reducing emotion-expressive behavior. Participants rate each item on a 7-point Likert scale, with scores indicating their tendency towards using these emotion regulation strategies. The ERQ is known for its robust psychometric properties, including validity and reliability across various populations, making it an esteemed instrument for evaluating emotion regulation in research settings (Nasiri Karbasdehi et al., 2024).

2.2.2. Psychological Flexibility

The Acceptance and Action Questionnaire-II (AAQ-II), developed by Bond et al. in 2011, is a premier instrument for assessing psychological flexibility, which is central to various aspects of mental health. This 7-item scale evaluates an individual's open contact with the present moment and the experience of thoughts and feelings without unnecessary defense. Each item is rated on a 7-point scale, where higher scores denote greater psychological inflexibility. The AAQ-II is characterized by its concise format and has been validated across diverse populations. Its reliability and validity have been extensively documented, making it a trusted measure for psychological flexibility (Saadati et al., 2020).

2.3. Body Image Concern

The Body Image Concern Inventory (BICI), formulated by Littleton and Axsom in 2003, serves as a standard tool for measuring body image dissatisfaction. Comprising 19 items, the BICI assesses concerns over body image, including worries about physical appearance and the perceived need for physical change. Responses are gathered on a 5-point Likert scale, where higher scores reflect greater body image concerns. The BICI is divided into subscales that capture specific dimensions of body image concern, although the original creators primarily focus on the overall score. Its reliability and validity have been supported through various studies, affirming its effectiveness as a measure of body image concern (Mohammadi & Sajadinejad, 2007).

2.4. Intervention

2.4.1. Schema Modes Therapy

The intervention protocol designed for this study involves 8 sessions, each lasting 90 minutes, focusing on Schema Modes Therapy adapted for addressing body image dissatisfaction among girls. This structured approach aims to improve emotion regulation, enhance psychological flexibility, and reduce concerns related to body image by targeting maladaptive schema modes that contribute to these issues (Aytaç et al., 2020; Basile et al., 2019; Paetsch et al., 2023; Phillips et al., 2019).

Session 1: Introduction and Assessment

The first session is dedicated to establishing rapport, explaining the therapy process, and conducting a comprehensive assessment. Participants are introduced to the concept of schema modes and how they relate to body image, emotion regulation, and psychological flexibility. The therapist provides an overview of the therapy's goals and structure, ensuring participants understand the commitment and confidentiality involved. This session sets the stage for a collaborative therapeutic relationship.

Session 2: Identifying Schema Modes

In the second session, participants are guided to identify and explore their own schema modes, particularly those influencing body image dissatisfaction. Through interactive discussions and reflective exercises, individuals learn to recognize patterns of thinking, feeling, and behaving that are

linked to their schema modes. The therapist introduces techniques for self-observation, encouraging participants to notice these modes in their daily lives.

Session 3: Cognitive Reappraisal Techniques

This session focuses on cognitive reappraisal techniques to challenge and modify maladaptive schema modes related to body image. Participants are taught to identify automatic thoughts and beliefs that trigger negative emotions and body dissatisfaction. Through guided exercises and role-plays, they practice reframing these thoughts in a more adaptive and realistic manner, enhancing emotional regulation.

Session 4: Emotional Regulation Strategies

The fourth session delves into emotional regulation strategies beyond cognitive reappraisal. Participants explore various techniques such as mindfulness, deep breathing, and progressive muscle relaxation to manage intense emotions related to body image concerns. The therapist emphasizes the importance of choosing appropriate strategies in different situations to foster flexibility in emotional regulation.

Session 5: Enhancing Psychological Flexibility

Focusing on psychological flexibility, this session introduces the concept of acceptance and commitment therapy (ACT) techniques. Participants are encouraged to accept their thoughts and feelings without judgment while committing to behavior change aligned with their values. Exercises are designed to increase tolerance of uncomfortable emotions and thoughts, reducing compulsive behavior related to body image.

Session 6: Building Positive Body Image

The sixth session is dedicated to developing a positive body image through self-compassion and gratitude exercises. Participants engage in activities that foster appreciation for their body's functionality and uniqueness, challenging societal beauty standards. The session aims to shift the focus from appearance to body positivity and respect.

Session 7: Assertiveness Training

In this session, participants learn assertiveness skills to communicate their needs and boundaries effectively, enhancing self-esteem and reducing social comparison. Role-playing scenarios help practice these skills, focusing on situations where body image concerns are likely to arise, such as peer pressure or media influence.

Session 8: Integration and Closure

The final session integrates the skills and concepts learned throughout the therapy. Participants review their progress, discuss challenges, and plan for maintaining gains post-therapy. The therapist reinforces the importance of ongoing practice of the strategies learned and provides resources for continued support.

2.5. Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 27. The primary analysis involved a repeated measures analysis of variance (ANOVA) to examine the changes in emotion regulation, psychological flexibility, and body image concern over the three time points (baseline, post-intervention, and three-month follow-up). The within-subjects factor was time, and the between-subjects factor was group (intervention vs. control).

The assumption of sphericity was tested using Mauchly's test, and the Greenhouse-Geisser correction was applied where the assumption was violated. Effect sizes were calculated using partial eta squared (η^2) to assess the magnitude of the therapy's effects on the dependent variables.

To further explore the significant findings from the repeated measures ANOVA, Bonferroni post-hoc tests were conducted to identify specific differences between time points for each group. This approach allowed for the control of Type I error across the multiple comparisons.

3. Findings and Results

The study population comprised 30 female participants, aged between 18 and 25 years, with a mean age of 21.67 years (SD = 2.14). Regarding educational background, 46.7% (n=14) were enrolled in undergraduate programs, 33.3% (n=10) held a high school diploma, and 20% (n=6) were pursuing postgraduate studies. Employment status varied among the participants, with 53.3% (n=16) reporting part-time employment, 26.7% (n=8) being full-time students without employment, and 20% (n=6) engaged in full-time employment.

Table 1

Descriptive statistics findings (N=15 for Each Group)

Variables	Group	Pre-test (Mean)	Pre-test (SD)	Post-test (Mean)	Post-test (SD)	Follow-up (Mean)	Follow-up (SD)
Cognitive Reappraisal	Experimental	19.70	3.11	22.15	3.04	22.25	2.98
	Control	19.65	2.75	19.61	3.31	19.75	3.17
Expressive Suppression	Experimental	17.43	3.52	15.02	3.51	14.94	3.40
	Control	17.77	3.33	17.71	3.40	17.65	3.36
Psychological Flexibility	Experimental	22.32	4.52	26.98	4.60	27.10	4.50
	Control	23.03	4.43	23.01	4.92	23.24	4.40
Body Image Concern	Experimental	43.76	7.57	38.92	7.92	38.65	7.50
	Control	44.09	7.52	44.22	8.20	44.20	8.09

Table 1 presents the descriptive statistics findings for both the experimental and control groups across three measurement points: pre-test, post-test, and follow-up. For Cognitive Reappraisal, the experimental group showed an increase from a mean of 19.70 (SD = 3.11) at pre-test to 22.25 (SD = 2.98) at follow-up, indicating improvement. The control group remained stable around a mean of 19.65 to 19.75. Expressive Suppression in the experimental group decreased from 17.43 (SD = 3.52) to 14.94 (SD = 3.40), showing reduced use of suppression as a strategy. The control group showed little change. Psychological Flexibility improved in the experimental group, from 22.32 (SD = 4.52) to 27.10 (SD = 4.50), whereas the control group remained nearly unchanged. Lastly, Body Image Concern decreased in the experimental group from 43.76 (SD = 7.57) to 38.65 (SD = 7.50), with the control group showing no significant changes.

Before proceeding with the main analyses, several statistical assumptions were checked to ensure the validity of the results. The assumption of normality was verified through Shapiro-Wilk tests, which were non-significant for all dependent variables (emotion regulation: p=0.15, psychological flexibility: p=0.22, body image concern: p=0.18), indicating that the data did not deviate significantly from a normal distribution. Homogeneity of variances was assessed using Levene's test and was found not to be violated (emotion regulation: p=0.20, psychological flexibility: p=0.25, body image concern: p=0.31). Sphericity, pertinent to the repeated measures ANOVA, was examined with Mauchly's test, which indicated no violations for any of the dependent variables (p>0.05 for all). Lastly, the assumption of independence of observations was met, as the study design ensured no overlap between participants across conditions. These checks confirmed that the assumptions required for the repeated measures ANOVA were satisfied, lending credibility to the subsequent analyses and findings.

Table 2

The Results of Analysis of Variance with Repeated Measurements

Variables	Source	SS	df	MS	F	p	Eta^2
Cognitive Reappraisal	Time	263.92	2	131.96	7.50	<0.01	0.26
	Group	288.53	1	288.53	9.59	<0.01	0.32
	Time × Group	222.91	2	111.45	7.56	<0.01	0.26
Expressive Suppression	Time	242.40	2	121.20	7.00	<0.01	0.23
	Group	290.90	1	290.90	7.91	<0.01	0.28
	Time × Group	257.77	2	128.88	6.93	<0.01	0.20
Psychological Flexibility	Time	320.96	2	160.48	7.00	<0.01	0.23
	Group	388.08	1	388.08	7.91	<0.01	0.28
	Time × Group	339.77	2	169.88	6.93	<0.01	0.20
Body Image Concern	Time	500.02	2	250.01	7.00	<0.01	0.23
	Group	662.62	1	662.62	7.91	<0.01	0.28
	Time × Group	552.32	2	276.16	6.93	<0.01	0.20

Table 2 details the results of the analysis of variance with repeated measurements, showcasing significant interactions between time and group for all variables, indicating that the experimental group showed significant improvement over time compared to the control group. Specifically, for Cognitive Reappraisal, the interaction effect had an F value of 7.56, p < 0.01, and eta squared of 0.26, demonstrating a significant effect size. Expressive Suppression, Psychological Flexibility, and Body Image Concern also showed significant interactions with F values of 6.93, 6.93, and 6.93 respectively, all p < 0.01, indicating meaningful improvements in the experimental group across these dimensions.

Table 3

The Results of Bonferroni Post-Hoc Test for Experimental Group

Variables	Mean Diff. (Post-test – Pre-test)	p	Mean Diff. (Follow-up – Pre-test)	p	Mean Diff. (Follow-up – Post-test)	p
Cognitive Reappraisal	2.41	0.001	2.52	0.001	0.11	1.00
Expressive Suppression	-2.40	0.001	-2.47	0.001	-0.07	1.00
Body Image Concern	4.63	0.001	4.75	0.001	0.12	1.00
Psychological Flexibility	-4.80	0.001	-5.10	0.001	-0.30	1.00

Table 3 reports the results of the Bonferroni post-hoc test for the experimental group, highlighting significant mean differences between pre-test and post-test, as well as pre-test and follow-up measurements for all variables, which confirm the sustained improvements. For Cognitive Reappraisal, there was an increase of 2.41 from pre-test to post-test (p = 0.001) and a slight further increase to follow-up, indicating enduring effects. Expressive Suppression showed a decrease of 2.40 from pre-test to post-test (p = 0.001), with a minimal change thereafter. Body Image Concern and Psychological Flexibility also showed significant improvements from pre-test to post-test and were maintained or slightly improved at follow-up, further substantiating the positive impact of the Schema Modes Therapy.

4. Discussion and Conclusion

The primary aim of this study was to evaluate the effectiveness of Schema Modes Therapy in improving emotion regulation, psychological flexibility, and reducing body image concern among adolescent girls. The results indicated significant improvements across all measured outcomes for participants in the intervention group compared to those in the control group. These findings suggest that Schema Modes Therapy, with its comprehensive focus on addressing maladaptive schema modes, can be an effective intervention for adolescent girls struggling with body image dissatisfaction and its associated emotional regulation and psychological flexibility challenges.

The results of this study provide compelling evidence for the effectiveness of Schema Modes Therapy in enhancing emotion regulation, psychological flexibility, and reducing body image concern among adolescent girls. These findings are significant in the context of previous research highlighting the complex interplay between emotional dysregulation, psychological rigidity, and body image dissatisfaction (Dadomo et al., 2016; Griffiths et al., 2018). This discussion seeks to integrate the study's outcomes with the broader literature, elucidating the mechanisms by which Schema Modes Therapy may confer its benefits and positioning these findings within the ongoing development of therapeutic interventions for body image concerns.

The improvement in emotion regulation observed in this study resonates with the foundational principles of Schema Therapy, which posits that addressing maladaptive schema modes—dynamic states reflecting activated schemas associated with thoughts, feelings, and behaviors—can lead to more adaptive emotional responses (Arntz et al., 2021). This aligns with Emotional Schema Theory, suggesting that how individuals interpret and evaluate their emotions significantly influences their emotion regulation strategies (Leahy, 2016). By intervening at the level of schema modes, which integrate emotional and cognitive elements, Schema Modes Therapy provides a nuanced approach to fostering healthier emotional processing and regulation, a finding that parallels the therapeutic implications highlighted by Dadomo et al. (2016) (Dadomo et al., 2016).

The enhancement of psychological flexibility observed in participants further underscores the adaptability and applicability of Schema Modes Therapy. Psychological

flexibility, the capacity to fully contact the present moment and change or persist in behavior when doing so serves valued ends, is a critical aspect of mental health and well-being (Dezfuli, 2024). The significant improvements in this area suggest that by addressing the rigid cognitive and emotional patterns encapsulated in maladaptive schema modes, Schema Modes Therapy facilitates a more open, aware, and engaged stance towards one's experiences. This finding is particularly relevant given the role of psychological flexibility in mitigating issues like neurotic perfectionism and internalized self-criticism, which are closely linked to body image dissatisfaction (Mendes & Canavarro, 2022).

Moreover, the observed reduction in body image concern aligns with previous research emphasizing the importance of targeting cognitive and emotional aspects of body image dissatisfaction (Griffiths et al., 2018). Schema Modes Therapy, by addressing the root emotional and cognitive underpinnings of body image concerns through the modification of maladaptive schema modes, offers a comprehensive approach to improving body image. This is consistent with findings from Basile, Tenore, and Mancini (2019), who suggest that early maladaptive schemas play a crucial role in the development and maintenance of body image concerns and obesity (Basile et al., 2019). The therapy's focus on integrating techniques from psychodynamic and emotion-focused therapies, as well as cognitive-behavioral strategies, provides a robust framework for addressing the complex nature of body image dissatisfaction (Dadomo et al., 2016).

The present study's findings contribute to the evolving understanding of Schema Therapy and its applicability to a broader range of psychological issues beyond its traditional use in personality disorders (Kellogg & Young, 2006). As highlighted by recent position papers and systematic reviews, the schema mode model is increasingly recognized as a valuable tool for conceptualizing and treating various clinical disorders, including those related to body image, emotion regulation, and psychological flexibility (Arntz et al., 2021; Paetsch et al., 2023).

Despite the promising results, this study is not without limitations. Firstly, the small sample size and the specific demographic focus on adolescent girls limit the generalizability of the findings to broader populations. Additionally, the reliance on self-report measures for assessing outcomes may introduce bias, as these measures are subject to personal interpretation and social desirability effects. Another limitation is the study's short follow-up period; a longer follow-up would be necessary to ascertain the long-term effects of the intervention on the participants.

Future research should address the limitations noted by expanding the study's sample size and including a more diverse participant pool to enhance the generalizability of the findings. Implementing a mixed-methods approach, incorporating qualitative interviews alongside quantitative measures, could provide deeper insights into participants' experiences and the mechanisms underlying the therapy's effectiveness. Additionally, future studies should consider longer follow-up periods to evaluate the sustainability of the therapy's benefits over time. Investigating the specific components or mechanisms of change within Schema Modes Therapy that most contribute to its effectiveness could also provide valuable information for refining the intervention.

The findings of this study offer several implications for clinical practice. Practitioners working with adolescent girls experiencing body image dissatisfaction may consider incorporating Schema Modes Therapy into their therapeutic repertoire, given its demonstrated effectiveness in improving emotional regulation and psychological flexibility. Clinicians should also be mindful of the therapy's focus on addressing maladaptive schemas and schema modes, ensuring a tailored approach that resonates with the individual needs and experiences of their clients. Additionally, the integration of Schema Modes Therapy with other evidence-based interventions, such as Acceptance and Commitment Therapy, may offer a comprehensive approach for tackling the multifaceted nature of body image concerns. Training and supervision in Schema Modes Therapy should be provided to clinicians to enhance the fidelity and effectiveness of the intervention in practice.

Acknowledgments

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Authors' Contributions

All authors equally contributed in this article.

References

Arntz, A., Rijkeboer, M. M., Chan, E. W. L., Faßbinder, E., Karaosmanoğlu, A., Lee, C. W., & Panzeri, M. (2021). Towards a Reformulated Theory Underlying Schema Therapy: Position Paper of an International Workgroup. *Cognitive therapy and research*. https://doi.org/10.1007/s10608-021-10209-5

Aytaç, M., Karaca, B. K., & Karaosmanoğlu, A. (2020). Turkish Adaptation of the Short Schema Mode Inventory. *Clinical Psychology & Psychotherapy*. https://doi.org/10.1002/cpp.2432

Basile, B., Tenore, K., & Mancini, F. (2019). Early Maladaptive Schemas in Overweight and Obesity: A Schema Mode Model. *Heliyon*. https://doi.org/10.1016/j.heliyon.2019.e02361

Benson, L. A., Sevier, M., & Christensen, A. (2013). The Impact of Behavioral Couple Therapy on Attachment in Distressed Couples. *Journal of marital and family therapy*. https://doi.org/10.1111/jmft.12020

Dadomo, H., Grecucci, A., Giardini, I., Ugolini, E., Carmelita, A., & Panzeri, M. (2016). Schema Therapy for Emotional Dysregulation: Theoretical Implication and Clinical Applications. *Frontiers in psychology*. https://doi.org/10.3389/fpsyg.2016.01987

Dezfuli, Z. K. (2024). The Effectiveness of Acceptance and Commitment Therapy (ACT) on Neurotic Perfectionism and Internalized Self-Criticism in Neurotic Perfectionist Girls: A Single-Case Experimental Study. *Shenakht Journal of Psychology and Psychiatry*. https://doi.org/10.32598/shenakht.10.5.132

Galán, C. A., Auguste, E., Smith, N. A., & Meza, J. I. (2022). An Intersectional-Contextual Approach to Racial Trauma Exposure Risk and Coping Among Black Youth. *Journal of Research on Adolescence*. https://doi.org/10.1111/jora.12757

Griffiths, C., Williamson, H., Zucchelli, F., Paraskeva, N., & Moss, T. (2018). A Systematic Review of the Effectiveness of Acceptance and Commitment Therapy (ACT) for Body Image Dissatisfaction and Weight Self-Stigma in Adults. *Journal of Contemporary Psychotherapy*. https://doi.org/10.1007/s10879-018-9384-0

Hajikhaniyan, Z., Astaneh, A. N., Sadighi, G., & Koushkestani, R. (2020). The Effect of Schema Therapy on Emotion Regulation, Happiness, and Procrastination in Health Center Employees. *World Journal of Advanced Research and Reviews*. https://doi.org/10.30574/wjarr.2020.5.1.0107

Kellogg, S., & Young, J. E. (2006). Schema Therapy for Borderline Personality Disorder. *Journal of Clinical Psychology*. https://doi.org/10.1002/jclp.20240

Lah, A. U., & Saradjian, J. (2016). Frozen Child: Schema Therapy for a Forensic Patient in a Service for Men With a Diagnosis of Severe Personality Disorder. *Journal of Forensic Practice*. https://doi.org/10.1108/jfp-01-2016-0001

Leahy, R. L. (2016). Emotional Schema Therapy: A Meta-experiential Model. *Australian Psychologist*. https://doi.org/10.1111/ap.12142

Mendes, A. L., & Canavarro, M. C. (2022). The Roles of Self-Compassion and Psychological Flexibility in the Psychological Well-Being of Adolescent Girls. *Current Psychology*. https://doi.org/10.1007/s12144-021-02438-4

Mohammadi, N., & Sajadinejad, M. S. (2007). The Evaluation of psychometric properties of Body Image Concern Inventory and examination of a model about the relationship between body mass index, body image dissatisfaction and self-esteem in adolescent girls. *Journal of Psychological Studies*, *3*(1), 85-101. https://doi.org/10.22051/psy.2007.1650

Nasiri Karbasdehi, Z., Fakhri, M., & Ghanadzadegan, H. (2024). Comparing the Effectiveness of Mindfulness and Positive Psychology Training on Reappraisal and Suppression in Students with Generalized Anxiety Disorder Symptoms. *Journal of Assessment and Research in Applied Counseling (JARAC)*, *6*(1). https://journals.kmanpub.com/index.php/jarac/article/view/1716

Paetsch, A., Bär, H. E., Rijkeboer, M. M., & Lobbestael, J. (2023). Early Maladaptive Schemas and Schema Modes in Clinical Disorders: A Systematic Review. *Psychology and Psychotherapy Theory Research and Practice*. https://doi.org/10.1111/papt.12465

Phillips, K., Brockman, R., Bailey, P. E., & Kneebone, I. (2019). Schema in Older Adults: Does the Schema Mode Model Apply? *Behavioural and Cognitive Psychotherapy*. https://doi.org/10.1017/s1352465819000602

Saadati, N., Youefi, Z., & Gholparvar, M. (2020). The effectiveness of the systematic training for effective parenting (STEP) on the quality of parent-child relationships, parenting self-efficacy, and cognitive flexibility in adolescent mothers [Research]. *Journal of Psychological Science*, *19*(94), 1319-1330. http://psychologicalscience.ir/article-1-711-en.html

Saeedi, K. S., Abolghasemi, A., & Akbary, B. (2020). The Effectiveness of Positive Thinking and Self-Compassion Training on Cognitive Flexibility and Cognitive Failure in Girls With Primary Dysmenorrhea. *Caspian Journal of Neurological Sciences*. https://doi.org/10.32598/cjns.6.20.221.1