




The Effectiveness of Schema Therapy on Distress Tolerance and Subjective Well-Being in Adolescents with Parental Bereavement Experience

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Article Info

Article type:

Original Research

How to cite this article:

Akbari, M., Fazeli, M., Islami, A., Gholami Ghadi, Z., & Esmaeili Taba, Z. S. (2026). The Effectiveness of Schema Therapy on Distress Tolerance and Subjective Well-Being in Adolescents with Parental Bereavement Experience. *Journal of Adolescent and Youth Psychological Studies*, 7(4), 1-9.

<http://dx.doi.org/10.61838/kman.jayps.5013>



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ABSTRACT

Objective: The objective of this study was to examine the effectiveness of schema therapy in improving distress tolerance and subjective well-being among adolescents who have experienced parental bereavement.

Methods and Materials: This study employed a quasi-experimental design with a pretest–posttest control group. The statistical population consisted of adolescents with parental bereavement experience who referred to counseling centers in Tehran in 2024. Following initial screening using the Grief Experience Questionnaire, 30 adolescents with a moderate level of grief were selected through purposive and convenience sampling and randomly assigned to an experimental group (n = 15) and a control group (n = 15). Data were collected using standardized measures of distress tolerance and subjective well-being. The experimental group received schema therapy in 10 group-based sessions of 90 minutes, while the control group received no intervention. Pretest and posttest assessments were conducted for both groups.

Findings: Inferential statistical analysis using multivariate analysis of covariance indicated a significant effect of group membership on both outcome variables after controlling for pretest scores. Schema therapy had a statistically significant effect on distress tolerance, with a large effect size, and a statistically significant effect on subjective well-being, also with a large effect size. The statistical power for both effects was high, indicating strong confidence in the detected differences between the experimental and control groups at the posttest stage.

Conclusion: The findings demonstrate that schema therapy is an effective intervention for enhancing distress tolerance and subjective well-being in adolescents experiencing parental bereavement, suggesting its utility as a comprehensive therapeutic approach for addressing emotional vulnerability and promoting psychological adjustment following loss.

Keywords: schema therapy, distress tolerance, subjective well-being, adolescents with parental bereavement experience.

1. Introduction

Parental loss during adolescence is widely recognized as one of the most disruptive developmental stressors, with enduring consequences for emotional regulation, psychological adjustment, and subjective well-being. Adolescence is a sensitive developmental period characterized by rapid neurobiological, cognitive, and emotional changes, during which individuals rely heavily on parental figures for emotional security, identity formation, and regulatory support. The experience of parental bereavement during this stage often destabilizes internal working models of safety and attachment, intensifies vulnerability to maladaptive coping patterns, and increases the likelihood of psychological distress, emotional dysregulation, and impaired well-being. Recent psychological research has increasingly emphasized that the impact of bereavement is not limited to grief symptoms alone, but extends to deeper cognitive–emotional structures that shape how adolescents perceive themselves, others, and the world, including early maladaptive schemas (Delcea et al., 2023; Kaya-Demir & Çırakoğlu, 2022).

Distress tolerance, defined as the perceived and actual capacity to withstand negative emotional states without resorting to maladaptive behaviors, has emerged as a central transdiagnostic construct in understanding adolescent psychological functioning following traumatic or loss-related experiences. Adolescents with low distress tolerance are more likely to engage in avoidance, emotional suppression, impulsive behaviors, or self-injury when confronted with intense emotions, thereby exacerbating psychological vulnerability over time. Empirical evidence suggests that distress tolerance is closely linked to early maladaptive schemas, which bias emotional appraisal processes and intensify sensitivity to emotional pain (Babaeifard et al., 2024; Mohamadi & Jabalameli, 2024). In bereaved adolescents, the loss of a parent may activate schemas related to abandonment, emotional deprivation, vulnerability, and defectiveness, resulting in diminished tolerance for distressing emotions and reduced psychological resilience (Fereydooni & Sheykhani, 2024; Kaya-Demir & Çırakoğlu, 2022).

Subjective well-being, encompassing emotional, psychological, and social well-being, represents another crucial indicator of mental health that is often compromised following parental bereavement. Unlike symptom-focused outcomes, subjective well-being reflects individuals' broader evaluations of life satisfaction, emotional balance,

sense of purpose, and social integration. Studies have demonstrated that maladaptive schemas are inversely associated with subjective well-being across diverse populations, including adolescents, adults, and clinical samples (Hassani et al., 2021; Moradi et al., 2024). When early schemas remain unaddressed, they may undermine adolescents' capacity to derive meaning from life experiences, maintain positive emotional states, and develop adaptive social relationships, thereby impeding post-loss psychological adjustment (Delcea et al., 2023; Nelson & Cherry, 2024).

Schema therapy, developed by Young and colleagues, offers an integrative psychotherapeutic framework specifically designed to address early maladaptive schemas, dysfunctional coping styles, and unmet emotional needs originating in childhood and adolescence. By combining cognitive, experiential, emotional, and behavioral techniques within a strong therapeutic relationship, schema therapy aims to modify deeply rooted patterns that sustain psychological distress. In recent years, a growing body of evidence has supported the effectiveness of schema therapy in improving emotional regulation, reducing psychological distress, and enhancing well-being across a wide range of populations (Abbasian Hadadan, 2024; Zerang et al., 2025). These findings suggest that schema therapy may be particularly well-suited for adolescents who have experienced parental loss, as it directly targets the underlying schema-level disruptions triggered by bereavement.

Empirical studies have consistently shown that schema therapy is effective in enhancing distress tolerance, a key outcome variable in the present study. Research conducted with adolescents, women, couples, and clinical populations has demonstrated significant improvements in distress tolerance following schema-based interventions (Forouzani, 2023; Safari Dizaj & Alipanah, 2023; Zareei et al., 2024). For instance, schema therapy has been shown to reduce emotional reactivity and improve tolerance of negative affect among individuals with obsessive-compulsive symptoms, substance-related problems, and mood disorders (Abbasian Hadadan, 2024; Mohamadi & Jabalameli, 2024). These findings highlight the transdiagnostic utility of schema therapy in strengthening individuals' capacity to endure emotional distress without resorting to maladaptive coping strategies.

In adolescent populations specifically, schema-focused interventions have demonstrated promising outcomes in reducing risk behaviors, emotional dysregulation, and

distress intolerance. Studies conducted in Iranian cultural contexts have shown that group-based schema therapy improves distress tolerance, emotional regulation strategies, and social functioning among adolescents facing emotional and behavioral challenges (Fereydooni & Sheykhani, 2024; Khayabani, 2024). These findings are particularly relevant for bereaved adolescents, whose emotional experiences are often intensified by unresolved grief, insecure attachment patterns, and unmet emotional needs. By directly addressing schemas related to loss and abandonment, schema therapy may facilitate healthier emotional processing and adaptive coping in this vulnerable group.

Beyond distress tolerance, schema therapy has also been shown to exert significant positive effects on subjective and psychological well-being. Multiple studies have reported improvements in emotional well-being, psychological well-being, and overall life satisfaction following schema-based interventions (Karami et al., 2025; Pourpashang & Mousavi, 2021; Sahour et al., 2024). Comparative studies have further indicated that schema therapy is at least as effective, and in some cases more effective, than other third-wave approaches such as mindfulness-based cognitive therapy in enhancing psychological well-being (Sahour et al., 2023; Sahour et al., 2024). These outcomes suggest that schema therapy not only reduces distress but also actively promotes positive psychological functioning, making it a comprehensive intervention for adolescents experiencing complex emotional difficulties.

Theoretical and empirical research has increasingly emphasized the mediating role of early maladaptive schemas in the relationship between adverse life events and psychological outcomes. Studies grounded in conservation of resources theory and schema models indicate that traumatic experiences, including bereavement, deplete emotional resources and activate maladaptive schemas, which in turn contribute to psychological distress and diminished well-being (Delcea et al., 2023; Yousefi et al., 2023). In this context, schema therapy offers a mechanism for restoring psychological resources by restructuring maladaptive schemas and fostering healthier emotion regulation strategies. Research has also demonstrated that improvements in distress tolerance and well-being following schema therapy are often accompanied by reductions in self-criticism, helplessness, and maladaptive coping patterns (Khatibi & Meghraz, 2023; Mohamadi & Jabalameli, 2024).

Despite the growing body of evidence supporting schema therapy, there remains a notable gap in the literature

regarding its application to adolescents with parental bereavement experience, particularly with respect to the combined outcomes of distress tolerance and subjective well-being. While previous studies have examined grief-related variables, emotion regulation, and psychological distress separately, few have adopted a schema-focused framework to address the deeper cognitive-emotional mechanisms underlying bereavement-related difficulties in adolescents (Erfan et al., 2024; Kaya-Demir & Çırakoğlu, 2022). Moreover, most existing interventions for bereaved adolescents emphasize symptom reduction rather than schema modification and well-being enhancement, limiting their long-term effectiveness.

Given the cultural, emotional, and developmental specificity of adolescent bereavement, it is essential to evaluate evidence-based interventions within the sociocultural context in which they are delivered. Iranian adolescents face unique familial, social, and emotional expectations that may intensify the psychological impact of parental loss. Recent Iranian studies have highlighted the relevance of schema therapy for addressing culturally embedded emotional patterns and improving mental health outcomes in diverse populations (Haji Zadeh et al., 2024; Zand, 2023). These findings underscore the need for controlled empirical investigations examining the effectiveness of schema therapy for bereaved adolescents within this cultural context.

Accordingly, the present study aimed to investigate the effectiveness of schema therapy on distress tolerance and subjective well-being in adolescents with parental bereavement experience.

2. Methods and Materials

2.1. Study Design and Participants

The research method was a quasi-experimental design with a pretest-posttest control group. The statistical population of the present study consisted of adolescents with parental bereavement experience who referred to counseling centers in the city of Tehran in 2024. Initially, the Barrett and Scott Grief Experience Questionnaire (1998) was administered to the entire target population; subsequently, 30 adolescents who had experienced a moderate level of grief (scores between 68 and 102) were selected through purposive and convenience sampling and were randomly assigned to two groups: an experimental group (15 participants) and a control group (15 participants). Data were collected using the Distress Tolerance Questionnaire and the

Subjective Well-Being Scale. Participants in the experimental group received the intervention for 10 sessions of 90 minutes each, whereas the control group did not receive any intervention. After completion of the sessions, both groups were reassessed using the posttest.

2.2. Measures

Simmons and Gaher Distress Tolerance Scale (2005): The Distress Tolerance Scale is a self-report measure of distress tolerance developed by Simmons and Gaher (2005). It consists of 15 items and four subscales: Tolerance (tolerance of distress), measured by items 1, 3, and 5; Absorption (absorption by negative emotions), measured by items 2, 4, and 15; Appraisal (subjective evaluation), measured by items 6, 7, 9, 10, 11, and 12; and Regulation (efforts to alleviate distress), measured by items 8, 13, and 14. Higher scores indicate better functioning and greater distress tolerance. In Alavi's study (2011), Cronbach's alpha coefficients for these subscales were reported as 0.72, 0.82, 0.78, and 0.70, respectively, and 0.82 for the total scale. The scale has demonstrated acceptable criterion-related and initial convergent validity, and the results of this study indicated high internal consistency reliability for the total scale ($\alpha = 0.71$).

Keyes and Magyar-Moe Subjective Well-Being Scale (2003): The Subjective Well-Being Scale developed by Keyes and Magyar-Moe (2003) is used to assess emotional, psychological, and social well-being and consists of 45 items. The first 12 items assess emotional well-being, the next 18 items assess psychological well-being, and the final 15 items assess social well-being. In the study by Doust (2004), the reliability coefficient and test-retest reliability were reported as 0.86. Cronbach's alpha reliability coefficients for the total subjective well-being scale and the subscales of emotional well-being, psychological well-being, and social well-being were reported as 0.75, 0.76, 0.64, and 0.76, respectively.

Barrett and Scott Grief Experience Questionnaire (1998): The Grief Experience Questionnaire developed by Barrett and Scott (1998) consists of 34 items scored on a five-point Likert scale ranging from 1 (never) to 5 (always). To obtain the score for each dimension, the scores of the items corresponding to that dimension are summed. The total score is obtained by summing the scores of all 34 items, with a minimum possible score of 34 and a maximum of 170. Scores between 34 and 68 indicate low grief experience, scores between 68 and 102 indicate moderate grief

experience, and scores above 102 indicate high grief experience. The developers confirmed construct validity and concurrent validity, and reported a Cronbach's alpha reliability coefficient of 0.85. In Iran, Mahdipoor et al. (2009) confirmed construct and concurrent validity, and reported a Cronbach's alpha reliability coefficient of 0.86.

2.3. Intervention

The schema therapy intervention protocol was implemented in a structured and standardized format over 10 weekly sessions, each lasting 90 minutes, and was delivered in a group setting by a trained therapist. The intervention was based on Young's schema therapy model and began with establishing a therapeutic alliance, providing psychoeducation about schemas, early maladaptive schemas, and coping styles, and explaining the relationship between early loss experiences, emotional distress, and maladaptive emotional regulation patterns. Subsequent sessions focused on the identification and conceptualization of participants' core maladaptive schemas related to loss, abandonment, emotional deprivation, and vulnerability, using experiential techniques, guided imagery, and emotion-focused dialogue to access and process grief-related emotional experiences. Cognitive techniques were employed to challenge dysfunctional beliefs and negative automatic thoughts associated with grief and distress intolerance, while behavioral pattern-breaking strategies were introduced to promote adaptive coping responses, emotional regulation, and distress tolerance in daily life. Limited reparenting and empathic confrontation were consistently applied throughout the intervention to provide corrective emotional experiences and to strengthen healthy adult modes. In the final sessions, emphasis was placed on consolidating therapeutic gains, enhancing subjective well-being through meaning-making and self-compassion exercises, and developing individualized relapse-prevention plans to support the maintenance of treatment outcomes after the completion of the intervention.

2.4. Data Analysis

Data were analyzed using descriptive and inferential statistical methods in SPSS software. Descriptive statistics, including means and standard deviations, were calculated to summarize the characteristics of the study variables. Prior to hypothesis testing, statistical assumptions such as normality of distribution and homogeneity of variances were examined using the Shapiro-Wilk test and Levene's test, respectively.

To evaluate the effectiveness of the intervention while controlling for pretest scores, multivariate analysis of covariance (MANCOVA) was employed, with group membership as the independent variable and posttest scores of distress tolerance and subjective well-being as dependent variables.

3. Findings and Results

As shown in Table 1, the experimental and control groups had relatively similar mean scores in distress tolerance and

subjective well-being at the pretest stage, indicating initial comparability between the groups. Following the intervention, the experimental group demonstrated a substantial increase in mean scores for both distress tolerance and subjective well-being, whereas the control group showed either a slight decrease or minimal change in posttest scores. These descriptive results suggest that schema therapy may have contributed to notable improvements in adolescents' ability to tolerate distress and their overall subjective well-being compared to the control condition.

Table 1

Means and Standard Deviations of Distress Tolerance and Subjective Well-Being in the Experimental and Control Groups

| Variable | Group | Pretest Mean | Pretest SD | Posttest Mean | Posttest SD |
|-----------------------|--------------|--------------|------------|---------------|-------------|
| Distress Tolerance | Experimental | 35.36 | 4.78 | 49.69 | 6.79 |
| | Control | 34.57 | 4.53 | 32.38 | 4.47 |
| Subjective Well-Being | Experimental | 58.54 | 6.23 | 75.74 | 9.64 |
| | Control | 56.32 | 5.14 | 55.53 | 5.58 |

Assessment of statistical assumptions indicated that the prerequisites for conducting parametric analyses were satisfactorily met. As shown by the Shapiro–Wilk test results, the distributions of distress tolerance and subjective well-being scores in both the experimental and control groups at the pretest stage did not significantly deviate from normality, as all significance values exceeded the 0.05 threshold, suggesting that the assumption of normal distribution was acceptable. In addition, the results of

Levene's test demonstrated that the variances of distress tolerance and subjective well-being scores across groups were homogeneous, with non-significant significance levels greater than 0.05 for both variables. Taken together, these findings confirm that the assumptions of normality and homogeneity of variances were adequately satisfied, thereby justifying the use of multivariate parametric statistical procedures in the present study.

Table 2

Results of Multivariate Analysis of Covariance (MANCOVA) for the Study Variables

| Source of Variance | Variable | Sum of Squares | df | Mean Square | F | Sig. | Effect Size (η^2) | Power |
|--------------------|-----------------------|----------------|----|-------------|--------|------|--------------------------|-------|
| Group | Distress Tolerance | 12541.369 | 1 | 12541.369 | 79.695 | 0.01 | 0.698 | 1.00 |
| | Subjective Well-Being | 638.752 | 1 | 638.752 | 43.412 | 0.01 | 0.625 | 1.00 |

The results presented in Table 2 indicate that, after controlling for pretest scores, there was a statistically significant effect of group membership on both distress tolerance and subjective well-being. The effect of schema therapy on distress tolerance was significant with a large effect size ($\eta^2 = 0.698$), demonstrating that a substantial proportion of variance in posttest distress tolerance scores was attributable to the intervention. Similarly, the group effect on subjective well-being was significant and associated with a large effect size ($\eta^2 = 0.625$). The statistical power for both analyses was equal to 1.00, indicating a very

high probability of correctly detecting the observed effects. These findings confirm the effectiveness of schema therapy in improving distress tolerance and subjective well-being among adolescents with parental bereavement experience.

4. Discussion

The findings of the present study demonstrated that schema therapy was effective in significantly improving distress tolerance and subjective well-being among adolescents with parental bereavement experience. The multivariate analysis results indicated that, after controlling

for pretest scores, adolescents who participated in schema therapy showed markedly higher posttest scores in distress tolerance and subjective well-being compared to the control group. These results suggest that schema therapy can successfully address the deep emotional and cognitive disruptions associated with parental loss during adolescence. The observed increase in distress tolerance implies that participants developed a greater capacity to endure and regulate negative emotional states without resorting to maladaptive coping strategies, while the improvement in subjective well-being reflects enhanced emotional balance, psychological functioning, and overall life evaluation. These findings are theoretically consistent with the schema model, which posits that early adverse experiences, such as parental loss, activate maladaptive schemas that impair emotional regulation and well-being, and that modifying these schemas can lead to broad psychological improvements (Delcea et al., 2023; Kaya-Demir & Çırakoğlu, 2022).

The significant improvement in distress tolerance observed in the experimental group aligns with a growing body of empirical evidence supporting the effectiveness of schema therapy in enhancing individuals' capacity to cope with emotional distress. Previous studies have shown that schema therapy reduces distress intolerance in diverse clinical and non-clinical populations, including individuals with obsessive-compulsive symptoms, substance-related problems, and mood disorders (Mohamadi & Jabalameli, 2024; Safari Dizaj & Alipanah, 2023; Zareei et al., 2024). In adolescent samples, schema-based interventions have been found to strengthen emotional regulation skills and reduce vulnerability to impulsive and avoidance-based responses to distress (Babaeifard et al., 2024; Khayabani, 2024). The present findings extend this literature by demonstrating that schema therapy is also effective for adolescents coping with parental bereavement, a population characterized by heightened emotional sensitivity and schema activation related to abandonment and emotional deprivation. By addressing these core schemas through experiential and cognitive techniques, schema therapy appears to facilitate more adaptive emotional processing and greater tolerance of grief-related distress.

The improvement in subjective well-being following schema therapy is also consistent with prior research indicating that schema-focused interventions contribute to positive psychological functioning beyond symptom reduction. Studies have documented significant gains in psychological well-being, emotional well-being, and life satisfaction following schema therapy in various

populations, including women experiencing emotional divorce, couples with marital conflict, and individuals undergoing substance dependence treatment (Pourpashang & Mousavi, 2021; Zand, 2023; Zerang et al., 2025). Comparative studies have further shown that schema therapy is as effective as, or superior to, other third-wave interventions in promoting psychological well-being (Sahour et al., 2023; Sahour et al., 2024). In the context of adolescent bereavement, the enhancement of subjective well-being suggests that schema therapy not only alleviates emotional suffering but also supports the reconstruction of meaning, self-worth, and relational security disrupted by parental loss. This finding is particularly important given that well-being is a protective factor against long-term psychological maladjustment.

The mechanisms underlying these outcomes can be understood through the central role of early maladaptive schemas in shaping emotional and cognitive responses to loss. Parental bereavement often reinforces schemas of abandonment, vulnerability, and defectiveness, which in turn intensify emotional distress and undermine well-being (Kaya-Demir & Çırakoğlu, 2022; Nelson & Cherry, 2024). Schema therapy directly targets these schemas through techniques such as limited reparenting, imagery rescripting, and cognitive restructuring, enabling adolescents to process grief-related emotions in a safer and more adaptive manner. Prior research has shown that reductions in maladaptive schemas are associated with improvements in distress tolerance and psychological well-being (Hassani et al., 2021; Moradi et al., 2024). The present study's findings support this schema-based explanation and highlight the relevance of addressing deep-seated cognitive-emotional patterns in bereavement interventions.

Furthermore, the results are consistent with studies demonstrating the transdiagnostic utility of schema therapy in addressing emotional dysregulation and psychological distress across contexts. Research has shown that schema therapy improves emotional regulation and reduces psychological distress in individuals with borderline personality disorder, irritable bowel syndrome, and substance-related difficulties (Abbasian Hadadan, 2024; Erfan et al., 2024; Mohamadi & Jabalameli, 2024). These findings suggest that the benefits of schema therapy observed in the present study are not limited to grief-related outcomes but reflect broader changes in emotional processing and self-regulation. The improvement in distress tolerance among bereaved adolescents may thus represent a foundational shift in how they experience and respond to

emotional pain, with potential long-term benefits for mental health.

The cultural context of the present study also warrants consideration. Iranian adolescents may experience parental bereavement within a sociocultural framework that emphasizes family cohesion, emotional restraint, and role expectations, which can complicate grief processing and emotional expression. Previous Iranian studies have highlighted the effectiveness of schema therapy in addressing culturally embedded emotional patterns and enhancing psychological well-being (Haji Zadeh et al., 2024; Zand, 2023). The present findings support the cultural applicability of schema therapy and suggest that its focus on unmet emotional needs and corrective emotional experiences may be particularly valuable in contexts where emotional expression is constrained. By fostering a supportive therapeutic environment, schema therapy may help bereaved adolescents reconcile cultural expectations with their emotional needs.

5. Conclusion

Overall, the findings of this study contribute to the growing literature on schema therapy by demonstrating its effectiveness in improving distress tolerance and subjective well-being among adolescents with parental bereavement experience. The results underscore the importance of addressing schema-level processes in grief interventions and highlight schema therapy as a comprehensive approach capable of promoting both emotional resilience and positive psychological functioning. By integrating cognitive, emotional, and relational components, schema therapy appears well-suited to meet the complex needs of bereaved adolescents and to support healthier developmental trajectories following loss.

6. Limitations & Suggestions

One limitation of the present study is the relatively small sample size, which may limit the generalizability of the findings to broader adolescent populations with parental bereavement experience. Additionally, the use of self-report measures may have introduced response bias, and the absence of a follow-up assessment prevents conclusions about the long-term sustainability of treatment effects. The study was also conducted within a single cultural and geographical context, which may limit the applicability of the results to other cultural settings.

Future research should employ larger and more diverse samples to enhance the generalizability of findings and should include longitudinal follow-up assessments to examine the durability of schema therapy effects over time. Comparative studies evaluating schema therapy against other evidence-based grief interventions in adolescents would further clarify its relative effectiveness. Future investigations may also explore mediating mechanisms, such as changes in specific early maladaptive schemas or emotion regulation strategies, to better understand how schema therapy exerts its effects in bereaved adolescents.

From a practical perspective, the findings suggest that schema therapy can be effectively integrated into counseling and mental health services for adolescents experiencing parental bereavement. Mental health professionals working with bereaved youth may benefit from incorporating schema-focused techniques to address deep-seated emotional needs and maladaptive cognitive patterns. Training programs for school counselors and clinical psychologists could include schema therapy components to enhance intervention effectiveness, and policymakers may consider supporting the implementation of schema-based programs within adolescent mental health services to promote resilience and well-being following parental loss.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

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

M.F. conceived the study, designed the research methodology, and supervised the therapeutic intervention. M.A. coordinated participant recruitment, managed data collection, and contributed to the implementation of schema therapy sessions. A.I. performed the statistical analyses and interpreted the results. Z.G.G. assisted with literature review, measurement selection, and data preparation. Z.S.E.T. contributed to drafting the manuscript, revising it critically for intellectual content, and organizing the final version. All authors reviewed and approved the final manuscript and agreed to be accountable for all aspects of the work.

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