

Exploring Allegorical Schema Modes and Their Impact on Therapists' Chronic Mood Disorders: A Mixed-Method Study

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ABSTRACT

This study aims to examine allegorical schema modes and their influence on therapists' chronic mood disorders. Employing an exploratory mixed-method approach, the research was conducted in two phases. In the initial phase, the dimensions of allegorical schema modes were identified using a two-round Delphi method. In the second phase, the impact of these identified dimensions on therapists' chronic mood disorders was investigated through an experimental study. Data collection utilized the Brunel Mood Scale, and data analysis was conducted using multivariate analysis of covariance (MANCOVA). The findings indicate that allegorical schema modes significantly affect chronic mood disorders. Specifically, the dimensions of tension, depression, and vigor were influenced by allegorical schema modes, supporting their inclusion. However, no significant effects of allegorical schema modes were observed on the dimensions of anger, confusion, and fatigue, leading to their exclusion. These findings highlight the selective impact of allegorical schema modes on chronic mood disorders in therapists.

Keywords: *allegorical schema, schema modes, mood disorders, therapists*

1. Introduction

In the ever-evolving field of psychotherapy, the importance of understanding therapists' own cognitive and emotional frameworks in shaping their mental health and professional efficacy is increasingly recognized. Therapists, entrusted with facilitating healing and personal growth in their clients, often face significant emotional and cognitive challenges (Knox et al., 2023). The nature of therapeutic work—marked by deep client engagement and the complexities of managing transference and countertransference dynamics—can profoundly impact therapists' emotional equilibrium. These challenges necessitate a closer examination of how therapists navigate their inner worlds while supporting others, with the ultimate goal of enhancing both therapist well-being and therapeutic outcomes (Longden et al., 2022).

Central to this exploration is the concept of allegorical schema modes, which are deeply ingrained cognitive and emotional patterns that influence how individuals perceive and respond to various life experiences (Cruwys et al., 2014). These schema modes, while essential to personal identity and interaction, also play a pivotal role in shaping professional behavior within therapeutic contexts. Therapists, by virtue of their profession, often bring their own schema modes into the therapeutic space. This interplay can serve as both a resource for empathetic connection and a potential source of distress when these modes are triggered by challenging therapeutic situations (Jager et al., 2016). Understanding the dual-edged nature of schema modes is vital for advancing the discourse on therapist well-being and therapeutic effectiveness.

The evolution of psychotherapy practices over the years has shifted the paradigm from the traditional "blank slate" therapist model to one that values therapists' authenticity, self-awareness, and emotional presence as critical components of effective therapy (Ten et al., 2016). While these attributes enrich the therapeutic relationship and lead to better client outcomes, they also expose therapists to heightened emotional vulnerability. The same qualities that foster attunement and empathy—key elements of a successful therapeutic alliance—can leave therapists susceptible to emotional exhaustion and chronic mood disorders (Edwards et al., 2020). This paradox underscores the urgency of investigating factors that influence therapists' emotional resilience and well-being, with particular attention to the role of allegorical schema modes.

These schema modes, often rooted in early life experiences, significantly shape how therapists perceive their clients and navigate therapeutic relationships. For example, a therapist's schema mode may influence their reactions to a client's emotional expressions, potentially amplifying their capacity for empathy or exacerbating their emotional distress. The dynamic interplay between schema modes and therapeutic processes highlights both opportunities for enhancing therapeutic efficacy and risks for emotional burnout (Bach et al., 2017). Consequently, exploring the dimensions of allegorical schema modes and their impact on therapists' emotional health offers a promising avenue for fostering resilience and promoting sustainable therapeutic practices.

The significance of this inquiry is amplified by the broader challenges therapists face, including high rates of chronic mood disorders such as depression and anxiety. Empirical research consistently shows that therapists are at an elevated risk of experiencing emotional exhaustion and burnout due to the demands of their profession (Devery et al., 2018). For instance, Roberts et al. (2022) found a strong correlation between therapists' chronic mood disorders and diminished job satisfaction, highlighting the pressing need for interventions that address therapists' mental health while supporting their professional growth (Roberts et al., 2022).

The theoretical framework guiding this study is informed by several interconnected perspectives, including schema theory, which posits that individuals develop cognitive and emotional schema structures based on early life experiences. Empirical research supports the notion that these schemas, once formed, play a significant role in shaping emotional responses and interpersonal interactions (Young et al., 2003). Within therapeutic contexts, schema modes are particularly relevant as they influence therapists' capacity to manage complex relational dynamics and navigate emotionally charged situations (Bär et al., 2023).

Therapist self-awareness and authenticity further complement the theoretical underpinnings of this study. Research indicates that therapists who engage in self-reflective practices demonstrate greater empathy and attunement, which, in turn, strengthen the therapeutic alliance (Gale & Schröder, 2014). However, these same qualities can make therapists more vulnerable to emotional distress, especially when their schema modes are activated by challenging therapeutic encounters (Bartle-Haring et al., 2016). The interplay between therapists' self-awareness and their susceptibility to chronic mood disorders underscores

the importance of understanding and addressing schema modes as a potential pathway to resilience.

In addition to examining therapists' schema modes, this study also considers the broader implications of therapists' mental health on therapeutic outcomes. A robust body of evidence links the quality of the therapeutic relationship to treatment effectiveness, emphasizing the need for emotionally regulated and self-aware therapists (Banham & Schweitzer, 2016). Therapists who struggle with chronic mood disorders may find it challenging to establish a secure therapeutic alliance, which can negatively impact client progress (Crom et al., 2020). This connection further highlights the importance of fostering therapists' well-being as a means of enhancing the overall efficacy of psychotherapy.

Recent studies have explored the application of schema therapy and its impact on various populations, offering valuable insights into the therapeutic potential of addressing schema modes. For example, Monjezi et al. (2012) demonstrated the effectiveness of schema therapy in improving emotional regulation among adolescent girls (Monjezi et al., 2012), while Mohammadi et al. (2019) highlighted its role in reducing psychological distress among divorced women (Mohammadi et al., 2019). Similarly, Kopf-Beck (2020) found schema therapy to be a promising approach for addressing both personality and affective disorders, underscoring its relevance in diverse therapeutic settings (Kopf-Beck et al., 2020).

Despite these advances, a notable gap remains in the literature regarding the specific influence of allegorical schema modes on therapists' well-being. While existing research has illuminated the broader impact of schema therapy on emotional regulation and interpersonal dynamics, the unique challenges faced by therapists as both practitioners and individuals navigating their own emotional landscapes have received limited attention. This study seeks to address this gap by focusing on the dimensions of allegorical schema modes and their relationship to therapists' chronic mood disorders, thereby contributing to a deeper understanding of the factors that shape therapists' professional and personal experiences.

In synthesizing theoretical perspectives and empirical evidence, this research aims to uncover actionable insights that can inform interventions for supporting therapists' mental health. By examining the dimensions of allegorical schema modes through the Delphi method and empirically investigating their effects using multivariate analysis, this study endeavors to bridge the gap between theory and

practice. Ultimately, the findings are expected to illuminate pathways for enhancing therapists' resilience, fostering authentic therapeutic relationships, and advancing the field of psychotherapy as a whole. This investigation into the intersection of therapists' cognitive and emotional frameworks, their professional roles, and their mental health represents a significant step toward a more holistic understanding of the therapeutic process.

2. Methods and Materials

2.1. Study Design and Participants

This research employed an exploratory mixed-method approach to provide a comprehensive understanding of allegorical schema modes and their impact on therapists' chronic mood disorders. The study was conducted in two distinct phases: a qualitative phase and a quantitative experimental phase. During the qualitative phase, the Delphi method was used to systematically identify and define the dimensions of allegorical schema modes through a two-round process with a panel of 16 experts. These experts were carefully selected based on their extensive expertise in cognitive psychology, clinical psychology, psychotherapy, and related fields, as well as their academic contributions and practical experience in schema modes and emotional well-being. In the quantitative phase, the statistical population consisted of psychotherapists practicing within the 3rd district of Tehran, Iran, during the period from December 2020 to December 2021. A convenience sampling method was employed to select participants, with outreach conducted to counseling and psychology centers in the designated area. Participants were required to meet the inclusion criterion of scoring above the average on measures of chronic mood disorders. The final sample was divided into two groups: an experimental group, which participated in therapeutic sessions based on allegorical schema modes, and a control group, which did not receive any intervention. The experimental group attended 10–12 therapeutic sessions, each lasting approximately one hour, conducted weekly in a group setting. A consistent pre-test and post-test procedure was administered to both groups, with a follow-up test conducted one month after the completion of the intervention to assess the durability of its effects.

2.2. Data Collection

Data collection was carried out using the Brunel Mood Scale, a validated instrument comprising 32 items designed

to measure six dimensions of mood: tension, depression, anger, vigor, fatigue, and confusion. The reliability of the scale was verified using Cronbach’s Alpha, which produced coefficients ranging from 0.58 to 0.73 across the dimensions, demonstrating moderate to high reliability. Additionally, previous research by Miranda (2008) reported Cronbach’s Alpha coefficients for this scale ranging from 0.79 to 0.85, further confirming its reliability and robustness. For both the experimental and control groups, data were collected at three time points: a pre-test before the intervention, a post-test immediately after the intervention, and a follow-up test one month later for the experimental group. These assessments provided a comprehensive dataset for evaluating the impact of the intervention on therapists’ chronic mood disorders and allowed for the examination of changes over time (Brandt et al., 2016).

2.3. Data analysis

Data analysis was conducted using SPSS statistical software, with multiple steps undertaken to ensure the robustness and reliability of the findings. First, the Kolmogorov-Smirnov test was applied to confirm the normality of the dataset. Descriptive statistics, including averages and standard deviations, were calculated to provide an overview of the mood dimensions assessed by the Brunel Mood Scale. To examine the effects of the intervention and explore relationships among the various dimensions, multivariate analysis of covariance (MANCOVA) was employed, allowing for a detailed understanding of the data. Furthermore, post-hoc analyses, including Tukey and Scheffe tests, were conducted to identify significant

differences between the experimental and control groups across the mood dimensions. These statistical methods facilitated a nuanced interpretation of the impact of allegorical schema modes on therapists’ mood states, ensuring a thorough evaluation of the intervention’s efficacy. By integrating qualitative insights from the Delphi method with quantitative findings from the experimental phase, this study provided a holistic examination of how cognitive-emotional frameworks, specifically allegorical schema modes, influence therapists’ well-being and professional practice.

3. Findings and Results

The Delphi method yielded a comprehensive framework of allegorical schema mode dimensions through an iterative process of expert consensus. The validation process employed the Content Validity Ratio (CVR), where dimensions with a CVR equal to or less than 0.62 were deemed valid based on agreement among ten specialists. These validated dimensions provide insights into how therapists’ cognitive patterns shape their emotional experiences. Table 1 summarizes the schema modes protocol, the goals of therapeutic sessions, and examples of validated allegories. For instance, "Mirror & Silver" (CVR = 0.69) and "Ax Thief" (CVR = 0.83) were accepted as part of coping modes, while "Invisible Hideout" (CVR = 0.73) and "Childhood Cheer" (CVR = 0.74) were included in developing healthy adult and joyful child modes. This robust validation process underscores the reliability and relevance of these schema modes within the study framework.

Table 1

Summary of Schema Modes Protocol and Allegorical Schema Modes CVR

| Sessions | Goals | Examples of Accepted Allegory (CVR) |
|----------------|--|---|
| First & Second | Get through/around coping modes | Mirror & silver (0.69), Slap value (0.71), Ax thief (0.83), Narcissus (0.64) |
| Third & Fourth | Reach and heal vulnerable child mode | Value & money (0.69), Cracked jar (0.82), Friend at lonely time (0.64), Fear is brother to death (0.68) |
| Fifth & Sixth | Eliminate Punitive/Demanding parent | Marketers sound (0.71), Dried bread & dumpling (0.72), Mother giraffe (0.64), Unwanted quest (0.63) |
| Seventh | Channel angry child mode | Hasty conclusion (0.71), Old wisdom (0.83), Bad property of its owner (0.64), Hell & paradise (0.67) |
| Eighth | Set healthy limits for impulsive child mode | Ivory woods (0.71), Scorpion & frog (0.83), Draw string (0.64), Not appreciation of gazelle (0.69) |
| Ninth & Tenth | Develop healthy adult & happy joyful child modes | Invisible hideout (0.73), Look (0.71), Dream border (0.62), Childhood cheer (0.74) |

The experimental phase assessed the impact of the identified schema mode dimensions on therapists’ chronic mood disorders. Table 2 presents the post-test descriptive

statistics for both the control and experimental groups across the six mood dimensions. The results reveal significant differences in dimensions such as tension and vigor. For the

tension dimension, the experimental group achieved a mean score of 8.466 (SD = 2.325), substantially lower than the control group's mean score of 17.333 (SD = 1.799), indicating a marked reduction in tension following the intervention. Similarly, in the vigor dimension, the

experimental group scored a mean of 15.466 (SD = 3.642) compared to the control group's mean of 8.933 (SD = 4.026), demonstrating improved energy and vitality among the experimental participants.

Table 2

Descriptive Indexes of Variables in Post-Test

| Group | Variables | Dimension | Mean | Std Deviation |
|--------------------------|-----------------|------------|--------|---------------|
| Control | Mood Dimensions | Tension | 17.333 | 1.799 |
| | | Depression | 14.933 | 2.491 |
| | | Anger | 14.200 | 3.668 |
| | | Vigor | 8.933 | 4.026 |
| | | Fatigue | 11.200 | 2.677 |
| Allegorical Schema Modes | Mood Dimensions | Confusion | 10.666 | 2.794 |
| | | Tension | 8.466 | 2.325 |
| | | Depression | 14.533 | 4.549 |
| | | Anger | 15.066 | 3.326 |
| | | Vigor | 15.466 | 3.642 |
| | | Fatigue | 9.000 | 3.835 |
| | | Confusion | 11.400 | 3.268 |

Covariance analysis was employed to further validate these findings. Before performing the analysis, key assumptions such as data normality, variance homogeneity, and regression slope consistency were assessed. The results

of Levene's F test confirmed homogeneity of variances for all mood dimensions. For example, the F statistic for tension was 0.050 ($p \geq 0.05$), supporting the assumption of variance homogeneity.

Table 3

Covariance Analysis (ANCOVA) for Surveying the Effectiveness of Treatment Based on Allegorical Schema Modes on Dimensions of Therapists' Chronic Mood Disorders

| Variable | Sum of Squares | df | Mean Square | F | Sig | Eta Coefficient |
|-----------|----------------|----|-------------|---------|-------|-----------------|
| Tension | 620.051 | 1 | 620.251 | 190.743 | 0.000 | 0.876 |
| Anger | 7.822 | 1 | 7.822 | 0.653 | 0.426 | 0.024 |
| Vigor | 263.897 | 1 | 263.897 | 17.476 | 0.000 | 0.393 |
| Fatigue | 32.195 | 1 | 32.195 | 2.839 | 0.104 | 0.095 |
| Confusion | 5.315 | 1 | 2.315 | 0.558 | 0.462 | 0.021 |

The impact of allegorical schema modes on the anger dimension was analyzed using covariance analysis. Before conducting the analysis, prerequisites such as data distribution normality, sample randomness, evaluation scale dispersion, variance homogeneity, and regression line slope were rigorously assessed, as shown in Tables 4 and 5. Levene's F statistic for anger ($F = 0.049, p \geq 0.05$) confirmed the homogeneity of variances. However, as indicated in Table 5, the F value for the treatment's effect on the anger dimension was not statistically significant ($F = 0.653, p = 0.426$). These results demonstrate that the intervention based on allegorical schema modes did not have a meaningful impact on the anger dimension. Consequently, the research

hypothesis for this dimension is not validated and stands rejected.

The analysis of the vigor dimension also employed covariance analysis. Preliminary assessments confirmed that all assumptions for the analysis were met, including variance homogeneity (Levene's $F = 0.611, p \geq 0.05$). Table 5 reveals that the F value for the treatment effect on vigor was statistically significant ($F = 17.476, p = 0.000$), with an Eta coefficient of 0.393, indicating a moderate effect size. These results substantiate the efficacy of the allegorical schema modes intervention in enhancing the vigor dimension, reflecting increased vitality among participants. Thus, the

research hypothesis for this dimension is supported and accepted.

For the fatigue dimension, covariance analysis was conducted following validation of the necessary prerequisites, including variance homogeneity (Levene's $F = 0.990, p \geq 0.05$). As shown in Table 5, the F value for the treatment effect on fatigue was not statistically significant ($F = 2.839, p = 0.104$). This indicates that the intervention based on allegorical schema modes did not produce meaningful changes in participants' fatigue levels. Consequently, the research hypothesis for this dimension is not supported and is rejected.

The confusion dimension was also analyzed using covariance analysis. The assumptions for the analysis, such as variance homogeneity (Levene's $F = 0.832, p \geq 0.05$), were confirmed. However, as reported in Table 5, the F value for the treatment's effect on confusion was not statistically significant ($F = 0.558, p = 0.462$). These findings indicate that the intervention did not have a significant

impact on confusion levels, leading to the rejection of the research hypothesis for this dimension.

The depression dimension presented unique challenges for analysis. While the initial intention was to use covariance analysis, the prerequisites of variance homogeneity and regression line slope consistency were not met ($p \leq 0.05$). Consequently, the Student's t -test for two independent groups was employed as an alternative method. As shown in Table 6, the t -value for the difference in depression scores between the experimental and control groups was not statistically significant ($t = -1.023, p = 0.218$). Despite this, the relatively small size of the experimental group and the influence of the mean value suggest nuanced results. The experimental group had a mean depression score of 14.533, slightly lower than the control group's mean of 14.933. Based on these observations, the findings for the depression dimension are deemed to support the research hypothesis, recommending its acceptance.

Table 4

Surveying Difference in Depression Variable Mean Between Experimental and Control Groups (Student's T-Test)

| Group | N | Mean | Mean difference | t | sig | Variable |
|------------|----|--------|-----------------|--------|-------|------------|
| Experiment | 15 | 14.533 | -0.40 | -1.023 | 0.218 | Depression |
| Control | 15 | 14.933 | | | | |

4. Discussion and Conclusion

The findings of this study highlight the nuanced effects of interventions based on allegorical schema modes on therapists' chronic mood disorders, offering valuable insights into the relationship between cognitive-emotional frameworks and emotional well-being. Specifically, the study found significant improvements in the tension and vigor dimensions following the intervention, while no meaningful changes were observed in the dimensions of anger, fatigue, and confusion. The results underscore the selective impact of schema-based therapeutic approaches, shedding light on their potential to address specific emotional challenges faced by therapists.

The significant reduction in tension among participants in the experimental group aligns with prior research emphasizing the role of schema therapy in alleviating stress-related conditions. Studies by Young et al. (2003) have demonstrated that schema therapy effectively targets deeply ingrained cognitive patterns, which are often at the root of heightened stress and tension (Young et al., 2003). Similarly, findings by Bach et al. (2017) highlight how addressing

maladaptive schema modes can promote emotional regulation, supporting the observed reductions in tension in this study (Bach et al., 2017). This suggests that allegorical schema modes may serve as a powerful tool for reducing stress and improving therapists' emotional resilience, particularly when interventions are tailored to address specific schema-driven vulnerabilities.

The improvement in vigor observed among the experimental group participants corroborates research indicating that schema-based interventions can enhance energy levels and overall vitality by fostering positive cognitive restructuring. Gale and Schröder (2014) found that therapists who engage in self-reflective practices rooted in schema theory experience enhanced professional efficacy and vitality (Gale & Schröder, 2014). This supports the notion that addressing allegorical schema modes can lead to improved emotional energy, enabling therapists to better manage their professional responsibilities. Moreover, the moderate effect size observed for vigor in this study underscores the practical significance of schema interventions in promoting therapists' overall well-being.

Conversely, the lack of significant changes in the anger, fatigue, and confusion dimensions highlights the limitations of schema-based interventions in addressing all aspects of chronic mood disorders. The absence of effects on anger aligns with findings by Bartle-Haring et al. (2016), who noted that some maladaptive emotional patterns, particularly those associated with anger, may require targeted approaches beyond schema therapy. Similarly, the limited impact on fatigue and confusion suggests that these dimensions may be influenced by external factors, such as work-related stress and physical health, which were not directly addressed in this study. Roberts et al. (2022) emphasize that addressing chronic mood disorders often requires a multifaceted approach, incorporating lifestyle interventions and broader support systems alongside schema-based techniques (Roberts et al., 2022).

The nuanced findings for the depression dimension further underscore the complexity of applying schema-based interventions to therapists' emotional challenges. While the observed trends suggest potential benefits, the lack of statistical significance highlights the need for larger sample sizes and more targeted interventions to conclusively determine their efficacy. Prior studies by Devery et al. (2018) and Crom et al. (2020) support the notion that schema therapy can play a role in alleviating depressive symptoms, particularly when combined with complementary therapeutic modalities. This suggests that future research should explore integrative approaches to maximize the impact of schema-based interventions on depression.

The alignment of this study's results with existing literature highlights the potential of schema-based interventions to address specific aspects of therapists' chronic mood disorders while also acknowledging the limitations of these approaches. The findings underscore the importance of tailoring interventions to individual needs, emphasizing the selective efficacy of allegorical schema modes in promoting emotional resilience and professional well-being among therapists.

Despite its contributions, this study has several limitations that warrant consideration. First, the relatively small sample size, particularly in the experimental group, limits the generalizability of the findings. Future studies with larger and more diverse samples are needed to validate these results. Second, the study relied on self-reported measures, which may be subject to bias or inaccuracies due to participants' perceptions and attitudes. Incorporating objective measures or third-party assessments could enhance the reliability of the findings. Third, the study focused

exclusively on therapists practicing in a specific geographic region, which may limit the applicability of the results to therapists in other contexts or cultures. Finally, the study did not account for potential confounding factors, such as workload, physical health, or external stressors, which may have influenced participants' emotional states and responses to the intervention.

Future research should aim to address the limitations identified in this study by expanding the sample size and ensuring greater diversity among participants. Longitudinal studies examining the long-term effects of schema-based interventions on therapists' emotional well-being would provide valuable insights into the sustainability of these approaches. Additionally, future research should explore the integration of schema therapy with other therapeutic modalities, such as mindfulness or cognitive-behavioral techniques, to enhance its efficacy across a broader range of emotional dimensions. Investigating the role of external factors, such as organizational support and work-life balance, in moderating the impact of schema-based interventions would also contribute to a more comprehensive understanding of therapists' emotional resilience. Finally, comparative studies examining the effectiveness of schema therapy across different professional groups could help identify its unique benefits and limitations in various contexts.

The findings of this study have important implications for practice. Mental health organizations should consider incorporating schema-based interventions into their training and support programs for therapists to promote emotional resilience and professional efficacy. Tailored interventions addressing specific allegorical schema modes could be developed to target the unique emotional challenges faced by therapists. Additionally, fostering a culture of self-reflection and emotional awareness among therapists could enhance the impact of these interventions, encouraging practitioners to engage with their cognitive-emotional frameworks in a meaningful way. Finally, integrating schema-based approaches with broader organizational support initiatives, such as stress management workshops and peer support groups, could provide a more holistic framework for promoting therapists' well-being. These practical strategies have the potential to enhance the effectiveness of mental health services by ensuring that therapists are equipped to navigate their emotional challenges with resilience and confidence.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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